ADMISSIONS AND PLACEMENT MANUAL
(The Gray Book)

EXCEPTIONAL STUDENT EDUCATION

REVISED
2017/18
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<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 26</td>
<td>Trauma Informed Care, setting up the classroom for student success,</td>
</tr>
<tr>
<td></td>
<td>strategies for teachers of EBD students 8:30 – 3:30 at CES</td>
</tr>
<tr>
<td>July 31</td>
<td>TEACH initial 8:00 – 4:30</td>
</tr>
<tr>
<td></td>
<td>TEACH Recertification 8:00 – 12:00 or 12:30 – 4:30</td>
</tr>
<tr>
<td>August 3</td>
<td>Developing Standard-Based IEP Training for all ESE teacher-WHS</td>
</tr>
<tr>
<td></td>
<td>8:30 – 10:30 Pre-K 10:30 – 12:30 Elem 1:30 – 3:30 Secondary</td>
</tr>
<tr>
<td>August 3</td>
<td>Med Administration Training at WHS 8:30 – 10:30</td>
</tr>
<tr>
<td>August 9</td>
<td>Orientation with FSU Psychology Doctorial Interns</td>
</tr>
<tr>
<td></td>
<td>1:00 with ESE District Staff</td>
</tr>
<tr>
<td></td>
<td>1:30 in Board Room at District Office with Principals and ESE</td>
</tr>
<tr>
<td></td>
<td>Coordinators</td>
</tr>
<tr>
<td>September 13</td>
<td>Professional Development Day – TBA</td>
</tr>
<tr>
<td>October 9-13</td>
<td>October FTE Week</td>
</tr>
<tr>
<td>October 20</td>
<td>Progress Reports</td>
</tr>
<tr>
<td>October 25</td>
<td>Early Release Professional Development – TBA</td>
</tr>
<tr>
<td>November 13</td>
<td>Local Education Agency training, “Lean and Lead” training for all school LEAs at RES</td>
</tr>
<tr>
<td>January 12</td>
<td>Progress Reports</td>
</tr>
<tr>
<td>January 23</td>
<td>Send out Possible Deferment Letters</td>
</tr>
<tr>
<td>January 31</td>
<td>Early Release Professional Development – TBA</td>
</tr>
<tr>
<td>February 5-9</td>
<td>February FTE Week</td>
</tr>
<tr>
<td>March 27</td>
<td>Last day for referrals for evaluation to be submitted to the District Office</td>
</tr>
<tr>
<td>March 30</td>
<td>Progress Reports sent out from District Office McKay Letters to all students with an IEP or 504 Plan</td>
</tr>
<tr>
<td>April 6</td>
<td>All matriculation IEP’s open with Present Level Statements updated</td>
</tr>
<tr>
<td>May 11</td>
<td>Last day for decision of Standard Diploma Deferment</td>
</tr>
<tr>
<td>May 11</td>
<td>All IEP’S closed in PEER</td>
</tr>
<tr>
<td>May 25</td>
<td>All IEP’s sent to District Office</td>
</tr>
</tbody>
</table>
STAFFING SPECIALIST MUST BE PRESENT FOR THE FOLLOWING

- Initial staffing or ineligibility meeting for any program
- Re-evaluation with NEW program eligibility
- Manifestation
- Tier III meetings where consent for evaluation is being requested
- Dismissal from any program

A meeting for any of the above request will need to be scheduled with the appropriate school’s Staffing Specialist.

A reasonable notice should be provided to accommodate the Staffing Specialist’s schedule.
The following policy applies to students, applicants for admission, employees, and applicants for employment:

The School Board of Wakulla County, Florida does not discriminate in admission or access to, or treatment or employment in, its programs and activities on the basis of race, color, religion, age, sex, national original, marital status, disability, religion, genetic information for applicants and employees, or any other reason prohibited by Federal and State law regarding non-discrimination. See 34 C.F.R. 100.6(d); 34 C.F.R. 106.9; 34 C.F.R. 110.25.

In addition, the School Board provides equal access to the Boy Scouts and other designated youth groups. This holds true for all students who are interested in participating in educational programs and/or extracurricular school activities. See 34 C.F.R. 108.9.

Disabled individuals needing reasonable accommodations to participate in and enjoy the benefits of services, programs, and activities of the School Board are required in advance to notify the administrator at the school/center at which the event or service is offered to request reasonable accommodation.

The designated Title IX and Section 504 Compliance Coordinator as required by 34 C.F.R. 100.6(d) is Angela Walker, Executive Director of Human Resources, 69 Arran Road, Crawfordville, Florida 32327; 850.926.0065; Angela.Walker@wcsb.us.
INTRODUCTION

The purpose of this manual is to provide persons involved in Exceptional Student Education (ESE) with a detailed guide to the procedures for placement and the paperwork involved in these ESE programs.

This manual will be reviewed annually and any changes will be dated and sent to each person holding a copy. The procedures for each step should be followed as stated in the manual. As a result of following these procedures/records will be maintained by ESE and evaluations and placements will be consistent county-wide. By consistently using the procedures and reviewing their effectiveness, this will become a useful document to all ESE teachers.
SECTION ONE

Instructions and Narrative for ESE Procedures
ORGANIZATION OF ESE FILES

1. The below chart indicates the color of the folder for each exceptionality.

<table>
<thead>
<tr>
<th>CODE</th>
<th>EXCEPTIONALITY</th>
<th>COLOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>Autism Spectrum Disorder (ASD)</td>
<td>Light Blue</td>
</tr>
<tr>
<td>H</td>
<td>Deaf or Hard of Hearing (DHH)</td>
<td>Blue</td>
</tr>
<tr>
<td>T</td>
<td>Developmentally Delayed (DD) (Age: 0-5)</td>
<td>Gray</td>
</tr>
<tr>
<td>J</td>
<td>Emotional/Behavioral Disorder (EBD)</td>
<td>Green</td>
</tr>
<tr>
<td>U</td>
<td>Established Conditions (Age: 0-2)</td>
<td>Gray</td>
</tr>
<tr>
<td>L</td>
<td>Gifted</td>
<td>White</td>
</tr>
<tr>
<td>M</td>
<td>Hospital/Homebound (H/H)</td>
<td>Manila</td>
</tr>
<tr>
<td>W</td>
<td>Intellectual Disability (InD)</td>
<td>Red</td>
</tr>
<tr>
<td>C</td>
<td>Orthopedically Impaired (OI)</td>
<td>Light Green</td>
</tr>
<tr>
<td>V</td>
<td>Other Health Impaired (OHI)</td>
<td>Light Green</td>
</tr>
<tr>
<td>K</td>
<td>Specific Learning Disabled (SLD)</td>
<td>Yellow</td>
</tr>
<tr>
<td>F</td>
<td>Speech Impaired</td>
<td>Blue</td>
</tr>
<tr>
<td>G</td>
<td>Language Impaired</td>
<td>Blue</td>
</tr>
<tr>
<td>S</td>
<td>Traumatic Brain Injury (TBI)</td>
<td>Light Green</td>
</tr>
<tr>
<td>I</td>
<td>Visually Impaired</td>
<td>Pink</td>
</tr>
<tr>
<td>O</td>
<td>Dual Sensory Impaired (DSI)</td>
<td>Light Green</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXCEPTIONALITY</th>
<th>COLOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response to Intervention (RTI)</td>
<td>Purple</td>
</tr>
<tr>
<td>Restraint / Seclusion</td>
<td>Navy</td>
</tr>
<tr>
<td>504 Plan</td>
<td>Teal Blue</td>
</tr>
<tr>
<td>English Learning Language (ELL)</td>
<td>Manila</td>
</tr>
<tr>
<td>Occupational Therapy (OT)</td>
<td>Light Green</td>
</tr>
<tr>
<td>Physical Therapy (PT)</td>
<td>Light Green</td>
</tr>
<tr>
<td>Not Placed Exceptionality</td>
<td>Black</td>
</tr>
</tbody>
</table>

2. Cumulative folders for ESE students should be identifiably marked at the top of the file using a colored dot appropriate to the student's classification. Meaning, if there is more than one classification, the folder needs to be the color of the “primary” classification and the colored dot(s) would be used to identify all other classifications. **Only one file should be created for each student.**

3. For students who have been evaluated and not placed in an ESE program, the cumulative record should be marked at the top of the file using a black dot. This would indicate there is an inactive ESE file for this student.

4. For students who have been dismissed, the dismissal date should be written on the existing colored dot on the cumulative folder.

5. If a student has been evaluated and/or enrolled for two or more ESE programs and is discontinued from one or more, but remains active in at least one program, the procedure in number 4 above should be used with one addition, “Inactive”, “Not-Placed” or other appropriate statements should be written across the colored dot for that program.

The Associate Dean(s) and/or Staffing Specialist will annually audit ESE files for adherence to these practices.
ACTIVITIES PRIOR TO REFERRAL

Follow IST process from Wakulla County Response to Intervention Handbook. After determining lack or insufficient Response to Intervention, student is referred to the Child Study Team (CST).

Staffing Specialist must be at CST Meetings. The following information must be provided:

<table>
<thead>
<tr>
<th>Language/EBD/SLD/InD/ASD/OHI/OI/TBI</th>
<th>Action</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Two Parent Conferences</strong> – Note: A meeting with a parent/guardian solely to obtain consent for evaluation is not considered a conference for the purpose of documentation.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CONFERENCE – One**

It is required that the first conference include documentation of discussion of the student’s learning or behavior areas of concern, as well as interventions planned and the anticipated effects of the interventions. Other conferences, second and more, must include discussion of the student’s responses to interventions and anticipated future actions to address the student’s learning and/or behavior areas of concern.

**CONFERENCE – Two**

Two (2) conferences must have been conducted concerning the student’s specific problem (both of which include the parent/guardian). These shall include at least one (1) referring teacher and the parent/guardian. Conferences may be by phone. However, messages left on an answering machine or notes sent home with the student are not acceptable. It is preferable to involve others including principal or assistant, psychologist or associate dean.

**Two Observations**

Observations should be conducted during routine classroom instruction and should address instruction, curriculum, and environmental factors as well as document the relationship between the student’s classroom behavior and academic performance. Someone other than the person providing instruction at the time of the observation should complete the observation. The person conducting the observation should be trained in the observation system being used and be familiar with grade-level academic and behavioral expectations. Routine observations conducted by administrators, professional staff, or other teachers that address the purpose of the observation identified in the first sentence may meet the observation requirement, or the observation can be completed by a member of the problem-solving team assigned as part of the intervention planning process.

*Technical Assistance Paper - DPS - 2009-177

**Interventions** (Documented on IST Academic or Behavior Intervention Plan)

Interventions should be developed within a definite timeframe that establishes a beginning as well as termination date. Objective measures by which the success of a given alternative can be determined should be employed.
Interventions are required activities to address and resolve a student's learning or behavioral areas of concern prior to a referral for evaluation to determine eligibility for a student suspected of having a disability.

Interventions may include supplemental academic instruction; change in class schedule or teacher; change in instructional strategies and techniques; interventions are provided by student services personnel, state or community agencies.

An added requirement is that pre- and post-intervention measures of the academic and/or behavioral areas of concern must be conducted, requiring written documentation to assist in identifying appropriate interventions and measuring their effects.

General interventions are to be compiled by general education staff. Evidence must be presented that at least two (2) educational alternatives and/or interventions have been attempted within the school. These alternatives should be dated by the person responsible and the results of the alternatives should be explained.

Interventions may not be required for students who demonstrate severe:
- cognitive, physical or sensory disorders
- behavioral deficits that require immediate intervention to prevent harm to self and/or others

If intervention is not required you will need to complete the “Extraordinary Circumstances” form.

INSTRUCTIONS FOR EVALUATION AND STAFFING

<table>
<thead>
<tr>
<th>Language/EBD/SLD/InD/ASD/OHI/OI/TBI</th>
<th>Action</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Provide Procedural Safeguards and obtain Consent for Evaluation</td>
<td>Associate Dean</td>
</tr>
<tr>
<td></td>
<td>Observation in environment where area of concern will be demonstrated</td>
<td>Psychologist/ Psychology Intern/SLP</td>
</tr>
<tr>
<td></td>
<td>Review of data that demonstrates the student was provided well delivered scientific, research-based instruction and interventions addressing the identified area(s) of concern and delivered by qualified personnel in general education settings.</td>
<td>CST Team</td>
</tr>
<tr>
<td></td>
<td>Collect data-based documentation which was provided to the student’s parent(s) or guardian(s) of repeated measures of achievement at reasonable intervals graphically reflecting the student's response to intervention during instruction. Complete Problem Solving Process Review Form.</td>
<td>CST Team</td>
</tr>
<tr>
<td></td>
<td>Review educationally relevant medical findings</td>
<td>CST Team</td>
</tr>
<tr>
<td></td>
<td>Conduct individual measure of achievement</td>
<td>Psychologist</td>
</tr>
<tr>
<td>Action</td>
<td>Person Responsible</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>-----------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Complete child behavior checklist/teacher report form, if needed.</td>
<td>Teacher/parent/guardian</td>
<td></td>
</tr>
<tr>
<td>Complete Social History (Required for EBD/InD referrals, but could be</td>
<td>Associate Dean</td>
<td></td>
</tr>
<tr>
<td>completed for other referrals)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete Adaptive Behavior Scales (Required for InD referrals, but could</td>
<td>Associate Dean</td>
<td></td>
</tr>
<tr>
<td>be completed for other referrals)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete FBA, BIP (required for EBD referral, but could be completed</td>
<td>Associate Dean</td>
<td></td>
</tr>
<tr>
<td>for other referrals)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>After evaluation is complete, a meeting should be scheduled to review</td>
<td>Associate Dean</td>
<td></td>
</tr>
<tr>
<td>results with appropriate parties.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The parent/guardian should be notified of the meeting time, date and</td>
<td>Associate Dean</td>
<td></td>
</tr>
<tr>
<td>place using the Meeting Notice. This notification should be sent 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>weeks in advance of the meeting. No meeting should be held without</td>
<td></td>
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</tr>
<tr>
<td>giving the parent/guardian sufficient time to respond and plan to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>attend the meeting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A second notice should be given to the parent/guardian if there is no</td>
<td>Associate Dean</td>
<td></td>
</tr>
<tr>
<td>response to the first notice. The second notice could be a copy of the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>first notice or a phone call.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hold eligibility/IEP meeting/placement with parent/guardian, associate</td>
<td>Associate Dean</td>
<td></td>
</tr>
<tr>
<td>dean/LEA, psychologist, ESE designee, ESE teacher, building level</td>
<td>ESE Administrator</td>
<td></td>
</tr>
<tr>
<td>administrator, regular education teacher, others at the discretion of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESE administrator.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete Eligibility, Determination and Placement Staffing Form and IEP.</td>
<td>Staffing Specialist/</td>
<td></td>
</tr>
<tr>
<td>If the child is eligible, but parent/guardian does not attend, the</td>
<td>EP Team/</td>
<td></td>
</tr>
<tr>
<td>associate dean is responsible for obtaining parent/guardian(s) signature</td>
<td>Associate Dean</td>
<td></td>
</tr>
<tr>
<td>on eligibility and consent form. Parent/guardian(s) are not required to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sign the IEP. If the child is not eligible and the parent does not</td>
<td></td>
<td></td>
</tr>
<tr>
<td>attend, send form home.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**INSTRUCTIONS FOR REFERRAL, EVALUATION AND STAFFING**

<table>
<thead>
<tr>
<th>Gifted</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action</strong></td>
</tr>
<tr>
<td>Parent/guardian or school personnel notify associate dean of potential</td>
</tr>
<tr>
<td>giftedness, providing data relevant to student</td>
</tr>
<tr>
<td>Associate Dean obtains consent to screen or evaluate (if data indicates</td>
</tr>
<tr>
<td>need to proceed with evaluation, procedural safeguards are provided to</td>
</tr>
<tr>
<td>parents/guardians). Evaluations are to be conducted within 60 days.</td>
</tr>
<tr>
<td>If a screening is conducted, a CST if convened to review screening and</td>
</tr>
<tr>
<td>other data and determine whether to proceed with evaluation</td>
</tr>
<tr>
<td>After evaluation is complete a meeting should be scheduled to review</td>
</tr>
<tr>
<td>results with appropriate parties.</td>
</tr>
</tbody>
</table>
The parent/guardian should be notified of the meeting time, date and place using the Meeting Notice. This notification should be sent 2 weeks in advance of the meeting. No meetings should be held without giving the parent/guardian sufficient time to respond and plan to attend the meeting.

A second notice should be given to the parent/guardian if there is no response to the first notice. The second notice could be a copy of the first notice or a phone call.

Hold eligibility/IEP meeting/placement with parent/guardian, associate dean/LEA, psychologist, ESE designee, ESE teacher, building level administrator, regular education teacher, others at the discretion of ESE administrator.

Complete Eligibility, Determination and Placement Staffing Form and IEP. If the child is eligible, but parent/guardian does not attend, the associate dean is responsible for obtaining parent/guardian(s) signature on eligibility and consent form. Parent/guardian(s) are not required to sign the IEP. If the child is not eligible and the parent does not attend, send form home.

<table>
<thead>
<tr>
<th>Speech</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action</strong></td>
</tr>
<tr>
<td>Notify Speech/Language Pathologist (SLP) and/or associate dean for speech/language referral form.</td>
</tr>
<tr>
<td>Complete form and return to associate dean</td>
</tr>
<tr>
<td>If screening indicates no deficiency, SLP conferences with parent/guardian</td>
</tr>
<tr>
<td>If evaluation is needed, SLP conducts within 60 days of the date parental consent is obtained.</td>
</tr>
<tr>
<td>After evaluation is complete, a meeting should be scheduled to review results with appropriate parties.</td>
</tr>
<tr>
<td>The parent/guardian should be notified of the meeting time, date and place using the Meeting Notice form. This notification should be sent 2 weeks in advance of the meeting. No meeting should be held without giving the parent and/or guardian sufficient time to respond and plan to attend the meeting.</td>
</tr>
<tr>
<td>A second notice should be given to the parent/guardian if there is no response to the first notice. The second notice could be a copy of the first notice or a phone call.</td>
</tr>
<tr>
<td>Hold eligibility/IEP meeting/placement with parent/guardian, associate dean/LEA, psychologist, ESE designee, ESE teacher, building level administrator, regular education teacher, others at the discretion of ESE administrator.</td>
</tr>
<tr>
<td>Complete Eligibility, Determination and Placement Staffing Form and IEP. If the child is eligible, but parent/guardian does not attend, the associate dean is responsible for obtaining parent/guardian(s) signature on eligibility and consent form. Parent/guardian(s) are not required to sign the IEP. If the child is not eligible and the parent does not attend, send form home.</td>
</tr>
</tbody>
</table>
# INSTRUCTIONS FOR ANNUAL IEP REVIEW

<table>
<thead>
<tr>
<th>Action</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Set up meeting with parent and LEA representative. Notify parent/guardian by using the <strong>Meeting Notice</strong> form at least 2 weeks in advance.</td>
<td>ESE Teacher</td>
</tr>
<tr>
<td>2. Send e-mail to appropriate Staffing Specialist to review draft IEP 3 days in advance of meeting.</td>
<td>ESE Teacher</td>
</tr>
<tr>
<td>3. Hold meeting and develop IEP, FSP, or EP. If needed, complete Matrix after IEP is developed.</td>
<td>ESE Teacher/ LEA Rep.</td>
</tr>
<tr>
<td>4. If a change in placement is recommended and the parent/guardian was absent from the IEP meeting, provide <strong>Prior Written Notice at least 2 weeks</strong> prior to placement by <strong>certified, registered mail</strong>.</td>
<td>ESE Teacher</td>
</tr>
<tr>
<td>5. Send copies of IEP, Meeting Notice, and Matrix (254 - 255) to the County ESE Office.</td>
<td>Associate Dean</td>
</tr>
<tr>
<td>6. If a student is due for re-evaluation for the coming year, you will want to go ahead and have re-evaluation team meet at IEP meeting and fill out <strong>Parent Notice and Consent for Re-evaluation Form and Parent Input Request</strong>. Give a copy of the Procedural Safeguards.</td>
<td>ESE Teacher</td>
</tr>
<tr>
<td>7. Give parent/guardian(s) McKay Scholarship information and Medicaid letter.</td>
<td>ESE Teacher</td>
</tr>
</tbody>
</table>
INSTRUCTIONS FOR RE-EVALUATION PROCESS

There are three options regarding a re-evaluation:

- Option one - A more frequent evaluation
- Option two - Three year re-evaluation
- Option three - No re-evaluation requested (Option 3 not applicable for Vision Impaired, Hearing Impaired, and Dual-Sensory Impaired)

Required paperwork for a re-evaluation (Procedural Safeguards must accompany all paperwork given to parent):

**Option one and two:**

- Meeting Notice
- Parent Input for Re-evaluation
- Parent/Notice Consent for Re-evaluation
- Meeting Notice (for feedback meeting)
- Re-evaluation Report (must be completed for every re-evaluation)
- Eligibility Staffing/Consent for Placement Form, a new IEP & Prior Written Notice, if necessary,
- Conference report

**Option three:**

- Meeting Notice
- Parent Input for Re-evaluation
- Parent Notice/Consent for Re-evaluation
- Conference report
- Re-evaluation Report

Please send copies of all re-evaluation forms to ESE office.

Please give parent/guardian copies of appropriate forms.

The request for a full psychological evaluation may require a new referral packet. Check with the associate dean before requesting any full psychological re-evaluation.

For OT/PT evaluations (requested at re-evaluation conference)

- Meeting Notice
- Parent Input for Re-evaluation
- Parent Notice/Consent for Re-evaluation
- Prior to physical therapy evaluation, a prescription must be obtained from the physician
- Re-evaluation Report

The OT or PT will write the evaluation report. The associate dean is responsible for setting up the staffing if it is an initial OT/PT evaluation.

- Meeting Notice
- Eligibility staffing or conference report
In addition to the paperwork for Option one and Option two, the exceptionalities listed below require the following evaluations:

**Vision Impaired - Re-evaluations must include:**
___ Medical eye exam within the last year
___ Learning Media Assessment
___ Functional Vision Evaluation

**Deaf or Hard of Hearing - Re-evaluations must include:**
___ Audiological evaluation
___ Screening for Ushers Syndrome at least once during grades 6-12 (*this does not take the place of a 3 year re-evaluation*).

**Dual Sensory Impaired - Re-evaluations must include:**
___ Medical eye exam
___ Observation of functional vision
___ Audiological exam
___ Documented observation of audiological functioning

For children over the age of 3:
___ All above items
___ Assessment of Speech/Language functioning
___ Assessment of intellectual or academic functioning or developmental level

** When convening the re-evaluation meeting, all IEP team members should be invited, (O.T., P.T., S.L.P., Vision Teacher, D.H.H. Teacher, etc.)
### INSTRUCTIONS FOR TRANSFER STUDENTS
#### ASSIGNMENTS OF OUT OF STATE TRANSFER STUDENTS

<table>
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<tr>
<th>Action</th>
<th>Person Responsible</th>
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</thead>
<tbody>
<tr>
<td>1. Inform associate dean of ESE transfer student during registration.</td>
<td>School Sec./ Asst. Principal</td>
</tr>
<tr>
<td>2. Verify student’s enrollment in ESE with previous school <em>(Intake Information for Out of State Transfer Student)</em></td>
<td>Associate Dean</td>
</tr>
<tr>
<td>3. If the Out of State Student transfers in with a current IEP, the local school is responsible for providing services as closely as possible to those described in previous IEP. In consultation with parent, initiate services ASAP. Document with a Prior Written Notice or conference. Arrange for a formal IEP/staffing ASAP.</td>
<td>ESE Admin./Staffing Specialist Associate Dean/or ESE Teacher</td>
</tr>
<tr>
<td>4. Upon receipt of permanent records, send psychological information to County ESE Office</td>
<td>Associate Dean</td>
</tr>
<tr>
<td>5. Review previous ESE records on transfer student</td>
<td>ESE Admin.</td>
</tr>
</tbody>
</table>
| 6. If records **ARE** acceptable:  
   - Notify associate dean  
   - Set meeting date for permanent staffing  
   - Complete staffing form  
   - Complete IEP  
   - Complete Matrix, if necessary  
   - Attach Procedural Safeguards | ESE Admin. or Designee Associate Dean Staffing Specialist ESE Teacher ESE Teacher |
| If records **ARE NOT** acceptable:  
   - If appropriate, have parent/guardian sign Parent Notice/Consent for Evaluation.  
   - Follow initial evaluation procedures.  
   - Upon receipt of evaluation, set up staffing  
   - Complete staffing form  
   - Develop IEP  
   - Attach Procedural Safeguards  
   - Complete Matrix, if necessary | Associate Dean Associate Dean ESE Admin/Staffing Specialist ESE Teacher ESE Teacher ESE Teacher |
INSTRUCTIONS FOR ASSIGNMENT OF OUT OF STATE TRANSFER STUDENTS

1. A student transferring into the school district from another state who received instruction or was eligible in an exceptional student education program is a transfer ESE student. The program names between states may vary.

2. Check Student Information Sheet to see if ESE program is noted. If yes, contact the associate dean.

3. Complete “Intake Information for Out of State Transfer Student”. This information should be gathered using an IEP or psychological report brought with the child or from a phone call to the student’s previous school.

4. Make sure that consent for release of student records is obtained, and mail request for records to previous school.

5. After verifying that the student has been previously enrolled in Exceptional Student Education, the following form should be completed:

   “Eligibility Staffing and Consent/Notice of Placement” (The first two sections should be completed using the information gained when verifying the student’s previous placement by the Staffing Specialist.)

6. The staffing committee for a transfer student can be informal if necessary. When the parent/guardian is present, efforts should be made to complete all paperwork at that time. If the parent/guardian is not present, “Meeting Notice” should be used to notify them of the meeting set to complete the above information. The ESE teacher and LEA representative should be present for this meeting as well as others involved with the student.

PERMANENT PLACEMENT OF OUT OF STATE

1. The ESE Administrator/Designee will review the records from the previous school. If all data is current and the student is transferring from outside of the State of Florida, and the student meets Wakulla County eligibility criteria, the student is ready to be placed in the Wakulla ESE program.

2. The associate dean should schedule an eligibility/IEP/placement meeting. Staffing Specialist MUST be present at staffing.

SUMMARY

Out of State Transfer

When an out-of-state ESE student enrolls, the staffing committee must convene to determine if the student meets Florida eligibility criteria or does not meet dismissal criteria.
Transfer information should include:
Information from sending school, Out of State Intake Information
1. Meeting Notice
2. Staffing Form
3. IEP with goals
4. Matrix, if necessary
5. Prior Written Notice

When transfer is complete, a copy of all ESE records should be sent to the district ESE office. (It is important that the out-of-state records are also sent.)

**In-State ESE Transfers**

Attached is a flow chart describing procedures for in-state transfers.
Transfer information should include:
1. Meeting Notice
2. IEP/with goals
3. Prior Written Notice
4. Matrix, if necessary

**In-District ESE Transfer**

1. When a student transfers from one school in the district to another in the same school year with a current IEP, and all the services and time remains the same, then no action should be taken. The student should be placed in ESE classes immediately.
2. If services and times must be changed, place the student in ESE classes and rewrite the IEP as soon as possible.

**Returning Student Transfer**

When a student returns to the district with a current IEP from his/her previous district, a new IEP must be written to reflect services in Wakulla. (This applies even if his/her previous Wakulla IEP has not expired. The previous district’s current IEP now takes precedence over the original Wakulla IEP). Also complete a Prior Written Notice form
Florida Department of Education  
Division of Public Schools  
Bureau of Education for Exceptional Students  
Placement of “FLORIDA” Exceptional Students

Florida ESE Student Enrolls in New District

- Parent Presents Copy of Students IEP
  - Receiving School / District Convenes IEP Meeting to Review / Revise IEP
    - Parents Receive Prior Notice of Placement
      - Student Attends ESE Class
  - Receiving School / District Implements IEP as Written
    - Parents Receive Prior Notice of Placement
      - Student Attends ESE Class
        - Set-Up IEP Meeting ASAP
  - Parent Does NOT Present Copy of Students IEP
    - Receiving School / District calls Sending School / District
      - Verifies ESE Placement
      - Obtains Information on IEP
    - Receiving School / District Convenes IEP Meeting
      - Parents Receive Prior Notice of Placement
        - Student Attends ESE Class

*Chart does not depict all procedural requirements (e.g., Parent Notice of IEP Meeting)
INSTRUCTIONS FOR HOSPITAL/HOMEBOUND SERVICES

INSTRUCTIONS FOR COMPLETING ANNUAL MEDICAL CERTIFICATION

The school - K-12 unless he or she is an eligible ESE student.

The medical statement must be provided at least annually.

A student may be considered for eligibility for the program if the student is expected to be absent from school due to a physical or psychiatric condition for at least 15 school days or the equivalent on a block schedule or due to a chronic condition for at least 15 school days, or the equivalent on a block schedule, which need not run consecutively.

Part I

Fill in student’s full name
✓ either physical or psychiatric and describe the condition you have diagnosed.

Part II
✓ appropriate items and make comments if applicable

Part III
Be as specific as possible

Part IV
Include the components of your plan which specifically address medication, therapy, medical restrictions, significantly debilitating effects on the child’s physical or psychological health, if the physical or mental health is likely to significantly improve with treatment, and any negative effects which would occur with regular school attendance.

Part V
Provide recommendations regarding the return of the student to the school setting for instruction. Attach Physical Education Waiver Letter.

Complete matrix.
HOSPITAL/HOMEBOUND MEDICAL CERTIFICATION

PART I
____________________________________ (Student’s name) is under medical care and treatment for illness or injury for (describe disabling condition or diagnosis):

☐ Physical
___________________________________________________________________________________________
___________________________________________________________________________________________

☐ Psychiatric
___________________________________________________________________________________________
___________________________________________________________________________________________

PART II
Please □
Condition is: □ Acute □ Catastrophic in nature □ Chronic □ Repeated intermittent illness due to persisting medical problem

Student is unable to attend school and medical problem confines student to:
☐ Home
☐ Hospital
☐ Alternate hospital/homebound due to chronic intermittent condition
☐ Homebound hospitalized/school-based program due to an acute, chronic, or intermittent condition

☐ Student will be able to participate and benefit from an instructional program.
☐ Medical restrictions, implications for instruction and comments __________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

☐ To the best of my knowledge, this student can receive instructional services without endangering the health and safety of the instructor or other students with who the instructor may come in contact.

Part III
Duration of absence from the regular school program is expected to be: (estimate of duration of condition or prognosis)

Part IV
Medical Treatment Plan: (briefly describe your treatment plan) _______________________________
________________________________________________________________________________________
________________________________________________________________________________________

21
Recommendations regarding school re-entry:

Part V

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Part VI

Signatures (Licensed medical doctor (MD), osteopathic physician (DO), advanced registered nurse practitioner (ARNP), or a physician’s assistant (PA) may sign.)

Note: An ARNP or PA working for a physician licensed under the authority of Sections 458 or 459, FS may sign the medical statement. The name of the licensed physician MUST also be noted on this statement in addition to the signature of the ARNP or PA, however, the licensed physician’s signature is not required.

Name of Physician (please print)

Physician’s Signature

Address

Phone

ARNP’s/ PA’s Signature

Date of Signature
Wakulla County Schools
PARENTAL AGREEMENT FOR HOSPITAL/HOMEBOUND SERVICES
POLICIES AND PARENTAL COOPERATION

Student Name

As the parent, guardian, or primary care giver you shall:

1. Provide a quiet, clean, well ventilated setting where student and teacher will work

2. Ensure that a responsible adult is present.

3. Establish a schedule for student study between visits which takes into account the student’s medical condition and the requirements of the student’s courseware.

☐ I have received a copy of my waiver options regarding the physical education requirements for students in grades K-8 and am waiving the opportunity to participate in physical education as a Hospital/Homebound student.

_____________________________________________________
Signature of Parent, Guardian or Primary Care Giver

______________________________
Date

WMIS ES2032
MONTHLY EMPLOYEE TIME SHEET  
Hospital/Homebound  
WAKULLA COUNTY SCHOOL BOARD

<table>
<thead>
<tr>
<th>Week of</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>TOTAL HOURS</th>
</tr>
</thead>
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<tr>
<td></td>
<td>IN</td>
<td>Parent initials</td>
<td>OUT</td>
<td>IN</td>
<td>Parent initials</td>
<td>OUT</td>
</tr>
</tbody>
</table>

Student Name: ________________________________  
Parent Name: ________________________________

PRINT EMPLOYEE NAME ___________________________  
EMPLOYEE SIGNATURE ___________________________

*NOTE: Your Monthly Employee Timesheet MUST align with services on the IEP.*
Dear Parent or Guardian,

The 2008 Legislature passed Senate Bill 610 which was signed into law by Governor Crist on June 2, 2008. It included changes in statute as it relates to physical education requirements for Florida students. Section 1003.455, Florida Statutes, requires 150 minutes each week of physical education for students in grades kindergarten through fifth grade, and beginning in the 2009-2010 school year, the equivalent of one class period per day of physical education for one semester of each year for students grades six through eight. The physical education requirements shall be waived for a student in grades kindergarten through grade eight who meets one of the following criteria:

- The student is enrolled or required to enroll in a remedial course.
- The student's parent indicates in writing to the school that:
  1. The parent/guardian requests that the student enroll in another course from among those offered as options by the school district, OR
  2. The student is participating in physical activities outside the school day which are equal to or in excess of the mandated requirement.

This statute requires each District School Board to notify parent/guardian(s) of the options available prior to scheduling a student in physical education. Unless your child meets one of the waiver criteria listed above, he/she will be enrolled in physical education for 150 minutes each week while in grades kindergarten through grade five, or for one semester of each year while in grades six through eight.

Please contact your school administration if you have questions or concerns regarding the physical education requirements or waiver criteria.
**ACCESS LOG**

<table>
<thead>
<tr>
<th>Action</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Place an <strong>Access Log</strong> in each ESE folder.</td>
<td>Associate Dean</td>
</tr>
<tr>
<td>2. Each time <strong>ANYONE</strong> other than those employees of the WCSB with a</td>
<td></td>
</tr>
<tr>
<td>legitimate educational interest as determined by the principal reviews</td>
<td></td>
</tr>
<tr>
<td>the student's record <strong>FOR ANY REASON</strong>, have the person sign the</td>
<td></td>
</tr>
<tr>
<td>Access Log.</td>
<td></td>
</tr>
</tbody>
</table>

**INSTRUCTION FOR ACCESS LOG**

1. An ‘Access Log” should be placed in each ESE file.

2. Each time anyone other than school employees with a legitimate educational interest reviews the file, it must be noted on the Access Log. Also, any request for access which is denied must be noted on the Access Log.

3. The school principal is designated to determine who has a legitimate educational interest.

**FOLDER CHECKLIST**

<table>
<thead>
<tr>
<th>Action</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Place a <strong>folder checklist</strong> in each ESE folder.</td>
<td>Associate Dean</td>
</tr>
<tr>
<td>2. Check the appropriate exceptionalities and up-date as needed</td>
<td>Associate Dean</td>
</tr>
</tbody>
</table>
PROCEDURES FOR CONSIDERATION OF OT OR PT RELATED SERVICES AND PROCEDURES FOR CONSULTATION/COLLABORATION DOCUMENTATION

OT/PT:
Step 1: Educational consultation with teacher
The possible need for OT or PT related services should be based on the student’s present level of performance and current IEP goals. The ESE teacher with concerns about the student will contact the school OT or PT for consultation for educational planning purposes. The therapist can recommend basic techniques or methods that might be tried by the teacher. As part of this consult, the therapist might look at student records and/or work samples and may do an informal observation, but will not work directly with the student. If the suggested intervention is successful, the process stops here. If concerns remain, the student will be referred for a re-evaluation for OT or PT. (PT requires a doctor’s prescription)

Step 2: Re-evaluation, Determination and Referral
If the suggested interventions are not successful, the re-evaluation process should be initiated. The teacher should contact the LEA to schedule a re-evaluation meeting with the parents. Once the parents have signed permission (and we have received the prescription form if PT), the LEA sends the completed referral packet to the ESE office secretary.

Step 3: Therapist completes re-evaluation
The ESE office secretary records and sends the referral packet to OT or PT who will do the re-evaluation. Therapist conducts evaluation and writes report and sends it to the ESE office secretary. After recording the completed re-evaluation, the ESE secretary sends the packet to the referral coordinator who then sets up the IEP meeting to discuss findings.

Step 4: Eligibility/IEP Meeting
Once the LEA receives the evaluation, an Eligibility/IEP meeting will be scheduled with the parents. After the Eligibility/IEP meeting, the packet which now includes copies of the staffing form, and/or IEP, is sent back to the ESE office secretary.

CONSULTATION/COLLABORATION PROCEDURES:
Collaboration – a joint effort among teachers, families, agencies, and others. Collaboration involves cooperative, proactive work on the part of all participants, with all parties actively planning and carrying out interventions designed to meet a student’s needs. In order to be checked on the matrix, collaboration must be regularly scheduled and conducted face-to-face. Use Collaboration Documentation Log.

Consultation – sharing of information between teachers, families, agencies, and others in order to address the student’s needs. In order to be checked on the matrix, consultation must be regularly scheduled and conducted face-to-face or virtually, as defined in each domain. Use Consultation Documentation Log.
SECTION TWO

ESE Forms
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<td>Transportation Services Form</td>
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<td>Wakulla County Receipt of Classroom Behavior Plan</td>
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<tr>
<td>Waivers - FSA and EOC</td>
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</table>

**INITIAL REFERRAL PACKET FORMS (pg. 175-176)**

| Initial Referral Packet/Informational Program Requirements                | See RtI Handbook | 177      |
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Wakulla County Schools
ACCESS LOG

<table>
<thead>
<tr>
<th>Name of Person/Agency Requesting Access</th>
<th>Purpose of Request</th>
<th>Records Released</th>
<th>Authorized by and Date</th>
</tr>
</thead>
<tbody>
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</table>

Student Name: ____________________________________________  Student Identification Number: __________________________________

Last  First  Initial

WMIS ES2004
Parent Notice and Consent for Student to Receive Instructional Accommodations Not Permitted on Statewide Assessment

Date: __________________________

District: ___________________________ School: ___________________________

Student Name: ___________________________ Student #: ___________________________

Accommodations are defined as adjustments to the presentation of the assessment questions, methods of recording examinee responses to the questions, scheduling for the administration of the assessment, settings for the administration of the assessment or use of assistive devices to facilitate the student’s participation in the assessment. Statewide assessment accommodations may be used only if they do not alter the underlying content that is being measured by the assessment or negatively affect the assessment's reliability or validity. Allowable statewide assessment accommodations are based on current instructional accommodations.

District personnel are required to implement the approved accommodations in a manner that ensures the test responses are the independent work of the student. Personnel are prohibited from assisting a student in determining how the student will respond or directing or leading the student to a particular response. In no case shall the accommodations authorized herein be interpreted or construed as an authorization to provide a student with assistance in determining the answer to any test item.

The IEP committee has determined that the following accommodations, which are listed on your child's IEP, will not be permitted as an accommodation in statewide assessment.

Do you consent for the accommodation(s) listed above to be provided in instruction but which are not allowable in statewide assessment?

☐ Yes, I give my written consent, and in doing so, my signature means that I fully understand the implications of the accommodations.

☐ No, I do not give my consent.

☐ I request a conference before granting consent

Parent Signature: ___________________________ Date of Signature: ___________________________

*For further information please contact the ESE Supervisor or associate dean.

Parent Notice of Accommodations
Bureau of Exceptional Education and Student Services
September 2011
Florida Department of Education
## Classroom Accommodations Log

<table>
<thead>
<tr>
<th>Presentation</th>
<th>Scheduling</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Oral presentation of directions</td>
<td>10. Extended time not to exceed school day</td>
<td>14. Small group test setting (5-10 students)</td>
</tr>
<tr>
<td>2. Oral presentation of items/answers choices</td>
<td></td>
<td>15. Reduced stimuli</td>
</tr>
<tr>
<td>3. Directions repeating and clarified</td>
<td></td>
<td>16. Preferential seating</td>
</tr>
<tr>
<td>4. Student demonstrates understanding of direction</td>
<td>11. Organizers, outlines, checklists, etc.</td>
<td></td>
</tr>
<tr>
<td>5. Verbal encouragement</td>
<td>12. Spelling and grammar checks</td>
<td></td>
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<tr>
<td>6. Reduced # of problems/questions required</td>
<td>13. Large handwriting paper</td>
<td></td>
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<tr>
<td>7. Screen reader</td>
<td></td>
<td></td>
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<tr>
<td>8. Fewer items per page</td>
<td></td>
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<tr>
<td>9. Straightedge to maintain visual attention to items</td>
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### Student Name

<table>
<thead>
<tr>
<th>Week 1</th>
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</tbody>
</table>

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Wakulla County Schools

COLLABORATION DOCUMENTATION LOG

Student: _____________________ Course: ___________________ Collaboration Date: _______________________________

Personnel involved: _________________________________ (ESE) _____________________________________ (Reg. Ed.)
What was discussed? ____________________________________________________________________________________

______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

Student: _____________________ Course: ___________________ Collaboration Date: _______________________________

Personnel involved: _________________________________ (ESE) _____________________________________ (Reg. Ed.)
What was discussed? ____________________________________________________________________________________

______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________
______________________________________________________________________________________________________

Student: _____________________ Course: ___________________ Collaboration Date: _______________________________

Personnel involved: _________________________________ (ESE) _____________________________________ (Reg. Ed.)
What was discussed? ____________________________________________________________________________________

______________________________________________________________________________________________________
______________________________________________________________________________________________________
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Student: _____________________ Course: ___________________ Collaboration Date: _______________________________

Personnel involved: _________________________________ (ESE) _____________________________________ (Reg. Ed.)
What was discussed? ____________________________________________________________________________________

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<thead>
<tr>
<th>DATE</th>
<th>NAME OF ADULT &amp; STUDENT</th>
<th>DESTINATION</th>
<th>TIME OUT</th>
<th>TIME IN/DISMISSAL</th>
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</table>
Wakulla County Schools
COMMUNITY BASED INSTRUCTION
STUDENT LIABILITY FORM

Date: ________________________________ Through _____________________________ (on going)

I give permission for my child _____________________________________ to participate in the Community-
Based Instruction program at _____________________________________ School for the school year
_____________________. I understand that my child will be experiencing functional situations in the community
including, but not limited to, restaurants, making purchases in grocery stores and retail stores, and using public
transportation. I understand that this program will be conducted as specified in the child’s Individual Education
Plan.

Guardian/Parent Consent and Release

It is my understanding that the School Board of Wakulla County, Florida will exercise reasonable acceptable
safety and health standards and will attempt to notify me in the event of an emergency such as would require
a physician’s attention. I do not hold the School Board of Wakulla County, Florida, or any of its
employees, agents, or representatives responsible for the health or safety of my child, but do expect them to
exercise all reasonable efforts to assure his or her well-being. You have permission to have a physician or
surgeon attend my child, to the extent necessary to protect and preserve the health of my child, including
but not limited to, performance of surgery deemed necessary.

Parent/Guardian Signature                                                               Date

Medical Concerns/Allergies: _________________________________________________________________

Physician: ____________________________________________ Phone: _____________________

Medical Insurance Company: __________________________________________
Address: ________________________________________________________________
Policy Number: ____________________________________________ Exp. Date: ________________
Medications: ____________________________________________________________

Parent/Guardian Address

Home Phone Work Phone

Other emergency names and phone numbers:

__________________________________________ _________________________________________
__________________________________________ _________________________________________
__________________________________________ _________________________________________
Wakulla County Schools
CONFERENCE REPORT

Student Name ___________________________ Student Number ___________________________ Date ____________

Birth Date ___________________________ Age ___________ Grade _______ School ___________________________

TYPE OF MEETING

☐ Child Study Team ☐ Parent Conference ☐ IEP/EP Team
☐ Reevaluation ☐ Attendance Conference ☐ Other: ___________________

Persons Present

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
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</table>

Case Status/ Reason for Conference:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Decision/Recommendations:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

WMIS ES2012, rev. 6/10
Wakulla County Schools
Exceptional Student Education
CONSENT TO INVITE AGENCY REPRESENTATIVES TO TRANSITION IEP MEETING

Student’s Legal Name __________________________  DOB ________________  School ___________________  Date___________

ESE Program _____________________________  Diploma Option ________________  Projected Date of Graduation/Exit ____________

Parent or adult student permission is necessary to release student’s name, exceptional classification, date of birth, psychological, medical and educational records, and other information deemed appropriate at a meeting to plan for the student’s future needs. Parent or adult student consent is also required when inviting agency representative to Transition IEP meetings. The information shared between the agencies shall be used for legitimate purposes and confidentiality of all student records shall be maintained in accordance with applicable federal and state law. All information will be used only for the purpose of assisting the student with educational and/or transition services. Note: The Family Educational Rights and Privacy Act (FERPA) allow schools to disclose records, without consent, to specific parties.

Parent/Adult Student Consent

Exchange of Information
☐ Yes, I give permission for the exchange of information.
☐ No, I do not give permission for the exchange of information.

Meeting Attendance
☐ Yes, I give permission for a representative of the designated agencies to be invited to the IEP/Transition IEP meeting.
☐ No, I do not give permission for a representative of the designated agencies to be invited to the IEP/Transition IEP meeting.

I am inviting ___________________________________ to the IEP meeting.

(Name of Agency)

Agencies authorized to exchange information

<table>
<thead>
<tr>
<th>Agencies for Persons with Disabilities</th>
<th>Social Security Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s Medical Services</td>
<td>Once Stop Center/Workforce Plus</td>
</tr>
<tr>
<td>Division of Vocational Rehabilitation</td>
<td>Goodwill Industries</td>
</tr>
<tr>
<td>Division of Blind Services</td>
<td>United Cerebral Palsy</td>
</tr>
<tr>
<td>Department of Children and Families</td>
<td>Personal Development Services</td>
</tr>
<tr>
<td>Center for Autism and Related Disabilities</td>
<td>AmeriCorp through Volunteer Florida</td>
</tr>
<tr>
<td>Ability 1st</td>
<td>*Other agencies or providers (i.e., physicians, psychologists)</td>
</tr>
</tbody>
</table>

*Other agencies/providers need specified:

PARENT/LEGAL GUARDIAN/SURROGATE/STUDENT (AGE 18 & ABOVE)   DATE

For adult student with legal rights, please check one box:
I give permission for ___________________________________ to share in my education. ☐ YES ☐ NO

(Parent or designee)

If you have any questions regarding this notice or the attached Procedural Safeguards, (Rule 6A-6.3311, FAC), you may contact the ESE District Office at (850) 926-0065 or the Florida Department of Education at (850) 245-0475. Additional copies of the Procedural Safeguards are available upon request.

ES2066 revised 4/12
Dear Parent or Guardian,

Attached is a copy of your Parent Meeting Notice to attend your student’s upcoming IEP Meeting. Please remember if your student is involved with an outside agency, such as Vocational Rehabilitation (VR), Association for Persons with Disabilities (APD), Children’s Medical Services (CMS), Big Bend Community Based Care (BBCBC), etc. to invite counselors or case managers to the meeting. As we work together to coordinate services for your student, they bring information and resources to the meeting that are valuable.

Due to Family Education Rights to Privacy Act (FERPA) and HIPPA, we are unable to contact these agencies directly without your consent, so it’s critical for you to let agencies know that you’d like their participation in a timely manner so that they can plan their calendars accordingly.

On the back of this letter is Consent to Invite Agency Representatives to the Transition IEP Meeting and consent to exchange Information. Please complete and return with the Parent Meeting Notice, so that the IEP Team will be prepared with the appropriate resources for all to actively participate. If you are not currently involved with an agency, but would like for a representative to attend the meeting, please indicate who you would like for the school to invite.

If you have questions/concerns please contact the ESE Contact listed on the Parent Meeting Notice.
Wakulla County Schools
CONSULTATION DOCUMENTATION LOG

Student: _____________________________ Course: _____________________ Collaboration Date: _________________

Personnel involved: ________________________________ (ESE): __________________________________ (Reg. Ed.)

What was discussed?  ________________________________________________________________________________
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Student: _____________________________ Course: _____________________ Collaboration Date: _________________

Personnel involved: ________________________________ (ESE): __________________________________ (Reg. Ed.)

What was discussed?  ________________________________________________________________________________
__________________________________________________________________________________________________
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Student: _____________________________ Course: _____________________ Collaboration Date: _________________

Personnel involved: ________________________________ (ESE): __________________________________ (Reg. Ed.)

What was discussed?  ________________________________________________________________________________
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Student: _____________________________ Course: _____________________ Collaboration Date: _________________

Personnel involved: ________________________________ (ESE): __________________________________ (Reg. Ed.)

What was discussed?  ________________________________________________________________________________
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Student: _____________________________ Course: _____________________ Collaboration Date: _________________

Personnel involved: ________________________________ (ESE): __________________________________ (Reg. Ed.)

What was discussed?  ________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
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Student: ______________________________________________________________

For School Year
# Wakulla School District
## Educational Plan (EP)

### I. Student Information

<table>
<thead>
<tr>
<th>Date of Meeting:</th>
<th>Duration Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name:</td>
<td>Student Number:</td>
</tr>
<tr>
<td>DOB:</td>
<td>School:</td>
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<tr>
<td>Parents:</td>
<td>Address:</td>
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</tbody>
</table>

### II. Present Levels of Performance

Special Considerations (e.g. limited English proficiency):

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
______________________________

Concerns of the parent for enhancing the education of the student:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
______________________________

Based on the strengths and interests of the student and the results of recent evaluations, including class work and state or district assessments, the student is able to:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
______________________________

The student’s giftedness results in the need for a special program and / or needs beyond the general curriculum in the following way:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
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PEER Downloadable Forms (Rev. 1/11)

Student: ______________________________________________
### III. Measurable Annual Goals and Short-Term Objectives or Benchmarks

<table>
<thead>
<tr>
<th>Goal:</th>
<th>Assessment Procedures:</th>
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<tbody>
<tr>
<td></td>
<td>Other (if applicable):</td>
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<tr>
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<td>How Progress Reported:</td>
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<td>Short-term Objectives or Benchmarks:</td>
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<td>Short-term Objectives or Benchmarks:</td>
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Student: __________________________________________________ ____________________________

PEER Downloadable Form (Rev. 1/11)

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### III. Measurable Annual Goals and Short-Term Objectives or Benchmarks

<table>
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<th>Goal:</th>
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<tbody>
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<td>Assessment Procedures:</td>
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<td>How Progress Reported:</td>
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<tr>
<td>Short-term Objectives or Benchmarks:</td>
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PEER Downloadable Form (Rev. 1/11)

Student: ______________________________________

### IV. Exceptional Education Services
### V. Accessibility and Implementation

The EP is accessible to each of the student’s teachers who are responsible for implementation and each teacher of the student has been informed of the specific responsibilities related to implementing the EP. (Rule 6A-6030191, FAC)

### VI. Conference Notes

_______________________________________________________________________________________
_______________________________________________________________________________________
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PEER Downloadable Form (Rev. 1/11)
### Meeting Participants

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<th>Role</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Parent/Guardian</td>
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<td>General Education Teacher</td>
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<tr>
<td>Special Education Teacher / ESE Service Provider/Teacher of the Gifted</td>
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<tr>
<td>LEA Representative</td>
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<tr>
<td>Interpreter of Instructional Implications of Evaluation Results</td>
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<tr>
<td>Administrator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td>Signature required if 14 years or older</td>
<td></td>
</tr>
<tr>
<td>Other Agency Representative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
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<tr>
<td>Other</td>
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<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>

Describe how a copy of the IEP/EP/SP was provided to the parent:

Downloadable Form (Rev. 1/11)
Wakulla County Schools  
Exceptional Student Education  
ELIGIBILITY DETERMINATION and PLACEMENT STAFFING FORM

Student: __________________________ DOB: __________________ Sex: □ M □ F Grade: ____________

Present School: ________________________  
Parent Name: ____________________________

---

**ELIGIBILITY RECOMMENDATIONS**

The School Eligibility Staffing Committee, which reviewed educational information about the student, met on ___________ to consider your child’s eligibility. This was the purpose of the meeting and this notice explains why the committee proposes or refuses to take the actions listed.

- □ Meets eligibility criteria for ____________________________________________________________________________
- □ Meets criteria for the related service(s) of: ____________________________________________________________________________
- □ Transferred from out-of-district and meets criteria for: ____________________________________________________________________________
- □ Is recommended for change in identification from ____________________________________________________________________________ to ____________________________________________________________________________
- □ Is already enrolled in ____________________________________________________________________________ and does does not meet current procedures for ____________________________________________________________________________
- □ Based on reevaluation data and an IEP meeting, is recommended for discontinuation from Exceptional Student Education.
- □ Based on evaluation data and IEP meeting, is recommended for discontinuation from ____________________________________________________________________________

---

**NAME OF EVALUATION INSTRUMENT(S)**

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental Assessment</td>
<td>Adaptive, social, communication and cognitive skills</td>
</tr>
<tr>
<td>Psycho-educational</td>
<td>Intellectual, academic, behavioral, language</td>
</tr>
<tr>
<td>Vision/Hearing</td>
<td>Visual/hearing ability</td>
</tr>
<tr>
<td>Speech/Language</td>
<td>Language ability, articulation, fluency, voice quality</td>
</tr>
<tr>
<td>Social</td>
<td>Social and Behavioral ability</td>
</tr>
<tr>
<td>Analysis of Response to Intervention</td>
<td>Increasing interventions summary</td>
</tr>
<tr>
<td>Motor/Physical/Medical</td>
<td>Fine and Gross Motor skills/Physical evaluation</td>
</tr>
<tr>
<td>Other:</td>
<td>_____________________________________</td>
</tr>
</tbody>
</table>

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**COMMITTEE**

<table>
<thead>
<tr>
<th>Parent/Guardian:</th>
<th>Parent/Guardian:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESE Director/Designee:</td>
<td>Principal/Designee:</td>
</tr>
<tr>
<td>ESE Teacher:</td>
<td>Speech/Language Therapist:</td>
</tr>
<tr>
<td>Regular Teacher:</td>
<td>OT/PT Therapist:</td>
</tr>
<tr>
<td>Psychologist/Eval Specialist:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

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**REVIEW**

Eligibility is based on ESE Director/Designee review of evaluation data and the staffing committee’s recommendations. Comments: ____________________________________________________________________________

- □ Parent received copy of report  
- □ Reviewed ____________  
- □ ESE Director/Designee Date ____________

---

**Final recommendation is indicated by checks:**

- □ Regular Class
- □ Resource Room
- □ Separate Class
- □ Special Day School
- □ Individual instruction in a home or hospital
- □ Other (specify) ____________________________________________________________________________

---

**Other placements were refused because:**

- □ Did not provide the least restrictive environment
- □ Did not provide appropriate program
- □ Student not eligible for ESE
- □ Other: ____________________________________________________________________________

---

**INITIALED**

Consent for placement is required the first time the student is placed in an ESE program. I understand that parent/guardian consent is required only before initial assignment. We the undersigned parent(s)/guardian(s) of above named student.

1) □ AGREE to his/her placement in the Exceptional Student Education Program.
2) □ DO NOT AGREE to his/her placement in the Exceptional Student Education Program.

Parent/Guardian Signature: __________________________ Date: ____________

---

As parent(s) of a child with disabilities you have protections under the attached Procedural Safeguards of the Individuals with Disabilities Education Act. Further explanation and copies may be obtained from the Exceptional Student Education office at (850) 926-0065 or school counselor __________________________, phone number _____________. For a gifted student, you have protections under the Procedural Safeguards under Rule 6A-6.03310.FAC.
Wakulla County Schools

ESE SUSPENSION NOTICE

Student’s Name: ___________________________ School: ___________________________ Date: ________________

Student ID #: ___________________________ Grade: ___ Teacher: ___________________________ Sex: ___ Race: ______

Parent’s Name: ___________________________ Address: ___________________________ Phone #: ________________

ESE Primary Program: ___________________________

Does IEP indicate that the student follow the Wakulla County Schools Student Code of Conduct? □ Yes □ No

Is this an emergency suspension? □ Yes □ No If yes, is meeting scheduled within two days? □ Yes □ No

A copy of the current IEP is attached. □ Yes □ No

SPECIFIC DESCRIPTION OF RULE VIOLATION

Description: ________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Date of Suspension: From _______________ Through _____________________ Number of Days: _________

Type of Suspension: □ Out-of-School □ In-School (exclusion from instruction) □ Bus (FAPE)

Cumulative days suspended (including this suspension) this year: __________ Date for review of Student IEP

Total number of suspensions (including this suspension) this year: _________

For a student suspended for emergency suspension, convene an IEP meeting within two days. For a regular

suspension, more than ten days cumulative or a pattern of exclusion in one year, a staffing committee must

review the student’s IEP before the suspension is up or before the student returns.

_________________________________________________________________________________________

You may wish to have a conference with the principal regarding this suspension to discuss the infractions and

actions noted above. We are certain that you, as parent, are concerned about your child’s behavior at school and

we welcome your cooperation and willingness to assist in the appropriate resolution of this situation.

I will be in my office during normal school hours if you care to discuss the suspension with me.

__________________________________________  __________________________________

Signature of Administrator      Date

CONDITIONS OF SUSPENSION

When student is suspended for out-of-school suspension he/she is NOT to:

a. Attend any school function
b. Enter upon any school campus
c. Ride upon any Wakulla County School Bus

When a student is suspended from riding the school bus, his/her absence from school is NOT excused.

WMIS ES2015
Wakulla County School Board
EXTENDED SCHOOL YEAR SERVICES
DETERMINATION OF NEED FOR
STUDENTS WITH DISABILITIES

Student: ___________________________ IEP Meeting Date: _______________________

Extended school year (ESY) services are required if the IEP team has reason to believe that the provision of a free appropriate public education (FAPE) for an individual student would be jeopardized without such services. The following questions are intended to assist IEP team in making decisions regarding the necessity for ESY services. Parents, teachers, and other professionals are all valuable sources of information. For each question, provide the rationale for determining YES/NO for each area (N/A if the student has no goals in this area). If “YES” is indicated for one or more questions, ESY services may be needed.

Appropriate data to be reviewed includes, but is not limited to, the following:

- Pattern of regression after past breaks in service
- Pre-/post-tests
- Progress on annual goals
- Point sheets
- Report Cards
- Teacher-made checklists
- Work samples
- Therapy Logs
- Anecdotal records from home/school
- Records Review
- Frequency charts
- Referrals/discipline file
- Other documentation related to extenuating circumstances

1. Does the data indicate the likelihood that significant regressions will occur in critical life skills related to academics, or, for pre-K students, developmentally appropriate pre-academic skills, and that those skills cannot be recouped within a reasonable amount of time without ESY services? YES NO

Supporting Data Reviewed:

Rationale:

2. Does the data indicate the likelihood that significant regression will occur in critical life skills related to communication, and that those skills cannot be recouped within a reasonable amount of time without ESY services? YES NO

Supporting Data Reviewed:

Rationale:

3. Does the data indicate the likelihood that significant regression will occur in critical life skills related to independent functioning and self-sufficiency, and that those skills cannot be recouped within a reasonable amount of time without ESY services? YES NO

Supporting Data Reviewed:

Rationale:

WMIS ES2055
4. Does the data indicate the likelihood that significant regression will occur in critical life skills related to **social/emotional development or behavior**, and that those skills cannot be recouped within a reasonable amount of time without ESY services?  
□ YES  □ NO  
Supporting Data Reviewed:  
Rationale:  

5. Does the data indicate the likelihood that the student is at a **crucial stage** in the development of a critical life skill, and that a lapse in services would substantially jeopardize the student’s chances of learning that skill? This may include **emerging skills** as well as **critical points of instruction** on existing skills.  
□ YES  □ NO  
Supporting Data Reviewed?  
Rationale:  

6. Is the **nature of severity** of the student’s disability such that the student would be unlikely to benefit from his or her education without the provision of ESY services? The nature of the disability may include the student’s **rate of progress**.  
□ YES  □ NO  
Supporting Data Reviewed:  
Rationale:  

7. Are there **extenuating circumstances** pertinent to the student’s current situation that indicates the likelihood that FAPE would not be provided without ESY services? Examples of students who may require ESY services under this criterion include, but are not limited to, the following:  
• A student who has recently obtained paid employment and requires the services of a job coach in order to be successful.  
• A student who requires ESY services in order to remain in his or her existing LRE and prevent movement to a more restrictive setting.  
• A student whose frequent health-related absences have significantly impeded progress on goals related to critical life skills.  
□ YES  □ NO  
Supporting Data Reviewed:  
Rationale:  

WMIS ES2055
Wakulla County Schools
FOLDER CHECKLIST

Student Name: ________________________  Student Number: ________________

Place an X in the box representing all ESE programs in which the student is or has been enrolled in the district, as indicated in this ESE folder.

☐ Autism Spectrum Disorder
☐ Deaf/Hard of Hearing
☐ Developmentally Delayed (0-2)
☐ Developmentally Delayed (3-5)
☐ Dual Sensory Impaired
☐ Emotional Behavior Disorder
☐ Established Conditions
☐ Gifted
☐ Hospital/Homebound
☐ Intellectually Disabled
☐ Language Impaired
☐ Occupational Therapy
☐ Orthopedically Impaired
☐ Other Health Impaired
☐ Physical Therapy
☐ Specific Learning Disabilities
☐ Speech Impaired
☐ Traumatic Brain Injury
☐ Visually Impaired

WMIS ES2018, Rev 7/08
### Wakulla County Schools

**FUNCTIONAL BEHAVIOR ASSESSMENT**

<table>
<thead>
<tr>
<th>Assessor’s Name</th>
<th>Date(s) of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>Student First Name</th>
<th>Student MI</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Exceptionality</th>
<th>DOB</th>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

#### Review of Information:

Number of disciplinary notices this academic year: 
Number of tardies this academic year: 
Medication changes: Participates in counseling: Changes in living arrangements: Additional parent information: Assessment Information: Special Services (ESOL, ESE, etc.): 

Classroom components:  
- [ ] Clearly posted rules; frequently revisited.  
- [ ] Instructional level/methods appropriate for student.  
- [ ] Predictable routine-posted and review each day.  
- [ ] Behavior monitoring system in place:  
- [ ] Classroom setting/schedule set up to promote positive behavior  
- [ ] Other:  

#### Functional Behavior Assessment Steps:

**Description of student (relevant history, personality traits):**

**Define the problem behavior (measurable/observable):**

**Data collection methods/information gathered:**

WMIS ES2019
<table>
<thead>
<tr>
<th><strong>Hypothesis statement(s) regarding the problem behavior:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th><strong>Intervention(s)</strong></th>
</tr>
</thead>
<tbody>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th><strong>Alternate skills to be taught (must serve same function as the problem behavior):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th><strong>Generalization/Maintenance Procedure(s) (strategies for promoting the generalization of targeted behaviors over time and settings):</strong></th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Long Term Prevention Strategies (permanent adaptations and quality of life enhancements):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
GIFTED CHARACTERISTICS CHECKLIST

Date: ____________________________ Completed by: ____________________________ Return to: ____________________________

INSTRUCTIONS: This student is currently being evaluated for possible inclusion in the Gifted Program. Your observations would be very helpful in the evaluation. Please use the ratings below and return this form to my mailbox. Thank you.

(0) Below Average  (1) Average  (2) Above Average  (3) Superior  (4) Outstanding

Learning Characteristics
1. Evidences outstanding vocabulary, verbal fluency. □0 □1 □2 □3 □4
2. Possesses a large storehouse of information about a variety of topics. □0 □1 □2 □3 □4
3. Has quick mastery and recall of factual information. □0 □1 □2 □3 □4
4. Has rapid insight into cause-effect relationships. Tries to discover the how and why. □0 □1 □2 □3 □4
5. Has a ready grasp of underlying principles. Can make generalizations. □0 □1 □2 □3 □4
6. Is a keen and alert observer. □0 □1 □2 □3 □4
7. Reads a great deal on his/her own. □0 □1 □2 □3 □4
8. Reasons things out for himself/herself. □0 □1 □2 □3 □4
9. Is inquisitive. □0 □1 □2 □3 □4

Motivational Characteristics
1. Becomes absorbed and truly involved in certain topics or problems. □0 □1 □2 □3 □4
2. Is easily bored with routine tasks. □0 □1 □2 □3 □4
3. Needs little external motivation to follow through in work that initially excites him/her; □0 □1 □2 □3 □4
4. Strives toward perfection; is self-critical. □0 □1 □2 □3 □4
5. Works independently; requires little direction from teachers. □0 □1 □2 □3 □4
6. Is interested in many “adult” problems (religion, politics, etc.). □0 □1 □2 □3 □4
7. Is self-assertive or stubborn in his/her beliefs. □0 □1 □2 □3 □4
8. Likes to organize or bring structure to things. □0 □1 □2 □3 □4
9. Evaluates and passes judgments on events, people, things. □0 □1 □2 □3 □4

Creativity Characteristics
1. Displays curiosity. □0 □1 □2 □3 □4
2. Offers ideas or solutions to problems. □0 □1 □2 □3 □4
3. Is uninhibited in expression of opinion. □0 □1 □2 □3 □4
4. Is a high risk taker; is adventurous and speculative. □0 □1 □2 □3 □4
5. Displays intellectual playfulness (manipulates ideas; tries to adapt, improve or modify things). □0 □1 □2 □3 □4
6. Displays a keen sense of humor. □0 □1 □2 □3 □4
7. Shows emotional sensitivity. □0 □1 □2 □3 □4
8. Is nonconforming, in individualistic. □0 □1 □2 □3 □4
9. Criticizes constructively. □0 □1 □2 □3 □4
10. Questions arbitrary decisions. □0 □1 □2 □3 □4

Leadership
1. Carries responsibility well. □0 □1 □2 □3 □4
2. Is self-confident with peers and adults. □0 □1 □2 □3 □4
3. Seems to be well liked by his/her classmates. □0 □1 □2 □3 □4
4. Is cooperative. □0 □1 □2 □3 □4
5. Can express himself/herself well. □0 □1 □2 □3 □4
6. Adapts readily to new situations; is flexible. □0 □1 □2 □3 □4
7. Is sociable; outgoing. □0 □1 □2 □3 □4
8. Tends to dominate others. □0 □1 □2 □3 □4

Please list any special talents in areas such as music, art, drama, creative writing, etc.

Please list any extracurricular (i.e. sports, or club) activities this student participates in:

Do you believe this student needs and/or could benefit from the Gifted program:

Please specify any characteristics which might make participation in the Gifted program unwise for this student:

WMSIS ES2020 revised 10/13
Wakulla County Schools
HOMEBOUND/HOSPITAL MEDICAL CERTIFICATION

Part I

Student Name: ____________________________________________ is under medical care and treatment for illness or injury for: (describe disabling condition or diagnosis)

☐ Physical ____________________________________________

☐ Psychiatric __________________________________________

Part II

Please ✓

Condition is: ☐ Acute ☐ Catastrophic in nature ☐ Chronic ☐ Repeated intermittent illness due to persisting medical problem.

Student is unable to attend school and medical problem confines student to:

☐ Home ☐ Hospital ☐ Alternate homebound/hospital due to chronic intermittent condition

☐ Homebound, hospitalized/school-based program due to an acute, chronic, or intermittent condition.

☐ Student will be able to participate and benefit from an instructional program.

☐ Medical restrictions, implications for instruction and comments: __________________________________

☐ To the best of my knowledge, this student can receive instructional services without endangering the health and safety of the instructor or other students with whom the instructor may come in contact.

Part III

Duration of absence from the regular school program is expected to be: (estimate of duration of condition or prognosis): ________________________________
Part IV

Medical Treatment Plan: (briefly describe your treatment plan)

Part V

Recommendations regarding school re-entry:

Part VI

Signatures: (Florida licensed medical doctor (MD), osteopathic physician (DO), advanced registered nurse practitioner (ARNP), or a physician’s assistant (PA), may sign).

Note: An ARNP or PA working for a physician licensed under the authority of Sections 458 or 459, FS may sign the medical statement. The name of the licensed physician MUST also be noted on this statement in addition to the signature of the ARNP or PA, however, the licensed physician’s signature is not required.

Name of Physician (please print)

Physician’s Signature

Address

Phone

ARNP’s/PA’s Signature

Date of Signature
Wakulla County Schools
PARENTAL AGREEMENT FOR HOSPITAL/HOMEBOUND SERVICES
POLICIES AND PARENTAL COOPERATION

Student Name ________________________________

As the parent, guardian or primary care giver you shall:

1. Provide a quiet, clean, well ventilated setting where student and teacher will work.

2. Ensure that a responsible adult is present.

3. Establish a schedule for student study between visits which takes into account the student’s courseware.

☐ I have received a copy of my waiver options regarding the physical education requirements for students in grades K-8 and am waiving the opportunity to participate in physical education, as a Hospital/Homebound student.

__________________________________________
Signature of Parent, Guardian or Primary Care Giver

__________________________________________
Date

WMIS ES2032
HOSPITAL/HOMEBOUND ASSIGNMENT FORM

Teacher: _____________________________________ Dates of absences: __________________________

Student: _____________________________________

Please list the major assignments for the dates noted above and return this to the guidance office by ______________________, with worksheets, tests, or other materials attached.

Keep a copy for your records. Thanks for your help!

ASSIGNMENTS:

_________________________________________________________________________________________

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# MONTHLY EMPLOYEE TIME SHEET
## Hospital/Homebound
### WAKULLA COUNTY SCHOOL BOARD

<table>
<thead>
<tr>
<th>Week of</th>
<th>MONDAY IN</th>
<th>Parent initials</th>
<th>MONDAY OUT</th>
<th>TUESDAY IN</th>
<th>Parent initials</th>
<th>TUESDAY OUT</th>
<th>WEDNESDAY IN</th>
<th>Parent initials</th>
<th>WEDNESDAY OUT</th>
<th>THURSDAY IN</th>
<th>Parent initials</th>
<th>THURSDAY OUT</th>
<th>FRIDAY IN</th>
<th>Parent initials</th>
<th>FRIDAY OUT</th>
<th>TOTAL HOURS (office use only)</th>
</tr>
</thead>
</table>

Student Name: ____________________________________  Parent Name: ________________________________
Print Employee Name: ______________________________  Employee Signature ________________________________

**NOTE:** Your Monthly Employee Timesheet **MUST** align with services on IEP.
Dear Parent or Guardian,

The 2008 Legislature passed Senate Bill 610 which was signed into law by Governor Crist on June 2, 2008. It included changes in statute as it relates to physical education requirements for Florida students. Section 1003.455, Florida Statutes, requires 150 minutes each week of physical education for students in grades kindergarten through fifth grade, and beginning in the 2009-2010 school year, the equivalent of one class period per day of physical education for one semester of each year for students grades six through eight. The physical education requirements shall be waived for a student in grades kindergarten through grade eight who meets one of the following criteria:

- The student is enrolled or required to enroll in a remedial course.
- The student's parent indicates in writing to the school that:
  1. The parent requests that the student enroll in another course from among those offered as options by the school district, OR
  2. The student is participating in physical activities outside the school day which are equal to or in excess of the mandated requirement.

This statute requires each District School Board to notify parents of the options available prior to scheduling a student in physical education. Unless your child meets one of the waiver criteria listed above, he/she will be enrolled in physical education for 150 minutes each week while in grades kindergarten through grade five, or for one semester of each year while in grades six through eight.

Please contact your school administration if you have questions or concerns regarding the physical education requirements or waiver criteria.
Wakulla County School Board  
Individual Educational Plan (IEP)

### Student Information

<table>
<thead>
<tr>
<th>Meeting Date:</th>
<th>School:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name:</td>
<td>Student Number:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Age:</td>
</tr>
<tr>
<td>Grade:</td>
<td></td>
</tr>
<tr>
<td>IEP Initiation Date:</td>
<td>IEP Duration Date:</td>
</tr>
<tr>
<td>Parent / Guardian 1:</td>
<td>IEP Review Date Due:</td>
</tr>
<tr>
<td>Parent / Guardian 2:</td>
<td>Reevaluation Date Due:</td>
</tr>
</tbody>
</table>

### Other Program and Service Areas:

- **Primary Exceptionality:**
- **Reevaluation Date Due:**

### Purpose of Meeting:

(Check all that apply):

- [ ] Initial IEP
- [ ] Annual IEP
- [ ] Interim IEP
- [ ] Eligibility
- [ ] Evaluation/Reevaluation
- [ ] Manifestation Determination
- [ ] FBA / PBIP
- [ ] Other:

- **Identifying Transition Services Needs** *(Required at least annually beginning no later than first IEP to be in effect with the student turns 12)*
- **Consideration of Postsecondary Goals and Transition Services** *(Required at least annually beginning no later than the first IEP to be in effect when the student turns 16)*

### Special Considerations:

The following factors must be considered in the development of the IEP:  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the student’s behavior impede his/her learning or that of others?</td>
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<td></td>
</tr>
<tr>
<td>If the student’s behavior impedes his/her learning or the learning of others, does the student have a functional behavioral assessment (FBA) and/or positive behavior intervention plan (PBIP).</td>
<td></td>
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<tr>
<td>If student does not have FBA/PBIP, describe how positive behavioral interventions, supports, and/or other strategies will be used to address the behavior.</td>
<td></td>
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<tr>
<td>Does the student have limited English proficiency?</td>
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<tr>
<td>If Yes, describe how the student’s needs as an English language learner will be addressed.</td>
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<td></td>
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<tr>
<td>Is the student Blind or visually impaired?</td>
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<tr>
<td>If the student is blind or visually impaired, is instruction in Braille or the use of Braille appropriate? (If No, describe the results of the reading and writing evaluation upon which that determination is based under “General Factors and Assessment Data” or “Present Levels, Goals and Objectives.”.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student have communication needs? (If Yes, describe them under “Present Levels, Goals and Objectives” and include the ESE services and/or support required to meet those needs under the application section(s) of the IEP.)</td>
<td></td>
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</tr>
<tr>
<td>Is the student deaf or hard-of-hearing?</td>
<td></td>
<td></td>
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<tr>
<td>If the student is deaf or hard-of-hearing, what opportunities for direct communication with peers and professionals in the student’s language does the Communication Plan indicate are needed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the student is deaf or hard-of-hearing, what opportunities for direct instruction in the student’s language does the Communication Plan indicate are needed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the student need assistive technology devices and services? (If Yes, address the need under “Present Levels, Goals and Objectives” and the applicable service or support area.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the student to participate in the regular PE program available to all students? (If no, address the need for specially designed PE under “Present Levels, Goals and Objectives” and the applicable service or support area.) Note: If the student CAN participate in the regular PE program but requires accommodations or supplemental aids and services, respond “YES” and identify the necessary supports under the applicable section(s) of the IEP.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Planning for High School Graduation
Describe how the student is being prepared to graduate with a standard diploma and how the student and parents have been informed of the standard diploma options and designations that are available. (Required NO LATER than the first IEP to be effective when the student turns 14.)

☐ N/A due to age of student

What graduation option is the student pursuing? (Required NO LATER than the first IEP to be in effect when the student turns 14).

☐ N/A due to age of student
☐ Standard High School Diploma – In accordance with s. 1003.4282(1)-(9), F.S. (24 credit options available to ALL students.)
☐ Standard High School Diploma – In accordance with s. 1002.3105 (5), F.S. (18 credit ACCL options available to ALL students.)
☐ Standard High School Diploma – In accordance with s. 1003.4282(11), F.S. (Available only to students with disabilities.)

If determined at this time, select one of the following:

☐ S. 1003.4282(11)(b)1. (Available only to “a student with a disability for whom the IEP team has determined that the Florida Alternate Assessment is the most appropriate measure of the student’s skills.”)
☐ S. 1003.4282(11)(b)2. Available only to “a student with a disability for whom the IEP team has determined that mastery of academic and employment competencies is the most appropriate way for the student to demonstrate his or her skills.”

☐ *Special Diploma Option 1
☐ * Special Diploma Option 2

*SB 850 repealed the Special Diploma option effective July 1, 2015. These options are available to student who were enrolled in grade 9 or higher prior to the 2014-15 school year and had an IEP in place on the effective date of the law (June 20, 2014) that stated the student was pursuing a Special Diploma

Is the student pursuing a diploma designation? (Required to be considered NO LATER than the first IEP to be in effect when the student turns 14).

☐ Yes If so, which designation? ☐ Scholar Designation ☐ Merit Designation
☐ No

Was a change made to the student’s graduation option?

Beginning with students entering grade 9 in the 2014-15 school year, s. 1003.4282, F.S., states that any change in the student’s graduation option specified in the IEP must be approved by the parent and is subject to verification for appropriateness by an independent reviewer selected by the parent as provided in s. 1003.572, F.S.

☐ N/A due to age of student
☐ Not applicable due to cohort. This student was enrolled in high school prior to the 2014-15 school year.
☐ No, the student’s graduation option was not changed.
☐ Yes, the student’s graduation option was changed.

If Yes, did the parent (or adult student) approve the changes?

☐ The parent (or adult student) approved the change to the student’s graduation option.
☐ The parent (or adult student) was not in attendance at the IEP team meeting (or was in attendance but did not directly indicate approval or disapproval). S/he will be notified through the printed copy of the IEP of the requirements under s. 1003.4284(11)(b)3., F.S. and asked to notify the district if s/he does not approve of the changes.

Contact

Name:

Contact

Phone/E-mail:

☐ The parent (or adult student) stated that s/he does not approve of the change that was made to the student’s graduation option.
Explain:

General Factors and Assessment Data
Describe any health concerns:

Describe the results of the most recent state-wide or district assessment(s) (e.g. Florida Standards Assessments for English/Language Arts and Math, FSA 2.0 Science, EOCs, Florida Alternate Assessment):

Describe the results of the initial or most recent evaluation (district and/or independent):

How was parent input obtained?

If “Other”, please describe:

Describe the parent’s concern for enhancing the education of the student:

Describe, if appropriate, any interagency responsibilities or any needed linkages:

### Domains and Transition Services Activity Areas

Indicate below the domain(s) and/or transition service activity area(s) for which present level statements and goals will be developed. (At least one domain or transition service activity area must be selected.)

<table>
<thead>
<tr>
<th>Domains</th>
<th>Transition Service Activity Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum and Learning Environment</td>
<td>Instruction</td>
</tr>
<tr>
<td>Independent Functioning</td>
<td>Related Services</td>
</tr>
<tr>
<td>Communication</td>
<td>Community Experience</td>
</tr>
<tr>
<td>Social/Emotional Behavior</td>
<td>Employment</td>
</tr>
<tr>
<td>Health Care</td>
<td>Post-School Adult Living</td>
</tr>
<tr>
<td></td>
<td>Daily Living, if appropriate</td>
</tr>
<tr>
<td></td>
<td>Functional Vocational Evaluation, if appropriate</td>
</tr>
</tbody>
</table>

### Transition Components – Postsecondary Goals (FOR 16 AND OLDER)

How was student input obtained?

Describe the student’s strengths, preferences and interests. If the results of age-appropriate transition assessments were not already provided under “General Factors and Assessment Data”, include them here.

What is/are the student’s measurable long-term postsecondary goals(s) related to postsecondary education and/or training?
What is/are the student’s measurable long-term postsecondary goal(s) related to employment and career?

What is/are the students measurable long-term postsecondary goal(s) related to independent living (where appropriate)?

Indicate in the text box if a postsecondary goal in this area is not appropriate for this student.

Were changes made to one or more postsecondary goals?
Section 1003.5716(3), F.S., states that any changes in the long-term postsecondary goals must be approved by the parent and are subject to verification for appropriateness by an independent reviewer selected by the parent as provided in s. 1003.572, F.S.

☐ No, there were no changes made to the student’s postsecondary goals.

☐ Yes, changes were made to one or more postsecondary goals.

If Yes, did the parent approve the changes?
☐ The parent (or adult student) approved the changes to the student’s postsecondary goal(s).
☐ The parent (or adult student) was not in attendance at the IEP team meeting. S/he will be notified through the printed copy of the IEP of the requirements under s. 1003.5716(3), F.S. and asked to notify the district if s/he does not approve the changes.
Contact Name: ________________________________________________________________________________
Contact Phone/E-mail: __________________________________________________________________________
☐ The parent (or adult student) stated that s/he does not approve of one or more changes that were made to the student’s postsecondary goal(s).
Explain:

Transition Components – Course of Study

Describe the student’s course of study, including how the student is expected to fully meet the requirements of s. 1003.4282(1)-(9), 1002.3105(5), 1003.4282(11)(b)1., 1003.4282(11)(b)2., F.S. to receive a standard high school diploma by age 22 and how the student will meet the online course requirements under s. 1003.4282(4), F.S. Indicate in the text box if this does not apply because the student is pursuing a Special Diploma.

If the student is pursuing the 24 credit standard diploma option, at least one course must be completed through online learning unless the student’s IEP indicates an online course would be inappropriate. Students should be prepared for and given the opportunity to access an online course to the extent possible. A decision to waive the online course requirement for a student should be revisited at least annually. If applicable, document below the IEP team’s decision to waive the online course requirement at this time:

☐ The IEP team has determined that an online course would be inappropriate for this student at this time.

Describe any additional outcomes and/or benefits at the time of the student’s graduation that the IEP team, including the parent and the student, expects. Examples include things such as linkages with support agencies (e.g., Division of Vocational Rehabilitation, ARC, Florida Alliance for Assistive Services and Technology (FAAST), Centers for Independent Living) and guidance in accessing supports for students with disabilities provided by college and universities.
A student with a disability may defer the receipt of a standard high school diploma and continue to receive services if s/he meets the following requirements found at s. 1003.4282(11)(c), F.S.:

1. The IEP includes special education, transition planning, transition services, or related services through age 21; and
2. The student is enrolled in:
   a) accelerated college credit instruction pursuant to 1007.27, F.S.
   b) industry certification courses that lead to college credit,
   c) a collegiate high school program,
   d) courses necessary to satisfy the Scholar designation requirements, or
   e) a structured work-study, internship or pre-apprenticeship program.

The decision to accept or defer receipt of a standard high school diploma must be made during the school year in which the student is expected to meet all the requirements.

Is this student deferring receipt of a standard diploma?

☐ Not yet determined
☐ No, the student is not deferring receipt of a standard high school diploma.
☐ Yes, the student is deferring receipt of a standard diploma.

Transition Components – Course of Study

Transfer of Rights

At least one year prior to the student’s eighteenth birthday, the student was informed of his or her rights under Part B of the Individuals with Disabilities Education Act (IDEA 2004) that will transfer from the parent to the student on reaching the age of majority, which is eighteen years of age.

☐ Yes
☐ N/A due to age of student

A Separate and distinct notice of the transfer of rights was provided closer to the time of the student’s eighteenth birthday.

Describe any health concerns:

☐ Yes
☐ N/A due to age of student

Provide additional information, as appropriate (e.g., date of receipt, initials documenting receipt):

Present Levels of Academic Achievement and Functional Performance

Include information on transition needs and/or self-determination as appropriate.

Use “Backup PLEP/Annual Goals” pages as needed for each domain/transition services activity area addressed and when additional goals are needed.

Domain / Transition Service Activity: (Select)

With regard to this domain or transition service activity area:

Describe the strengths of the student.
Describe the levels of achievement and functioning based on classroom data including observations, work samples, and age appropriate transition assessments (if appropriate).

Describe how the student’s disability and/or giftedness affects the student’s involvement and progress in the general curriculum.

Annual Goals:
Mastery Criteria:
Assessment Procedure(s):
Progress reports will be provided:
Short-term Objective or Benchmark:
Short-term Objective or Benchmark:
Short-term Objective or Benchmark:

Annual Goals:
Mastery Criteria:
Assessment Procedure(s):
Progress reports will be provided:
Short-term Objective or Benchmark:
Short-term Objective or Benchmark:
Short-term Objective or Benchmark:

Annual Goals:
Mastery Criteria:
Assessment Procedure(s):
Progress reports will be provided:
Short-term Objective or Benchmark:
Short-term Objective or Benchmark:
Short-term Objective or Benchmark:

Annual Goals:
Mastery Criteria:
Assessment Procedure(s):
Progress reports will be provided:
Short-term Objective or Benchmark:
Short-term Objective or Benchmark:
Short-term Objective or Benchmark:

**Special Education Services**

<table>
<thead>
<tr>
<th>Specially Designed Instruction</th>
<th>Initiation Date</th>
<th>Duration Date</th>
<th>Frequency</th>
<th>Location</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Gifted Services**

<table>
<thead>
<tr>
<th>Initiation Date</th>
<th>Duration Date</th>
<th>Frequency</th>
<th>Location</th>
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<tbody>
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</tbody>
</table>

☐ The team considered the need for gifted services and determined none are needed at this time:

Explain:

<table>
<thead>
<tr>
<th>Initiation Date</th>
<th>Duration Date</th>
<th>Frequency</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
### Related Services

<table>
<thead>
<tr>
<th>Initiation Date</th>
<th>Duration Date</th>
<th>Frequency</th>
<th>Location</th>
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</table>

☐ The team considered the need for related services and determined none are needed at this time.

### Supplementary Aids and Services

<table>
<thead>
<tr>
<th>Initiation Date</th>
<th>Duration Date</th>
<th>Frequency</th>
<th>Location</th>
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<tbody>
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</table>

☐ The team considered the need for supplementary aids and services and determined none are needed at this time.

### Extended School Year Services

<table>
<thead>
<tr>
<th>Initiation Date</th>
<th>Duration Date</th>
<th>Frequency</th>
<th>Location</th>
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<tbody>
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</table>

☐ The team considered the need extended school year services and determined none are needed at this time.

### Classroom/Instructional Accommodations

These guiding questions are intended to be part of a systematic process for selecting, implementing and evaluating accommodations. Be sure to check the accommodations the student is currently using.

1. What instructional and assessment tasks are difficult for the student to do independently? Are these difficulties documented in the present level statement?
2. Why are these tasks difficult for the student?
3. What accommodations will allow the student to access the information and demonstrate performance of the tasks?
4. How will the IEP team know if the accommodations is effective?

☐ The IEP team has considered the guiding questions prior to the selection of the accommodations.

<table>
<thead>
<tr>
<th>Presentation</th>
<th>Initiation Date</th>
<th>Duration Date</th>
<th>Frequency</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed presentation of directions</td>
<td>/ /</td>
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<td></td>
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<tr>
<td>Signed presentation of items and answer choices</td>
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<td></td>
<td></td>
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<tr>
<td>Oral presentation of directions</td>
<td>/ /</td>
<td>/ /</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral presentation of items and answer choices</td>
<td>/ /</td>
<td>/ /</td>
<td></td>
<td></td>
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<tr>
<td>Directions repeated, clarified</td>
<td>/ /</td>
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<tr>
<td>Student to demonstrate understanding of directions (e.g., repeating or paraphrasing)</td>
<td>/ /</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Copy of directions provided to student</td>
<td>/ /</td>
<td>/ /</td>
<td></td>
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</tr>
<tr>
<td>Verbal encouragement (e.g., “keep working”, “make sure to answer every question”)</td>
<td>/ /</td>
<td>/ /</td>
<td></td>
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<tr>
<td>Leveled books</td>
<td>/ /</td>
<td>/ /</td>
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<td></td>
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<tr>
<td>Note taking assistance</td>
<td>/ /</td>
<td>/ /</td>
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<tr>
<td>Recording books and text recordings</td>
<td>/ /</td>
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<tr>
<td>Simplified or graphic directions</td>
<td>/ /</td>
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<tr>
<td>Self-instruction and self-questions</td>
<td>/ /</td>
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<tr>
<td>Sample problems and tasks</td>
<td>/ /</td>
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</tr>
<tr>
<td>Verbal description of images or reading descriptive text provided (students with visual impairments only)</td>
<td>/ /</td>
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<tr>
<td>Word recognition and comprehension supports. Describe:</td>
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<td></td>
</tr>
<tr>
<td>Other Presentation Accommodations</td>
<td>/ /</td>
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<tr>
<td>Other Presentation Accommodations</td>
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<tr>
<td>Other Presentation Accommodations</td>
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</table>

### Paper-based Presentation Options

<table>
<thead>
<tr>
<th>Initiation Date</th>
<th>Duration Date</th>
<th>Frequency</th>
<th>Location</th>
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<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>Accommodation Type</td>
<td>Initiation Date</td>
<td>Duration Date</td>
<td>Frequency</td>
</tr>
<tr>
<td>--------------------</td>
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<td>-----------</td>
</tr>
<tr>
<td>Regular print</td>
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<tr>
<td>Large print</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Braille Document</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading passage booklet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One-item-per-page document</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Few items per page</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased space between items</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Straightedge to maintain or enhance visual attention to test items</td>
<td></td>
<td></td>
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<tr>
<td>Portions of the assignment masked to direct attention to uncover item</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positioning tools, such as a book stand or page holder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colored transparencies or overlays</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workbooks secured to the work area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highlighter to mark key phrases or words in directions, items, and passages</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other Paper-based Presentation Accommodation</td>
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<tr>
<td>Other Paper-based Presentation Accommodation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer-based Presentation Options</td>
<td>Initiation Date</td>
<td>Duration Date</td>
<td>Frequency</td>
</tr>
<tr>
<td>Large print</td>
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<tr>
<td>Color contrast</td>
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<tr>
<td>Zoom</td>
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<tr>
<td>Screen reader</td>
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<tr>
<td>Colored plastic transparent filters placed over the computer screen; eyeglasses with colored lens</td>
<td></td>
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<tr>
<td>Other computer-based Presentation Accommodation</td>
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<td>Other computer-based Presentation Accommodation</td>
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<tr>
<td>Other computer-based Presentation Accommodation</td>
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<td></td>
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</tr>
<tr>
<td>Responding</td>
<td>Initiation Date</td>
<td>Duration Date</td>
<td>Frequency</td>
</tr>
<tr>
<td>Mouse, keyboard, or assistive technology or using any device to indicate answers</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Written, signed, or verbal responses by student entered on the computer by administrator or proctor. Indicate type of response:</td>
<td></td>
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</tr>
<tr>
<td>Computer switch, pointing device, or other communication device to indicate answers. Indicate type of device:</td>
<td></td>
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</tr>
<tr>
<td>Assistive devices to access the keyboard (e.g., mouth stick or head wand), Indicate type of device:</td>
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<tr>
<td>Mathematics grids/guides to organize mathematical computation</td>
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<tr>
<td>Periodic check by administrator to be sure student is entering answer choices correctly</td>
<td></td>
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</tr>
<tr>
<td>Answers entered directly in the work booklet, if a separate answer sheet is used</td>
<td></td>
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</tr>
<tr>
<td>Braille responses on a separate answer sheet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pencils, pencil grips, spacers or other handwriting supports</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Slant board</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Physical support or positioning</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Alphabet strips</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dictionaries and thesauruses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizers, outlines, checklist and other writing supports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spelling and grammar checks</td>
<td>Initiation Date</td>
<td>Duration Date</td>
<td>Frequency</td>
</tr>
<tr>
<td>----------------------------</td>
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</tr>
<tr>
<td>Other Responding Accommodation</td>
<td>/ /</td>
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<tr>
<td>Other Responding Accommodation</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>Other Responding Accommodation</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
</tbody>
</table>

**Scheduling**

<table>
<thead>
<tr>
<th>Assignments administered over several brief sessions, allowing frequent breaks</th>
<th>Initiation Date</th>
<th>Duration Date</th>
<th>Frequency</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific sessions administered at specific time of day. Describe:</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>Extended time Describe:</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>Time management tools like checklists, assignment planners or visual schedules</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>Established timelines and/or predictable routines</td>
<td>/ /</td>
<td>/ /</td>
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<td>/ /</td>
</tr>
<tr>
<td>Other Scheduling Accommodation</td>
<td>/ /</td>
<td>/ /</td>
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<td>/ /</td>
</tr>
<tr>
<td>Other Scheduling Accommodation</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
</tbody>
</table>

**Setting**

<table>
<thead>
<tr>
<th>Assignments or test administered in a familiar place</th>
<th>Initiation Date</th>
<th>Duration Date</th>
<th>Frequency</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assignments or tests administered by a familiar person who has been appropriately trained</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>Assignments or tests administered individually</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
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</tr>
<tr>
<td>Assignments or test administered in a small group setting of a size comparable to the normal instruction group size. Describe:</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>Special lighting Describe:</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>Adaptive or special furniture Describe:</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>Special acoustics, such as FM system or special room Describe:</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>Increased opportunity for movement</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>Decreased opportunity for movement</td>
<td>/ /</td>
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</tr>
<tr>
<td>Reduced stimuli (e.g., limit number of items around the student's computer station)</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
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</tr>
<tr>
<td>White noise (sound machine) or approved music to reduce auditory distractions Describe:</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>Physical access</td>
<td>/ /</td>
<td>/ /</td>
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<td>/ /</td>
</tr>
<tr>
<td>Preferential seating</td>
<td>/ /</td>
<td>/ /</td>
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<td>/ /</td>
</tr>
<tr>
<td>Compartmentalized containers and binders</td>
<td>/ /</td>
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<td>/ /</td>
</tr>
<tr>
<td>Other Setting Accommodation</td>
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<tr>
<td>Other Setting Accommodation</td>
<td>/ /</td>
<td>/ /</td>
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<td>/ /</td>
</tr>
</tbody>
</table>

**Other Assistive Devices**

<table>
<thead>
<tr>
<th>Visual magnification device Describe:</th>
<th>Initiation Date</th>
<th>Duration Date</th>
<th>Frequency</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auditory amplification device Describe:</td>
<td>/ /</td>
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<td>/ /</td>
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<tr>
<td>Real coins</td>
<td>/ /</td>
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</tr>
<tr>
<td>Abacus of product such as Graphic Aid for Mathematics, Math Window ®or geoboard (students with visual impairments only) Describe:</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
<tr>
<td>English/sign language or sign language/English</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
<td>/ /</td>
</tr>
</tbody>
</table>
**Other assistive technology typically used by the student in classroom instruction, provided the purpose of the assignment is not violated**

Describe:

- **Light box**
- **Adapted calculator, raised number line, or Braille ruler (students with visual impairments only)**
- **Other Assistive Device Accommodation**
- **Other Assistive Device Accommodation**
- **Other Assistive Device Accommodation**

---

**Parent Consent Form for Accommodations Not allowed on Statewide Assessment**

Only accommodations allowed by individual test administration manuals may be implemented on standardized tests. If the IEP team has determined the student requires classroom/instructional accommodations that will not be allowed on statewide assessments, a parent must consent to their use.

A parent has provided signed consent for classroom/instructional accommodations not allowed on statewide assessment.

- **Yes**
- **N/A; no non-allowable accommodations are provided for this student.**

**Staff Supports**

Do school personnel require supports in order for the student to: advance appropriately toward attaining goals; be involved and progress in the general education curriculum; and be educated and participate with other students?

- **Yes.** If yes, describe the supports needed:

- **No**

If applicable, IEP team member or designee responsible for outside agency transition services follow up (name or position):

---

**Least Restrictive Environment**

Explain the extent, if any, to which students (ages 6 through 21) will not participate with nondisabled peers in the general education class and extracurricular and nonacademic settings.

The initiation date for this placement is: / / 

The duration date for this placement is: / / 

**LRE for students ages 6 through 21:**

The student’s time in total school week is _________ minutes. Time is bell to bell, and includes time in “on-the-job training” (OJT) programs.

The student’s time with nondisabled peers is _________ minutes. Include class time, lunch, recess, time between classes and, for OJT, time with workplace peers if this time is spent with nondisabled peers.

| % | Inside the regular class 80% or more of the day (regular level) |
| % | Inside the regular class no more than 79% of the day and no less than 40% of the day (resource level) |
| % | Inside the regular class less than 40% of the day (separate level) |

The student receives his or her educational services in a:
☐ Regular public school, including traditional, magnet, or charter school (Z)  
☐ Correction facility (C)  
☐ Separate school (D)  
☐ Residential facility (F)  
☐ Home/hospital (H)  
☐ Private school (P)  
☐ None of the above (Z)  
If none of the above, describe the setting/location here (e.g., IAES provided in a public library, school district office, school building after hours, etc.):  

Number of “Backup LRE Placements” pages attached:  

**Assessments**  

**State Assessments**  
Each student must participate in the statewide standardized assessment program based on state standards without accommodations, unless determined otherwise by the IEP team in accordance with Rule 6A-1.0943, F.A.C. Based on the nature and impact of this student’s disability and educational program, the following has been determined;  

☐ N/A for student’s current grade  
☐ The student will participate in the general statewide assessment (FSA 2.0 and End-of-Course Exams) WITHOUT accommodations.  
If known, indicate which assessment(s) the student will take:  

☐ The student will participate in the general statewide assessment (FSA 2.0 and End-of-Course Exams) WITH accommodations.  
If known, indicate which assessment(s) the student will take:  

☐ The student meets EACH of the following criteria and therefore is eligible for assessment through Florida Alternate Assessment (FAA) and Access End-of-Course Exams as applicable.  

☐ The student has a significant cognitive disability;  
☐ Even with appropriate and allowable instructional accommodations, assistive technology, or accessible instructional materials, the student requires modifications, as defined in paragraph 6A-6.03411(1)(z), F.A.C., to the grade-level general state content standards pursuant to Rule 6A-1.09401, F.A.C.; and  
☐ The student requires direct instruction in academic areas of English language arts, math, social studies and science based on access points, pursuant to Rule 6A-1.09401, F.A.C., in order to acquire, generalize, and transfer skills across settings.  
Describe why the Florida Alternate Assessment and/or Access End-of-Course Exams is/are appropriate:  

The IEP team has made a decision to assess this student using the state standards access points. The parent has been notified and provided information regarding the implications of this decision by receipt of “Parental Consent Form: Instruction in State Standards Access Points Curriculum and Florida Alternate Assessment Administration”.  
☐ Yes  
☐ No  

**District Assessments**  
The following districtwide assessments or alternate districtwide assessments will be administered. If assessment accommodations are indicated on the IEP, they will apply, if applicable, to districtwide assessments.  

**For Students Participating in Assessments with Accommodations**  
Assessment accommodations may be used only if they do not alter the underlying content that is being measured by the assessment or negatively affect the assessment’s reliability or validity. Only accommodations allowed by individual test administration manuals may be implemented on standardized tests. In accordance with Rule 6A-1.0943, Florida Administrative Code, the need for any unique accommodations for use on state assessments must be approved by the Commissioner of Education.  

**Assessment Accommodations**
Assessment Accommodations: The IEP must include any individual appropriate accommodations necessary to measure the student’s academic and functional performance on statewide and districtwide assessments. Refer to the most current test administration manual for guidance and consider the accommodations the student is currently using. Check all that apply.

### Presentation
- Signed presentation of directions
- Signed presentation of items and answer choices
- Oral presentation of directions
- Oral presentation of items and answer choices
- Periodic check by administrator to be sure student is entering answer choices correctly
- Student to demonstrate understanding of directions (e.g., repeating or paraphrasing)
- Copy of directions provided to student
- Word recognition and comprehension supports
- Leveled books
- Note-taking assistance
- Directions repeated, clarified

**Describe:**
- Other Presentation Accommodations

### Paper-based Presentation Options
- Regular print
- Large print
- Braille document
- Portions of the assignment masked to direct attention to uncovered item
- Straightedge to maintain or enhance visual attention to test items
- Reading passage booklet

**Describe:**
- Positioning tools, such as a book stand or page holder
- Colored transparencies or overlays
- Workbooks secured to the work area
- Highlighter to mark key phrases or words in directions, items and passages
- Other Paper-based Presentation Accommodation

### Computer-based Presentation Options
- Large print font
- Color contrast
- Zoom
- Screen reader

**Describe:**
- Colored plastic transparent filters placed over the computer screen; eyeglasses with colored lens
- Other Computer-based Presentation Accommodation
- Other Computer-based Presentation Accommodation
- Other Computer-based Presentation Accommodation

### Responding
- Mouse, keyboard, or assistive technology using either device to indicate answers
- Written, signed, or verbal responses by student entered on the computer by administrator/proctor
- slant board
- Physical support or positioning
- Mathematic grids/guides to organize mathematical computation
- Braille responses on a separate answer sheet
- Answers entered directly in the work booklet, if a separate answer sheet is used
- Pencils, pencil grips, crayons, spacers or other handwriting supports

**Describe:**
- Computer switch, pointing device, or other communication device to indicate answers
- Assistive devices to access the keyboard (e.g., mouth stick or head wand)
- Alphabet strips
- Dictionaries and thesauruses
- Organizers, outlines, checklists and other writing supports
- Other Responding Accommodation
- Other Responding Accommodation
- Other Responding Accommodation
- Other Responding Accommodation
- Other Responding Accommodation

### Scheduling
- Assignments administered over several brief sessions, allowing frequent breaks
- Established timelines and/or predictable routines
- Extended time

**Describe:**
- Specific sessions administered at specific time of day
- Other Scheduling Accommodation
- Other Scheduling Accommodation
- Other Scheduling Accommodation
Describe:
- Time management tools like checklists, assignments planners or visual schedules
- Other Scheduling Accommodation

**Setting**
- Assignments or test administered in a familiar place
- Physical access
- Assignments or test administered by a familiar person who has been appropriately trained
- White noise (sound machines) or approved music to reduce auditory distractions
  Describe:
- Assignments or test administered in a small group setting of size comparable to the normal instruction group size
  Describe group size:
- Reduced stimuli (e.g., limited number of items around the student’s computer station)
- Special lighting
  Describe:
- Preferential seating
- Adaptive or special furniture
  Describe:
- Compartmentalized containers and binders
- Increased opportunity for movement
- Other Setting Accommodation
- Decreased opportunity for movement
- Other Setting Accommodation
- Special acoustics such as FM system or special room
  Describe:

**Other Assistive Devices**
- Visual magnification device
  Describe:
- Real coins
- Auditory amplification device
  Describe:
- Light box
- Other assistive technology typically used by the student in classroom instruction, provided the purpose of the assignment is not violated
  Describe:
- Abacus or product such as Graphic Aid for Mathematics, Math Window®, or geoboard (students with visual impairments only)
  Describe:
- Adapted calculator, raised number line, or Braille ruler (students with visual impairments only)
- English/sign language or sign language/English dictionary; sign picture, word, synonyms and index only; no definitions (students who use sign language as the primary means of communication only)
- Other Assistive Device Accommodation
- Other Assistive Device Accommodation

**Unique Accommodations**
In accordance with Rule 6a-1.0943, F.A.C., school districts may request unique accommodations for individual students with disabilities. Each unique accommodation must be approved by the Commissioner of Education prior to its use. Written requests for unique accommodations must be submitted by using the Unique Accommodations Request Form. Accommodation request must be reviewed by district level staff before being sent to the FDOE. In addition, the signatures of both the district ESE coordinator and the district assessment coordinator are required.

- The IEP team is not requesting unique accommodations.
- The IEP team will submit a request for the following unique accommodation(s) to district level staff for consideration:
<table>
<thead>
<tr>
<th>Accessibility and Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Yes, The IEP is accessible to each of the student’s teachers who are responsible for implementation. (Rule 6A-6.03028, F.A.C.)</td>
</tr>
<tr>
<td>☑ Yes, Each teacher of the student has been informed of the specific responsibilities related to implanting the IEP.</td>
</tr>
</tbody>
</table>

**Conference Notes**
Domain/Transition Service Activity area: (select)

With regard to this domain or transition service activity area:

Describe the strengths of the student in this domain/transition service activity area:

Describe the levels of achievement and functioning based on classroom data including observations, work samples, and age appropriate transition assessments (if appropriate).

Describe how the student’s disability and/or giftedness affects the student’s involvement and progress in the general curriculum.

Annual Goals:
Mastery Criteria:
Assessment Procedure(s):
Progress reports will be provided:
Short-term Objective or Benchmark:
Short-term Objective or Benchmark:
Short-term Objective or Benchmark:
**Backup Documents**
**Additional LRE Placement(s)**

<table>
<thead>
<tr>
<th>Student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Page:</td>
</tr>
</tbody>
</table>

Least Restrictive Environment(31,129),(970,939)
Check each placement that applies

☐ **LRE for students ages 3 through 5:**

Explain the extent, if any, to which the child (ages 3 through 5) will not participate with nondisabled peers in the general education class and extracurricular and nonacademic settings.

| The initiation date for this placement is: / / |
| The duration date for this placement is: / / |

Total minutes of special education and related services per week:
Does the child ever attend any regular early childhood program (at least 50% nondisabled children)?
Examples include, but are not limited to, Head Start; public or private kindergarten; public or private preschool programs, including Voluntary Prekindergarten (VPK); child development centers; and group child care centers.

If Yes, are the majority of the child’s special education and related services provided inside or outside the regular early childhood program setting?

Does the child attend an early childhood exceptional student education (ESE) program?

☐ Yes – If yes, identify the type of early childhood ESE program that the child attends:
  ☐ Special education program at a regular school campus or community based setting (L)
  ☐ Special education program in a separate school designed specifically for children with disabilities (S)
  ☐ Special education program in a residential school or residential medical facility on an inpatient basis (B)

☐ No – If no, identify the location where the child receives all of his or her special education and related services:
  ☐ Home (principal residence of the child’s parents or caregivers), including children who receive services both at home and in a service provider location (A)
  ☐ Service provider, including but not limited to, a private clinician’s office, a clinician’s office located in a school building, a hospital facility on an outpatient basis, library or other public location (J)

☐ **LRE for students ages 6 through 21:**

Explain the extent, if any, to which the child (ages 6 through 21) will not participate with nondisabled peers in the general education class and extracurricular and nonacademic settings.

| The initiation date for this placement is: / / |
| The duration date for this placement is: / / |

LRE for students ages 6 through 21:
The student’s time in total school week is _______ minutes. Time is bell to bell, and includes time in “on-the-job training” (OJT) programs.
The student’s time with nondisabled peers is _______ minutes. Include class time, lunch, recess, time between classes, and, for OJT, time with work place peers if this time is spent with nondisabled peers.

%    ☐ Inside the regular class 80% or more of the day (regular level)
%    ☐ Inside the regular class no more than 79% of the day and no less than 40% of the day (resource level)
%    ☐ Inside the regular class less than 40% of the day (separate level)

The student receives his or her educational services in a:
☐ Regular public school, including traditional, magnet, or charter school (Z)
☐ Correction facility (C)
☐ Separate school (D)
☐ Residential facility (F)
☐ Home/hospital (H)
☐ Private school (P)
☐ None of the above (Z)

If none of the above, describe the setting/location here (e.g., IAES provided in a public library, school district office, school building after hours, etc.):
## Meeting Participants

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student ID:</th>
<th>Date of Meeting:</th>
<th>/</th>
<th>/</th>
</tr>
</thead>
</table>

### Purpose of Meeting
- □ Initial IEP
- □ Annual Review
- □ IEP Amendment
- □ Interim IEP

- □ Identifying Transition Service’s Needs (required at least annually beginning no later than first IEP to be effective when the student turns 14)
- □ Consideration of Postsecondary Goals and Transition Services (required at least annually beginning no later than the first IEP to be in effect when the student turns 16)
- □ Part C of Part B Transition □ FBA/PBIP □ Evaluation/Reevaluation □ Eligibility □ Manifestation Determination □ Other

The signatures below represent individuals who were in attendance at the meeting. Pre-printed names alone represent individuals who participated in the meeting via individual or conference telephone call, video conferencing or other similar method.

Section 1002.20, Florida Statutes, states that parents may be accompanied by another adult of their choice at a meeting with school district personnel. School district personnel may not object to the attendance of such adult or discourage or attempt to discourage, through an action, statement, comment, or other means, the parents of students with disabilities from inviting someone of their choice. Prohibited actions include attempted or actual coercion or harassment, retaliation, or threats of consequence. The statue requires parents of students with disabilities and school district personnel to sign a document at the end of the meeting stating whether anyone from the district prohibited, discourages, or attempted to discourage you from inviting a person of your choice.

**Parent or Guardian:** When signing below, please check the appropriate box in response to the following questions:

**Did any school personnel prohibit, discourage or attempt to discourage you from inviting a person of your choice to today’s meeting?**

<table>
<thead>
<tr>
<th>Parent or Guardian</th>
<th>NO</th>
<th>YES</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**School District Personnel in Attendance:** When Signing below, please check the appropriate box in response to the following question:

**Did any school personnel prohibit, discourage or attempt to discourage the parents from inviting a person of their choice to today’s meeting?**

<table>
<thead>
<tr>
<th>Special Educational Agency Representative</th>
<th>NO</th>
<th>YES</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Special Educational Teacher/Service Provider</th>
<th>NO</th>
<th>YES</th>
<th>Signature</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>General Education Teacher</th>
<th>NO</th>
<th>YES</th>
<th>Signature</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Interpreter of Instructional Implications of Evaluation</th>
<th>NO</th>
<th>YES</th>
<th>Signature</th>
<th>Date</th>
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</thead>
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<table>
<thead>
<tr>
<th>Other Agency Representative</th>
<th>NO</th>
<th>YES</th>
<th>Signature</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Other District Participant</th>
<th>NO</th>
<th>YES</th>
<th>Signature</th>
<th>Date</th>
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<tr>
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<th>Date</th>
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<th>Date</th>
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<tbody>
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<tr>
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<th>Date</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Participant Invited by the Parent</th>
<th>NO</th>
<th>YES</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Participant Invited by the Parent</th>
<th>NO</th>
<th>YES</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

---

Copy of the IEP is being provided to the parent in the following manner: Section 1002.39, Florida Statues, The John M. McKay Scholarships for Students with Disabilities Program, provides parents the option of keeping their child in the assigned school or requesting a McKay Scholarship to (1) enroll their child in another public school within the same district, (2) enroll their child in another public school in an adjacent district, or, (3) enroll their child in a participating private school. Information on the McKay Scholarship Program is available on the Florida Department of Education website at [www.floridaschoolchoice.org](http://www.floridaschoolchoice.org) or on the Departments telephone hot line 1-800-447-1636
### DEMOGRAPHIC DATA

<table>
<thead>
<tr>
<th>Student Name: _____________________________</th>
<th>Student Number: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of IEP Meeting: ____________________</td>
<td></td>
</tr>
<tr>
<td>School: _________________________________</td>
<td></td>
</tr>
</tbody>
</table>

### EMPLOYMENT COMPETENCIES

<table>
<thead>
<tr>
<th>1.</th>
<th>CRITERIA FOR DETERMINING AND CERTIFYING MASTERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
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<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

### COMMUNITY COMPETENCIES

<table>
<thead>
<tr>
<th>1.</th>
<th>CRITERIA FOR DETERMINING AND CERTIFYING MASTERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

### WORK SCHEDULE

<table>
<thead>
<tr>
<th>A. NAME OF JOB</th>
<th>D. NUMBER OF HOURS PER WEEK________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. JOB SITE</td>
<td>E. NAME OF SUPERVISOR______________________</td>
</tr>
<tr>
<td>C. DAYS OF WORK</td>
<td>F. WAGES_______________________________</td>
</tr>
</tbody>
</table>

### SIGNATURES

<table>
<thead>
<tr>
<th>Plan Developed by:</th>
<th>DESCRIPTION OF SUPERVISION TO BE PROVIDED BY DISTRICT STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Signature</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian Signature</td>
<td></td>
</tr>
<tr>
<td>Teacher Signature</td>
<td>METHOD OF INSURANCE COVERAGE</td>
</tr>
<tr>
<td>Employer Signature</td>
<td></td>
</tr>
<tr>
<td>LEA Representative Signature</td>
<td></td>
</tr>
</tbody>
</table>
Dear Parent:

Your input is very important in developing a plan that meets your child’s special needs. Please take a few minutes to think about what makes your child unique, the kinds of services the school has provided that have been helpful, whether or not your child has made progress, and the goals that you would like your child to reach in the year ahead. We encourage you to make notes and bring them with you to the IEP / EP / SP team meeting. If you are not able to attend the meeting, you may use this form to provide input to the team prior to the meeting.

1. Describe your child’s strengths:

2. Describe your child’s success this year:
   *Think about the areas in which your child does well, including educational and social*

3. Describe concerns you may have about your child:
   *Think about the areas that are most difficult or challenging for your child*

4. Include any additional concerns, helpful information or questions you may have:

Signature: ___________________________  Date: ______________________

Submission of this form via e-mail constitutes the equivalent of a signature on the form.

Please attach any additional information you feel might be helpful in meeting child’s educational needs.
## Exceptional Student Education
### Teachers/Service Provider Input – IEP / EP / SP

<table>
<thead>
<tr>
<th>Student:</th>
<th>Grade:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] EP Team Meeting
- [ ] IEP Team Meeting
- [ ] SP Team Meeting

**Teacher/Service Provider:**

**Class/Subject/ESE Services**

### NOTES/COMMENTS

1. Describe the strengths of this student:

2. Describe this student’s performance/progress:
   
   *(Please include your classroom data source, such as observations, work samples, and age appropriate transition assessments, if applicable.)*

3. Describe the area of needs for this student to ensure continued academic gains:

4. Additional Comments and/or concerns regarding this student:

5. Recommendations for goals, support services, etc., if applicable:

**Teacher/Service Provider’s Signature:**

________________________________________________________________________

Please attach any additional information you feel might be helpful in meeting this student’s educational needs.

---

**Teacher/Service Provider Input – IEP/SP Services**

**Bureau of Exceptional Education and Student Services**

**January 2011**

**Florida Department of Education**
Florida School for the Deaf and Blind (FSDB) is located in St. Augustine, Florida (30 miles south of Jacksonville). The Pre-K through 12th grade school provides numerous related and support services (e.g., speech therapy) at no cost to eligible Florida residents. Programs are offered to students who are Visually Impaired, Hearing Impaired, and Deaf/Blind (Dual Sensory-Impaired). Eligible students may also attend classes at St. Johns County Public Schools.

FSDB graduates pursue further education at colleges, universities, and technical training centers; and are represented in all types of occupations.

FSDB’s boarding program (no cost) is a five-day program. Accordingly, all students are provided free weekly transportation home to centralized locations throughout the State of Florida by either a chartered bus or by an FSDB “yellow” bus.

<table>
<thead>
<tr>
<th>Eligibility for Programs for the Visually Impaired</th>
<th>Eligibility for Dual Sensory Impaired (Dead-Blind)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICAL:</strong></td>
<td><strong>MEDICAL</strong></td>
</tr>
<tr>
<td>1. A visual acuity of 20/70 or worse in the better eye after best possible correction</td>
<td>1. Meets the definition of blind or partially sighted as determined by an eye physician</td>
</tr>
<tr>
<td>2. A peripheral field loss that adversely affects the student’s academic functioning.</td>
<td>2. Meets the definition of deaf or hard of hearing as determined by an audiologist.</td>
</tr>
<tr>
<td>3. A progressive loss of vision that may adversely affect the student’s academic functioning.</td>
<td></td>
</tr>
</tbody>
</table>

**AND EDUCATIONAL:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>4. A functional vision loss that inhibits processing through the visual channel.</td>
<td>3. Evidence that the hearing impairment has the potential to adversely affect the applicant’s academic performance, social development, language development, communication skills, and/or intellectual functioning.</td>
</tr>
<tr>
<td>5. A functional vision loss that requires the usage of specialized techniques, equipment, textbooks, and/or materials</td>
<td>4. A functional vision loss that inhibits processing through the visual channel.</td>
</tr>
<tr>
<td></td>
<td>5. Evidence that the applicant does not meet the criteria for lowest functioning intellectually disabled.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eligibility for Programs for the Deaf/Hard of Hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICAL:</strong></td>
</tr>
<tr>
<td>1. A hearing impairment of 30 decibels or greater, pure tone average of 500, 1000, 2000, Hz ANSI unaided in the better ear.</td>
</tr>
</tbody>
</table>

**AND EDUCATIONAL:**

<p>| |</p>
<table>
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</thead>
<tbody>
<tr>
<td>2. A hearing loss which has the potential to adversely affect the child’s academic performance, social development, language development, communication skill, or intellectual functioning.</td>
</tr>
</tbody>
</table>

**Note:** Certain students are ineligible for enrollment at FSDB. Please contact FSDB for further information.
Florida Department of Education

Matrix of Services
For funding under the Florida Education Finance Program

### STUDENT INFORMATION

| District: __________________________ | Date Completed: __________________________ |
| Student Name: ______________________ | Student ID: ______________________________ |
| Date of Birth: _____________________ | Grade: ____ | School: _____________________________ |

**Areas of Eligibility** (Put a “P” next to the primary exceptionality. Check all others that apply)

<table>
<thead>
<tr>
<th>Exceptionality</th>
<th>Data Entry Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism Spectrum Disorder</td>
<td>P</td>
</tr>
<tr>
<td>Deaf or Hard-of-Hearing</td>
<td>H</td>
</tr>
<tr>
<td>Developmentally Delayed (Age: 0-5)</td>
<td>T</td>
</tr>
<tr>
<td>Dual-Sensory Impaired</td>
<td>O</td>
</tr>
<tr>
<td>Emotional or Behavioral Disability</td>
<td>J</td>
</tr>
<tr>
<td>Established Conditions (Age: 0-2)</td>
<td>U</td>
</tr>
<tr>
<td>Gifted</td>
<td>L</td>
</tr>
<tr>
<td>Hospital or Homebound</td>
<td>M</td>
</tr>
<tr>
<td>Intellectual Disability</td>
<td>W</td>
</tr>
<tr>
<td>Language Impaired</td>
<td>G</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>D</td>
</tr>
<tr>
<td>Orthopedically Impaired</td>
<td>C</td>
</tr>
<tr>
<td>Other Health Impaired</td>
<td>V</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>E</td>
</tr>
<tr>
<td>Specific Learning Disabled</td>
<td>K</td>
</tr>
<tr>
<td>Speech Impaired</td>
<td>F</td>
</tr>
<tr>
<td>Traumatic Brain Injured</td>
<td>S</td>
</tr>
<tr>
<td>Visually Impaired</td>
<td>I</td>
</tr>
</tbody>
</table>

**Instructions:**

**Meetings**

1. Check services or supports to be provided by school district to student in Domains A through E.

2. Mark appropriate level (1 through 5) for each domain and record level at bottom of domain.

3. Check applicable special considerations, if any, and record total special considerations rating.

4. Total the five domain ratings, sum the total domain ratings and special considerations rating.

Review Date: ________
Reviewer’s Initials: ________
Initials: ________
Initials: ________

(Note: for more information, see the Matrix of Services Handbook.)
## Matrix of Services – DOMAIN A

<table>
<thead>
<tr>
<th>Curriculum and Learning Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong> ☐</td>
</tr>
<tr>
<td><strong>Level 2</strong> ☐</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td><strong>Level 3</strong> ☐</td>
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<tr>
<td></td>
</tr>
<tr>
<td><strong>Level 4</strong> ☐</td>
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<tr>
<td></td>
</tr>
<tr>
<td><strong>Level 5</strong> ☐</td>
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</tbody>
</table>

**DOMAIN A RATING:** ______

**Student Name:**
# Matrix of Services – DOMAIN B

## Social or Emotional Behavior

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Requires no services or assistance beyond that which is normally available to all students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2</td>
<td>Requires periodic assistance or behavior supports</td>
</tr>
<tr>
<td></td>
<td>Consultation on a monthly bases with teachers, family, agencies or other providers</td>
</tr>
<tr>
<td></td>
<td>Specialized instruction or activities in self-advocacy and understanding of exceptionality</td>
</tr>
<tr>
<td></td>
<td>Behavior management system in general class</td>
</tr>
<tr>
<td></td>
<td>Monthly counseling or guidance</td>
</tr>
<tr>
<td></td>
<td>Monthly assessment of behavior or social skills</td>
</tr>
<tr>
<td>Level 3</td>
<td>Requires weekly personal assistance or behavioral intervention</td>
</tr>
<tr>
<td></td>
<td>Small group instruction in social skills, self-regulatory behavior, self-advocacy, conflict resolution, dealing with authority, and socialization</td>
</tr>
<tr>
<td></td>
<td>Weekly counseling or guidance</td>
</tr>
<tr>
<td></td>
<td>Behavior contract, including behavior outside the classroom</td>
</tr>
<tr>
<td></td>
<td>Weekly family counseling, assessment or interventions</td>
</tr>
<tr>
<td></td>
<td>Referral and follow-up for transitions to and from community-based programs</td>
</tr>
<tr>
<td></td>
<td>Weekly assessment of behavior as part of behavioral intervention plan</td>
</tr>
<tr>
<td></td>
<td>Weekly collaboration with teachers, family, agencies or other providers</td>
</tr>
<tr>
<td>Level 4</td>
<td>Requires daily personal assistance, monitoring, or intervention</td>
</tr>
<tr>
<td></td>
<td>Highly structured, individualized behavior intervention plan infused throughout the school day</td>
</tr>
<tr>
<td></td>
<td>Daily counselling or specific instruction on social or emotional behavior</td>
</tr>
<tr>
<td></td>
<td>Daily reports to family, agencies or others</td>
</tr>
<tr>
<td>Level 5</td>
<td>Requires continuous personal assistance, monitoring and intervention</td>
</tr>
<tr>
<td></td>
<td>Intensive, individualized behavior management plan that requires very small group or on-on-one intervention</td>
</tr>
<tr>
<td></td>
<td>Therapeutic treatment infused throughout the educational program</td>
</tr>
<tr>
<td></td>
<td>Wraparound services for up to 24 – hour care</td>
</tr>
</tbody>
</table>

**DOMAIN B RATING:** ______
# Matrix of Services – DOMAIN C

## Independent Functioning

<table>
<thead>
<tr>
<th>Level 1</th>
<th>☐</th>
<th>Requires no services or assistance beyond that which is normally available to all students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2</td>
<td>☐</td>
<td>Requires periodic personal assistance, monitoring or minor intervention</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Monthly personal assistance with materials or equipment</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Consultation on a monthly basis with teachers, family, therapists, service coordinator, or other providers</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Organizational strategies or supports for independent functioning</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Special equipment, furniture, strategies or supports for motor control in the classroom</td>
</tr>
<tr>
<td>Level 3</td>
<td>☐</td>
<td>Requires weekly personal assistance, monitoring or intervention</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Specially designed organizational strategies or supports for independent functioning</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Supervision to ensure physical safety during some daily activities</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Weekly instruction in self-monitoring of independent living skills</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Weekly monitoring of or assistance with independent living skills, materials, or equipment</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Weekly collaboration with teachers, family, agencies or other providers</td>
</tr>
<tr>
<td>Level 4</td>
<td>☐</td>
<td>Requires daily personal assistance, monitoring, or intervention</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Supervision to ensure physical safety during the majority of activities</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Individual assistance or supervision in activities of daily living, self-care, and self-management for part of the day</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Special equipment or assistive technology for personal care with frequent assistance</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Regularly scheduled occupational therapy, physical therapy or orientation and mobility training</td>
</tr>
<tr>
<td>Level 5</td>
<td>☐</td>
<td>Requires continuous personal assistance, monitoring, or intervention</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Continuous supervision to ensure physical safety</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Individual assistance or supervision in activities of daily living, self-care, self-management for the majority of the day</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Occupational therapy, physical therapy, or orientation and mobility training more than once a week</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>Multiple therapies and services (physical therapy, occupational therapy, or orientation and mobility training)</td>
</tr>
</tbody>
</table>

**DOMAIN C RATING: ____**
### Matrix of Services – DOMAIN D

<table>
<thead>
<tr>
<th>Health Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1</strong></td>
</tr>
<tr>
<td>Requires no services or assistance beyond that which is normally available to all students</td>
</tr>
</tbody>
</table>

| **Level 2**  |
| Requires periodic personal assistance, monitoring or minor intervention |
| __ Monthly personal health care assistance __ |
| __ Consultation on a monthly basis with student, teachers, family, agencies or other providers __ |
| __ Monthly monitoring of health status, procedures or medication __ |
| __ Specialized administration of medication __ |
| __ Monthly assistance with agency referrals or coordination __ |

| **Level 3**  |
| Requires weekly personal assistance, monitoring or intervention |
| __ Weekly monitoring or assessment of health status, procedures or medication __ |
| __ Weekly counseling with student or family for related health care needs __ |
| __ Weekly communication with family, physician, agencies, or other health-related personnel __ |
| __ Invasive or specialized administration of medication __ |
| __ Weekly collaboration with family, physicians, agencies or others __ |

| **Level 4**  |
| Requires daily personal assistance, monitoring, or intervention |
| __ Daily assistance with or monitoring and assessment of health status, procedures or medication __ |
| __ Daily assistance with or monitoring of equipment related to health care needs __ |
| __ Administration of non-oral medication __ |
| __ Daily communication with family, physician, agencies or other health-related personnel __ |

| **Level 5**  |
| Requires continuous personal assistance or monitoring, and multiple interventions |
| __ Daily assistance with procedures such as catheterization, suctioning, tube feeding __ |
| __ Continuous monitoring and assistance related to health care needs __ |

**DOMAIN D RATING:** ________

[Student Name:]
# Matrix of Services – DOMAIN E

<table>
<thead>
<tr>
<th>Health Care</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Requires periodic assistance or minor intervention</td>
<td>Requires weekly intervention or assistance which may include alternative and augmentative communication systems</td>
<td>Requires daily intervention or assistance which may include alternative and augmentative communication systems</td>
<td>Requires multiple interventions and assistance which may include alternative and augmentative communication systems</td>
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<tr>
<td>Requires no services or assistance beyond that which is normally available to all students</td>
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<td></td>
<td>Requires monthly assistance with communication</td>
<td>Requires occasional assistance with personal amplification or communication systems</td>
<td>Requires weekly intervention or assistance with language or communication</td>
<td>Requires continuous assistance or instruction with communication equipment</td>
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<tr>
<td><strong>DOMAIN E RATING:</strong></td>
<td>______</td>
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</table>
### Matrix of Services – SPECIAL CONSIDERATIONS

**Special Considerations**

- Add 13 points for students eligible for the hospital or homebound program who are receiving individual instruction at home or at a hospital. (Teacher and student must be at the same location.)
- Add 13 points for prekindergarten children with a disability who are being served in the home or hospital on a one to one basis.
- Add 3 points for prekindergarten students earning less than .5 FTE during an DTE survey period.
- Add 3 points for students identified as visually impaired or dual-sensory impaired.
- Add 1 point for students who have a score of exactly 17 total points and who are related Level 5 in three of the five domains.
- Add 1 point for students who have a score or exactly 21 total points and who are related Level 5 in four of the five domains.

**Special Considerations Rating:** _____

<table>
<thead>
<tr>
<th>Total of Domain Ratings</th>
<th>Special Considerations Rating</th>
<th>Total of Ratings</th>
</tr>
</thead>
</table>

**COST FACTOR SCALE**

<table>
<thead>
<tr>
<th>Total of Ratings</th>
<th>Cost Factor</th>
</tr>
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<tbody>
<tr>
<td>6 – 9</td>
<td>251</td>
</tr>
<tr>
<td>10 – 13</td>
<td>252</td>
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<tr>
<td>14 – 17</td>
<td>253</td>
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<tr>
<td>18 – 21</td>
<td>254</td>
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<tr>
<td>22 +</td>
<td>255</td>
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</tbody>
</table>
## Wakulla County Schools
### ESE FUNDING LEVEL
#### 2017-2018

<table>
<thead>
<tr>
<th>Program</th>
<th>Matrix Number</th>
<th>Grade</th>
<th>Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>111</td>
<td></td>
<td></td>
<td>$4,408.05</td>
</tr>
<tr>
<td>112</td>
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<td></td>
<td>$3,981.98</td>
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<tr>
<td>113</td>
<td></td>
<td></td>
<td>$3,985.96</td>
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<tr>
<td>254</td>
<td></td>
<td>PreK - 12</td>
<td>$14,410.79</td>
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<tr>
<td>255</td>
<td></td>
<td>PreK – 12</td>
<td>$22,004.43</td>
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</table>

<table>
<thead>
<tr>
<th>ESE Guaranteed Allocation</th>
<th>Matrix Number</th>
<th>Grade</th>
<th>Allocation</th>
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<tbody>
<tr>
<td></td>
<td>251</td>
<td>PreK – 3</td>
<td>$975.00</td>
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<tr>
<td></td>
<td>252</td>
<td>PreK – 3</td>
<td>$3,147.00</td>
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<td>253</td>
<td>PreK – 3</td>
<td>$6,422.00</td>
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<td>4 – 8</td>
<td>$1,093.00</td>
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<td>$3,265.00</td>
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<td>252</td>
<td>9 – 12</td>
<td>$2,950.00</td>
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<tr>
<td></td>
<td>253</td>
<td>9 – 12</td>
<td>$6,225.00</td>
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</table>
Dear Parent or Guardian:

We would like to inform you that your child may be eligible to participate in the John M. McKay Scholarships for Students with Disabilities Program, commonly known as the McKay Scholarship Program. This program was created to provide educational options to parents of students with disabilities. Currently, more than 30,000 Florida students are participating in this program.

By participating in the McKay Scholarship Program, your student may be able to attend a different public school in your district, attend a public school in an adjacent district, or receive a scholarship to attend a participating private school.

In order to be eligible for the McKay Scholarship Program, a student must apply for the program prior to withdrawing from public school. The student must have an Individual Education Plan (IEP), or 504 Accommodation Plan issued under s. 504 of the Rehabilitation Act of 1973 (with duration more than six months), and:

- Have been enrolled and reported for funding in a Florida public school for the school year prior to applying for a scholarship (Grades K-12); or
- Have been a pre-kindergarten student who was enrolled and reported for funding in a Florida public school during the school year prior to applying for a scholarship or
- Have received specialized instructional services under the Voluntary Prekindergarten Education Program from an approved provider pursuant to s. 1002.66 during the previous school year; or
- Have attended the Florida School for the Deaf and the Blind during the preceding school year’s student membership surveys (Grades K-12).

To find out if your student is eligible, you may apply for the McKay Scholarship on the School Choice website at www.floridaschoolchoice.org. Select the McKay Scholarships link and then the link titled Apply for a McKay Scholarship on the menu bar on the left.

To learn more about your child’s educational options, please contact the Department of Education, Office of Independent Education and Parental Choice Information Hotline at 1-800-447-1636 or visit the School Choice website at www.floridaschoolchoice.org and click the McKay Scholarships link.

In order for a student to be eligible for the program, intent to participate in the McKay Scholarship Program must be filed on the School Choice website prior to withdrawing from public school.

The deadline to apply for the first payment period of the 2017-18 school year is July 1, 2018.

Please note this letter serves to notify you that your child may be eligible to participate in the McKay Scholarship Program. This letter does not guarantee your student’s eligibility.

Thank you in advance for your support,

Tanya English, Executive Director of ESE and Student Services
PARENT CONSENT FOR MEDICAID BILLING

Child’s Name__________________________________________

The school district seeks your consent to periodically apply for reimbursement for certain services provided to your child by accessing Medicaid or other publicly funded benefits. In order for the school district to apply for Medicaid reimbursement for certain services provided to your child, your consent to release information from your child’s education records is requested. The following information may be released to the state Medicaid agency:

- Child’s name, date of birth and address
- Service(s) provided
- Dates and times the service is provided at school
- Child’s IEP goals that relate to these services
- Progress notes pertaining to the billing of services

The school district is providing the following Medicaid-covered services to your child:

<table>
<thead>
<tr>
<th>TYPE OF SERVICE</th>
<th>EXTENT-FREQUENCY</th>
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<tbody>
<tr>
<td>Audiology Services</td>
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<tr>
<td>Occupational Therapy Services</td>
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<tr>
<td>Physical Therapy Services</td>
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<td>Psychological Services</td>
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<td>Speech Therapy Services</td>
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<td>Nursing (RN) Specialized Procedures</td>
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<td>Personal Care Aid (direct 1:1)</td>
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<td>Specialized Transportation (vehicle)</td>
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<tr>
<td>Specialized Transportation (aide)</td>
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<td>IEP – Treatment Planning (Initial/Reeval. And/or Annual Update)</td>
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<tr>
<td>Other</td>
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</table>

This consent may be withdrawn at any time. If consent is not withdrawn, the school district will notify you of the continued billing of provided services for Medicaid reimbursement and remind you of all of your legal protections once per year. For additional protections provided by the Individuals with Disabilities Education Act (IDEA), please refer to the annual Notice to Parents about Public Insurance/Medicaid Billing form.

I give my consent to release information from my child’s educational records for the purpose of Medicaid billing and for agency review of records for the duration of services. I understand and agree that the school district may access my child’s or my public benefits or insurance (e.g., Medicaid) to pay for IEP services under IDEA regulations.

Parent Signature: __________________________________________

Date: __________________

ESE #12f (Revised 3/2013; Printed 3/2013)

Copy - ESE School
Copy – ESE Office
Copy – Billing Agent
Copy – AHCA
Copy – Parent/Adult Student
MEDICAL EYE EXAMINATION FORM for Students with Vision Impairment

Name of Patient ____________________________ Date of Birth ____________

School ____________________________ Grade ____________

Parent’s name ____________________________ Phone ____________

Address __________________________________________ City ____________

1. Exam Date:
2. Etiology of eye conditions:
3. Diagnosis:
4. Treatment regimen:
5. Prognosis:
   Visual Impairment is: □ Stable □ Deteriorating □ Uncertain
6. Visual acuity:
   Right Eye corrected: Near ________ Distance ________
   Right Eye uncorrected: Near ________ Distance ________
   Left Eye corrected: Near ________ Distance ________
   Left Eye uncorrected: Near ________ Distance ________
7. Measure of field of vision:
8. Recommendation for lighting levels:
9. Recommendation for physical activity:
10. Recommendations for use of aids:
11. Recommendations for use of glasses:
12. There is documented eye impairment as manifested by at least one of the following:
    Check all that apply:
    □ A visual acuity of 20/70 or less in the better eye after best possible correction;
    □ A peripheral field so constricted that it affects the student’s ability to function in an educational setting;
    □ A progressive loss of vision which may affect the student’s ability to function in an academic setting; or
    □ For children birth to five (5) years of age, bilateral lack of central, steady, or maintained fixation of
      vision with an estimated visual acuity of 20/70 or less after best possible correction; bilateral central
      scotoma involved the perimacula area (20/80 – 20/200); bilateral grade III, IV, or V Retinopathy of
      Prematurity (ROP); OR
      a. □ A visual acuity of 20/70 or less in the better eye after best possible correction;
      b. □ A peripheral field so constricted that it affects the student’s ability to function in an educational
         setting;
      c. □ A progressive loss of vision which may affect the student’s ability to function in an academic setting.

______________________________________________  __________________________________________
Signature of Medical Eye Examiner    Type or Print Name

____________________________________________
Date

ES 29
Wakulla County Schools
MEDICAL PRESCRIPTION FORM

Student Name: __________________________ Date of Birth: ________ Student #: __________________

Address: ________________________________ City: __________________________

Dear Physician:

The above named student has been referred for, or has been receiving physical therapy as a part of the regular public school program. In order for this student to receive this service, a current medical prescription is necessary. Please complete, sign, and return all copies of this form to the address below:

Wakulla County School Board
ESE Department
69 Arran Rd.
Crawfordville, FL 32327

________________________________________________________________________

PHYSICIAN’S USE ONLY

Diagnosis: ________________________________

Medication: ________________________________

Precautions/Other Comments: ________________________________

________________________________________________________________________

PHYSICAL THERAPY

At least one of the areas below must be checked for the child to receive physical therapy services:

☐ Developmental Motor Evaluation and training
☐ Fine Motor Evaluation Training
☐ Therapeutic Exercise
☐ Feeding Evaluation/Training in Self-Feeding
☐ Breathing Exercises/Postural Drainage
☐ Splinting Perceptual and Sensory Motor
☐ Gait/Mobility Training
☐ Functional Living Skills
☐ Catheterization
☐ Other

______________________________  ________________________________
Physician’s Name (Type or Print)  Physician’s Signature

______________________________
Address

______________________________
Date

WMIS ES2026, rev 5/14
Wakulla County Schools
MEDICAL REFERRAL FOR THE ORTHOPEDICALLY IMPAIRED, OTHER HEALTH IMPAIRED OR TRAUMATIC BRAIN INJURY PROGRAMS

Name of Patient: ___________________________ Date of Birth: ____________ Age: ______ Grade: _____
Parent’s Name: ___________________________ Student’s Latest Examination Date: ______________
Florida Physician’s Name (print or type): ___________________________ Phone: _______________

Check applicable disability:

☐ OTHER HEALTH IMPAIRMENT – Based on my examination, this student appears to have limited strength, vitality, or alertness due to chronic or acute health problems. This includes, but is not limited to, asthma, attention deficit disorder or attention deficit hyperactivity disorder, Tourette Syndrome, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and acquired brain injury, which adversely affect his/her educational performance.

☐ ORTHOPEDIC IMPAIRMENT – Based on my examination, this student has a severe orthopedic impairment which adversely affects educational performance. The term includes impairments caused by congenital anomaly (e.g. clubfoot, absence of some member, etc.), impairments caused by disease (e.g. poliomyelitis, bone tuberculosis, etc.) and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns which cause contracture.

☐ TRAUMATIC BRAIN INJURY – Based on my examination, this student has an acquired injury to the brain caused by an external physical force resulting in total or partial functional disability and/or psychosocial impairment which adversely affects educational performance. The injury is not congenital or degenerative and was not induced by birth trauma.

If a disability is checked above, please complete the following (information must be legible):

Specific type of impairment (i.e. diagnosis), explain: ____________________________________________

Severity of impairment (mild, moderate, severe): _______________________________________________

Prognosis, explain: ___________________________________________________________________

FUNCTIONAL IMPLICATIONS OF THE IMPAIRMENT FOR THE EDUCATION PROCESS
Check as appropriate:

☐ Difficulty with mobility and seating within a regular classroom or school bus
☐ Difficulty with self-help skills (e.g. feeding/dressing/toileting)
☐ Difficulty performing activities in a classroom (e.g. cutting, writing, etc.) which may require special adaptations to the program including:
☐ Difficulty maintaining alertness/concentration in the classroom
☐ Difficulty making appropriate decisions
☐ Difficulty maintaining appropriate behavior due to impulsivity
☐ Difficulty with short term or long term memory
☐ Participation in physical education activities only with the following modifications:

☐ Prescribed medication(s); including dosage(s) and frequency (ies):

________________________________________________________ * Intake on classroom functioning of each medication:

Explain: ____________________________________________________________

☐ Existing medical implication interferes or prevents the student from being able to be educated on a school campus (required if requesting homebound services). Explain:

☐ Participation on school campus with the following modifications:

☐ Other:

________________________________________________________

FLORIDA PHYSICIAN’S SIGNATURE ___________________________ DATE ___________
MIS ES2027, rev. 5/14
Dear Parent/Guardian/Student:

You have the opportunity and are encouraged to participate in conferences regarding the exceptional services provided to you, if a student, or your son/daughter as specified by State Board of Education Rule 6A-6.030191, Florida Administrative Code.

You are invited to participate in a meeting to discuss your child, or yourself if a student, at the date, time and place noted below. You may bring another person(s) with knowledge of specific expertise regarding you or your student to the meeting.

The meeting has been scheduled for (date) ______/_______/______ at (time) ____________ in/at (location) _______________.

The purpose(s) of the meeting is/are:

The following individuals have been/will be invited to attend:

<table>
<thead>
<tr>
<th>EP Team Participants</th>
<th>Other Invited EP Team Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>Other:</td>
</tr>
<tr>
<td>*Student</td>
<td>Other:</td>
</tr>
<tr>
<td>*General Education Teacher</td>
<td>Other:</td>
</tr>
<tr>
<td>Teacher of the Gifted</td>
<td>Other:</td>
</tr>
<tr>
<td>Local Educational Agency Representative</td>
<td>Other:</td>
</tr>
<tr>
<td>Interpreter of Instructional Implications of Evaluation Results</td>
<td>Other:</td>
</tr>
</tbody>
</table>

*At least one general education teacher of the student must participate by attending the meeting or providing written documentation of the student’s strengths or needs.

Safeguard Contacts and Information

Name: ________________________________  Name: ________________________________
Contact Number: ______________________  Contact Number: ______________________

Please respond to confirm your attendance at the meeting, inform the team if you plan to request accommodations for a person with a disability, and/or request an interpreter. If the meeting date, time or place is not convenient for you, we will make alternative, mutually agreeable arrangements.

Please respond by returning the second page of this form to your child’s school.

Sincerely,

As a parent of a student, you have specific rights and protections which are described in the Procedural Safeguards for Exceptional Students Who are Gifted. A copy of the procedural safeguards is attached or has been provided in the following way:
Student Name: __________________________________

County School District
Meeting Notice – EP

Date of Notice / / School:
Student Name Date of Birth
Student ID Phone Number

The meeting has been scheduled for (date) _____/_____/______ at (time)____________ in/at (location) ______________________.

The purpose(s) of the meeting is/are:

The following individuals have been/will be invited to attend:

<table>
<thead>
<tr>
<th>EP Team Participants</th>
<th>Other Invited EP Team Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td>Other:</td>
</tr>
<tr>
<td>*Student</td>
<td>Other:</td>
</tr>
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<td>*General Education Teacher</td>
<td>Other:</td>
</tr>
<tr>
<td>Teacher of the Gifted</td>
<td>Other:</td>
</tr>
<tr>
<td>Local Educational Agency Representative</td>
<td>Other:</td>
</tr>
<tr>
<td>Interpreter of Instructional Implications of Evaluation Results</td>
<td>Other:</td>
</tr>
</tbody>
</table>

*At least one general education teacher of the student must participate by attending the meeting or providing written documentation of the student’s strengths or needs.

Please check all that apply. Sign and return this page of the form to the school as soon as possible.

I have received a copy of the procedural safeguards. YES NO

Meeting Participation (Check all that apply)

| I will attend the scheduled date and time. I plan to bring __________________________ Title/Role: |
| I will not be able to attend at the scheduled date and time. I would like to reschedule. I am available at the following date and time: DATE: ______________ TIME: ______________ |
| I will not be able to attend and understand the meeting will be held as scheduled. I give my permission for the meeting to take place without me. |
| I will not be able to attend, but would like to participate by telephone. Please contact me at the following number: ______________. |
| I will not be able to attend; please call me for input regarding my child. Please contact me at the following number: ______________. |
| I need a foreign/sign language interpreter for the following language/mode of communication: ______________. |
| I wish to provide written input regarding my child (Please attach) |

Signature of Parent/Guardian/Surrogate Parent/Student    Contact Phone    Date
Dear Parent/Guardian/Student:

As a student or parent/guardian of a student with a disability, or who may have a disability, you have the right and are encouraged to participate in meetings regarding exceptional education and placement as specified in State Board of Education Rules 6A-6.03028 and 6A-6.030281, Florida Administrative Code and Sections 300.132 and 300.501 of Title 34 of the Code of Federal Regulations (34 CFR 300.132,300.501). You are invited to participate in a meeting to discuss your child, or yourself if a student, at the date, time and place noted below. You may bring another person(s) with knowledge or specific expertise regarding you or your student to the meeting.

The meeting has been scheduled for (date) ______/_______/______ at (time) ____________ in/at (location) __________________________________.

The purpose(s) of the meeting is/are:

The following individuals have been/will be invited to attend:

<table>
<thead>
<tr>
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*Required beginning at age 14 **Required for students who are or may be participating in the general education environment

The school district may request that some IEP team member(s) indicated above not be required to attend the meeting because their area(s) of curriculum or related services is/are not being modified or discussed in this meeting. This will be indicated on page 2.

The school district may also request that some IEP team member(s) above be excused from attending the meeting. If there area(s) of curriculum or related services is/are being modified or discussed in this meeting, written input is ☐ included with this notice or ☐ will be provided prior to the meeting. This will be indicated on page 2.

As a parent of a student with a disability, you have specific rights and protections which are described in the Notice of Procedural Sageguards for Parents of Students with Disabilities. A copy of the procedural safeguards is attached or has been provided to you in the following way:

Should you want additional copies or assistance in understanding your rights, please contact either of the sources listed below:

Name: __________________________ Name: __________________________
Contact Number: __________________ Contact Number: __________________

If the meeting date, time, or place is not convenient for you, please contact us to make alternative, mutually agreeable arrangements.

Please respond by returning the second page of this form to your child’s school.

Sincerely,

Note: Section 1002.39, Florida Statues, The John M. McKay Scholarships for Students with Disabilities Program, provides parents the option of keeping their child in the assigned school or requesting a McKay Scholarship to: (1) enroll their child in another public school within the same district, (2) enroll their child in another public school in an adjacent district; or (3) enroll their child in a participating private school. Information on the McKay Scholarship Program is available on the Florida Department of Education website at www.floridaschoolchoice.org or on the Department’s telephone hotline at 1-800-447-1636.
### Meeting Notice – IEP

**Student Name:** __________________________________

**County School District**

**Meeting Notice – IEP**

<table>
<thead>
<tr>
<th>Date of Notice</th>
<th>/ /</th>
<th>School:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name</td>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Student ID</td>
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The meeting has been scheduled for (date) ______/_______/______ at (time)____________ in/at (location) __________________________________.

The purpose(s) of the meeting is/are:

The following individuals have been/will be invited to attend:

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<td>Private School Representative</td>
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</tr>
<tr>
<td>Other:</td>
<td>Other:</td>
</tr>
</tbody>
</table>

**IEP Team Member Participation**

Pursuant to 34 CFR 300.321(e), a member of the IEP team may not be required to attend the meeting or may be excused from attending the meeting with the written agreement or consent of the parent.

The school district requests that the following member(s) not be required to attend the meeting because their area(s) of curriculum or related services is/are not being modified or discussed. Please check one, if applicable:

- [ ] I agree that attendance is not required.
- [ ] I do not agree that attendance is not required.

The school district request that the following members be excused from the IEP Team meeting; their area(s) of curriculum or related services is/are being modified or discussed in this meeting, and written input is [ ] included with this notice or [ ] will be provided prior to the meeting. Please check, if applicable:

Name of members being excused:

- [ ] I consent to this/these excusal(s).
- [ ] I do not consent to this/these excusal(s).

**Outside Agency Representatives**

Pursuant to 34 CFR 300.321(b)(3), your consent is required to invite an outside agency representative to the IEP team meeting. Please indicate your consent for the individuals/agencies listed below to be invited and participate in this meeting. Please check on, if applicable:

Name of members being invited from other agencies:

- [ ] I consent to invite the representative(s) to attend this IEP team meeting.
- [ ] I do not consent to invite the representative(s) to attend this IEP team meeting.

**Meeting Participation (Check all that apply)**

<table>
<thead>
<tr>
<th>Participation</th>
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<tbody>
<tr>
<td>I will attend the scheduled date and time. I plan to bring</td>
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**Signature of Parent/Guardian/Surrogate Parent/Student** __________________________________

**Contact Phone** __________________________________

**Date** __________________________________
Dear Parent/Guardian/Student:

As the parent/guardian of a student with a disability, you have the right and are encouraged to participate in meetings regarding exceptional education and placement of your son/daughter as specified in State Board of Education Rules 6A-6.03028 and 6A-6.030281, Florida Administrative Code and Sections 300.132 and 300.501 of Title 34 of the Code of Federal Regulations (34 CFR 300.132,300.501). You are invited to participate in a meeting to discuss your child at the date, time and place noted below. You may bring another person(s) with knowledge or specific expertise regarding your student to the meeting.

The meeting has been scheduled for (date) ______/_______/______ at (time) ____________ in/at (location) ________________________________.

The purpose(s) of the meeting is/are:

Note: Beginning at age 14, or younger, if determined appropriate by the SP team, the student will be invited to the meeting. Depending on the services provided, the purpose of the meeting may be to identify the student’s transition services needs. Beginning at age 16, or younger, if determined appropriate by the SP team, the purpose of the meeting may be to consider the student’s post-secondary goals and transition services.

The following individuals have been/will be invited to attend:

<table>
<thead>
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*Required beginning at age 14  **Required for students who are or may be participating in the general education environment

The school district may request that some SP team member(s) indicated above not be required to attend the meeting because their area(s) of curriculum or related services is/are not being modified or discussed in this meeting. If you agree, please indicate on page 2.

As a parent of a student with disability, you have specific rights and protections which are described in the Notice of Procedural Safeguards for Parents of Students with Disabilities. A copy of the procedural safeguards is attached or have been provided to you in the following way:

Should you want additional copies or assistance in understanding your rights, please contact either of the sources listed below:

Name: _________________________________________ Name: ________________________________________________
Contact Number: -________________________________ Contact Number: _______________________________________  

If the meeting date, time, or place is not convenient for you, please contact us to make alternative, mutually agreeable arrangements.

Please respond by returning the second page of this form to your child’s school.

Sincerely,

Note: Section 1002.39, Florida Statues, The John M. McKay Scholarships for Students with Disabilities Program, provides parents the option of keeping their child in the assigned school or requesting a McKay Scholarship to: (1) enroll their child in another public school within the same district, (2) enroll their child in another public school in an adjacent district; or (3) enroll their child in a participating private school. Information on the McKay Scholarship Program is available on the Florida Department of Education website at www.floridaschoolchoice.org or on the Department’s telephone hotline at 1-800-447-1636.
Student Name: __________________________________

County School District
Meeting Notice – SP

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The meeting has been scheduled for (date) ______/______/______ at (time)____________ in/at (location) __________________________________. The purpose(s) of the meeting is/are:

The following individuals have been/will be invited to attend:

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SP Team Member Participation
Pursuant to 34 CFR 300.321(e), a member of the SP team may not be required to attend the meeting or may be excused from attending the meeting with the written agreement or consent of the parent.

The school district requests that the following member(s) not be required to attend the meeting because their area(s) of curriculum or related services is/are not being modified or discussed. Please check one, if applicable:

- [ ] I agree that attendance is not required.
- [ ] I do not agree that attendance is not required.

The school district request that the following members be excused from the SP Team meeting; their area(s) of curriculum or related services is/are being modified or discussed in this meeting, and written input is [ ] included with this notice or [ ] will be provided prior to the meeting. Please check, if applicable:

- Name of Members being excused: _______________________________________________________________________________________________

Outside Agency Representatives
Pursuant to 34 CFR 300.321(b)(3), your consent is required to invite an outside agency representative to the IEP team meeting. Please indicate your consent for the individuals/agencies listed below to be invited and participate in this meeting. Please check on, if applicable:

Name of members being invited from other agencies: _______________________________________________________________________________

Meeting Participation (Check all that apply)

- [ ] I will attend the scheduled date and time. I plan to bring __________________________ Title/Role: __________________________
- [ ] I will not be able to attend at the scheduled date and time. I would like to reschedule. I am available at the following date and time: DATE: __________ TIME: __________
- [ ] I will not be able to attend and understand the meeting will be held as scheduled. I give my permission for the meeting to take place without me.
- [ ] I will not attend, but would like to participate by telephone. Please contact me at the following number: __________________________
- [ ] I will not be able to attend; please call me for input regarding my child. Please contact me at the following number: __________________________
- [ ] I need a foreign/sign language interpreter for the following language/mode of communication: __________________________
- [ ] I wish to provide written input regarding my child (Please attach) __________________________

Signature of Parent/Guardian/Surrogate Parent/Student Contact Phone Date
Florida Department of Education
Parental Consent Form
Instruction in the State Standards Access Points Curriculum and Florida Alternate Assessment Administration

Student: __________________________  Date: __________________________
Student D.O.B.: ____________________  Parent(s) Name: ______________________
District: __________________________  School: __________________________

I understand that, as a participant of the individual educational plan (IEP) team, I have the right to consent or refuse consent for my child (or myself, if I am an adult student) to be provided instruction in the state standards access points curriculum and to be administered the Florida Alternate Assessment (FAA) (if applicable, based on my child’s grade level).

Based on Section 1003.5715, Florida Statutes, I understand that the Wakulla County School district may not provide instruction in the state standards access points curriculum and administer the FAA unless I have provided written consent on this form; or the school district made documented and reasonable efforts to obtain my consent, and I have failed to respond; or the school district obtains approval through a due process hearing and/or appeals process. I understand that, during the pendency of a due process hearing or appellate proceeding regarding a due process complaint, my child will remain in his or her current educational assignment while awaiting the decision of any impartial due process hearing or court proceeding, unless the school district and I otherwise agree.

My consent is being sought because the IEP team has determined that the proposed actions are necessary in order for my child to receive a free appropriate public education. If I refuse to consent to the proposed actions, my child may not receive all the services and supports that the IEP team has determined are needed, which may impact my child’s educational progress. I understand that, if I give consent, my child will not be eligible for a standard high school diploma but may receive instruction within the general education setting based on his or her IEP. I understand that access to future opportunities such as enrollment in college or enlistment in the military may be limited if my child does not have a standard high school diploma. This consent will remain in effect until the next annual review of the IEP, or until the next IEP meeting if instruction in state standards access points curriculum and administration of the FAA is addressed, whichever event occurs first.

☐ I consent for the provision of instruction in the state standards access points curriculum and administration of the FAA (if applicable, based on my child’s grade level).

Parent signature __________________________  Date: ____________  Parent signature __________________________  Date: ____________

☐ I do not consent for the provision of instruction in the state standards access points curriculum and administration of the FAA (if applicable, based on my child’s grade level).

Parent signature __________________________  Date: ____________  Parent signature __________________________  Date: ____________

If you sign “I do not consent for placement,” within ten school days, the school district must develop and implement new instruction and assessment procedures in accordance with a new IEP or must request a due process hearing.

As a parent of a student with a disability, you have specific rights and protections that are described in the Notice of Procedural Safeguards for Parents of Students with Disabilities. To receive a copy, or for assistance understanding your rights, contact:

(District designee) __________________________  at ____________  OR  (Telephone/email) __________________________
(Alternate contact) __________________________  at ____________  (Telephone/email) __________________________

Documentation of attempts to obtain consent:
1. Date Sent/Method Used: __________________________
2. Date Sent/Method Used: __________________________

Rule 6A-6.0331; Form 313181 – English; Effective March 2014
Notice of Option to Accept or Defer Graduation
And Receipt of Standard High School Diploma

Notice to be provided as soon as possible but **no later than January 30** of the year in which the student is expected to meet graduation requirements.

__________________
Date of Notice

Notice to Parent and Student:

According to all relevant information, __________________________ is expected to meet graduation requirements by __________________________
(Student’s Name)

the end of this school year. Under Florida law, a student with a disability who meets the standard high school diploma requirements may now defer receipt to the diploma and continue to receive services, where the student meets the following two requirements:

1. The student has an Individual Education Plan (IEP) that prescribes special education, transition planning, transition services or related services for the student through age 21; and

2. The student is enrolled in accelerated college credit instruction pursuant to Florida Statute 1007.27, industry certification courses that lead to college credit, a collegiate high school program, courses necessary to satisfy the Scholar Diploma designation requirements, or a structured work-study, internship, or pre-apprenticeship program.

Because all requirements for graduation and diploma deferral appear to be met, this is to notify you that if you wish to defer graduation and receipt of the standard high school diploma, you must notify the District’s Exceptional Student Education Office by completing the information below and returning it to the school counselor **as soon as possible, but not later than May 15th of this school year**. If you notify the Office of your desire to defer graduation and the receipt of the diploma, an IEP meeting will be convened as soon as possible to review the benefits of deferring the standard high school diploma, including continuation of educational and related services, to address all services and program options available, and to note your decision to defer on the IEP.

If you do not notify this Office of a desire to defer graduation and receipt of diploma by the **May 15th deadline**, the school district will be released from its obligation to continue to provide free appropriate public education (FAPE). A student’s failure to attend a graduation ceremony will not constitute a deferral of graduation and receipt of a diploma.

**If you wish to defer graduation and receipt of a high school diploma, please sign, date and return this Notice as soon as possible, but not later than May 15th of this school year:**

☐ Yes, I wish to defer graduation and receipt of a high school diploma. Please convene an IEP meeting as soon as possible.

__________________________________________  _________________
Signature of Parent/Adult Student            Date

Please do not hesitate to contact this office at (850) 926-0065 ext. 9900 if you have any questions or concerns about this Notice.
Name of Student: _____________________________________________

Date: ______________________________________________________

Dear _______________________________________________________

The Individuals with Disabilities Education Act (IDEA) requires that when a student with disabilities reaches the age of majority under State law, both the parent and the student must be notified of the transfer of educational rights to the student. In Florida, when a student with disabilities reaches the age of eighteen (18):

- The school district must provide all notices required by IDEA, including invitations to the Transition Individual Educational Plan (IEP) meetings, to both the parent and the student; and

- Other rights related to the opportunity to examine all records, the opportunity to participate in meetings, rights of consent, the right to obtain an independent educational evaluation, and the opportunity to request mediation and/or a due process hearing, transfer to the student.

_________________________________, is a student with a disability, who will reach the age of majority on ____________________.

At that time, all rights pertaining to the exceptional student education program will transfer from the parent to the student unless the school district is notified of any existing court order that prevents this transfer of rights.

If a student with disabilities is determined incompetent under State law, all rights will be afforded to the individual or agency as directed by the court.

As parent(s) of a child with a disability, you have certain protections under the attached Procedural Safeguards of the Individuals with Disabilities Education Act. Further explanation of rights and copies may be obtained from the ESE Director or school counselor.

WMIS ES2192 revised July 2010

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Wakulla County Schools

OUT OF STATE INTAKE INFORMATION FOR TRANSFER STUDENT

Student Name: ___________________________ D.O.B.: __________________ Grade: ______________

School: _________________________________ Student ID # ________________________________

Date Enrolled: __________________________ Parent’s Name: ________________________________

Phone: (home) __________________________ (work) ________________________________

Last School Attended: ________________________________

Principal or Person to Contact: __________________________ Phone: __________________________

Date of Call: _______________ Caller: __________________________ Respondent: ______________________

ESE Program Assignment(s): __________________________ Time Per Week: ______________________

Subject Areas in ESE: __________________________ Time Per Week: ______________________

Check if received:
- Signed Release of Student Records
- IEP
- Psychological
- Social/Medical Report
- Signed Parent Participation form
- Eligibility and Assignment Staffing Form
- Signed Parental Notice/Consent for Evaluation

Most recent psychological (date):

Intellectual: Test: (_________) Verbal IQ: (_______) Performance IQ: (_______) Full Scale IQ: (_______)

Academic: Test:
Scores: Reading Language Math _______ Spelling
Scores: Reading Language Math _______ Spelling

Processing: Test
Scores: __________________________

Behavioral/Social/Emotional:
Adaptive Behavior: __________________________ Scores: __________________________
Social History: __________________________ Date: __________________________
Behavior Scales: __________________________ Ratings: __________________________

Medical Information:

For ESE Office Use Only:
Before permanent placement, the student needs:
- vision, hearing, speech/language screening
- records received from out-of-state
- psychological evaluation
- update testing in: academic process
- adaptive projectives
- speech/language

The student is a transfer student, therefore, Note: Send copy to ESE County Office

County waives pre-referral information immediately after student has enrolled.

WMIS ES2030
Wakulla County Schools
PARENTAL NOTICE/CONSENT FOR EVALUATION

Student: ___________________________ DOB: _______________ Student ID #: _______________
School: ___________________________ Grade: _______________ Date: ___________________

Dear Parent/Guardian:

An individual evaluation is recommended to assist your child in making the most of his or her educational opportunities. The individual evaluation is proposed after review of all available test data, observations(s), conferences, and classroom performance. Other factors that may have influenced the proposal or refusal to evaluate were parental request or __________. The evaluation procedure may include individual assessment, classroom observation, individual or group counseling, or parent and teacher interviews. The checked assessment areas described below are recommended. Additional evaluations may be administered if deemed appropriate by the evaluators/evaluation team.

Do you consent for us to conduct an evaluation or secure information, if necessary, of your child in the areas listed below?

☐ Psycho-educational Assessment of Intellectual, academic perceptual, or language skills
☐ Vision Assessment of visual ability/Medical Eye Exam/Functional Vision Evaluation
☐ Audiological Assessment of hearing ability
☐ Speech/Language Assessment of language ability, articulation skills, fluency and voice quality
☐ Social Assessment of social and behavioral ability
☐ Motor/Physical Assessment of fine and gross motor skills
☐ Medical Physical and/or neurological evaluation
☐ Other Data History Review; Analysis of Response to Intervention

General education interventions: Evidence based interventions addressing the identified area(s) of concern have been implemented in general education environment for a reasonable period of time and have been found to be ineffective in meeting the student’s educational needs. Change in

☐ N/A ☐ Tutoring ☐ Level of Instruction
☐ Progress Monitoring ☐ Community Agency Referral ☐ Schedule
☐ Group or Individual Counseling ☐ Other ___________________________ ☐ Teacher
☐ Behavior Intervention Plan (BIP) ______________________________ ☐ Instructional Techniques

These interventions may not be required for certain students suspected of having a disability if the team determines the interventions are not appropriate. The school will contact you to arrange a time for you to meet with the Staffing and/or IEP Team to discuss the evaluation results.

Please check the appropriate space provided, sign, date, and return to ____________________________

As parent(s)/guardian(s) of an exceptional student you have certain protections under the Procedural Safeguards (attached) of the Individuals with Disabilities Education Act (IDEA) and Rule 6A-6.03311, FAC Procedural Safeguards for Students with Disabilities or Rule 6A-6.03313, FAC, Procedural Safeguards for Exceptional Student who are Gifted. Further explanation of rights and copies may be obtained. I have received and reviewed the Procedural Safeguards and understand my rights under the Individuals with Disabilities Education Act of 2004.

☐ YES, I consent to the proposed evaluation. ☐ NO, I do not consent to the proposed evaluation.

*Date Received by School: ___________

Signature of Parent/Legal Guardian/Surrogate/Student (if 18 years of age or older) ____________________________

Date ____________________________

Copies to: ☐ Cumulative Student Folder ☐ ESE Office ☐ Student Services (if applicable) ☐ Parent ☐ ESE Teacher

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Wakulla County Schools
PARENTAL NOTICE/CONSENT FOR CHILD FIND EVALUATION

Student: ____________________________ DOB: ________
School: ____________________________
Grade: ________
Date: __________

Dear Parent/Guardian:
Based on the Child Find Referral, we feel additional is needed. An individual evaluation is recommended to assist us in meeting the educational needs of your child:

☐ Developmental Assessment of Intellectual communication and social skills
☐ Speech/Language Fluency and voice quality

Do you consent for us to conduct an evaluation or secure information, if necessary, of your child in the areas listed below?

☐ Yes I give permission for the evaluation and understand my rights as explained on the Summary of Procedural Safeguards.
☐ No I do not give permission for the evaluation for the following reasons:
☐ Other I request a conference before giving permission for testing.

______________________________________________  ____________________________________
Parent/Guardian Signature      Date
______________________________________________  ____________________________________
Address        Phone Number

As parent(s)/guardian(s) of an exceptional student you have certain protections under the Procedural Safeguards (attached) of the Individuals with Disabilities Act (IDEA) and Rule 6A-6.03311, FAC, Procedural Safeguards for Students with Disabilities or Rule 6A-6.03313, FAC, Procedural Safeguards for Exceptional Students who are Gifted. Further explanation of rights and copies may be obtained.

WMIS SS2047
To the Parent(s) of: ______________________________________ DOB: __________________ GRADE: ____________

SCHOOL: ______________________________________ TEACHER: ________________________________

ESE PROGRAM(S): ________________________________________________________________

A re-evaluation review is required for each student with a disability at least every three years, or more frequently if conditions warrant, or if the child's teacher or parent requests a re-evaluation. The IEP team reviewed information available in all areas addressed in the initial evaluation or subsequent re-evaluations of your child. This information includes the following: ☐ evaluation data gathered since the initial evaluation or previous re-evaluation; ☐ information provided by teachers/staff; ☐ current classroom-based assessments and observations; ☐ information provided by family members; ☐ other __________________________

Signatures of attendees at Re-evaluation Team meeting: ________________________________ Date_____________________________

LEA ___________________________________________ Evaluation Specialist ________________________________

General ED Teacher ___________________________ ESE Teacher ________________________________

Parent ___________________________ Other ___________________________

The purpose of the re-evaluation is to:

1. Determine if your child continues to have a disability and continues to need special education and related services
2. Assess your child's present level of performance and educational needs
3. Determine if any additions or modifications are needed to enable your child to meet the annual goals in his/her individual educational plan and to participate, as appropriate, in the general curriculum
4. Gather additional data if needed

We have considered the following options for your child: (1) a 3 year re-evaluation; (2) a more frequent re-evaluation; and (3) no assessment recommended. **We chose option_____ for your child**. The other options were rejected as they did not meet the needs of your child at this time.

If other factors were relevant to this proposal, these include the following: ____________________________________________________________.

Based on this review, the checked areas described below are recommended. Additional evaluations may be administered if deemed appropriate by the evaluators/evaluation team.

☐ Developmental Evaluation (birth to age 6) ☐ Speech-Language Screening/Evaluation
☐ Physical Therapy Evaluation ☐ Intellectual Evaluation
☐ Occupational Therapy Evaluation ☐ Academic Achievement
☐ Orientation and Mobility (O & M) ☐ Behavior Skills
☐ Social/Developmental History ☐ Vision Screening/Evaluation
☐ Assistive Technology Evaluation-include AT referral ☐ Hearing Screening/Evaluation
☐ No Assessment Recommended ☐ Adaptive Behaviors

WHY? ________________________________________________________________

☐ Other ___________________________

The school will contact you to arrange a time for you to discuss the re-evaluation results. **Please check the appropriate space provided, sign, date, and return to:**

☐ Yes, I consent to the above recommendations ☐ No, I do not consent to the above recommendations.

☐ I request a conference before giving permission for the re-evaluation.

I have received and reviewed the Procedural Safeguards and understand my rights under the Individuals with Disabilities Education Act of 2004:

__________________________ __________________________
Signature of Parent/Legal Guardian/Surrogate/Student (if 18 years of age or older) Date

You have specific rights and protections concerning this proposal that are described in the attached Summary of Procedural Safeguards (Rule 6A-6.03311, FAC). Further explanation of rights and copies may be obtained from the ESE Director or school counselor [http://www.fldoe.org/ese/pdf/procedural.pdf](http://www.fldoe.org/ese/pdf/procedural.pdf) or upon request.

If you have any questions or input, please call: ____________________________

Record of contact attempts. OFFICE USE

1. Date: ____________ Type: ____________ Results: __________________________

2. Date: ____________ Type: ____________ Results: __________________________

3. Date: ____________ Type: ____________ Results: __________________________

School ____________________________ By: ____________________________

WMIS ES2167, rev 5/14
Wakulla County Schools
Exceptional Student Education
Parent Input for Re-Evaluation

Student Name: ___________________________________ Date: ___________________
Parent/Guardian’s Name (Person completing form): __________________________________

Check one:
☐ Completed by parent/guardian ☐ Personal Interview ☐ Telephone Interview
(If interview, conducted by ______________ Date: __________)

1. How long has your child been receiving special education services? ____________________________

2. Describe any current concerns you have about your child’s educational program: ____________________________________________________
_________________________________________________________________________________________

3. What goals do you have for your child? ___________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

4. Have there been any recent changes in your child’s behavior or school performance? ☐ Yes ☐ No
   If yes, please describe:
_________________________________________________________________________________________

5. Has your child had any serious medical or psychological problems that have occurred during the last 3 years? ☐ Yes ☐ No
   If yes, please explain:
_________________________________________________________________________________________

6. Has your child received a psychological or educational evaluation from another agency or private practitioner in the last 3 years? ☐ Yes ☐ No
   If yes, who did it, where was it done, and what was the outcome? (Please provide a copy of the report, if you have one.) _____________________________________
_________________________________________________________________________________________

7. Is your child currently taking any prescribed medications ☐ Yes ☐ No
   If yes, please describe the medication and the condition for which it was prescribed:
_________________________________________________________________________________________

8. Have there been any significant changes in your home or family relationships during this last 3 years?
   ☐ Yes ☐ No
   If yes, please describe: ____________________________________________________
_________________________________________________________________________________________

9. Is there any additional information about your child that you think is relevant to your child’s 3 year re-evaluation? ☐ Yes ☐ No

10. Additional Comments: ________________________________________________________________
_________________________________________________________________________________________

____________________________________________  __________________________________
Parent/Guardian Signature      Date

ATTACH ANY ADDITIONAL INFORMATION YOU FEEL MIGHT HELP MEET YOUR CHILD’S EDUCATIONAL NEEDS.

Return to the school by: ___________________________ (Date)
Date: ______________________________________

Today your child was manually physically restrained at school. You will receive a copy of the Restraint Incident Report within three days of this notice. It will provide details of the restraint, including the teacher and staff participating and monitoring the restraint; the location; and behaviors leading up to the restraint.

Type of restraint used: ______________________________________

Visible marks/injuries occurring during the restraint: ______________________

If you have questions after receiving the Incident Report, please contact your student’s teacher.

Please acknowledge your receipt of this notification by signing and returning the second page of this notification entitled Parent Acknowledgement of Manual Physical Restraint. Your student’s teacher has also attempted to contact you by phone, email or both. If you did not receive this contact, please update your phone number and/or email address on the second page.

Record of Notification Attempts:

Phone Numbers called: ______________________________________________________

☐ Voicemail: _______________________________________________________________

☐ Spoke with: _______________________________________________________________

☐ E-mail sent – YES ________________________________________ (attach copy of e-mail)

☐ None available

__________________________________________
Wakulla County Schools  
Exceptional Student Education  
Occupational Therapy Plan of Care

School year: ___________________________ IEP Date: _______________ Plan of Care Date: ___
Student’s Name: ___________________________ Grade: _______ Birth Date: __________
School: ____________________________________

**Areas of Functional Limitations:**

| ☐ Neuromotor | ☐ Movement Patterns | ☐ Balance/Equilibrium |
| ☐ Strength | ☐ Sensory/Perception | ☐ Fine Motor Skills |
| ☐ ROM/Orthopedic |

**Assessment of Current Status:** See present level on attached Annual Goals & Objectives

**Treatment Plan:**

| ☐ Switches/Computer Use | ☐ Visual/Perceptual Motor Skills | ☐ ADL Activities |
| ☐ UE Strengthening | ☐ UE Weight Bearing/Shifting | ☐ Oral Motor Skills |
| ☐ Muscle Facilitation | ☐ Grasping Skills | ☐ Sensory Processing |
| ☐ Establish Classroom Plan | ☐ Bilateral Skills | ☐ Other: |
| ☐ Monitor Classroom Functioning | ☐ Coordination with PT/Speech/Vision/Mobility | ☐ Home Program/Family Training |
| ☐ Splinting/Adaptive Equipment | ☐ Writing/Pre-Writing | ☐ Social Work/Play Skills/Attending Skills |

**Comments:**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**Equipment**

| ☐ Glasses | ☐ Splints | ☐ Adaptive Chair |
| ☐ AFO’s if needed | ☐ Prone Stander | ☐ Other: |

**Long Term Goals:** See attached IEP Annual Goals & Objectives

**Short Term Goals:** See attached IEP Annual Goals & Objectives

**Frequency:** _______ per

**Duration:** _______ minutes

Therapist: ________________________________

Date: ________________________________

WMIS ES2165 12/09
School year: ___________________________ IEP Date: _______________ Plan of Care Date: ____________
Student’s Name: ___________________________ Grade: ___________ Birth Date: ____________
School: _______________________________________

Areas of Functional Limitations:

<table>
<thead>
<tr>
<th></th>
<th>Neuromotor</th>
<th>Movement Patterns</th>
<th>Balance/Equilibrium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strength</td>
<td>Sensory/Perception</td>
<td>Fine Motor Skills</td>
</tr>
<tr>
<td></td>
<td>Transfers</td>
<td>Gait</td>
<td>ROM/Orthopedic</td>
</tr>
<tr>
<td></td>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Assessment of Current Status: See present level on attached Annual Goals & Objectives

Treatment Plan:

<table>
<thead>
<tr>
<th></th>
<th>Strengthening</th>
<th>Consult with OT/SLP/Vision</th>
<th>Staff Training</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ROM/Stretching</td>
<td>Developmental Motor Skills</td>
<td>Equipment Needs</td>
</tr>
<tr>
<td></td>
<td>Transfers/Weight Shifting</td>
<td>Functional Living/Self Care Skills</td>
<td>Gain/Mobility Training</td>
</tr>
<tr>
<td></td>
<td>Establish Classroom Plan</td>
<td>Facilitation of More Normal Movement</td>
<td>Balance Equilibrium</td>
</tr>
<tr>
<td></td>
<td>Coordination</td>
<td>Home Programs/Family Training</td>
<td>Other:</td>
</tr>
</tbody>
</table>

Comments:

Equipment

<table>
<thead>
<tr>
<th></th>
<th>Glasses</th>
<th>Splints</th>
<th>Adaptive Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AFO’s if needed</td>
<td>Prone Stander</td>
<td>Other:</td>
</tr>
</tbody>
</table>

Long Term Goals: See attached IEP Annual Goals & Objectives
Short Term Goals: See attached IEP Annual Goals & Objectives

Frequency: _______ per

Duration: _______ minutes

Recommendation:

<table>
<thead>
<tr>
<th></th>
<th>Continue Therapy</th>
<th>Physical Therapy Consult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Discontinue</td>
<td>Not Qualified at this time (see Cert)</td>
</tr>
</tbody>
</table>

Therapist: ________________________________________ Date: ____________________________

WMIS ES2163  12/09
## Student Profile

**Personal Care** – management of personal needs and equipment within the educational environment

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student demonstrates adequate dressing/undressing, hygiene, self-feeding skills, or oral motor skills with/without present equipment or devices.</td>
<td>Student demonstrates adequate personal care skills using equipment/devices.</td>
<td>Student requires supervision, prompts for dressing/undressing, hygiene, self-feeding, or oral motor skills.</td>
<td>Student requires multiple equipment/devices and needs physical assistance.</td>
</tr>
<tr>
<td>Student demonstrates adequate personal care skills using equipment/devices.</td>
<td>Student requires supervision, prompts to use personal care equipment/devices.</td>
<td>Student requires physical assistance or specific strategies for dressing, undressing, hygiene, self-feeding or oral motor skills.</td>
<td>Student requires intensive training by therapist to facilitate emerging dressing/undressing, hygiene, self-feeding, or oral motor skills.</td>
</tr>
</tbody>
</table>

**Mobility** – safe and adequate movement, (e.g., transfers, transitions between positions or locations, the ability to navigate architectural barriers) within the educational environment.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student demonstrates adequate mobility with present equipment or devices.</td>
<td>Student demonstrates adequate mobility without equipment or devices.</td>
<td>Student demonstrates adequate transfer and transition skills.</td>
<td>Student requires supervision and prompts to use equipment/positioning devices for gross motor skills.</td>
</tr>
<tr>
<td>Student demonstrates adequate mobility without equipment or devices.</td>
<td>Student demonstrates adequate transfer and transition skills.</td>
<td>Student requires supervision and prompts to complete transitions/transfers.</td>
<td>Student requires physical assistance or specific strategies to complete transitions/transfers.</td>
</tr>
<tr>
<td>Student demonstrates adequate transfer and transition skills.</td>
<td>Student requires supervision and prompts to complete transitions/transfers.</td>
<td>Student requires physical assistance or specific strategies for safe and adequate mobility.</td>
<td>Student requires intensive training by therapist to demonstrate emerging mobility skills.</td>
</tr>
</tbody>
</table>

**Gross Motor** – developmental motor skills, positioning equipment, and/or static/dynamic balance needed to participate within the educational environment.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student can assume, maintain or change positions needed for participation.</td>
<td>Student demonstrates adequate gross motor skills needed for participation.</td>
<td>Student demonstrates adequate use of equipment/positioning devices for gross motor skills.</td>
<td>Student has emerging skills and requires intensive training by therapist to assume, maintain or change positions.</td>
</tr>
<tr>
<td>Student demonstrates adequate gross motor skills needed for participation.</td>
<td>Student demonstrates adequate use of equipment/positioning devices for gross motor skills.</td>
<td>Student requires supervision and prompts to perform gross motor skills.</td>
<td>Student requires intensive training to perform gross motor skills.</td>
</tr>
<tr>
<td>Student demonstrates adequate use of equipment/positioning devices for gross motor skills.</td>
<td>Student requires supervision and prompts to use equipment/positioning devices for gross motor skills.</td>
<td>Student requires physical assistance and/or specific strategies to perform gross motor skills.</td>
<td>Student requires multiple trails of positioning equipment to access the educational environment.</td>
</tr>
</tbody>
</table>

*Student’s needs are addressed through classroom curriculum or other existing services, which may include total assistance by school staff.*
### Student Profile

**Fine Motor/Visual Motor** – visual perception, visual motor, and fine motor skills needed to manipulate and manage materials within the educational environment

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student</strong></td>
<td><strong>Student demonstrates adequate visual perceptual and/or visual motor skills.</strong></td>
<td><strong>Student requires supervision and prompts to perform visual perceptual and/or visual motor skills.</strong></td>
<td><strong>Student requires physical assistance and/or specific strategies to perform visual perceptual and/or visual motor skills.</strong></td>
<td><strong>Student requires intensive training by therapist to perform visual perceptual and/or visual motor skills.</strong></td>
</tr>
<tr>
<td><strong>Student can manipulate objects/tools/adaptive devices.</strong></td>
<td><strong>Student requires supervision and prompts to manipulate objects/tools/adaptive devices.</strong></td>
<td><strong>Student requires physical assistance and/or specific strategies to manipulate objectives/tools/adaptive devices.</strong></td>
<td><strong>Student requires intensive training by therapist to demonstrate emerging manipulation of objects/tools/adaptive devices.</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Sensory Processing** – body awareness and sense of movement, sensory perception, exploration, and interaction with others during play and work activities within the educational environment

<table>
<thead>
<tr>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student</strong></td>
<td><strong>Student tolerates movement, touch, textures, sights, sounds and smells occurring in educational environment. Student seeks appropriate sensory input.</strong></td>
<td><strong>Student requires supervision and prompts to tolerate touch, textures, sights, sounds and smells or to seek appropriate sensory input.</strong></td>
<td><strong>Student requires physical assistance and/or specific strategies to tolerate movement, touch, textures, sights, sounds and smells or to seek appropriate sensory input.</strong></td>
<td><strong>Student requires intensive interventions by therapist to tolerate movement, touch, textures, sights, sounds and smells or to seek appropriate sensory input.</strong></td>
</tr>
<tr>
<td><strong>Student adequately uses suggested techniques for self-regulation.</strong></td>
<td><strong>Student requires supervision and prompts to utilize suggested techniques for adequate self-regulation.</strong></td>
<td><strong>Student requires physical assistance and/or specific strategies to utilize suggested techniques for adequate self-regulation.</strong></td>
<td><strong>Student requires intensive training by therapist to use suggested techniques for self-regulation.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Student is able to make choices, organize, motor plan and initiate tasks.</strong></td>
<td><strong>Student requires supervision and prompts to make choices, organize, motor plan and initiate tasks.</strong></td>
<td><strong>Student requires physical assistance and/or specific strategies to make choices, organize, motor plan and initiate tasks.</strong></td>
<td><strong>Student requires intensive training by therapist to make choices, organize, motor plan and initiate tasks.</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Student’s needs are addressed through classroom curriculum or other existing services, which may include total assistance by school staff.*
# Therapy Profile

## Number of years student has received Educationally Relevant Therapy

<table>
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<tr>
<th></th>
<th>1</th>
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<th>4</th>
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</thead>
<tbody>
<tr>
<td>More than 8 years of therapy</td>
<td>5 to 8 years of therapy</td>
<td>3 to 5 years of therapy</td>
<td>Less than 3 years of therapy</td>
<td></td>
</tr>
</tbody>
</table>

## Potential response to Educationally Relevant Therapy

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
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<th>4</th>
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</thead>
<tbody>
<tr>
<td>Student is expected to function in the educational environment without therapy services.</td>
<td>Student is expected to maintain current level of performance with periodic therapy services in the educational environment.</td>
<td>Student is expected to make progress towards educational goals with therapy services.</td>
<td>Student is expected to make significant progress towards educational goals with therapy services.</td>
<td></td>
</tr>
</tbody>
</table>

## Student’s Learning Environment

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
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<th>4</th>
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<tbody>
<tr>
<td>Student is able to access the learning environment with/without use of compensatory skills or modifications.</td>
<td>Periodic review or modification of the student’s learning environment, including community-based instruction sites, is necessary.</td>
<td>Regular review or modification of the student’s learning environment, including community-based instruction sites, is necessary.</td>
<td>Extensive review or modification of the student’s learning environment, including community-based instruction sites, is necessary.</td>
<td></td>
</tr>
</tbody>
</table>

## Therapy Services to be provided to student

<table>
<thead>
<tr>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student does not require intervention by the therapist once suggested modifications are in place.</td>
<td>Student requires periodic support from the therapist to benefit from special education.</td>
<td>Student requires regular support from the therapist to benefit from special education.</td>
<td>Student requires extensive support from the therapist to benefit from special education as student’s educational needs are frequently changing.</td>
<td></td>
</tr>
</tbody>
</table>

## Support Services to be provided to school staff and/or parents

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff/parents do not require therapist involvement to establish a program and select adaptive equipment, techniques or routines.</td>
<td>Staff/parents require periodic therapist involvement and/or training to establish a program and select adaptive equipment, techniques or routines.</td>
<td>Staff/parents require regular therapist involvement and or training to establish a program and select adaptive equipment, techniques or routines.</td>
<td>Staff/parents require intensive therapist involvement and/or training to establish a program and select adaptive equipment, techniques or routines.</td>
<td></td>
</tr>
</tbody>
</table>
Wakulla County Schools
Exceptional Student Education
Positive Behavior Intervention Plan

Date of IEP Meeting: ________________________________

Name: ___________________________________________ Student #: ________________________________

School: __________________________________________ Date of Functional Assessment: ________________

### Behavior of Concerns

- [ ] Withdrawal from others
- [ ] Violent/Aggressive Behavior
- [ ] Rebellious behavior
- [ ] Inappropriate classroom behavior
- [ ] Other:

### Description of Target Behaviors:

### Antecedents of Target Behavior:

### Special Interventions to be used to change student’s behavior

<p>| | | |</p>
<table>
<thead>
<tr>
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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>Set Clearly Defined Limits</td>
<td>[ ] Self-Monitoring</td>
</tr>
<tr>
<td>[ ]</td>
<td>Behavior Notebook</td>
<td>[ ] Proximity Control</td>
</tr>
<tr>
<td>[ ]</td>
<td>Behavior Counseling</td>
<td>[ ] Cue for staying on task</td>
</tr>
<tr>
<td>[ ]</td>
<td>Frequent reminders of rules</td>
<td>[ ] Contact Parent</td>
</tr>
<tr>
<td>[ ]</td>
<td>Systemic time out</td>
<td>[ ] Private meetings with student</td>
</tr>
</tbody>
</table>

### Description of immediate intervention plan at the first sign of target behavior

Describe plan for teaching replacement behaviors to Student (*List desired replacement behaviors, how and when will be taught and who is responsible for teaching them*)

### Reinforcers – Effective consequences for replacement behavior for this student

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>Individual praise</td>
<td>[ ] Class leader</td>
</tr>
<tr>
<td>[ ]</td>
<td>Opportunities to help teacher</td>
<td>[ ] Positive letter home</td>
</tr>
<tr>
<td>[ ]</td>
<td>Point/Level system</td>
<td>[ ] Extra computer time</td>
</tr>
<tr>
<td>[ ]</td>
<td>Other</td>
<td>[ ] Lunch in a special place</td>
</tr>
<tr>
<td>[ ]</td>
<td>Exempt from homework</td>
<td>[ ] Choice of where to sit</td>
</tr>
</tbody>
</table>

### Consequences of Target Behavior

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>Verbal reprimands</td>
<td>[ ] Peer mediation</td>
</tr>
<tr>
<td>[ ]</td>
<td>In-Class time out</td>
<td>[ ] Loss of Privileges</td>
</tr>
<tr>
<td>[ ]</td>
<td>Time Out</td>
<td>[ ] Campus clean-up</td>
</tr>
<tr>
<td>[ ]</td>
<td>Behavior Counseling</td>
<td>[ ] In-School Suspension</td>
</tr>
</tbody>
</table>

### Method of Documentation of behavioral progress

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>Behavior chart</td>
<td>[ ] Behavior log</td>
</tr>
<tr>
<td>[ ]</td>
<td>Daily report</td>
<td>[ ] Weekly report</td>
</tr>
</tbody>
</table>

### Schedule of documentation of behavior progress

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>Every minute</td>
<td>[ ] Hourly</td>
</tr>
<tr>
<td>[ ]</td>
<td>Intermittently</td>
<td>[ ] Daily</td>
</tr>
<tr>
<td>[ ]</td>
<td>Other</td>
<td>[ ] Other</td>
</tr>
</tbody>
</table>

*Persons/Positions responsible for intervention/Reinforcers/Consequences/Documentation*

WMIS ES2164 12/09

116
Wakulla County School Board
PRE-K MULTI-DISCIPLINARY EVALUATION TEAM WRITTEN REPORT

Student Name: ____________________________________________
School: ____________________________________________ Grade: _______
Date ____________________
DOB: ________________

1. This child □ is, □ is not, developmentally delayed.

2. The basis for making the determination includes procedures and criteria established by Rule 6A-6l.03027, FAC, and are incorporated in the Wakulla County School Board’s Special Programs and Procedures for Exceptional Students.

3. a. There □ is, □ or is not, a delay of 2.0 standard deviations below the mean or 25% delay on scores yielding months in at least one area of development or a delay of 1.5 standard deviations below the mean or a 20% delay on scores yielding months in at least two or more of the following areas of development:
   1) Adaptive or self-help development
   2) Cognitive development
   3) Communication development
   4) Social or emotional development
   5) Physical development including fine, or gross, or perceptual

   b. The child does not exhibit a delay as defined by the above criteria; however, exhibits abnormal or questionable sensory-motor responses, atypical or irregular patterns of language or cognition, or problematic social/emotional patterns as documented by the attached report compiled by persons capable of making an informed clinical opinion.

4. The Educational relevant medical findings, if any, include:

See Developmental Evaluation Confidential Report, dated ____________ or attached ____________ Report.

5. The team finds this student’s developmental delay □ is, □ is not, due to environmental/cultural or economic disadvantages.

This report □ does, □ does not, reflect the conclusions of the following team members. (If this report does not reflect the conclusions of the team members, a separate report must be filed by any member who is not in agreement.)

_________________________________________ Signature – Evaluator
_________________________________________ Signature – LEA Teacher
_________________________________________ Signature – Parent
_________________________________________ Signature – Other
_________________________________________ Signature – Other

WMIS ES2251 NEW 10/2001 Distribution: Parent, School & District ESE
To the Parents/Guardians of: ___________________________ DOB: ____________

School: _____________________________________________

Date of Notice: ________________________________

The Individuals with Disabilities Education Act (IDEA) requires that prior written notice be given to parents a reasonable time before the school district proposes or refuses to initiate or change the identification, evaluation, or educational placement of a student with a disability, or the provision of a free appropriate public education (FAPE) to the student. (34 CFR 300.503)

1. The following action is being proposed or refused:

2. This action is being proposed or refused because:

3. The following is a description of each evaluation procedure, assessment, record or report used as a basis for the decision to propose or refuse the action:

4. Other options that were considered and the reasons those other options were rejected, are as follows:

5. Other factors relevant to the proposal or refusal include:

Parents of students with a disability have protections under the procedural safeguards provided by the IDEA. If a copy of the procedural safeguards is not provided with this notice, one can be obtained on the Florida Department of Education website (www.fldoe.org/ese/procedural.pdf).

For assistance in understanding your procedural safeguards or the information described above, please contact:

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<th>Name and/or title</th>
<th>Phone and extension</th>
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Notice completed by: ________________________________

Signature ________________________________________ Date ____________________________
PROCEDURES FOR EXEMPTIONS OF CERTAIN STUDENTS WITH DISABILITIES FROM PARTICIPATION IN STATEWIDE STANDARDIZED ASSESSMENTS

Under Florida law, IEP teams may determine that certain students with disabilities should be granted an exemption from the administration of a statewide assessment. There are two types of exemptions that will require notification of and participation by the district’s ESE Director/designee to ensure proper procedures are followed. The two types of exemptions, as outlined below, are the “Extraordinary Exemption” and the “Medical Complexity Exemption”.

Obtaining the “Extraordinary Exemption”

Section 1008.212, F.S. provides for the provision of an Extraordinary Exemption for some students with disabilities. An IEP team may determine that a student with a disability is prevented by a “circumstance” or “condition” from physically demonstrating the mastery of skills that have been acquired and are measured by a statewide standardized assessment and may recommend that an extraordinary exemption from the administration of a statewide assessment be granted. It is important to note that a learning, emotional, behavioral or significant cognitive disability or the receipt of services through the homebound or hospitalized program is not, in and of itself, an adequate reason for granting of an extraordinary exemption.

Definitions that apply to Extraordinary Exemption provisions

“Circumstance” means a situation in which accommodations allowable for use on the statewide standardized assessment, a statewide standardized end-of-course assessment, or another alternate assessment are not offered to a student during the current year’s assessment administration due to technological limitations in the testing administration program which lead to results that reflect the student’s impaired sensory, manual, or speaking skills rather than the student’s achievement of the benchmarks assessed by the statewide standardized assessment, a statewide standardized end-of-course assessment, or an alternate assessment.

“Condition” means an impairment, whether recently acquired or longstanding, which affects a student’s ability to communicate in modes deemed acceptable for statewide assessments, even if appropriate accommodations are provided, and creates a situation in which the results of administration of the statewide standardized assessment, an end-of-course assessment, or an alternate assessment would reflect the student’s impaired sensory, manual, or speaking skills rather than the student’s achievement of the benchmarks assessed by the statewide standardized assessment, a statewide standardized end-of-course assessment, or an alternate assessment.

Procedure for requesting/obtaining an Extraordinary Exemption

A student’s IEP team, which must include the parent, may submit to the school district’s Superintendent a written request for an extraordinary exemption at any time during the school year, but not later than 60 calendar days before the current year’s assessment administration for which the request is made. The written request must include all of the following:
a. A written description of the student’s disabilities, including a specific description of the student’s impaired sensory, manual or speaking skills.
b. Written documentation of the most recent evaluation data.
c. Written documentation, if available, of the most recent administration of the statewide standardized assessments.
d. A written description of the circumstance’s or conditions effect on the student’s participation in statewide standardized assessments.
e. Written evidence that the student has had the opportunity to learn the skills being tested.
f. Written evidence that the student has been provided appropriate instructional accommodations.
g. Written evidence as to whether the student has had the opportunity to be assessed using the instructional accommodations on the student’s IEP which are allowable in the administration of a statewide standardized assessment.
h. Written evidence of the circumstance or condition as defined under the law; and
i. The name, address and phone number of the student’s parent.

Based upon the documentation provided by the IEP team, the school district’s Superintendent will recommend to the Florida Commissioner of Education whether an extraordinary exemption from participation in a given statewide assessment administration should be granted or denied. The school district’s recommendation and accompanying documentation must be sent to the Florida Department of Education. Office of the Commissioner, 325 West Gaines Street, Tallahassee, Florida 32399-0400. The school district must also provide a copy of the school district’s Notice of Procedural Safeguards (as found on FDOE’s website) to the parent. If the parent disagrees with the IEP team’s recommendation, the dispute resolution methods (i.e., mediation and due process hearings) described in the procedural safeguards shall be made available to the parent.

Upon receipt of the request, documentation and recommendation, the Commissioner shall verify the information documented, make a determination and notify the parent and the school district Superintendent in writing within 30 calendar days after the receipt of the request whether the exemption has been granted or denied. In order for the extraordinary exemption to be granted by the Commissioner, all required documentation must be submitted and must provide sufficient evidence that the identified circumstance or condition prevents the student from physically demonstrating the mastery of skills that have been acquired and are measured by the statewide standardized assessment. If the Commissioner grants the exception, the student’s progress must be assessed in accordance with the goals established in the student’s individual education plan. If the Commissioner denies the exemption, the notification must state the reasons for the denial.

Where the parent of a student with a disability disagrees with the Commissioner’s denial of an extraordinary exemption, the parent may request an expedited due process hearing on that issue. If the parent requests an expedited hearing, the Florida Department of Education is required to inform the parent of any free or low-cost legal services and other relevant services available in the area. The Florida Department of Education must also arrange a hearing with the Division of Administrative Hearings (DOAH), which must be commenced within 20 school days after the parent’s request for the expedited hearing. The assigned DOAH administrative law judge is required to make a determination within 10 school days after the expedited hearing occurs. The standard of review for the expedited hearing is de novo, and the Florida Department of Education has the burden of proof.
It is also required that beginning June 30, 2014 and each June 30 thereafter, the Commissioner must annually submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives the number of extraordinary exemptions requested, the number of extraordinary exemptions granted under this section and the criteria by which all decisions were made. The Commissioner must also regularly inform district testing and special education administrators of the procedures established for extraordinary exemption.

**Obtaining the “Medical Complexity Exemption”**

Florida law also contemplates an exemption for participation in statewide standardized assessments for a student with “medical complexity” if the parent consents in writing and the student’s IEP team determines that the student should not be assessed based upon medical documentation that the student meets the definition of a child with medical complexity.

**Definitions that apply to “Medical Complexity Exemption”**

“A child with a medical complexity” means a child who, based upon medical documentation from a physician licensed under Florida laws, Chapter 458 or 459, is medically fragile and needs intensive care due to a condition such as congenital or acquired multisystem disease; has a severe neurological or cognitive disorder with marked functional impairment; or is technology dependent for activities of daily living; and lacks the capacity to take or perform on an assessment.

**Procedures for requesting/obtaining a Medical Complexity Exemption**

If the parent consents in writing, and the student’s IEP team determines that the student should not be assessed based on medical documentation that confirms that the student meets the criteria of medical complexity, the parent may select one (1) of the following assessment exemption options:

**Exemption Option 1:** A one-year exemption approved by the school district’s Superintendent. If the Superintendent is provided written documentation of parental consent and appropriate medical documentation to support the IEP team’s determination that the child is a child with medical complexity, then the Superintendent may approve a one-year exemption from all statewide standardized assessments. For all students approved by the school district’s Superintendent for a one-year exemption, the Superintendent must report, beginning June 01, 2015 and each June 1 thereafter, to the district’s school board and the Florida Commissioner of Education the total number of students who are identified with medical complexity and were granted a one-year exemption by the Superintendent. In addition and at this time, the Superintendent must provide to the Commissioner each student’s name, grade level and specific statewide standardized assessment(s) from which the student was exempted.

**Exemption Option 2:** A one-, two- or three-year or permanent exemption approved by the Florida Commissioner of Education. If the Commissioner is provided written documentation of parental consent; school district Superintendent approval; the IEP team’s determination that the child is a child with medical complexity based upon appropriate medical documentation; and all medical
documentation, then the Commissioner may exempt the child from all statewide standardized assessments for up to 3 years. In order for the Commissioner to consider such an exemption, the following information must be submitted by the school district’s Superintendent to the Commissioner of Education no later than 30 calendar days before the first day of the administrative window of the statewide standardized assessment for which the request is made:

1. The student’s name, grade level and the statewide standardized assessment for which the exemption request is made;
2. The name, address and phone number of the student’s parent’s;
3. Documentation of parental consent for the exception;
4. Documentation of the superintendent’s approval of the exemption;
5. Documentation that the IEP team considered and determined that the student meets the definition of medically complex as defined in Section 1008.22(9), F.S.; and
6. Medical documentation of the student’s condition as determined by a physician licensed in accordance with Chapter 458 or 459, F.S.

Upon receipt of the request, documentation and recommendation, the Commissioner shall verify the information documented, make a determination, and notify the parent and the school district’s Superintendent in writing within 20 calendar days after the receipt of the request whether the exemption has been granted or denied.
EXCEPTIONAL STUDENT EDUCATION  
EXTRAORDINARY EXEMPTION REQUEST FORM  

Student Name: ___________________________  
Student Number: _______________________  

School: ___________________________________________________________________  
Eligibility: ________________________________________________________________  

IEP Date: __________________________________________________________________

Requirements to be completed by the IEP team with the assistance and participation of the district’s ESE Director/designee:

Note: This completed application, along with accompanying documentation, must be submitted to the attention of the school district’s Superintendent no later than 60 calendar days before the current year’s assessment administration.

The IEP team, including the parent, may submit to the school district’s Superintendent a written request for an extraordinary exemption at any time during the school year, but not later than 60 days before the current year’s assessment administration for which the request is made. The request must include all of the following: (Check each to ensure that all have been included)

☐ A written description of the student’s disabilities, including a specific description of the student’s impaired sensory, manual, or speaking skills.

☐ Written documentation of the most recent evaluation data.

☐ Written documentation, if available, of the most recent administration of the statewide standardized assessment, an end-of-course assessment, or an alternate assessment.

☐ A written description of the condition’s effect on the student’s participation in the statewide standardized assessment, an end-of-course assessment, or an alternate assessment.

☐ Written evidence that the student has had the opportunity to learn the skills being tested.

☐ Written evidence that the student has been provided appropriate instructional accommodations.

☐ Written evidence as to whether the student has had the opportunity to be assessed using the instructional accommodations on the student’s IEP, which are allowable in the administration of the statewide standardized assessment, an end-of-course assessment, or an alternate assessment in prior assessments.

☐ Written evidence of the circumstance or condition as defined in under the law.

_________________________  
ESE Director/Designee Signature  
Date

To be completed by school districts Superintendent and forwarded to the Florida Commissioner of Education, along with all supporting documentation:

Requested exemption is ______ Recommended ______ not Recommended

_________________________  
Superintendent Signature  
Date
Student Name: __________________________________________________________________________

School: ______________________________________________________________________________

Required Supporting Documentation:

A written description of the student’s disabilities, including a specific description of the student’s impaired sensory, manual, or speaking skills

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Student Name: ________________________________________________________________

School: ________________________________________________________________

Required Supporting Documentation:

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<tr>
<th>Written description of the most recent evaluation data</th>
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</table>
Student Name: ________________________________________________________________

School: ________________________________________________________________

Required Supporting Documentation:

Written documentation, if available, of the most recent administration of the statewide standardized assessment, an end-of-course assessment, or an alternate assessment
Required Supporting Documentation:

Written documentation, if available, of the most recent administration of the statewide standardized assessment, an end-of-course assessment, or an alternate assessment

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Required Supporting Documentation:

A written description of the condition’s effect on the student’s participation in the statewide standardized assessment, an end-of-course assessment, or an alternate assessment
Student Name: ______________________________________________________________

School: ______________________________________________________________________

Required Supporting Documentation:

Written evidence that the student has had the opportunity to learn the skills being tested

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Student Name: ________________________________________________________________

School: ________________________________________________________________

Required Supporting Documentation:

*Written evidence that the student has been provided appropriate instructional accommodations*

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Student Name: ______________________________________________________________

School: ______________________________________________________________

Required Supporting Documentation:

Written evidence as to whether the student has had the opportunity to be assessed using the instructional accommodations on the student’s IEP, which are allowable in the administration of the statewide standardized assessment, an end-of-course assessment, or an alternate assessment in prior assessments

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**Student Name:**

________________________________________________________________________

**School:**

________________________________________________________________________

**Required Supporting Documentation:**

<table>
<thead>
<tr>
<th>Written evidence of the circumstance or conditions defined as follows:</th>
</tr>
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<tbody>
<tr>
<td>a. “Circumstance” means a situation in which accommodations allowable for use on the statewide standardized assessment, a statewide standardized end-of-course assessment, or an alternate assessment pursuant to s. 1008.22(3)(c) are not offered to a student during the current year’s assessment administration due to technological limitation in the testing administration program which lead to results that reflect the student’s impaired sensory, manual, or speaking skills rather than the student’s achievement of the benchmarks assessed by the statewide standardized assessment, a statewide standardized end-of-course assessment, or an alternate assessment.</td>
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<tr>
<td>b. “Condition” means an impairment, whether recently acquired or longstanding, which affects a student’s ability to communicate in modes deemed acceptable for statewide assessments, even if appropriate accommodations are provided, and creates a situation in which the results of administration of the statewide standardized assessment, an end-of-course assessment, or an alternate assessment would reflect the student’s impaired sensory, manual, or speaking skills rather than the student’s achievement of the benchmarks assessed by the statewide standardized assessment, a statewide standardized end-of-course assessment, or an alternate assessment.</td>
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</table>
EXCEPTIONAL STUDENT EDUCATION
MEDICAL COMPLEXITY EXEMPTION REQUEST FORM

Student Name: ________________________________ Student Number: ____________________________

School: _____________________________________ Eligibility: ____________________________

IEP Date __________________

Parent’s name, address and phone:
_________________________________________________________________________________
_________________________________________________________________________________

Statewide standardized assessment(s) for which this exemption request is being made:
_________________________________________________________________________________
_________________________________________________________________________________

The IEP team has determined that this student should be exempt from statewide standardized assessments, including the FAA, based upon medical complexity. In addition, the parent consents to this request, as indicated by the parental signature below, and the ESE Director/designee has participated in the preparation of this request.

The following medical complexity exemption is selected by the parent: (Choose one of the two options selected by the parent and complete and prepare required documentation in support as required for that Option):

____ OPTION 1: A one-year exemption approved only by the school district’s Superintendent.

The following is included in support of this request, as required:

☐ Written consent from the parent as reflected by signature below; and

☐ Documentation from a physician licensed under Florida laws, Chapter 458 or 459, indicating that the student is medically fragile and needs intensive care due to a condition, such as congenital or acquired multisystem disease; has a severe neurological or cognitive disorder with marked functional impairment; or is technology dependent for activities of daily living; and lacks the capacity to take or perform on an assessment.

Action by Superintendent: By the Superintendent’s signature below, the requested on-year exemption is granted. It is understood that the Superintendent must report, beginning June 1, 2015 and each June 1 thereafter, to the district’s school board and to the Florida Commissioner of Education the total number of students who are identified with medical complexity and were granted a one-year exemption by the Superintendent. At this time, the Superintendent must also provide to the Commissioner each student’s name, grade level and specific statewide standardized assessment(s) from which the student was exempted.

____ OPTION 2: Submitted no later than 30 calendar days before the first day of the administration window of the statewide standardized assessment for which the request is made, an exemption approved by the Florida Commissioner of Education for: (check which is
The following is included in support of this request, as required:

- Written consent from the parent as reflected by signature below;
- The school district’s Superintendent’s approval of the requested exemption, as reflected by signature below;
- The IEP team has considered and determined that the child is a child with medical complexity based upon appropriate medical documentation;
- All medical documentation of the student’s condition in support of the IEP team’s determination and as determined by a physician licensed in accordance with Florida laws, Chapter 458 or 459.

Request for exemption approved and consented to by:

__________________________  ______________________
Parent/Guardian(s) Signature      Date

__________________________  ______________________
Superintendent      Date

By signing this document, I hereby consent to the submission of this Request for Exemption from Standardized Assessment based upon Medical Complexity as determined by the IEP team and supported by required medical documentation.
Wakulla County Schools
Exceptional Student Education
(Pre-K to Age 6)

Re-Evaluation Report

Check One:  ☐ Three Year Re-Evaluation  ☐ More Frequent Evaluation

Name of Examiner: __________________________________________

Date of Evaluation: __________________________________________

Student Name:_________________________________________ Date of Birth: _______________

School:_________________________________________ Grade:_______

Developmental Profile 3:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Standard Score</th>
<th>Percentile Rank</th>
<th>Age Equivalent</th>
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<tr>
<td>Physical</td>
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<td>Adaptive Behavior</td>
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<td>Social-Emotional</td>
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<td>Communication</td>
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<tr>
<td>General Development</td>
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Summary of Results:

____________________ is a ______________ age _______ years _______ months who is currently being served by the Wakulla County Pre-K Program for Developmentally Delayed. The Developmental Profile 3 (DP3) was administered to help determine the developmental level of this child relative to other children the same age. The Standard Score has a mean of 100 and a standard deviation of 15. The percentile rank represents the percentage of students in the sample who scored lower than the student being evaluated.

It is recommended that the IEP team meet to make recommendations for the educational planning for this student.
Wakulla County Schools
Exceptional Student Education
Re-Evaluation Report (K-12)

Student Name: ____________________________ School ___ DOB ____________

☐ No Formal Assessment Recommended  ☐ Dismissal Summary
☐ Formal Assessment Recommended

<table>
<thead>
<tr>
<th>Formal Assessment Type</th>
<th>Date</th>
<th>Name of Assessment</th>
<th>Evaluator</th>
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<tbody>
<tr>
<td>Academic</td>
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<td>Physical Therapy</td>
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<td>Other (Specify)</td>
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### Formal Assessment Results

**IEP TEAM RECOMMENDATIONS:**
Continued Need for Special Education Services
☐ YES  ☐ NO

(If NO is checked, complete Staffing Form & Notice of Dismissal)

**Related Services:**
- ☐ ADD  ☐ DISCONTINUE  ☐ N/A

- ☐ Occupational Therapy
- ☐ Speech Therapy
- ☐ Language Therapy
- ☐ Orientation & Mobility
- ☐ Behavior Services
- ☐ Physical Therapy

Change in Eligibility Status
☐ YES  ☐ NO

(If YES is checked, complete Staffing Form)

**Next Re-evaluation Due Date:**
_________________________

**Form completed by:**
_________________________

**Date:** ________________

WMIS ES2166, rev. 5/14
An Individual Education Plan (IEP) meeting was held to discuss the re-evaluation needs of this student. At this meeting, the following information on the student’s progress was reviewed by the IEP team:

**Current Progress Data (list and describe):**

Classroom grades:

________________________

Standardized test Scores:

________________________

Progress toward IEP Goals:

________________________

Progress on Behavior Plan:

________________________

Other:

________________________

**Based upon the review of the above data, the IEP team determined that:**

- No additional data is required to determine that the student continues to require ESE services and will remain in the current ESE programs/services.
- No additional data is required to determine that the student has mastered the IEP goals and is successful in the classroom without ESE services in the Program(s) and will be dismissed from those programs. *(Include Prior Written Notice)*
- No additional data is required to determine that the student has met exit criteria and will be dismissed from the Speech Impaired or Language Impaired Program *(Include Prior Written Notice)*
- No additional data is required to determine that the student has mastered annual goals relevant to Related Services in the area(s) of: *(check appropriate services) (Include Prior Written Notice)*
  - [ ] Speech Therapy
  - [ ] Language Therapy
  - [ ] Occupational Therapy; or
  - [ ] Physical Therapy and services will be discontinues

- IEP Team has determined that a formal re-evaluation is needed. Follow procedures for formal re-evaluation, including Informed Notice and Consent for Re-evaluation and Parent Input for Re-evaluation.
Parent Consent to Release Information to Outside Agencies

Family Education Rights to Privacy Act (FERPA)

For Release of Records to:

Agency Name ___________________________ Address ___________________________

Agency Contact Name ___________________________ Phone Number ___________________________

Fax Number ___________________________

I hereby consent to the provision of information from the education records of my child as follows:

Student Name ___________________________ Student Date of Birth ___________________________

This Consent covers medical records contained in educational records maintained by the School District under the Individuals with Disabilities Education Act (IDEA) and/or Section 504 of the Rehabilitation Act (Section 504).

The only type of information that is to be released pursuant to this consent is (initial each as appropriate)

_____ Academic Records (includes courses taken, grades received, GPA, transcripts, Response to Intervention (RTI) data and assessment data)

_____ Disciplinary Records (includes disciplinary referrals, disciplinary action, Response to Intervention (RTI) data for behavior, suspensions, expulsions)

_____ Exceptional Student Education (ESE) Records (includes IEP’s, evaluations, reports, psychological evaluations and reports)

_____ Section 504 Records (includes evaluations, Section 504 Plans and other relevant documentation)

_____ Attendance Records

_____ Other: Specify

_____ Counseling

_____ Coordination of mental health services
This information is to be released for the following purpose(s)

_____ Coordination of therapy

_____ Other: ________________________________________________

In providing my consent to the release of records, I understand that the information will be released in the form of copies of written records. I have a right to inspect any records released pursuant to this Consent. I understand that I may revoke this Consent by providing written notice to the Principal of the school from which records are being requested. I further understand that until this revocation is made, this Consent shall remain in effect for the current school year and educational records will continue to be provided to the agency listed for the specific purpose(s) listed above.

Please note: Parent Consent to Release Student Information forms must be completed annually.

_______________________________________        ______________________________________
Student Name (Print)                          Signature of Student (if 18 years of age or older)

_______________________________________        ______________________________________
Parent Name (Print)                            Signature of Parent (if student is younger than 18 years of age)

XC: Student’s Cumulative Folder
     Student’s ESE Folder
     Student’s Section 504 Folder

WMIS SS2182        New 05/15
Wakulla County School Board
PROCEDURES FOR REVOCATION OF CONSENT

If a parent contacts a teacher and requests revocation of ESE services, the teacher will:

- provide data supporting the need for continued service
- explain that FSA accommodations will no longer be an option
- explain that the student will no longer be eligible for a McKay scholarship or FSA Waiver (for high school students)
- explain that the revocation applies to all ESE services (OT, PT, Speech, Language) with the exception of gifted; and
- explain that the child will lose all rights afforded under IDEA.

If the parent still wants to pursue revocation, the teacher is to notify the Principal or his/her designee who will provide the parent with the attached letter and again inform him/her of what revocation will mean to the student in terms of loss of services/opportunities.

If the parent revokes services, the request must be honored at that time.

Once the letter is signed, the student becomes a general education student. If a parent requests ESE services again, the student will be evaluated and eligibility will be determined through the RTI process. If current intervention data is available and the time since revocation is short, the evaluation period should be short. However, if time between the revocation and request for evaluation is lengthier, it is treated as an initial evaluation and could take several weeks. ESE records will continue to be transferred when students move/withdraw and will not be expunged. If a student commits an offense requiring disciplinary action after Revocation of Consent, there are no restrictions on suspension days.

If a parent signs a Revocation of Consent, the teacher(s), LEA and staffing specialist should convene within ten days and complete a conference form providing data on whether the student met or did not meet dismissal criteria for the ESE program. The conference form should be filed in the ESE folder along with the Parent Revocation of Consent. This conference form is available for download from the district website. In addition, an Informed Notice of Intent to Change Identification, Placement or Provision of FAPE and Eligibility Determination and Placement Staffing form must be completed. Please send a copy of the completed Revocation of Consent to the ESE Director and the district office will enter the data.
Date:

Director, Exceptional Student Education
Wakulla County Schools
69 Arran Rd.
Crawfordville FL 32327

Dear Director:

I am writing to revoke my informed consent for the special education and related services and the placement of my child, _______________ who attends ____________________________, in a special education (exceptional student education, [ESE]) program. I understand this is my choice as described in the Individuals with Disabilities Education Act, Title 34 of the CFR, Section 300.300. I also understand that by revoking my consent, my child will no longer be considered a student with a disability and the following provisions, including but not limited to, will no longer be available to my child: accommodations on the statewide assessments; FSA Waiver for graduation; discipline rules that apply specifically to students with disabilities; specially designed instruction; and related services. I also understand that I will be held to the academic and behavioral standards required by students on regular student progression.

In the future, if I wish to be identified as a student with disability under IDEA, I must give my informed consent for an initial evaluation and if appropriate, my informed consent for initial placement for special education services. I understand that the initial evaluation and eligibility process must be followed for my child to be determined a student with a disability under IDEA.

Sincerely,

______________________________
Parent’s Signature

Student Name_________________________Student ID Number_________________DOB________________
Wakulla County Schools  
SCREENING REPORT

Date: __________________________  
Student Number: __________________________

Student: __________________________  
DOB: __________________________

Primary Language: __________________________  
School: __________________________

Grade: ________  
Teacher: ____________  
Referred by: __________________________

Reason:

<table>
<thead>
<tr>
<th>HEARING</th>
<th>VISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passed: _________</td>
<td>Failed: ______________</td>
</tr>
<tr>
<td>COMMENTS:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VISION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Passed: ______________</td>
<td>Failed: ______________</td>
</tr>
<tr>
<td>R ______</td>
<td>Glasses/Contact Lenses:</td>
</tr>
<tr>
<td>L ______</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>NO</td>
</tr>
<tr>
<td>COMMENTS:</td>
<td></td>
</tr>
</tbody>
</table>

Person Responsible/Position  Date:  
Further Evaluation Required: ☐ YES ☐ No  

<table>
<thead>
<tr>
<th>SPEECH</th>
<th>LANGUAGE (Omit for Speech Screening)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passed: ____________</td>
<td>Failed: ______________</td>
</tr>
<tr>
<td>Articulation:</td>
<td>☐ Pass ☐ Fail</td>
</tr>
<tr>
<td>Fluency:</td>
<td>☐ Pass ☐ Fail</td>
</tr>
<tr>
<td>Voice:</td>
<td>☐ Pass ☐ Fail</td>
</tr>
<tr>
<td>COMMENTS:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LANGUAGE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Passed: ______________</td>
<td>Failed: ______________</td>
</tr>
<tr>
<td>Test Results:</td>
<td></td>
</tr>
<tr>
<td>Joliet 3-minute screener</td>
<td>☐ Pass ☐ Fail</td>
</tr>
<tr>
<td>CELF (screening)</td>
<td>☐ Pass ☐ Fail</td>
</tr>
<tr>
<td>Other ______________</td>
<td>☐ Pass ☐ Fail</td>
</tr>
</tbody>
</table>

| TOTAL SCORE | |
| EXPRESSION SCORE | |
| RECESSION SCORE | |
| OTHER | |
| COMMENTS: | |

Person Responsible/Position  Date:  
Further Evaluation Required: ☐ YES ☐ No  

<table>
<thead>
<tr>
<th>Person Responsible/Position</th>
<th>Instrument Used: _______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instrument Used:</td>
<td>_______________________________</td>
</tr>
<tr>
<td>Further Evaluation Required:</td>
<td>☐ YES ☐ No</td>
</tr>
</tbody>
</table>

Person Responsible/Position  Date:  
Further Evaluation Required: ☐ YES ☐ No  

| Instrument Used: | _______________________________ |
| Further Evaluation Required: | ☐ YES ☐ No |

WMIS SS2048 (revised 7/10)
Wakulla School District
Services Plan (SP)

I. Student Information

<table>
<thead>
<tr>
<th>Date of Meeting:</th>
<th>Initiation Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name:</td>
<td>Duration Date:</td>
</tr>
<tr>
<td>Student ID:</td>
<td>Reevaluation Due Date:</td>
</tr>
<tr>
<td>DOB:</td>
<td>School Number:</td>
</tr>
<tr>
<td>Grade:</td>
<td>School:</td>
</tr>
<tr>
<td>Primary Exceptionality:</td>
<td></td>
</tr>
<tr>
<td>Other Exceptionality:</td>
<td>Address:</td>
</tr>
</tbody>
</table>

II. Present Levels of Performance

Special Considerations as they relate to the services to be provided (e.g. limited English proficiency):

Concerns of the parent for enhancing the education of the student, as they relate to the services to be provided:

Based on the results of recent evaluations, class work, the interests and strengths of the student, and other available data, as related to the services to be provided, the student is able to:

The student’s disability affects the student’s involvement and progress in the general curriculum (or, for a preschool child, participation in appropriate activities) in the following way, as it relates to the services(s) to be provided:
### III. Measurable Annual Goals and Short-Term Objectives or Benchmarks

<table>
<thead>
<tr>
<th>Goal Description:</th>
<th>Short-term Objectives or Benchmarks:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Progress toward the annual goal will be measured by:

Progress toward the annual goal will be reported to parents by:

<table>
<thead>
<tr>
<th>Goal Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term Objectives or Benchmarks:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Progress toward the annual goal will be measured by:

Progress toward the annual goal will be reported to parents by:

<table>
<thead>
<tr>
<th>Goal Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term Objectives or Benchmarks:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Progress toward the annual goal will be measured by:

Progress toward the annual goal will be reported to parents by:
### III. Measurable Annual Goals and Short-Term Objectives or Benchmarks

<table>
<thead>
<tr>
<th>Goal Description:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term Objectives or Benchmarks:</td>
<td></td>
</tr>
</tbody>
</table>

Progress toward the annual goal will be measured by:

Progress toward the annual goal will be reported to parents by:

<table>
<thead>
<tr>
<th>Goal Description:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term Objectives or Benchmarks:</td>
<td></td>
</tr>
</tbody>
</table>

Progress toward the annual goal will be measured by:

Progress toward the annual goal will be reported to parents by:

<table>
<thead>
<tr>
<th>Goal Description:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term Objectives or Benchmarks:</td>
<td></td>
</tr>
</tbody>
</table>

Progress toward the annual goal will be measured by:

Progress toward the annual goal will be reported to parents by:
IV. Exceptional Education Services

<table>
<thead>
<tr>
<th>Specially Designed Instruction</th>
<th>Initiation</th>
<th>Duration</th>
<th>Frequency</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If any of the services you have provided relate to transportation please provide an explanation of these services:

<table>
<thead>
<tr>
<th>Specially Designed Instruction</th>
<th>Initiation</th>
<th>Duration</th>
<th>Frequency</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

V. Classroom Accommodations

Instructional (classroom) accommodations will be provided, as appropriate, to private school students with disabilities receiving services through enrollment in a general education course offered by the public school.

<table>
<thead>
<tr>
<th>Accommodation</th>
<th>Initiation</th>
<th>Duration</th>
<th>Frequency</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VI. Assessment Accommodations

Assessment accommodations will be provided, as appropriate, to private school students with disabilities who choose to participate in the statewide assessment. The district shall provide locations and times to take all assessments under section 1008.22, Florida Statues.

Assessment accommodations may be used only if they do not alter the underlying content that is being measured by the assessment or negatively affect the assessment’s reliability or validity. Only accommodations allowed by individual test administration manuals may be implemented on standardized test. In accordance with Rule 6A-1.0943, Florida Administrative Code, the need for any unique accommodations for use on state assessments must be approved by the Commissioner of Education.

Presentation:

PEER Downloadable Forms (Rev. 1/11)
VII. **Requirements**
The district has calculated the proportionate share of federal funding for such services as required by the Individuals with Disabilities Education Act (IDEA). The school district has determined the services to be provided under this services plan in consultation with private school representatives and representatives of the parents of parentally place private school students with disabilities.

VII. **Conference Notes**
### Meeting Participants

**Student Name:** _________________________________________  **Student ID:** _________________________

**Purpose of Meeting:** ____________________________________  **Date of Meeting:** ____________________

The signatures below represent individuals who were in attendance at the meeting and participated in the development of the IEP / EP / SP.

Pre-printed names alone represent individuals who participated in the meeting via conference phone call, video conferencing, or other off-site participation. Hand-printed names with the statement “written input” represent individuals who provided written input to the team regarding the student.

<table>
<thead>
<tr>
<th>Role</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Education Teacher</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Education Teacher/ESE Service Provider/Teacher of the Gifted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEA Representative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpreter of Instructional Implications of Evaluation Results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td>Signature required if 14 years or older</td>
<td></td>
</tr>
<tr>
<td>Other Agency Representative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe how a copy of the IEP/EP/SP was provided to the parent:

PEER Downloadable Form (Rev. 1/11)
Page 1 of 2

---

**Identifying Information**

<table>
<thead>
<tr>
<th>Respondent’s name:</th>
<th>Interviewer’s Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Student’s No.:</th>
<th>Date of Birth:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student’s Race:</th>
<th>Sex: Male</th>
<th>Female</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student’s Home Address:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Telephone Number:</th>
<th>Emergency Phone Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Father’s Name:</th>
<th>Father’s Age:</th>
<th>Occupation:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last Grade Completed in School:</th>
<th>Legal Guardian: Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mother’s Name:</th>
<th>Mother’s Age:</th>
<th>Occupation:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last Grade Completed in School:</th>
<th>Legal Guardian: Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>With whom does student live?</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Other Family Members:</th>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
</tr>
</thead>
</table>

---

**Medical Information**

<table>
<thead>
<tr>
<th>Name of Physician:</th>
<th>Date of last examination:</th>
</tr>
</thead>
</table>

| Medications student takes: | |

| Description of student’s general health: | |

---

**Pregnancy**

<table>
<thead>
<tr>
<th>Check one:</th>
<th>Normal full term</th>
<th>Premature</th>
<th>Overdue</th>
</tr>
</thead>
</table>

| Describe any illness of mother during pregnancy: | |

---

<table>
<thead>
<tr>
<th>Medications of the mother during pregnancy:</th>
<th>Prescribed Medications</th>
<th>Smoking (how many packs)</th>
<th>Alcohol (how many per day)</th>
<th>Non-Prescribed Medications</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Place of Birth:</th>
<th>Baby’s birth weight:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Any complications or difficulties about the birth?</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Did the baby have any illnesses immediately after birth?</th>
<th></th>
</tr>
</thead>
</table>

---

**Developmental History**

<table>
<thead>
<tr>
<th>Age sat up:</th>
<th>Age walked:</th>
<th>First Word:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>When did toilet training begin?</th>
<th>Age toilet trained:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Any problems with toilet training?</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Any problems learning to walk or talk?</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Attended nursery school? Yes</th>
<th>No</th>
<th>If yes, where?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Attended Kindergarten? Yes</th>
<th>No</th>
<th>If yes, where?</th>
</tr>
</thead>
</table>
## Social/Developmental History Interview

### Behavioral Information

Does the child exhibit any problems in the following areas? (If so, please describe):

- [ ] Sleeping: □ Asthma:
- [ ] Hearing: □ Headache:
- [ ] Speech: □ Nail biting:
- [ ] Vision: □ Worries:
- [ ] Timidity: □ Eating concerns:
- [ ] Bedwetting: □ Jealousy:
- [ ] Soiling: □ Nightmares:
- [ ] Temper Tantrums: □ Silent periods:
- [ ] High activity level: □ Fainting Spells:
- [ ] Prone to accidents: □ Other:

How is the child’s relationship to the parents? □ Excellent □ Good □ Fair □ Poor

What types of discipline are the most effective with the child?

### Family and Relatives

Have any of the student’s relatives had any of the characteristics below? (If yes, check all that apply)

- [ ] Yes □ No

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Problems</td>
<td></td>
</tr>
<tr>
<td>Academic Difficulties</td>
<td></td>
</tr>
<tr>
<td>Medical Problems</td>
<td></td>
</tr>
<tr>
<td>Physical Problems</td>
<td></td>
</tr>
</tbody>
</table>

### School History

What circumstances commonly cause conflict between you and your child?

How would you describe your child’s problems?

What is your view of when and how the problem began?

### Additional Comments

---

WMIS SS2035

Page 2 of 2
Wakulla County Schools
SPEECH REFERRAL and OBSERVATION
Pre-K through Grade 12

Student: ___________________________ Student Number: ___________________ DOB: ________________
Gender: ______ Grade: ______ School: ____________________________ Teacher: ____________________

ESE □ Yes □ No Exceptionality (ies): ____________________________ Referral Date: ________________
Dates of Classroom Teacher Parent Contact: __________________________ Type of Contact: ____________________
Parent name(s)/contact/email/phone number(s): __________________________

<table>
<thead>
<tr>
<th>Teacher Observation</th>
<th>SLP Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check items frequently observed</td>
<td>Date(s) of Observation(s) _____________ (2x fluency)</td>
</tr>
<tr>
<td>□ Difficulty producing sounds in words.</td>
<td>Location of Observation(s)</td>
</tr>
<tr>
<td>□ Difficult to understand student’s speech (single words, phrases, or connected speech)</td>
<td>Relevant Observations:</td>
</tr>
<tr>
<td>□ Substitutes, deletes, or distorts sounds in words</td>
<td>Educational Impact:</td>
</tr>
<tr>
<td>□ Consistently repeats parts of words or whole words</td>
<td>Information gathered from parent(s)/guardian(s):</td>
</tr>
<tr>
<td>□ Prolongs sounds in words</td>
<td></td>
</tr>
<tr>
<td>□ Seems to “block” or hesitate in saying words</td>
<td>Social Impact:</td>
</tr>
<tr>
<td>□ Voice pitch seems abnormally high or low</td>
<td></td>
</tr>
<tr>
<td>□ Voice volume seems inappropriately loud or soft</td>
<td></td>
</tr>
<tr>
<td>□ Voice is hoarse, breathy, or harsh</td>
<td></td>
</tr>
<tr>
<td>□ Regularly loses voice within sentences</td>
<td></td>
</tr>
<tr>
<td>□ Regularly loses voice by the end of the school day</td>
<td></td>
</tr>
<tr>
<td>□ Other</td>
<td>Other:</td>
</tr>
</tbody>
</table>

Classroom Teacher: Describe how the problems checked above are adversely affecting student’s performance and/or functioning in the educational environment. Consider both academic and social factors.

____________________________________________________________________________________________

Teacher Signature: ______________________

Hearing Screening Date:
Right Ear 25dB at □ 1000 Hz □ 2000 Hz □ 4000 Hz □ Pass □ Fail (DOR)
Left Ear 25dB at □ 1000 Hz □ 2000 Hz □ 4000 Hz □ Pass □ Fail (DOR)
Instrument Used □ Audiometer □ Other

Vision Screening Date:
Right Eye 20 / □ Pass □ Failed (DOR)
Left Eye 20 / □ 2+lens □ Other
Wears glasses □ Eye Chart Instrument Used □ 2+lens □ Other

Recommendations bases on consultation and observations:
Follow-up required? □ Yes □ No If yes, specify:
□ Further observation □ Formal evaluation □ Other:
Date SLP discussed finding with parent: __________________________ Type of Contact: ____________________
Speech/Language Pathologist: __________________________ Date: __________________

WMIS S2036, rev 5/14
For a student whose eligibility terminates due to graduation with a general education diploma or exceeding the age requirements, the school system must provide the student with a summary of the student’s academic achievements and functional performance, which shall include recommendations on how to assist the student in meeting his/her post-secondary goals. The SOP should include personal identification information, post-secondary goals, a summary of academic and functional performance, and recommendations for assisting the student in meeting his/her post-secondary goals.

For students who obtain a Special Education Diploma and who have not reached age 22, the school system should offer FAPE and document it on the review IEP. FAPE should be offered to all students with disabilities through their 21st year.

A Prior Written Notice must be given to the parent and/or adult student, along with the Summary of Performance explaining that graduation from high school with a standard or special diploma constitutes a change of placement.
**FLORIDA DEPARTMENT OF EDUCATION**  
**BUREAU OF EXCEPTIONAL EDUCATION AND STUDENT SERVICES**  
**SUMMARY OF PERFORMANCE**

### Part 1: Background Information

<table>
<thead>
<tr>
<th>Student Name: _____________________________</th>
<th>Date of Birth: _________________</th>
<th>Year of Graduation/Exit: _____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: _________________________________________________________________________________________________</td>
<td>(Street)</td>
<td>(Town, State)</td>
</tr>
<tr>
<td>Telephone Number: _____________________________</td>
<td>Primary Language: _____________________________</td>
<td></td>
</tr>
<tr>
<td>Current School: _____________________________</td>
<td>City: _____________________________________________</td>
<td></td>
</tr>
<tr>
<td>Student's primary exceptionality: __________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other exceptionality(ies), if applicable: ______________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When was the student determined eligible for exceptional student education? ______________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If English is not the student's primary language, what services were provided for this student as an English language learner? ______________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of most recent IEP : _____________________________</td>
<td>Date this Summary was completed: _____________________________</td>
<td></td>
</tr>
<tr>
<td>This form was completed by: Name: _____________________________</td>
<td>Title: _____________________________</td>
<td></td>
</tr>
<tr>
<td>School: _____________________________</td>
<td>E-mail: _____________________________</td>
<td>Telephone Number: _____________________________</td>
</tr>
</tbody>
</table>

Rev. 09/27/12
Please check and include the most recent copy of assessment reports you are attaching which clearly identify the student's disability or functional limitations and/or will assist in postsecondary planning:

- Psychological/cognitive
- Neuropsychological
- Medical/physical
- Achievement/academics
- Adaptive behavior
- Social/interpersonal skills
- Community-based assessment
- Self-determination
- Informal assessment:
- Informal assessment: 
- Other: 

Part 2 - Student's Postsecondary Goal(s)

1.

2.

3.
SUMMARY OF PERFORMANCE: STUDENT PERSPECTIVE

A. How does your disability affect your schoolwork and school activities (such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities)?

B. In the past, what supports have been tried by teachers or by you to help you succeed in school (aids, adaptive equipment, physical accommodations, other services)?

C. Which of these accommodations and supports has worked best for you? Why do you think they worked best?

D. Which of these accommodations and supports have not worked? Why do you think they did not work?

E. What strengths and needs should professionals know about you as you enter the postsecondary education or work environment?

F. What areas do you think you need to improve upon (communication, self-advocacy, study skills, etc.)?
### Part 4 - Summary of Performance (Complete all that are relevant to the student.)

<table>
<thead>
<tr>
<th>ACADEMIC CONTENT AREA</th>
<th>Present Level of Performance (grade level, standard scores, strengths, needs)</th>
<th>Essential accommodations or modifications, and/or assistive technology utilized in high school, and why needed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading (Basic reading/decoding; reading comprehension; reading speed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math (Calculation skills, algebraic problem solving; quantitative reasoning)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Language (written expression, spelling)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning Skills (class participation, note-taking, keyboarding, organization, homework management, time management, study skills, test-taking skills)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Rev. 09/27/12*
<table>
<thead>
<tr>
<th>FUNCTIONAL AREAS</th>
<th>Present Level of Performance (strengths and needs)</th>
<th>Essential accommodations or modifications and/or assistive technology utilized in high school and why needed.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Skills and Behavior</strong></td>
<td>(Interactions with teachers/peers, level of initiation in asking for assistance, responsiveness to services and accommodations, degree of involvement in extracurricular activities, confidence and persistence as a learner, emotional or behavioral issues related to learning and/or attention)</td>
<td></td>
</tr>
<tr>
<td><strong>Independent Living Skills</strong></td>
<td>(Self-care, leisure skills, personal safety, transportation, banking, budgeting)</td>
<td></td>
</tr>
<tr>
<td><strong>Environmental Access/Mobility</strong></td>
<td>(assistive technology, mobility, transportation)</td>
<td></td>
</tr>
<tr>
<td>FUNCTIONAL AREAS (continued)</td>
<td>Present Level of Performance (strengths and needs)</td>
<td>Essential accommodations or modifications and/or assistive technology utilized in high school and why needed</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| **Self-Determination Self-Advocacy Skills**  
(Ability to identify and articulate postsecondary goals, learning strengths and needs; independence and ability to ask for assistance with learning)  | | |
| **Career-Vocational/transition/Employment**  
(Career interests, career exploration, job training, employment experiences and supports) | | |
| **Additional considerations** that can assist in making decisions about disability determination and needed accommodations (e.g., medical problems, family concerns, sleep) | | |
Part 5 - Recommendations to assist the student in meeting postsecondary goals
Suggestions for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services to enhance access in the following post-high school environments (only complete those relevant to the student's postsecondary goals).

<table>
<thead>
<tr>
<th>Environment</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education and Training</td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
</tr>
<tr>
<td>Independent living</td>
<td></td>
</tr>
</tbody>
</table>

I have reviewed and agree with the content of this Summary of Performance.

Student Signature: _____________________________________________ Date: _______________________________

This template was adapted from the template developed by the National Transition Documentation Summit © 2005 including representation from the Association on Higher Education and Disability (AHEAD), the Council for Exceptional Children's Division on Career Development and Transition (DCDT), and Division on Learning Disabilities (DLD), the National Joint Committee on Learning Disabilities (NJCLD), the Learning Disability Association (LDA) and the National Center on Learning Disabilities (NCLD). It was based on the initial work of Stan Shaw. Carol Kochhar-Bryant, Margo Izzo. Ken Benedict, and David Parker. It reflects the contributions and suggestions of numerous stakeholders in professional organizations, school districts and universities particularly the Connecticut Interagency Transition Task Force. It is available to be freely copied or adapted for educational purposes.  

Rev. 09/27/12
Exceptional Student Education

INFORMED NOTICE OF CHANGE IN PLACEMENT AND/OR
FREE APPROPRIATE PUBLIC EDUCATION (FAPE)

SUMMARY OF PERFORMANCE

To: Adult Student/Parent __________________________________________________________

Student name: ____________________________________________ Student Number ________________________

Federal Law requires that upon graduation with a standard diploma, special diploma, or GED, you receive written notice which summarizes the student’s academic achievement, functional performance and provides recommendations for post-secondary goals. A check in any of the following items provides you this information.

PERFORMANCE

__ works independently __ has appropriate workplace skills
__ has materials needed for task completion __ completes tasks within appropriate time frames
__ works well with others __ takes leadership roles
__ makes appropriate peer/social interactions __ makes appropriate decisions
__ completes tasks with minimal support __ completes tasks independently
__ participates in tasks at his or her functioning level __ completes tasks with maximum support
__ makes appropriate mobility decisions __ is aware of personal care

POST-SECONDARY GOAL RECOMMENDATIONS

__ Enhance academic skills through participation in college courses
__ Enhance vocational and job preparation skills through participation in technical school
__ Improve self-determination skills
__ Enhance social, communication and friendship skills with others of similar ages
__ Obtain gainful employment
__ Increase mobility within the community
__ Develop age-appropriate leisure and recreation pursuits
__ Develop money management skills such as budgeting
__ Post school adult living arrangements to be determined by student and parents
__ Participate in social/work activities in a work environment
__ Demonstrate appropriate social skills within the workplace
__ Apply employability skills in the workplace
__ Follow procedures to ensure health and safety within the workplace
__ Carry out plans and adjust to changing circumstances in a variety of environments
__ Effectively communicate with others

SUMMARY OF PERFORMANCE

__ Total earned credits __ Student Passed Grade 10 FSAT
__ Students’ Grade Point Average (GPA) __ Student Participated in Alternate Assessment
__ Student Participated in Grade 10 FSA

________________________________________________________________________

LEA Representative Signature ________________________________ Date ____________________

Copy – ESE School
Copy – ESE Office
Copy – Parent/Adult Student
<table>
<thead>
<tr>
<th>QUESTION</th>
<th>ANSWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>For which students is the Summary of Performance required and when should a Summary of Performance be provided?</td>
<td>Students who are receiving special education services when leaving high school and who are leaving due to receiving a regular diploma or by reaching the maximum age of eligibility are required to have a Summary of Performance. The Summary of Performance should ideally be provided to the student just prior to leaving the high school setting. Completion of the Summary too far in advance of graduation or leaving high school may result in incomplete records, recommendations, and summarizations of both academic achievement and functional performance.</td>
</tr>
<tr>
<td>Do students who receive a GED require a Summary of Performance?</td>
<td>No, only those students who leave high school with a regular diploma or by reaching maximum age of eligibility require a Summary of Performance.</td>
</tr>
<tr>
<td>Do students who have been staffed out of special education during their senior year prior to graduation or who have dropped out require a Summary of Performance?</td>
<td>No, if special education services have ended prior to the student leaving the high school setting with a diploma or by reaching the maximum age of eligibility, no Summary of Performance is required. If the special education student drops out, no Summary of Performance is required.</td>
</tr>
<tr>
<td>Is the Summary of Performance part of the IEP?</td>
<td>No, the Summary of Performance is NOT a part of the IEP; it falls under the section of IDEA 2004 that determines the need for re-evaluation prior to exiting special education.</td>
</tr>
<tr>
<td>Can the student’s current IEP be the Summary of Performance?</td>
<td>No, as stated above, the Summary of Performance is not regarded as the IEP and is clearly identified as a separate process from the IEP. If the Summary were intended to be part of the IEP, it is likely the reauthorization would have included it in the section of IDEA 2004 pertaining to IEP content. It is the current interpretation by CDE that this must be a separate document from the IEP.</td>
</tr>
<tr>
<td>Who needs to be present when reviewing the Summary of Performance with the student and his/her family?</td>
<td>The primary service provider (case manager), the student and the parent are the only people required to review the Summary of Performance. This does not need to be a formal meeting, but documentation that the Summary has been provided should be obtained. This can be done by collecting signatures on the Summary of Performance.</td>
</tr>
<tr>
<td>Are new assessments required to complete the Summary of Performance?</td>
<td>No, IDEA 2004 clearly indicates that schools have NO obligation to provide assessment solely for the identification or eligibility for other agencies or services not related to K-12 education.</td>
</tr>
<tr>
<td>If a student has not met all their IEP goals and objectives, does this influence the Summary of Performance?</td>
<td>No, the Summary of Performance is provided when the student approaches the termination of his/her Free and Appropriate Public Education and therefore is based on the attainment of the diploma or the reaching of maximum age of eligibility (the student’s progress on IEP goals and objectives is not a factor).</td>
</tr>
<tr>
<td>What is the process for students who receive a Certificate of Completion, a modified diploma, or leave high school without documentation and do so prior to reaching the maximum age of eligibility?</td>
<td>Students who leave high school under the circumstances above must have an eligibility review meeting to establish the change in placement. A student may continue to qualify for special education, but refuse to continue services and therefore leave the high school setting. It is important to note that for these students FAPE has not ended and they may return to continue special education or regular education services until age 21.</td>
</tr>
<tr>
<td>Is a Summary of Performance required for students who are expelled?</td>
<td>No, students who are expelled and have an IEP are still entitled to FAPE and therefore shall not receive a Summary of Performance until they have either received a diploma or reached the maximum age of eligibility.</td>
</tr>
</tbody>
</table>
Wakulla County Schools
TIME WITH NON-DISABLED PEERS

Teacher ___________________________ Date __________

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Time with Non-disabled Peers</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**Time in School Week:**
- **Elementary**: 1950 minutes
- **Middle**: 2000 minutes
- **High**: 1925 minutes
- **Second Chance**: 1750 minutes
- **COAST**: 2100 minutes
This form is intended to act as input during the development of a student’s IEP. Please check all that apply and comment as you feel necessary to help us develop the best possible goals for this student’s academic success. All suggestions are welcome as well.

Student Strengths:
- Classroom Discussion
- Art/Drawing/Sketching
- Arriving on-time for class
- Being adequately prepared for each class
- Following rules
- Reading
- Math
- Science
- Writing
- Completing Assignments on time
- Helping Others
- Other ______________________

Student Priority Needs:
- Controlling Behavior
- Appropriate Behavior in Common Areas
  (lunch, hallway, library, restroom, etc.)
- Reading
- Writing
- Spelling
- Listening
- Completing/Turning in Assignments
- Staying on Task
- Complying with school/classroom rules
- Attending School Regularly Interacting
- Appropriately with Peers Interacting
- Appropriately with Adults Respecting
- Others (Students/Adults) Respecting
- Property (of others or school) Respecting
- Time to Class
- Being Prepared for Class
- Following Direction
- Excessively Talking in Class
- Completes Assignments When Absent
- Other ______________________

Accommodations That Would Help This Student Are:
- Preferential Seating
- Shorter Assignments
- Extra Time on Assignments
- Daily Agenda Book/Homework Sheet
- Daily Behavior Sheet/Home Note
- Extra Cues or Prompting from Teacher
- Separate Setting (such as ESE classroom) for taking tests
- Other ______________________

Student is Performing:
- Developmental Level
  - Reading:
    - Below Grade Level
    - Beginning of Current Grade Level
    - On Grade Level
    - Above Grade Level
    - FSA Level
  - Math:
    - Below Grade Level
    - Beginning of Current Grade Level
    - On Grade Level
    - Above Grade Level
    - FSA Level
- Diploma Option

Current ESE classes/services: ____________________________________________

Special Considerations: ________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

If this student should not be scheduled with another student for any reason, please indicate here: __________
Student: ____________________________________ Date: __________________
Teacher: ________________________ Class/Grade ______________

<table>
<thead>
<tr>
<th>Student Strengths</th>
<th>Accommodations that would help this student are</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Color/shape/letter/number recognition</td>
<td>□ Preferential seating</td>
</tr>
<tr>
<td>□ Showing diligence with classroom assignments</td>
<td>□ Shorter assignments</td>
</tr>
<tr>
<td>□ Classroom discussion</td>
<td>□ Extra time on assignments</td>
</tr>
<tr>
<td>□ Arts and crafts</td>
<td>□ Daily agenda book/homework sheet</td>
</tr>
<tr>
<td>□ Arriving on-time to school</td>
<td>□ Daily behavior sheet/home note</td>
</tr>
<tr>
<td>□ Communicating his/her ideas</td>
<td>□ Extra cues or prompting from teacher</td>
</tr>
<tr>
<td>□ Following rules/routines</td>
<td>□ Separate setting (such as ESE classroom) for taking test</td>
</tr>
<tr>
<td>□ Pre-writing/fine motor skills</td>
<td>□ Visual supports (i.e. visual daily schedule)</td>
</tr>
<tr>
<td>□ Phonemic awareness</td>
<td>□ Other</td>
</tr>
<tr>
<td>□ Playing well with others</td>
<td></td>
</tr>
<tr>
<td>□ Helping others</td>
<td></td>
</tr>
<tr>
<td>□ Attending to stories</td>
<td></td>
</tr>
<tr>
<td>□ Other:</td>
<td></td>
</tr>
</tbody>
</table>

**Student Priority Needs**

| □ Controlling behavior                                 | □ Interacting appropriately with adults          |
| □ Appropriate behavior in common areas                 | □ Respecting others (students/adults)            |
| (lunchroom, hallway, library, restroom, etc.)          |                                                  |
| □ Pre-writing/Fine motor skills                        | □ Respecting property (of others or school)      |
| □ Phonemic Awareness                                   | □ Being on-time to school                        |
| □ Listening                                            | □ Communication with others                      |
| □ Completing projects independently                    | □ Following directions                           |
| □ Staying on task                                      | □ Excessively talking in class                   |
| □ Complying with school/classroom rules                | □ Building confidence                            |
| □ Attending school regularly                           | □ Color/shape/letter/number recognition          |
| □ Interacting appropriately with peers                 | □ Other                                           |

**Developmental Evaluations**

| □ N/A Headstart                                       |                                                  |

**Total Development SS**

| □ Below Age Level                                     |                                                  |
| □ On Age Level                                        |                                                  |
| □ Above Age Level                                     |                                                  |

| □ Below Age Level                                     |                                                  |
| □ On Age Level                                        |                                                  |
| □ Above Age Level                                     |                                                  |

| □ Below Age Level                                     |                                                  |
| □ On Age Level                                        |                                                  |
| □ Above Age Level                                     |                                                  |

**Current ESE classes/services:**

**Special Considerations**

If this student should not be scheduled with another student for any reason, please indicate here: WMIS ES2038
<table>
<thead>
<tr>
<th><strong>Transportation Services Form</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student:</strong> Student #: Date:</td>
</tr>
<tr>
<td>District: School: Contact Person/Phone #:</td>
</tr>
<tr>
<td>Placement: ☐ Out-of-Zone district school ☐ Out-of-district (specific receiving district):</td>
</tr>
<tr>
<td>Pick-up/Drop-off Location: ☐ Bus stop ☐ Home stop</td>
</tr>
<tr>
<td>A.M. Address: P.M. Address: (if different from A.M.)</td>
</tr>
<tr>
<td>Communication Issues: ☐ Student uses sign language ☐ Student uses a communication device (please describe): ☐ Other (please describe)</td>
</tr>
<tr>
<td>Equipment: ☐ Air Conditioning (physician request attached) ☐ Wheelchair ☐ Manual ☐ Motorized ☐ Lap tray (will remove during transit)</td>
</tr>
<tr>
<td>☐ Positioning or seating device ☐ Car Seat Height:</td>
</tr>
<tr>
<td>☐ Child Safety Restraint System (CSRS) ☐ Safety Vest Weight: ☐ Integrated Seat Waist:</td>
</tr>
<tr>
<td>☐ Lap belt ☐ Crutches ☐ Walker Can the student climb the bus steps? ☐ Yes ☐ No</td>
</tr>
<tr>
<td>Medical Issues: ☐ Allergies (please describe): ☐ Epi-Pen ☐ Asthma ☐ Inhaler ☐ Brittle Bones ☐ Diabetic ☐ Needs snack on bus</td>
</tr>
<tr>
<td>☐ Oxygen ☐ Gas ☐ Liquid ☐ Seizures ☐ Medication (please identify) ☐ Shunt ☐ Left ☐ Right</td>
</tr>
<tr>
<td>☐ Tracheotomy Equipment ☐ Ventilator ☐ Other health conditions (please describe):</td>
</tr>
<tr>
<td>Personnel: ☐ Attendant/paraprofessional to assist the student with: ☐ Behavioral issues (include behavioral intervention plan) ☐ Physical needs ☐ Safety needs</td>
</tr>
<tr>
<td>☐ Nurse ☐ 1:1 Attendant</td>
</tr>
<tr>
<td>Other needs: ☐ Isolated Reimbursement ☐ Other (please describe):</td>
</tr>
<tr>
<td>Plan B (short-term plan when equipment is broken, nurse is sick, etc.): ☐ Parent will transport the student ☐ Other (please describe):</td>
</tr>
</tbody>
</table>
Dear Parent/Guardian of ______________________:

Your student’s IEP (Individual Education Plan) team has determined that the most appropriate placement for your student is in a self-contained class with behavioral supports. Part of this support system is a classroom behavior plan based on the Wakulla County Behavior Plan for Self Contained Classrooms with Behavioral Supports. This plan is based on positive reinforcement, communication and the opportunity to participate in general education learning through the demonstration of appropriate behaviors.

Wakulla County policy allows manual physical restraint as a last resort in emergency situations where aggression and/or self-injurious behaviors present an immediate, significant and imminent threat to the physical safety of the student and/or others. If your student is restrained, you will be notified on that day by the Parent Notification of Restraint letter sent home with your child, as well as by phone call and/or email. You will also receive a copy of the Incident Report which will provide information regarding behaviors leading to the restraint, the teacher(s)/staff performing the restraint and the time and duration of the restraint. You will be asked to sign and return a portion of both forms as acknowledgement of receipt.

By signing below, you acknowledge receipt of the Behavior Plan being used in your student’s class for this school year. If you have questions, please contact your student’s teacher for clarification or additional information.

I am aware of the Wakulla County Policy on manual physical restraint and have received a copy of the Behavior Plan for my student’s class.

Parent/Guardian Signature_________________________________________ Date_______________
Sections 1003.428(8)(a) and 1003.43 (11)(a), Florida Statutes (F.S.), require that each district school board provide instruction to prepare students with disabilities to demonstrate proficiency in the skills and competencies necessary for successful grade-to-grade progression and high school graduation.

Sections 1003.428(8)(b) and 1003.43 (11)(b), F.S., provide for the waiver of the FSA requirement for graduation with a standard diploma for certain students with disabilities who have met all other requirements for graduation with a standard diploma, except a passing score on the FSA. In order for the FSA graduation requirement to be waived, the individual educational plan (IEP) team may meet at any time after it has been determined that the student has failed to make a passing score on the Grade 10 FSA, after having taken the test at least twice, once in grade 10 and once in grade 11. The IEP team will meet to determine whether or not the FSA can accurately measure the student’s abilities, taking into consideration allowable accommodations. In accordance with the Individuals with Disabilities Education Act (IDEA), a free appropriate public education (FAPE) must be made available to students with disabilities until graduation with a standard high school diploma or through age 21, whichever occurs first. In accordance with school district policy, students with disabilities may receive FAPE until their 22nd birthday or, at the option of the school district, the end of the semester or school year in which the student turns age 22. Consistent with the provisions of sections 1003.428(2)(b)2.c-d, and 1008.25(4)(c), F.S., any student who has not achieved a passing score on the FSA must receive remediation. Sections One through Five below may be completed for the student being considered for the FSA waiver.

SECTION ONE: STUDENT INFORMATION

In order to be considered for the waiver from the FSA graduation requirement, the student must:

1. Be identified as a student with a disability, as defined in section 1007.02(2), F.S.
2. Have an individual educational plan (IEP)
3. Have been provided with instruction to prepare students to demonstrate proficiency in the core content knowledge and skills necessary for grade-to-grade progression and high school graduation (s. 1003.428(8)(a), F.S., s. 1003.43(11)(a), F.S., and s. 1008.25(3)(c)8., F.S.)
4. Have taken the Grade 10 FSA with appropriate allowable accommodations at least twice, once in grade 10 and once in grade 11
5. Be progressing toward meeting the state’s credit/course and cumulative grade point average (GPA) requirements and any other district requirements for graduation with a standard diploma as described in sections 1003.428(1) or 1003.43(1), F.S.

In accordance with section 1008.22(3)(c)6., F.S., Student assessment program for public schools, students who have received instructional accommodations in the classroom that are non-allowable on the FSA may be considered for the waiver from the FSA graduation requirement if the student meets all of the criteria noted above. For example, a student who has been provided literature via audiotape in order to complete assignments and assessments to demonstrate comprehension skills in an English course, which is a non-allowable accommodation on the FSA, may still be considered for the FSA waiver if the IEP team...
determines that all criteria noted above have been met.

For the student being considered for the FSA waiver, the following information may be completed:

**District:** ____________________________

**School:** ____________________________

**Student Name:** ______________________

**Student ID#:** ________________________

**Student Grade Level:** ________________

**Date of Birth:** _______________________

**Date of IEP Team Meeting:** ___________

**Disability* (indicate all that apply):**

- [ ] Orthopedic impairment (C)
- [ ] Speech impairment (F)
- [ ] Language impairment (G)
- [ ] Hearing impairment, including deafness (H)
- [ ] Visual impairment, including blindness (I)
- [ ] Emotional or behavioral disabilities (J)
- [ ] Specific learning disability, including, but not limited to, dyslexia, dyscalculia, or developmental aphasia (K)
- [ ] Autism spectrum disorder (P)
- [ ] Traumatic brain injury (S)
- [ ] Other health impairment (V)
- [ ] Intellectual disabilities (W)

*Letters are codes used to report students by exceptionality through the Department’s automated student information system.

**SECTION TWO: FSA PERFORMANCE**

In accordance with Rule 6A-1.09422, Florida Administrative Code (F.A.C.), beginning with the 2004 graduating class cohort, the passing score is 300 for reading (developmental scale score 1926) and 300 for mathematics (developmental scale score over 1889).

Complete the boxes below or attach a copy of the student’s data report and IEP indicating accommodations provided during the administration of the FSA.

<table>
<thead>
<tr>
<th>FSA/ELA</th>
<th>Algebra 1 EOC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score:</td>
<td>Score:</td>
</tr>
<tr>
<td>Date of Administration:</td>
<td>Date of Administration:</td>
</tr>
<tr>
<td>Grade of Student:</td>
<td>Grade of Student:</td>
</tr>
<tr>
<td>Accommodations Provided:</td>
<td>Accommodations Provided:</td>
</tr>
</tbody>
</table>
SECTION THREE: IEP TEAM REVIEW

The IEP team must meet to determine whether or not the FSA requirement should be waived. The questions in Section Three may help guide the determination.

1. What information related to the student has the IEP team reviewed? (check yes or no for each item listed.)

<table>
<thead>
<tr>
<th>Information</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual education plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classroom performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic history, report cards, or course transcripts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance on other academic standardized assessments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodations provided to the student on the FSA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FSA scores</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance in FSA remediation activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work samples reflecting mastery of skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Has the student been enrolled in courses leading to a standard diploma and had multiple opportunities to demonstrate proficiency of the Florida Standards that are assessed by the Grade 10 FSA? □ Yes □ No

3. Has the student taken the Grade 10 FSA with appropriate allowable accommodations at least twice, once in grade 10 and once in grade 11, or, if not continuously enrolled in public school in Florida, at least once during each year of enrollment in grades 10 and 11? □ Yes □ No

4. Has the student earned a passing score on:
   - The reading portion of the Grade 10 FSA? □ Yes □ No
   - The Algebra 1 EOC? □ Yes □ No

If the answer to one or both sections is no, then why does the FSA not accurately measure the student’s abilities? (Check at least one. Check all that apply.)

□ The student received the following accommodations in the classroom that are not allowed on the FSA/EOC (describe or attach information):

□ The student’s disability prohibits the student from responding to the written test, even with the allowable accommodations, so that the results of the test reflect the student’s impaired sensory, manual or speaking
skills rather than the student’s abilities.

☐ Other: ____________________________________________

5. Has the student demonstrated proficiency of the Grade 10 Florida Standards assessing on the Grade 10 FSA? If yes, continue with the completion of this form. If no, the student is not eligible for an FSA waiver at this time. ☐ Yes ☐ No

If yes, evidence of the student’s proficiency of core content established in the Florida Standards includes the following: (Check at least one. Check all that apply.)

- The student’s performance on other standardized academic assessments, such as the Scholastic Aptitude Test (SAT), College Placement Test (CPT), or American College Test (ACT) (Indicate test and scores.)

- The student’s performance in core academic courses (e.g., language arts and mathematics), including classroom work, end-of-year/semester exams, and teacher observations (Attach academic history, report card, or transcript.)

- The student’s performance in higher-level courses (e.g., honors, advanced placement) or in postsecondary courses through dual enrollment (Attach academic history, report card, or transcript.)

- Other

6. Under sections 1003.428(2)(b)2.c.&d. and 1008.22(3)(c)4., F.S., a student who has not passed the Grade 10 FSA must participate in remediation. Specify the student’s participation and performance in intensive remediation activities for FSA Reading and/or Mathematics EOC. (Describe and attach documentation.)
SECTION FOUR: IEP TEAM RECOMMENDATIONS

Based on its consideration of information regarding the student – including disability academic performance, FSA performance and accommodations provided, and demonstration of proficiency of the Grade 10 Florida Standards as assessed by the Grade 10 FSA – the IEP team has determined that, in accordance with sections 1003.428(8)(b) and 1003.43(11)(b), F.S.

- The passing score for the grade 10 FSA Reading should be waived.
- The passing score for the Grade 10 FSA Mathematics should be waived.

In the event that the IEP team determined that passing the FSA/EOC will not be waived, the student and the parent have been informed of the district’s obligation to make available to the student a free appropriate public education through age 21 (until the student turns 22 or until the end of the semester or school year in which the student turns 22, in accordance with the school district’s policy) or receives a standard diploma, whichever occurs first (Rule 6A-6.03028(1), F.A.C.)

SIGNATURES

Student: ____________________________ Date: _________

Parent/Guardian: ____________________________ Date: _________

Teacher: ____________________________ Date: _________

Teacher: ____________________________ Date: _________

LEA Representative: ____________________________ Date: _________

Title of LEA Rep: ____________________________

Other: ____________________________ Date: _________
SECTION FIVE: REVIEWING AUTHORITY

The signature of the principal or designee signifies that the IEP team has completed the waiver form in its entirety. The signature does not indicate approval of the IEP team’s decision or that the student is going to be awarded a standard high school diploma. The standard high school diploma will only be awarded when the student meets the state’s credit/course and grade point average requirement as well as any other district requirements for graduation with a standard diploma.

All the required documentation has been completed and attached.  Yes  No

This student is progressing toward meeting or has met the state’s credit/course and grade point average requirement along with any other district requirements for graduation with a standard diploma.  Yes  No

School Principal or Designee: ____________________________________________ Date: __________

Title of Designee: ________________________________________________________

Superintendent or Designee: ______________________________________________ Date: __________

Title of Designee: ________________________________________________________

ATTACHMENTS AND/OR DESCRIPTIONS

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSA scores and accommodations provided (If not included in Section Two)</td>
</tr>
<tr>
<td>Documentation of accommodations provided in the classroom or other information</td>
</tr>
<tr>
<td>Other test scores, academic history, report card, transcript, or a description of the student’s performance (see question #5)</td>
</tr>
<tr>
<td>Documentation of remediation activities (see question #6)</td>
</tr>
</tbody>
</table>
FILE THE COMPLETED WAIVER FORM AND REQUIRED ATTACHMENTS AND/OR DESCRIPTIONS IN THE STUDENT’S CUMULATIVE FOLDER.

Wakulla County Schools

IEP TEAM END OF COURSE EXAMINATION(S) WAIVER

Student Name: ___________________________ Student ID#: _____________ Date of Birth: ________________
School: ___________________________ Grade: ______ Date of IEP Team Meeting: ________________

Exceptionalities: ____________________________________________________________

For the student being considered for the End of Course Examination (EOC) Waiver, the following information shall be completed:

Course Title: ____________________________________________ Course No: ________________

IEP Team Review
Per state statutes, the IEP team must meet to determine whether or not the EOC exam requirement should be waived. The questions in this section may help guide the determination.

1. What information related to the student has the IEP team reviewed?
   (Check yes or no for each item listed.)

<table>
<thead>
<tr>
<th>Individual Educational Plan</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom performance</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Academic history, report cards, or course transcripts</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Performance on other academic standardized assessments</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Accommodations provided to the student on the EOC Exams</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Attendance</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Classroom Assessments</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Work samples reflecting mastery of skills</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other (Please specify)</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

2. Why does the EOC exam not accurately measure the student’s abilities?
   (Check at least one. Check all that apply.)
   □ The student received the following accommodations in the classroom that are not allowed on the EOC exams (describe or attach information):

   □ The student’s disability prohibits the student from responding to the computerized or written test, even with allowable accommodations, so that the results of the test reflect the student’s impaired sensory, manual, or speaking skills rather than the student’s abilities.

   □ Other:

3. Has the student demonstrated proficiency of the Course/Florida Standards as assessed on the EOC exams? If yes, continue with the completion of this form. If no, the student is not eligible for an EOC exam waiver at this time. □Yes □No
Wakulla County Schools

IEP TEAM END OF COURSE EXAMINATION(S) WAIVER

4. If yes, evidence of the student’s proficiency of core content established in the Florida Standards includes the following:
   (Check at least one. Check all that apply)
   ☐ The student’s performance on other standardized academic assessments, such as the Scholastic Assessment Test (SAT), College Placement Test (CPT), Postsecondary Education Readiness Test (PERT) or American College Test (ACT) (Indicate test and scores.) _____________________________________________
   _____________________________________________
   ☐ The student’s performance in core academic courses (e.g., science and mathematics), including classroom work, test, quizzes, and teacher observations.
   ☐ The student’s performance in higher-level courses (e.g., honors, advanced placement) or in postsecondary courses through dual reenrollment.
   ☐ Other: __________________________________________________________________________

IEP Team Recommendations:
Based on its consideration of information regarding the student – including disability, academic performance, and accommodations provided, and demonstration of proficiency of the Florida Standards as assessed by the EOC exam - the IEP team has determined that the passing score for the EOC exam should be waived. ☐Yes ☐No

In the event that the IEP team determined that passing the EOC exam will not be waived, the student and the parent have been informed of the district’s obligation to make available to the student a free appropriate public education through age 21 (until the student turns 22 or until the end of the semester or school year in which the student turns 22, in accordance with the school district’s policy) or receives a standard diploma, whichever occurs first (Rule 6A-6.03028(1), F.A.C.)

IEP Team Members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent(s)</td>
<td>Student</td>
</tr>
<tr>
<td>LEA Designee</td>
<td>ESE Teacher</td>
</tr>
<tr>
<td>Regular Education Teacher</td>
<td>Interpreter of Instructional Implication of Evaluation</td>
</tr>
<tr>
<td>Associate Dean</td>
<td></td>
</tr>
</tbody>
</table>

The signature of the principal or designee signifies that the IEP team has completed the waiver form in its entirety.

Reviewing Authority

Principal/Designee ___________________________________________ Date ____________________________

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SECTION THREE

Initial Referral Packet
SEE RESPONSE TO INTERVENTION HANDBOOK

FOR REFERRAL PACKET/INFORMATION
SLD
- Initial Referral Packet
- Parent Notice/Consent for Evaluation will request the following:
  ✓ Progress monitoring of RtI
  ✓ Intellectual Evaluation (optional if needed)
  ✓ Achievement (if IST request)

EBD
- Initial Referral Packet (unless *Extraordinary Circumstances) AND
- FBA and BIP
- Parent Notice/Consent for Evaluation will request the following:
  ✓ Social History
  ✓ Behavior Observations (FBA)
  ✓ Academic Evaluation
  ✓ Observation/Interview by Psychologist

* In the case of Extraordinary Circumstances, an immediate referral is initiated*

LANGUAGE
- Initial Referral Packet
- Parent Notice/Consent for Evaluation will request the following:
  ✓ Comprehensive language evaluation by SLP
  ✓ Additional observation by SLP if Language Impairment is due to pragmatic language
  ✓ Progress monitoring of RtI

InD
- Initial Referral Packet (includes two conferences, two interventions, two observations DESPITE Tier Level)
- Parent Notice/Consent for Evaluation will request the following:
  ✓ Social History
  ✓ Adaptive Behavior
  ✓ Measure of Cognitive Ability
  ✓ Academic Evaluation

ASD
- Initial Referral Packet (includes two conferences, two interventions, two observations DESPITE Tier Level)
- Parent Notice/Consent for Evaluation will request the following:
  ✓ Behavior Observations (BCCL, TRF or others deemed appropriate
  ✓ Social History
  ✓ Academic evaluation may be completed
  ✓ Measure of cognitive ability may be completed
  ✓ Observation/Interview by Psychologist
  ✓ Comprehensive speech/language evaluation
  ✓ Adaptive Behavior

OHI, OI, TBI
- Initial referral packet (includes two conferences, two interventions, two observations DESPITE Tier Level)
- Parent Notice/Consent for Evaluation will request the following:
  ✓ Physician’s statement (medical)
  ✓ Achievement test that identifies educational and environmental needs
  ✓ Adaptive Behavior

GIFTED
- Referral will only include Gifted Checklist
- Parent Notice/Consent for Evaluation will request the following:
  ✓ Measure of Cognitive Ability

*A staffing must be held within 60 days that parent signs Consent for evaluation. Remember to factor in the 10 day notice of meeting."
Wakulla County Schools
PARENTAL NOTICE/CONSENT FOR EVALUATION

Student: __________________________ DOB: ___________ Student ID #: ___________
School: __________________________ Grade: ___________ Date: ____________________

Dear Parent/Guardian:

An individual evaluation is recommended to assist your child in making the most of his or her educational opportunities. The individual evaluation is proposed after review of all available test data, observations(s), conferences, and classroom performance. Other factors that may have influenced the proposal or refusal to evaluate were parental request or _______. The evaluation procedure may include individual assessment, classroom observation, individual or group counseling, or parent and teacher interviews. The checked assessment areas described below are recommended. Additional evaluations may be administered if deemed appropriate by the evaluators/evaluation team.

Do you consent for us to conduct an evaluation or secure information, if necessary, of your child in the areas listed below?

<table>
<thead>
<tr>
<th>Developmental</th>
<th>Assessment of intellectual communication, and social skills (Birth to Age 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psycho-educational</td>
<td>Assessment of intellectual, academic, perceptual, or language skills</td>
</tr>
<tr>
<td>Vision</td>
<td>Assessment of visual ability</td>
</tr>
<tr>
<td>Audiological</td>
<td>Assessment of hearing ability</td>
</tr>
<tr>
<td>Speech/Language</td>
<td>Assessment of language ability, articulation skills, fluency, and voice quality</td>
</tr>
<tr>
<td>Social</td>
<td>Assessment of social and behavioral ability</td>
</tr>
<tr>
<td>Motor/Physical</td>
<td>Assessment of fine and gross motor skills</td>
</tr>
<tr>
<td>Medical</td>
<td>Physical and/or neurological evaluation</td>
</tr>
<tr>
<td>Other:</td>
<td>Data History Review; Analysis of Response to Intervention</td>
</tr>
</tbody>
</table>

General education interventions: Evidence based interventions addressing the identified area(s) of concern have been implemented in the general education environment for a reasonable period of time and have been found to be ineffective in meeting the student’s educational needs.

☐ N/A ☐ Tutoring ☐ Community Agency Referral ☐ Other __________________________

Change in

☐ Level of Instruction ☐ Schedule ☐ Teacher ☐ Instructional Techniques

These interventions may not be required for certain students suspected of having a disability if the team determines the interventions are not appropriate. The school will contact you to arrange a time for you to meet with the Staffing and/or IEP Team to discuss the evaluation results.

Please check the appropriate space provided, sign, date, and return to ______________________________________
Keep a copy for your records

☐ YES, I consent to the proposed evaluation.  ☐ NO, I do not consent to the proposed evaluation.

*Date Received by School: ____________________

As parent(s), guardian(s) of an exceptional student you have certain protections under the Procedural Safeguards (attached) of the Individuals with Disabilities Education Act (IDEA) and Rule 6A-6.03311, FAC Procedural Safeguards for Students with Disabilities or Rule 6A-6.03313, FAC, Procedural Safeguards for Exceptional Student who are Gifted. Further explanation of rights and copies may be obtained. I have received and reviewed the Procedural Safeguards and understand my rights under the Individuals with Disabilities Education Act of 2004.

________________________________________
Signature of Parent/Legal Guardian/Surrogate/Student (if 18 years of age or older)  Date

Copies to: ☐ Cumulative Student Folder ☐ ESE Office ☐ Student Services (if applicable) ☐ Parent ☐ ESE Teacher

WMIS ES2167, rev 7/13
Wakulla County Schools

REFERRAL FORM/REQUEST FOR INDIVIDUAL EVALUATION

Student __________________________ Age ________ DOB __________ Race ______ Sex ______
School ___________________________ Grade ________
Parent’s Name ____________________________
Address ___________________________ City __________ State ______
Home Phone (______) ___________ Work Phone (______) ___________
Student lives with ☐ both parents ☐ Mother ☐ Father ☐ Guardian

The following factors have been ruled out as possible causes of the student’s failure to respond to interventions:

☐ Poor or inconsistent attendance ☐ Recent changes in the family system
☐ Socio-cultural differences ☐ Recent illness or medical issues
☐ Hearing/vision concerns ☐ Limited English Proficiency (LEP)
☐ Lack of appropriate instruction (no preschool experience; minimal instruction in math; has not had certain reading components taught, etc.)

Is this a referral for gifted services? ☐ Yes ☐ No (If yes – skip to Reason for Evaluation-Indicate Gifted Referral)
Has the Child Study Team reviewed the records of strategies and interventions implemented? ☐ Yes ☐ No

Does MTSS data support the conclusion that the student has failed to progress adequately with all available Tier 3 interventions (insufficient rate of learning OR progress that can only be sustained through ESE services)?
☐ Yes ☐ No

Parents have been conferring with the team (at least 2 conferences) and are aware of their child’s current standing. ☐ Yes ☐ No

Is this child currently in ESE? ☐ Yes ☐ No (If yes, what exceptionality(ies)? _______________________

_______________________________________________________________________________________

Please include the MTSS data folder, current IEP (if applicable), and any other pertinent information with this request.

Reason for evaluation:
☐ Verification of Placement ☐ Classroom Behavior Problems ☐ Speech/Language Problems
☐ Intellectual Evaluation ☐ Poor Academic Achievement ☐ Emotional Problems
☐ Physical Problems ☐ Reading Problems ☐ Gifted Referral/Screening
☐ Hearing Problems ☐ Vision Problems ☐ Parent Request
☐ Initial MTSS data evaluation

Signature of Guidance Counselor/MTSS Facilitator ___________________________________________

Approved by ESE Director/Designee __________ Date __________

60 Day Due Date: _________________________

WMIS SS2046 revised 01/16
**Background Information:**

Student Name: ___________________________ Student #: ___________________________ DOB: ___________

Current School: ___________________________ Grade: ___________________________

**School Cumulative Folder Review**

Reviewed by: ___________________________

**Evidence of (6 months or more ago):**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th></th>
<th>Yes</th>
<th>No</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>Prior history of satisfactory relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>Prior history of compliant behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>Prior history of non-aggressive/non-destructive behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>Prior history of age appropriate social skills</td>
<td></td>
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</tr>
</tbody>
</table>

**Behavior Observations (attach statements):**

School Psychologist: ___________________________ Date: ___________________________

OR

Behavior Specialist: ___________________________ Date: ___________________________

**Recent onset (within the past 6 months) of: (attach evidence)**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th></th>
<th>Yes</th>
<th>No</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>Extreme feelings of sadness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>Frequent crying</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>Loss of interest in friends and/or school work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>Moods swing for no apparent reason</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>Erratic or restless behavior</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>Fascination with death or violence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>Suicidal statements/Attempts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>Fears or phobias</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>Excessive worrying and/or anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>Views are inconsistent with actual events</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>Has strange or unrealistic ideas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>☐ No</td>
<td>☐ Yes</td>
<td>Withdraws from others for no apparent reason</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Student experienced a significant life event(s) or crisis within the past 6 months: ☐ No ☐ Yes STOP
2. Student’s current difficulties have an adverse educational impact: ☐ Yes ☐ No STOP
3. Student’s difficulties are attributed to physical, sensory, socio-cultural, developmental, medical, or health factors: ☐ No ☐ Yes STOP
4. Student’s emotional responses can be attributed to age, culture, gender, or ethnicity: ☐ No ☐ Yes STOP

**Student referred for a psycho-educational evaluation with an Extraordinary Circumstances Exception:**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No</td>
<td>☐ Yes</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ Yes</td>
</tr>
</tbody>
</table>

**ESE Director/Designee**

**School Psychologist**

**Behavior Specialist**
The school district shall ensure that initial evaluations of students suspected of having a disability are completed within sixty school days that the student is in attendance after the school district’s receipt of parental consent for the evaluation. 6A.6.0331 F.A.C.

The evaluation must adhere to the time frame required by paragraph 6A.60331 (3)(d) F.A.C. unless extended by mutual written agreement of the student’s parent(s) or guardian(s) and a group of qualified professionals. 6A-6.03018 (3)(b) F.A.C.

Student: ___________________________ Date: ____________________

Date of Consent for Evaluation: _______________________

After reviewing the data, the Child Study Team recommends the following: (including but not limited to additional classroom observations, instructional interventions, behavioral interventions, etc.)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

The Child Study Team will convene on _____________ (date) at _____________ (time) to review additional data from the above recommendations and agrees to extend the evaluation timeline as a result of these recommendations.

Parent: ___________________________ Teacher: ___________________________

Associate Dean: ___________________________ Teacher: ___________________________

Psychologist: ___________________________ Administrator: ___________________________

Staffing Specialist: ___________________________ Reading Coach: ___________________________

Other: ___________________________ Other: ___________________________

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**Procedure for Evaluation**

Prior to CST:

Staffing Specialist will review IST data.

At CST:

- Team (including school administrator, FSU Psychology Intern and Staffing Specialist) will review RtI/IST data.
- The Psychology Intern will take a copy of the RtI packet (which should include graphs) to use in writing the report.
- Consent for Evaluation and Procedural Safeguards will be provided to parents.

Within 60 days of the consent being received by the school:

- The psycho-educational portion of the evaluation is completed and response to interventions is compiled into an evaluation report.

If a parent requests an evaluation, explain that a large part of the evaluation is documentation of the student’s response to evidence based interventions addressing the area(s) of concern in a reasonable amount of time. Once the parent signs consent, reasonable becomes defined as 60 school days to complete the process and determine eligibility. The time begins when the school receives consent.

If the parent insists on beginning the process, we collect RtI data simultaneously with other testing deemed necessary. The CST team (with the staffing specialist, school psychologist and school administrator) should convene to determine specific instruments to be administered and data to be considered. A staffing will be scheduled within 60 school days from the date of consent to determine eligibility.

Each school should date stamp receipt of Consent to Evaluate on the day that is received, and send it to the district ESE office. The district ESE office will date stamp the Consent for Evaluation as well.
SECTION FOUR

Program Eligibility Review
WAKULLA COUNTY SCHOOL BOARD
AUTISM SPECTRUM DISORDERS (ASD) ELIGIBILITY REVIEW
WRITTEN SUMMARY OF GROUP ANALYSIS OF DATA

<table>
<thead>
<tr>
<th>Meeting Date:</th>
<th>Date of Receipt of Parental Consent:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic Information</td>
<td></td>
</tr>
<tr>
<td>Student Name:</td>
<td>ID#:</td>
</tr>
<tr>
<td>School:</td>
<td>Grade</td>
</tr>
<tr>
<td>Subgroup(s):</td>
<td>Retention History:</td>
</tr>
<tr>
<td>Previous Evaluations (including ineligible):</td>
<td>DOB:</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Language</td>
<td></td>
</tr>
<tr>
<td>Social interaction</td>
<td></td>
</tr>
<tr>
<td>Adaptive behavior</td>
<td></td>
</tr>
<tr>
<td>Cognitive skills</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Limited joint attention and limited use of facial expressions directed toward others</td>
<td></td>
</tr>
<tr>
<td>Does not show or bring things to others to indicate an interest in the activity</td>
<td></td>
</tr>
<tr>
<td>Demonstrates difficulties in relating to people, objects, and events</td>
<td></td>
</tr>
<tr>
<td>A gross impairment in ability to make and keep friends</td>
<td></td>
</tr>
<tr>
<td>Significant vulnerability and safety issues due to social naiveté</td>
<td></td>
</tr>
<tr>
<td>May appear to prefer isolated or solitary activities</td>
<td></td>
</tr>
<tr>
<td>Misinterprets others’ behaviors and social cues</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Showing lack of spontaneous limitations of lack of varied imaginative play</td>
<td></td>
</tr>
<tr>
<td>Absence or delay of spoken language</td>
<td></td>
</tr>
<tr>
<td>Limited understanding and use of nonverbal communication skills such as gestures, facial expressions, or voice tone</td>
<td></td>
</tr>
<tr>
<td>Odd production of speech including intonation, volume, rhythm, or rate</td>
<td></td>
</tr>
<tr>
<td>Repetitive or idiosyncratic language or inability to initiate or maintain a conversation when speech is present</td>
<td></td>
</tr>
<tr>
<td>Not using a finger to point or request</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Insistence on following rules or rituals</td>
<td></td>
</tr>
<tr>
<td>Demonstrating distress or resistance to changes in activity</td>
<td></td>
</tr>
<tr>
<td>Repetitive hand or body mannerisms</td>
<td></td>
</tr>
<tr>
<td>Lack of true imaginative play versus reenactment</td>
<td></td>
</tr>
<tr>
<td>Over-reaction or under-reaction to sensory stimuli</td>
<td></td>
</tr>
<tr>
<td>Rigid or rule-bound thinking</td>
<td></td>
</tr>
<tr>
<td>Encompassing preoccupation with one or more stereotyped or restricted patterns of interest that is abnormal either in intensity or focus</td>
<td></td>
</tr>
</tbody>
</table>

ALL FOUR AREAS MUST BE MARKED “YES” IN ORDER TO MAKE A RECOMMENDATION TO BE CONSIDERED FOR ELIGIBILITY AS A STUDENT WITH AN “ASD”.

Yes | No | Student meets eligibility criteria and demonstrates a need for special education and related services. |
<table>
<thead>
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<tbody>
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</tbody>
</table>

The basis for making the determination includes procedures and criteria established by Rule 6A-6.03023 and are incorporated in Wakulla County School’s Special Program and Procedures.

Signatures of group determining eligibility. Each of the following individuals certifies their agreement with the determination of eligibility and assurance that this determination was made in accordance with subsection (6) of Rule 6A-6.0331.

<table>
<thead>
<tr>
<th>ESE Administrator/Designee</th>
<th>General Education Teacher</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Psychologist</td>
<td>Speech/Language Pathologist</td>
<td>ESE Teacher: Name/Position</td>
</tr>
<tr>
<td>Other: Name/Position</td>
<td>Other: Name/Position</td>
<td>Other: Name/Position</td>
</tr>
</tbody>
</table>

The following team members DISAGREE with the conclusion of the group. Attach a separate statement presenting each member’s conclusion.

Name/Position | Name/Position | Name/Position |

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**WAKULLA COUNTY SCHOOL BOARD**

**EMOTIONAL/BEHAVIORAL DISABILITIES ELIGIBILITY REVIEW**

**WRITTEN SUMMARY OF GROUP ANALYSIS OF DATA**

**Meeting Date:**

**Date of Receipt of Parental Consent:**

<table>
<thead>
<tr>
<th>Demographic Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Name:</strong></td>
<td><strong>ID#:</strong></td>
</tr>
<tr>
<td><strong>School:</strong></td>
<td><strong>Grade</strong></td>
</tr>
<tr>
<td><strong>Retention History:</strong></td>
<td><strong>DOB:</strong></td>
</tr>
</tbody>
</table>

**Previous Evaluations (including ineligible):**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team determination, based upon review of specific data (expected level of performance and peer level of performance), is that the student has been provided with appropriate behavioral skills in the general education settings, delivered by qualified personnel.</td>
<td></td>
</tr>
<tr>
<td>Team has reviewed data-based documentation of repeated observations at reasonable intervals, reflecting functional performance of student progress during the instruction, which was provided to parent(s).</td>
<td></td>
</tr>
<tr>
<td>The team has implemented at least two interventions, which were designed from information gathered from a functional behavior assessment and monitoring of performance prior to referral for evaluation; the student has shown poor or limited response to scientific, research-based interventions implemented in the general education classroom.</td>
<td></td>
</tr>
</tbody>
</table>

**Specify interventions implementation period, and results of progress monitoring:**

<table>
<thead>
<tr>
<th>Date of FBA</th>
<th>Date of BIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Implementation Period</td>
<td>Results of Progress Monitoring</td>
</tr>
<tr>
<td>2. Implementation Period</td>
<td>Results of Progress Monitoring</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The team has determined that the student has demonstrated an inability to maintain adequate performance in the educational environment that cannot be explained by physical, sensory, socio-cultural, development, medical or health (with the exception of mental health) factors.</td>
<td></td>
</tr>
</tbody>
</table>

**As evidenced by:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student demonstrates one or more of the following characteristics described below:</td>
<td></td>
</tr>
</tbody>
</table>

**As evidenced by:**

<table>
<thead>
<tr>
<th>b. External factors characterized by (check those applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>An inability to build or maintain satisfactory interpersonal relationships with peers, teachers, and other adults in the school setting; or</td>
</tr>
<tr>
<td>Behaviors that are chronic and disruptive such as compliance, verbal and/or physical aggression, and/or poorly developed social skills that are manifestations of feelings, symptoms, or behaviors as specified in those referenced in (a).</td>
</tr>
</tbody>
</table>

**Yes** | **No** |
| The characteristics described in (a) and (b) above, must be present for a minimum of six (6) months duration and in two (2) or more settings. | |

**Check those applicable:**

- School:
- Educational Environment:
- Transition to and/or from school:
- Other:

**As evidenced by:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The team’s findings are not primarily the result of a visual, hearing or motor disability; intellectual disability or learning disabilities; cultural factors; environmental or economic disadvantage; or limited English proficiency.</td>
<td></td>
</tr>
</tbody>
</table>

**If no, explain:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student meets eligibility criteria and demonstrates a need for special education and related services.</td>
<td></td>
</tr>
</tbody>
</table>

**As evidenced by:**

<table>
<thead>
<tr>
<th>Signatures of Multidisciplinary Team:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESE Administrator/Designee</td>
</tr>
<tr>
<td>School Psychologist</td>
</tr>
<tr>
<td>Other: Name/Position</td>
</tr>
</tbody>
</table>

**The following team members DISAGREE with the conclusion of the group.** Attach a separate statement presenting each member’s conclusion.

| Name/Position | Name/Position | Name/Position |
WAKULLA COUNTY SCHOOL BOARD
INTELLECTUAL DISABILITIES ELIGIBILITY REVIEW
WRITTEN SUMMARY OF GROUP ANALYSIS OF DATA

Meeting Date: ___________________________ Date of Receipt of Parental Consent: ___________________________

Demographic Information

Student Name: ___________________________ ID#: ___________________________ Subgroup(s): ___________________________

School: ___________________________ Grade ___________________________ Retention History: ___________________________

Previous Evaluations (including ineligible): ___________________________ DOB: ___________________________

Yes No

The measured level of intellectual functioning is more than two (2) standard deviations below the mean on an individually measured, standardized test of intellectual functioning.

The measured level of adaptive functioning is more than two (2) standard deviations below the mean based on the composite score or based on two (2) out of three (3) domains on a standardized test of adaptive behavior that includes parental or guardian input.

The level of academic or pre-academic performance on a standardized test of achievement or a standardized developmental scale is consistent with the performance that is expected of a student of comparable intellectual functioning.

The social/developmental history identified the developmental, familial, medical/health and environmental factors impacting the student’s functioning and documents the student’s functional skills outside the school environment.

In accordance with Rule 6A-6.03011(5)(a)-(e), Florida Administrative Code (FAC), the eligibility team must document that eligibility was based on the analysis of data that incorporates the following information. Documentation is attached.

1. The basis for the team making the determination that the student is a student with an Intellectual Disability:

2. The determination has been made in accordance with the requirements of eligibility as identified in Rule 6A-6.0331, FAC

Parental involvement in general education intervention (K-12)

Observations of the student in the educational environment to document the student’s areas of concern (K-12)

Review of existing data, including anecdotal, social, psychological, medical, attendance and achievement (PreK–12)

Vision and hearing screening (PreK-12)

Evidence-based interventions addressing the identified areas of concern, to include pre-intervention and ongoing progress monitoring (K-12)

3. Noted behavior during the observation of the student and the relationship of that behavior to the student’s academic and intellectual functioning:

4. Educationally relevant medical findings, if any:

5. Other factors, such as vision, hearing, motor, or emotional/behavioral disability; cultural factors; environmental or economic factors, irregular patterns of attendance or high mobility rate; classroom behavior; or limited English proficiency affecting the student’s achievement level, but not the primary cause of the student’s difficulties:

Yes No The student demonstrated a need for special education services

Yes No The team agrees that the analysis of data supports consideration for eligibility for an Intellectual Disability.

Signatures of group determining eligibility. Each of the following individuals certifies their agreement with the determination of eligibility and assurance that this determination was made in accordance with subsection (6) of Rule 6A-6.0331.

ESE Administrator/Designee General Education Teacher Parent

School Psychologist Speech/Language Pathologist ESE Teacher: Name/Position

Other: Name/Position Other: Name/Position Other: Name/Position

The following team members DISAGREE with the conclusion of the group. Attach a separate statement presenting each member’s conclusion.

Name/Position Name/Position Name/Position

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WAKULLA COUNTY SCHOOL BOARD  
Exceptional Student Education  
OTHER HEALTH IMPAIRMENT ELIGIBILITY CHECKLIST  

Date: ____________________________________________  
Student Name: ____________________________  Student #: ____________________________  DOB: ____________________________  

All questions must be checked yes to meet criteria for Physically Impaired with Other Health Impairment.  

| ☐ YES ☐ NO | Does the student have a health problem? (Including but not limited to, asthma, attention deficit disorder or attention hyperactivity disorder, Tourette syndrome, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and acquired brain injury.)  
Specify Health Problem: ____________________________  

| ☐ YES ☐ NO | Is the health problem chronic or acute? If yes, check ALL that apply:  
☐ Chronic (long-standing, continuous over-time, or recurring frequently)  
The problem is evidenced by: ____________________________  

☐ Acute (severe or intense)  
The problem is evidenced by: ____________________________  

| ☐ YES ☐ NO | Does the student’s health problem result in limited strength vitality, or alertness? If yes, check ALL that apply:  
☐ Limited strength (inability to perform typical or routine tasks at school)  
The problem is evidenced by: ____________________________  

☐ Limited vitality (inability to sustain effort or endure throughout an activity)  
The problem is evidenced by: ____________________________  

☐ Limited alertness (inability to manage and maintain attention, to organize or attend, to prioritize Environmental stimuli including a heightened alertness)  
The problem is evidenced by: ____________________________  

| ☐ YES ☐ NO | As a result of the student’s health problem, is there evidence that results in reduced efficiency in schoolwork and adversely affects the student’s educational performance in one or more of the following areas? If, yes check ALL that apply: Consider both academic anon-academic skills and progress.  
☐ Pre-academic or academic achievement  ☐ Adaptive behavior  
☐ Classroom performance  ☐ Behavior  
☐ Communication  ☐ Motor skills  
☐ Social/Emotional Functioning  ☐ Vocational skills  
☐ Other – Describe: ____________________________  
The problem is evidenced by: ____________________________  

| ☐ YES ☐ NO | The student needs special education as defined in rule 6A-6.03411 (1)(c). Special education refers to specially designed instruction and related services.  

Wakulla County School Board  
Specific Learning Disability and/or Language Impaired Program  
Eligibility Review

Name: ___________________________  Male  Female  DOB: ___________ Date: ___________
ID#: ___________________________  School: ___________________________  Grade: ___________

| Summary of Eligibility Criteria for a Language Impairment and/or Specific Learning Disabilities |
|---|---|---|---|---|
| **Yes** | **No** | The student does not achieve adequately for the student’s chronological age or does not meet grade-level standards in one or more of the following areas (check all that apply): |
| Language Impaired Areas: | Specific Learning Disability Areas: |
| Oral Expression | Basic Reading Skills |
| Listening Comprehension | Reading Fluency Skills |
| Written Expression | Reading Comprehension |
| Social Interaction | Mathematics Problem Solving |
| Phonological Processing | Math Calculation |
| Reading Comprehension | Oral Expression |
| Listening Comprehension | Written Expression |

Observations were conducted in accordance with rule 6.A-6.0301(5)F.A.C.

The student’s learning difficulties are not primarily the result of lack of learning experiences and scientific, research-based instruction appropriate for the student’s chronological age or grade-level standards in the general education setting.

Student does not make adequate progress based on response to scientific, research-based intervention.

The student’s learning difficulties are not primarily the result of any of the factors impacting learning, such as: a visual, hearing, or motor disability; intellectual disability; emotional/behavioral disability; cultural factors; irregular pattern of attendance and/or high mobility rate; classroom behavior; environmental or economic factors; or limited English Proficiency; (LI only): Age; Gender

The student needs interventions that differ significantly in intensity and duration from what can be provided through general education resources alone.

The student demonstrates a need for special education services.

The student demonstrates evidence of eligibility. What categorical area has been determined most appropriate?
- [ ] Language Impaired  - [ ] Specific Learning Disability

**Signatures of Group Determining Eligibility.** Each of the following certifies their agreement with the determination of eligibility and assurance that this determination was made in accordance with subsection (6) of rule 6A-6.0331.

---

ESE Administrator/Designee  General Education Teacher  Parent

School Psychologist  Speech/Language Pathologist  ESE Teacher

Principal/Designee  Other: Name/Position

**The following team members DISAGREE with the conclusion of the group.** Attach a separate statement presenting each members conclusion.

Other: Name/Position  Other: Name/Position  Other: Name/Position

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SECTION FIVE

Surrogate Parent Policies and Procedures
A. General Instructions

1. The SP&P Document presents policies for surrogate parents. Surrogate parents are for exceptional education students or children suspected of being exceptional students and whose parents are unknown, unavailable, or for students who are wards of the State or Court. The need for a surrogate parent shall be determined for any student who is in need of an individual appointed to act in the place of a parent in safeguarding a child's rights in the special education decision making process.

2. It is the responsibility of the Superintendent or the Department of Education contracted designee to ensure that students are represented by a parent or person in a parental relationship to the student, as defined by state law and Section 300.515 of Title 34 of Federal Code of Federal Regulations. Foster parents may serve as the parent.

3. Form 1, Need for Exceptional Student Education Surrogate Parent, is used by staffing personnel and principal to determine and document that a student requires a surrogate parent.

4. Surrogate Parent Application, Form 2, is completed by persons who wish to become surrogate parents and returned to the ESE Director. Disposition of appointment and termination are recorded in the “for office use” section.

5. Form 3 is a recommended form letter for the Superintendent to sign to appoint a surrogate parent. This form does not identify the student to whom the person will serve as surrogate, but rather acknowledges the eligibility to be appointed.

6. Form 4 is a form used by the ESE Director to assign the surrogate parent to a student. It is permissible for one surrogate to represent more than one student, this case use a new number.

7. Form 5 is the recommended form letter for the Superintendent to terminate a surrogate parent’s appointment. Conditions for termination are specified on the form.

**NOTE:** Senate Bill 1128 amended Section 39.0016 pertaining to surrogate parents and contains the following provisions, applicable to SWDs in shelters and foster care:

- Surrogate parent re-defined as individual appointed to act in the place of a parent in educational decision-making and in safeguarding a child's rights under the IDEA.

- A dependency court may appoint a surrogate, in addition to the Superintendent. Whoever appoints first must be accepted by the other.

- If a guardian ad litem is already appointed, the Superintendent must first consider that guardian to be appointed as the surrogate parent.
Wakulla County School Board
Exceptional Student Education

**NEED FOR EXCEPTIONAL STUDENT EDUCATION SURROGATE PARENT**

<table>
<thead>
<tr>
<th>Student Name</th>
<th>DOB</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Grade</th>
<th>Race</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<table>
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<tr>
<th>Present School</th>
<th>ESE Assignment</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Parent/Guardian</th>
<th>Home/Work Telephone</th>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
<th></th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Documentation required to determine need for surrogate parent.

<table>
<thead>
<tr>
<th>Student is a ward of:</th>
<th>State</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Certified Letter:</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>Date Sent</th>
<th>Date Receipt Returned</th>
<th>Results</th>
</tr>
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</table>

Signature________________________

<table>
<thead>
<tr>
<th>Home Visit Date</th>
<th>Results</th>
</tr>
</thead>
</table>

Signature________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Results</th>
</tr>
</thead>
</table>

Signature________________________

<table>
<thead>
<tr>
<th>Telephone Calls:</th>
<th>Telephone Numbers Called</th>
<th>Results</th>
</tr>
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</table>

Signature________________________

<table>
<thead>
<tr>
<th>Other Agencies/School Contacted:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Phone</th>
<th>Name of Agency/School</th>
<th>Person Contacted</th>
<th>Results</th>
</tr>
</thead>
</table>

Signature________________________

Form 1
Wakulla County School Board
Exceptional Student Education

SURROGATE PARENT APPLICATION

Name ___________________________ DOB ____________

Last First M.I.

Address ___________________________ City ___________ State ___________ Zip ___________

Phone: (home) ___________________ (work) ___________ (Place of Employment) ___________

U.S. Citizen  □ Yes □ No  Employee of County Schools  □ Yes □ No
Florida Resident  □ Yes □ No  Education (Last grade completed)

Degrees: ____________________________

Major areas of educational interests: ____________________________

Primary language spoken: ____________________________ Other languages ____________________________

□ Can you read in the above language(s)?
□ Can you speak in the above language(s)?
□ Can you interpret in the above language(s)?

With what age students are you most familiar?

□ 3-5 yrs.  □ 6-10 yrs.  □ 11-13 yrs.  □ 14-18 yrs.  □ 19-21 yrs.

Do you have children attending the County Schools?  □ Yes □ No

If yes:

<table>
<thead>
<tr>
<th>Students' Name</th>
<th>Present School</th>
<th>ESE Program</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Please submit names of two references:

Name ___________________________ Address ___________________________ City/State/Zip ___________

Name ___________________________ Address ___________________________ City/State/Zip ___________

For Office Use:

Application received ____________________________________________________________

Recommendations received _______________________________________________________

Training completed ____________________________________________________________

Name submitted to Superintendent _______________________________________________

Approved by Superintendent _____________________________________________________

Terminated by Superintendent ___________________________________________________
Dear __________________________.

Congratulations on completing the required training to become a Surrogate Parent. We appreciate your interest in fulfilling that most important role. Your student(s) assignment will be given at a later date.

By the authority vested in me, I do hereby appoint you as a Surrogate Parent in the Wakulla County Schools.

Sincerely,

Superintendent of Schools

cc: Director of Exceptional Student Education

Form 3
Wakulla County School Board  
Exceptional Student Education  

**SURROGATE PARENT-STUDENT ASSIGNMENT**

<table>
<thead>
<tr>
<th>Date</th>
<th>Surrogate Parent</th>
<th>Home Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Emergency Telephone</th>
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</thead>
<tbody>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

You have been assigned as a surrogate parent for the following student:

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Sex</th>
<th>Race</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Address</th>
<th>Home Telephone Number</th>
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<tbody>
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Current School Programs(s)

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Associate Dean

A copy of this form will also be in the student's school file and in the ESE file.

Sincerely,

ESE Director  
Form 4
Dear ____________________________.

Your services as a surrogate parent for ____________________________ (Student’s name) are no longer required because of the following circumstance(s):

_____ the student is no longer eligible or in need of ESE program(s).
_____ the legal guardianship for the student is assigned to a person who can carry out the role of the parent.
_____ the parent, who was previously unknown became known.
_____ you no longer wish to represent the student or are unable to represent the student as you indicated in writing.
_____ the student moved to a geographic location that is not reasonably accessible to you.
_____ you no longer adequately represent the child for the following reasons:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Sincerely,

Superintendent of Schools

cc: Director of Exceptional Student Education

Form 5
SECTION SIX

Procedures for Reporting Restraint/Seclusion
# Intervention Support Team Participation Notes

Student: ___________________________ School: _____________________________________
Grade: _________ Initial Meeting Date: ________________ Teacher: ______________________

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<th>Team Member Role</th>
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<th>Meeting Dates/Initial Attendance</th>
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Notes:
**Manual Physical Restraint and Seclusion**

District policy, implementing 1003.573 FS, provides direction for the authorized training, reporting and monitoring of manual physical restraint within the Wakulla County Public School district. Wakulla County School Board employees do not use any mechanical restraint devices or seclusion.

Manual physical restraint must only be used as a last resort, i.e., in emergency situations where aggressive and/or self-injurious behaviors present an immediate, significant, and imminent threat to the physical safety of the student and/or others. Manual physical restraint is never to be used as a punishment or as an instructional tool and is to be used only for the period of time needed to contain the behavior of concern and eliminate the immediate threat of harm to the student and/or others.

Mechanical restraint is the use of any device or equipment to restrict a student’s freedom of movement. The term does not include devices implemented by trained school personnel or utilized by a student that have been prescribed by appropriate medical or related services professional and are used for the specific and approved purposes for which such devices were designed, such as:

- adaptive devices or mechanical supports used to achieve proper body position, balance or alignment to allow greater freedom of mobility than would be possible without the use of such devices or mechanical supports;
- vehicle safety restraint when used as intended during the transport of a student in a moving vehicle; restraints for medical immobilization;
- orthopedically prescribed devices that permit a student to participate in activities without the risk of harm;
- restraint devices that permit a student to participate in activities without risk of harm to self or others as determined by the IEP committee.

Use of the above devices for purposes not prescribed is considered a mechanical restraint and require the same reporting methods and timelines required for incidents of manual physical restraint.

Seclusion is the involuntary confinement of a student alone in a room from which the student is physically prevented from leaving. The room must be lit and meet the Fire Marshal Code. Wakulla County School Board Employees do not implement seclusion. This type of incident must be reported to the parent and DOE using the same reporting methods and timelines required with manual physical restraint.

Seclusion does not include timeout, which is a behavior management technique that is part of an approved program, involving the monitored separation of the student in another part of the room or in a separate non-locked setting in full view of staff and is implemented for the purpose of calming.

1. What is manual physical restraint?
   • Manual physical restraint is a personal restriction that immobilizes or reduces the ability of a student to move his or her torso, arms, legs, or head freely.
   • It is to be used by a trained teacher or staff member
   • It does not include and does not allow for the use of mechanical restraint devices such as straps, belts or tie downs.
   • It also does not include a physical escort which means a temporary touching or holding of the hand, wrist, arm, shoulder or back for the purpose of inducing a student who is acting out to walk to a safe location.
   • It also does not include physical contact for the purposes of instruction, such as hand over hand positioning, guided practice or the guiding of students to insure safety.

2. What are the circumstances when manual physical restraint might be used with students?
   • Manual physical restraint is not an instructional tool for the development of pro-social behaviors in the classroom or school. Rather it is a method to prevent students from harming themselves or others it should only be used as a last resort in emergency situations when an immediate, significant and imminent threat to the physical safety of the student and/others exists.
   • Manual physical restraint should only be used for the period of time needed to contain the behavior of concern and eliminate the immediate threat of harm to self and/or others. Classroom settings should clearly demonstrate the use of positive strategies designed to increase and maintain appropriate behaviors while reducing inappropriate behaviors. Any restraint lasting more than 20 minutes must immediately be reported to the principal or his/her designee.
   • Manual physical restraint procedures might be used to intervene with students in the following situations:
     ✓ Aggression: Demonstration of behaviors that pose a clear threat to physical safety of others, e.g., repeated hitting, kicking, head butting or use of any body part, weapon or object that shows intent to injure others.

     ✓ Self-injury: Demonstration of behaviors that pose a clear threat to the physical safety of the student, e.g., repeated head banging, face slapping, eye-poking or self-biting.
3. Who should implement manual physical restraint procedures?
   - Only school personnel who have mastered and are credentialed in district approved training in the appropriate application of specific techniques and procedures associated with the use of this level of instruction.
   - School Resource Officers who have received training and are credentialed in law enforcement approved techniques for student restraint.

   - The Wakulla County School District has selected TEACH (Techniques for Effective Adolescent & Child Handling) provided through Professional Education Services, Inc. as the approved training for manual physical restraint. Training is provided by certified TEACH trainers, credentialed through PES, Inc.
   - The goal of the TEACH program is to provide a safe, restraint free environment that educates both student and staff in alternative measures to address aggressive behavior.
   - TEACH Training is divided into two components, TEACH I and TEACH II. TEACH I curriculum encompasses understanding student behavior and interaction; communication (verbal and nonverbal); assessing agitation; physical intervention procedures (blocks and releases). TEACH II is training for manual physical restraint and includes control techniques.
   - Only school staff trained and credentialed in TEACH II will provide manual physical restraint.
   - The initial training for TEACH I is six hours; and TEACH II is an additional three hours. Recertification must be conducted annually and is 2 hours for TEACH I and 2 hours for TEACH II. TEACH I training/certification is a prerequisite for TEACH II.
   - A list of TEACH I and TEACH II certified participants is maintained in the office of the district Director of ESE/Student Services. It is updated after each training and copies provided to each school level administrator. The list contains initial certification dates, as well as recertification dates.
   - The Director of ESE/Student Services schedules TEACH I and II training annually for new employees as well as recertification training. Additional trainings are scheduled during the year as needed.

   - During each episode of physical restraint, a trained staff member must observe the restraint and record information on the Restraint Data Record.
   - The Restraint Data Record must be complete and filed in the student’s classroom folder.
• If a School Resource Officer participates in the restraint, it must be reported and school district procedures followed until the point that an arrest occurs.
• Any restraint lasting more than 20 minutes must immediately be reported to the principal or his/her designee.
• The lead teacher/administrator in the restraint completes the Incident Report and submits a copy for review by the designated school level administrator.
• After reviewing the Incident Report, the school level administrator notifies the district ESE director and a discussion (including other involved personnel) of antecedent behavior(s) occurs as well as the need for additional supports/services (new FBA; revision of BIP) in an effort to reduce the number of restraints.
• The district Director of ESE monitors incident reports monthly to insure that procedure is followed.

6. Reporting

• Parental Notification of Manual Physical Restraint and Parent Acknowledgement of Manual Physical Restraint. Parent(s)/guardian(s) must be informed of each episode of restraint before the end of the school day in which it occurs. They must be informed in writing and attempts must also be made and documented to contact the parent(s) by telephone, e-mail or both. Wakulla County uses the Parent Notification of Manual Physical Restraint to inform parents on the day of the restraint. The Parent Notification of Manual Physical Restraint is sent home with the student on the day that the restraint takes place, and a copy is filed in the student’s navy blue restraint incident folder. The Parent Acknowledgement of Manual Physical Restraint (second page of Parental Notification of Manual Physical Restraint) is also sent home with the Parent Notification of Manual Physical Restraint and a self-addressed, stamped envelope is enclosed for the parent to return it to school. The lead teacher/administrator in the restraint is responsible for the initial parent notification by phone or email; completing and sending the written Parent Notification of Manual Physical Restraint; putting forth good effort to procure acknowledgement of notification and documenting these contacts. This reporting is required for all students with disabilities. (Students with 504 Plans or Individual Education Plans) If the Parent Acknowledgement of Manual Physical Restraint is not returned within five school days, the parent will be contacted by phone and/or e-mail to request it be sent back. If it is not returned within ten school days, the parent will again be contacted by phone or email. These contacts are documented by the lead teacher or administrator in the restraint on the Restraint Record of Contact form.

• Restraint Incident Report and Written acknowledgement of Receipt of Incident Report. Within 24 hours of each episode of manual physical restraint, the teacher or administrator implementing the restraint will complete the online Florida Department of Education Restraint Incident Report and submit to the
principal for review. After review, by the principal or designee the report will be submitted to the Florida Department of Education and the district Director of ESE/Student Services notified. Parents MUST RECEIVE a copy of the incident report within three days after the restraint, and the school must keep a copy of the incident report in the student’s navy blue restraint incident folder. The parent’s copy of the incident report will be mailed with a self-addressed, stamped envelope for returning the **Acknowledgment of Receipt of Incident Report** to the school. When the acknowledgement is received, it is also filed in the navy blue restraint incident folder. This reporting is required for all students with disabilities. If the **Acknowledgement of Receipt of Incident Report** is not returned within five school days, the parent will be contacted by telephone and/or e-mail to request its return. If it is not returned within ten school days, the parent will again be contacted by telephone and/or email. These contacts are documented on the **Restraint Record of Contact** form.

- For each episode of restraint, notification must be submitted to the person at each school center responsible for discipline data entry into the Gateway System. The data must be entered on the DB screen under Discipline Action. The code is R for physical restraint. This data element is required for ALL students who are restrained.

7. **Filing**

- A copy of the **Parent Notification of Manual Physical Restraint** and **Florida Department of Education Restraint Incident Report** will be filed in a navy blue restraint incident folder by individual student. This navy folder will be housed with the classroom records until the end of the school year, at which time it will become a part of the student’s ESE Folder as a part of his/her student record.

- It is the responsibility of the teacher or administrator who performs the restraint to insure that forms are filed and to make a reasonable effort to procure the signed **Parent Acknowledgement of Manual Physical Restraint** (the second page of the **Parent Notification of Restraint**) and **Acknowledgement of Receipt of Incident Report** (the second page of the incident report) from the parent/guardian. Return of these forms is assisted by sending a self-addressed stamped envelope with each form and following up with a phone call or email requesting their return within five school days of the date they are sent, and again after ten school days if they have still not been returned. These contact attempts are recorded on the Restraint Record of Contact form.

- The **Restraint Record of Contact** form should be filed in the navy blue student folder and contains dates of parent contacts regarding the **Parent Acknowledgement of Manual Physical Restraint** and **Acknowledgement of Receipt of Incident Report**.

- The **Restraint Data Record** should also be filed in the navy blue student folder for each episode of restraint.

8. **Maintenance of Records**
- **Restraint Data Record; parent Notification of Manual Physical Restraint; Parents Acknowledgment of Manual Physical Restraint; Department of Education Restraint Incident Report; Restraint Record of Contact and Acknowledgement of Receipt of Incident Report** will be filed in navy blue student restraint incident folders for each incident of restraint.

- At the end of the school year, the navy blue restraint incident folders will be filed with the official school copy of the ESE student records.

- It is the responsibility of the lead teacher/administrator performing the restraint to insure that the files are maintained accurately and appropriately. This includes reasonable effort to procure the **Parent Acknowledgement of Manual Physical Restraint** as well as **Acknowledgement of Receipt of Incident Report** by calling and/or emailing the parent if they have not been returned. This occurs at five school days after the documents have been sent home, and again at ten school days if needed.
Parent Notification of Manual Physical Restraint

Date:

Dear Parent/Guardian of ________________________:

Today your child was manually physically restrained at school. You will receive a copy of the Restraint Incident Report within three days of this notice. It will provide details of the restraint, including the teacher and staff participating and monitoring the restraint; the location; and behaviors leading up to the restraint.

Type of restraint used: ______________________________________________________

Visible marks/injuries occurring during the restraint: ____________________________

If you have questions after receiving the Incident Report, please contact your student’s teacher.

Please acknowledge your receipt of this notification by signing and returning the second page of this notification entitled Parent Acknowledgement of Manual Physical Restraint. Your student’s teacher has also attempted to contact you by phone, email or both. If you did not receive this contact, please update your phone number and/or email address on the second page.

Record of Notification Attempts:

Phone: Number(s) called: ________________________________________________

Voice Mail ________ Spoke with ________________________________

Email sent: ____none available _____yes (attach copy)
Wakulla County Receipt of Notification of Restraint Incident Report

Date: ________________

Dear Parent/Guardian of ____________________________:

Attached to this letter is a copy of the Incident Report providing specific information regarding the manual physical restraint of your student for your records. If you have any questions after reviewing the report, please contact your student’s teacher.

Please sign and return this receipt verification to your student’s teacher within three days of receipt.

I received a copy of the Wakulla County Manual Physical Restraint Incident Report.

Parent/Guardian Signature ________________________________ Date _____________
## Restraint Data Record

**Staff implementing/monitoring (and title):**

**Other non-student witness(es) (name and title):**

**Date:**

**Time Start:**

**Time End:**

**Total Time (duration):**

**Location of Restraint:**

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*Administrator notified here*

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### Reason for Restraint

- The student engaged in the following major maladaptive behavior during ________________:
- Aggression
- Property Destruction
- AWOL
- Verbal Aggression
- Threat
- Severe disruption of learning environment

### Specific Positive Strategies used prior to restraint

- [ ] Positive redirection
- [ ] Given option to “chill out”
- [ ] Removed other students from area
- [ ] Used de-escalation strategies
- [ ] Used reinforcement program
- [ ] Changed staff interacting with student
- [ ] Other _______________________

---

### Behavior Plan Implementation

- [ ] The classwide behavior program was implemented as written.
- [ ] The student’s individual plan was implemented

---

### Instructions:

During a physical management procedure, have a monitor record, once per minute, the student’s status. Observe for physical distress and take immediate action if any health risk. **Score under “1” if it is a one-person hold, “M” for multiple person hold.**

**Release from restraint criteria** Physical restraint is terminated when the student has been calm for the time period agreed upon in the school’s protocol or the student’s written program. This will be based on whether or not the student is still engaging in behavior that could result in harm to the student being restrained or other students and teachers.

---

### Minutes Student’s Behavior (see scoring code above)

---

### Additional information

How was it determined that there was imminent risk of serious injury or death to the student or others:

Describe what occurred immediately following restraint:

Describe any injuries, visible marks or emergencies that occurred during restraint.

---

*BMC version 8/03, updated 2/04, 2/06, 8/06, 8/07/11/07,10/09*
Restraint Incident Report

In Accordance with Section 1003.573, Florida Statutes, Use of Seclusion and Restraint on Students with Disabilities, within 24 hours of releasing a student with a disability from restraint or seclusion, an incident report must be completed. If the student’s release occurs on a day before the school closes for the weekend, a holiday or another reason, the incident report must be completed by the end of the day the school reopens. A copy of the incident report must be sent to the parent or guardian within 3 school days after the student was manually physically restrained or secluded. Mailing a hard copy of this report to the parent or guardian will satisfy the requirement to provide an incident report as noted above. Note: The incident reporting requirement is separate from the requirement in the law to notify the parent in writing on the day the incident occurred.

* indicates a required field

*Student First Name: 

*Student Last Name: 

Student Middle Name/Initial: 

*Date of Birth: 

*Grade:

- Pre-K
- Kindergarten
- Grade 1
- Grade 2
- Grade 3
- Grade 4
- Grade 5
- Grade 6
- Grade 7
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12
Restraint Incident Report

*Race:
- White
- American Indian / Alaskan Native
- Black / African American
- Native Hawaiian / Other Pacific Islander
- Asian
- Two or more races

*Ethnicity:
- Hispanic / Latino origin
- Not Hispanic / Latino origin

*Gender:
- Female
- Male

*Primary Exceptionality:
- Section 504 Only
- Deaf or Hard of Hearing
- Hospital/Homebound
- Developmentally Delayed
- Orthopedically Impaired
- Visually Impaired
- Dual Sensory Impaired
- Other Health Impaired
- Speech Impaired
- Emotional/Behavioral Disorder
- Autism Spectrum
- Intellectual Disability
- Language Impaired
- Specific Learning Disability
- Traumatic Brain Injury

*Date of Incident:

*Start Time, restraint (HH:MM AM/PM):

*End Time, restraint (HH:MM AM/PM):

*Location at which restraint occurred:
Restraint Incident Report

☐ ESE Classroom ☐ General Education Classroom
☐ Bus / Bus Zone ☐ Bathroom
☐ Cafeteria ☐ Hallway / Breezeway
☐ Playground ☐ Off Campus (Description required)
☐ Other (Description required)

Description:

*Type of restraint:


*Person(s) using or assisting in restraint:

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Non-student witnesses:

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*Context in which restraint occurred. Describe what was happening at the time the incident occurred, including the activity or type of interaction the student was involved in prior to the behavior that resulted in restraint. This is the antecedent to the incident.
**Student’s behavior leading up to and precipitating the decision to use restraint. Describe what the student was doing prior to and during the incident that required the use of restraint. What was the behavior that warranted the use of restraint?**

*Describe specific behavioral strategies used to prevent/deescalate the behavior. Clearly describe (not list) any and all intervention/strategies used, both long term (i.e. specific strategies in an individual behavior intervention plan and/or classroom management plan) and more immediate (removal of audience, distraction, etc.) in relation to the time shortly before this particular restraint occurred. Specifically describe the interventions that were unique to the student and this particular restraint.*

*How was it determined that there was imminent risk of serious injury or death to the student or others?*
*Describe what occurred with the student immediately after termination of restraint.

*Describe any injuries, visible marks, or medical emergencies that occurred during restraint.
Checklist of Forms for Manual Physical Restraint

___ Parental Notification of Manual Physical Restraint – parent must be informed in writing by the end of the school day.

___ Parent Signed Acknowledgement of Manual Physical Restraint – sent home with self-address stamped envelope (or at least two attempts documented to get signed acknowledgement).

___ FLDOE Restraint Incident Report – done within 24 hours, submitted to principal for review, after review the report submitted to DOE; Parent sent report within three days.

___ Acknowledgement of Receipt of Incident Report returned by parent. If not returned in five (5) days, parents must be contacted, if not returned in ten (10) days, contact again. There must be evidence of two (2) attempts to secure Acknowledge of Receipt of Incident Report.

___ Restraint Data Record – done by trained staff

___ Restraint Record of Contact – ALL contacts are documented here

Confirmed by School Administrator/Designee
RESTRRAINT Incident Report

Keep the copy of the report for your records. Sign and return this page to school.

Student First Name:

Student Last Name:

Student Middle Name/Initial:

Date of Birth:

School:

Date of Incident:

Time of Incident:

I acknowledge receipt of the incident report.

_________________________________________  ____________________________
Parent Signature                                Date
SECTION SEVEN

Assistive Technology
WAKULLA COUNTY ASSISTIVE TECHNOLOGY PLAN

Wakulla County Schools
Updated July 2009
ASSISTIVE TECHNOLOGY REFERRAL PROCESS

Wakulla County has Local Assistive Technology Specialist (LATS). When a student is referred for assistive technology by a teacher or parent, a referral form is filled out. It contains information regarding the present problem; technology previously tried and the teacher’s recommendations for accommodations during evaluation. If a solution cannot be obtained at the school level, the referral is forwarded to the LATS who meet to review referral and plan the gathering of information. The evaluation is performed by the LATS team and may assess functional vision skills, motor/access skills, cognitive development, behavioral skills, and communication. Part of the information gathered may include parent interviews, videotaping, data collection forms, etc. The team then meets to review the evaluation results and plan the interventions which could range from simple low tech strategies to trials with complex communication or mobility devices.

The LATS write a report summarizing the results of the interventions recommended by the team. If needed, funding for a device could come from the school system, Medicaid, Vocational Rehabilitation, Developmental Services, private agencies, and civic organizations.

- All children with exceptional education needs must be considered for assistive technology. There are no exceptions, prerequisites, and the determination of whether an assistive technology device or service is required must be made on an individual basis. A.C. Chambers, Has Technology Been Considered?

LAWS AND DEFINITIONS WHICH IMPACT ASSISTIVE TECHNOLOGY

Individuals with Disabilities Education Act (IDEA)
Free and Appropriate Public Education (FAPE)
Least Restrictive Environment (LRE)
Technology Related Assistance for individual with Disabilities Act, passes in 1988

(For further information on laws and legal definitions, see your school copy of “Has Technology Been Considered?”, by A.C. Chambers)
WAKULLA COUNTY SCHOOLS

ASSISTIVE TECHNOLOGY REFERRAL PROCESS

Referral to School Based Personnel

School Based Solution

Referral to LATS

LATS Meet to Review Referral

Assistive Technology Evaluation or Strategies Planned/Implement

Recommendations ↔ Funding

Written Report/Checklist

IEP/Matrix

Additional Follow-up

On-Site Support ↔ Training
WRITING ASSISTIVE TECHNOLOGY IN THE IEP

Assistive technology being used **MUST** be included in the IEP. This may appear:

1. As part of the annual goal statements;
2. As part of the short term objectives, to address specific skills to be mastered
3. To specify a related service, such as specifying the device and training in the use of the device.

Related services must include all applicable information concerning:

- Transportation-medical equipment required (wheelchairs, crutches, walkers, cane, tracheotomy equipment, car seats, seat belts)
- Medical condition (as per physician’s prescriptions)
- Aide required
- Shortened school day due to disability
- School assigned is located out of district
- Transportation required
- Communicative device needed (for speaking or for hearing)
- Computer access
- Vision adaptations as needed
- Testing modifications

WRITING ASSISTIVE TECHNOLOGY IN THE MATRIX

The areas of disability for which assistive technology is indicated **MUST** be checked on the front sheet of the Matrix.

The Matrix **MUST** reflect the use of any active technology and/or materials indicated on the IEP in any of the five domains.

RESOURCES

The Director of Exceptional Student Education, LATS, or local FDLRS should be able to put you in contact with the necessary resource people within your area/community to assist in the process of consideration and evaluation of assistive technology for a student with exceptional educational needs.
ASSISTIVE TECHNOLOGY RESOURCE INFORMATION

LOCAL:

Wakulla Local Assistive Technology Specialists
Lisa Collins, Hearing Impaired Teacher 926-0065
Sharon Scherbarth, Vision Impaired Teacher 926-0065

Regional Local Assistive Technology Specialist
Missy West 926-0065

Florida Diagnostic and Learning Resources System
Contact: Karen Hollenbeck 487-2630
725 S. Calhoun Street
Tallahassee, Florida 32320

Provides information and training. Also supports the districts through their Local Assistive Technology Specialists

RMCHI: Resource Materials Center for the Hearing Impaired
Florida School for the Deaf and Blind
207 N. San Marco Ave.
St. Augustine, FL 32084

Provides information about software/hardware organization and producers of assistive technology

FIMC: Florida Instructional Materials Center 1-800-282-9193
5002 N. Lois Ave.
Tampa, Florida 33614
TEAM ASSESSMENT PLANNING PROCESS:

I. **Problem Identification**

S - Student characteristics  
E - Environment  
T - Tasks  
T - Tools....

II. **Generating Possible Solutions**

**Solution Generation** (Brainstorming in climate of trust)
- Academic Solutions
- Computer Access
- Access to Environment/School

III. **Evaluating and Selecting Solutions**

**Solution Selection**
- Identify things that are the same
- Focus on doable now
- Look at sequence
- Prioritize
- Get consensus

IV. **Implementation**

- Action plan (what, when, who)

V. **Follow Up**

- Set up next meeting date

*For individuals without disabilities, technology makes things easier.*  
*For individuals with disabilities, technology makes things possible.*

This model adapted from the SETT Framework (author Joy Zabala) and RIATT Online Course: Assistive Technology Assessment: The decision Making Process
### Wakulla County Schools / Assistive Technology
### REFERRAL/SCREENING GUIDE

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Date of Birth</th>
<th>Age</th>
<th>School</th>
<th>Grade</th>
<th>School Contact Person</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Persons Completing Guide</th>
<th>Date</th>
<th>Parent(s) Name</th>
<th>Phone</th>
<th>Student’s Primary Language</th>
<th>Family’s Primary Language</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

#### Disability (check all that apply)

| ☐ | Speech/Language | ☐ | Significant Development Delays | ☐ | Specific Learning Disability |
| ☐ | Cognitive Disability | ☐ | Other Health Impairment | ☐ | Hearing Impairment |
| ☐ | Traumatic Brain Injury | ☐ | Autism | ☐ | Vision Impairment |
| ☐ | Emotional/Behavior Disability | ☐ | Orthopedic Impairment – Type: |       |

#### Current Age Group

| ☐ | Birth to Three | ☐ | Early Childhood | ☐ | Elementary |
| ☐ | Middle School | ☐ | Secondary |       |

#### Classroom Setting

| ☐ | Regular Education Classroom | ☐ | Resource Room | ☐ | Self-contained |
| ☐ | Home | ☐ | Other: |       |

#### Current Service Providers

| ☐ | Occupational Therapy | ☐ | Physical Therapy | ☐ | Speech Therapy |
| ☐ | Other: |       |

#### Medical Considerations (check all that apply)

| ☐ | History of seizures | ☐ | Fatigues easily |       |
| ☐ | Has degenerative medical condition | ☐ | Has frequent pain |       |
| ☐ | Has multiple health problems | ☐ | Has frequent upper respiratory infections |       |
| ☐ | Has frequent ear infections | ☐ | Has digestive problems |       |
| ☐ | Has allergies to: |       |
| ☐ | Currently taking medicine for: |       |
| ☐ | Other – Describe briefly: |       |
### Other Issues of Concern:

**Assistive Technology Currently Used** *(check all that apply)*

<table>
<thead>
<tr>
<th></th>
<th>Low Tech Writing Aids</th>
<th>Augmentative Communication Systems</th>
<th>Amplification System</th>
<th>Computer – Type(platform):</th>
<th>Word Prediction</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manual Communication Board</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Tech Vision Aids</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Environmental Control Unit/EADL</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Manual or Power Wheelchair</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Voice Recognition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adaptive Input – Describe:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adaptive Output – Describe:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Assistive Technology**

Please describe any other assistive technology previously tried, length of trial, and outcome (how did it work or why didn’t it work):

<table>
<thead>
<tr>
<th>Assistive Technology</th>
<th>Number and Dates of Trial(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Outcome

<table>
<thead>
<tr>
<th>Assistive Technology</th>
<th>Number and Dates of Trial(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Outcome

<table>
<thead>
<tr>
<th>Assistive Technology</th>
<th>Number and Dates of Trial(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Outcome

**REFERRAL QUESTION**

What task(s) does the student need to do that is currently difficult or impossible, and for which assistive technology may be an option?

---

**Based on the referral question, select the sections of the Student Information Guide to be completed.** *(Check all that apply)*

<table>
<thead>
<tr>
<th>Section 1</th>
<th>Seating, Positioning and Mobility</th>
<th>Section 7</th>
<th>Mathematics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 2</td>
<td>Communication</td>
<td>Section 8</td>
<td>Organization</td>
</tr>
<tr>
<td>Section 3</td>
<td>Computer Access</td>
<td>Section 9</td>
<td>Recreation and Leisure</td>
</tr>
<tr>
<td>Section 4</td>
<td>Motor Aspects of Writing</td>
<td>Section 10</td>
<td>Vision</td>
</tr>
<tr>
<td>Section 5</td>
<td>Composition of Written Material</td>
<td>Section 11</td>
<td>Hearing</td>
</tr>
<tr>
<td>Section 6</td>
<td>Reading</td>
<td>Section 12</td>
<td>General</td>
</tr>
</tbody>
</table>
WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY CHECKLIST

Student Name: ___________________________ Date: ______________________

Mechanics of Writing
- Pencil/pen with adaptive grip
- Adapted paper (e.g., raised line, highlighted lines)
- Slant board
- Typewriter
- Portable word processor
- Computer
  Other:

Computer Access
- Keyboard w/Easy Access or Access DOS
- Word prediction, abbreviation/expansion to reduce keystrokes
- Key guard
- Arm Support (e.g. Ergo Rest)
- Track ball/track pad/Joystick w/on-screen keyboard
- Alternate keyboard (e.g., IntelliKeys, Discover Board, TASH)
- Mouth Stick/Head Master/Tracker w/on-screen keyboard
- Switch with Morse code
- Switch with scanning
- Voice recognition software
  Other:

Composing Written Material
- Word card/wordbook/word wall
- Pocket dictionary/Thesaurus
- Electronic/talking electronic dictionary/thesaurus/spell checker (e.g., Franklin Bookman)
- Word processor w/spell checker/grammar checker
- Word processor w/word prediction (e.g., Co:Writer) to facilitate spelling and sentence construction
- Talking word processor for multisensory typing
- Multimedia software for expression of ideas (assignments)
- Voice recognition software
  Other:

Communication
- Communication board/book with pictures/objects/letters/words
- Eye gaze board/frame
- Simple voice output device (e.g., BigMack, Cheap Talk, Voice In a Box, MicroVoice, Talking Picture Frame, Hawk)
- Voice output device w/levels (e.g., 6 Level Voice in a box, Macaw, Digivox
  Voice output device w/dynamic display (e.g., Dynavox, Speaking Dynamically w/laptop computer/Freestyle)
- Device w/speech synthesis for typing (e.g., Cannon Communicator, Link, Write:Out Loud w/laptop computer
  Other:

READING, STUDYING, AND MATH
Reading
- Changes in text size, spacing, color, background color
- Book adapted for page turning (e.g. page fluffers, 3-ring binder)
- Use of pictures with text (e.g., Picture It, Writing with symbols)
- Talking electronic device/software to pronounce challenging words (e.g., Franklin Bookman, American Heritage Dict.)
- Scanner w/OCR and talking word processor
- Electronic books
  Other:

Learning/Studying
- Print or picture schedule
- Low Tech aids to find materials (i.e., index tabs, color coded folders)
- Highlight text (e.g. markers, highlight tape, ruler, etc.)
- Voice output reminders for assignments, steps of task, etc.
- Software for manipulation of objects/concept development (e.g., Blocks in Motion, Toy Store)- may use alternate input device, e.g., switch, touch window
- Software for organization of ideas and studying (e.g., Inspiration, Claris Works Outline, PowerPoint, etc.)
- Recorded material (books on tape, taped lectures with number coded index, etc.)
  Other:

Math
- Abacus/Math Line
- Calculator/calculator with print out
- Talking calculator
- Calculator w/large keys and/or large LCD print out
- On-screen calculator
- Software for manipulation of objects
- Tactile/voice output measuring devices (e.g., clock, ruler)
Math (cont’d)
Other:
Recreation and Leisure
Adapted toys and games (e.g., toy with adaptive handle)
Use of battery interrupter and switch to operate a toy
Adaptive sporting equipment (e.g., lighted/bell ball, Velcro mitt)
Universal cuff to hold crayons, markers, paint brush
Modified utensils (e.g., rollers, stampers, scissors)
Ergo Rest to support arm for drawing/painting
Drawing/graphic program on computer (e.g., Kidd Pix, Blocks in Motion)
Playing games on the computer
Music software on computer
Other:
Activities of Daily Living (ADLs)
Adaptive eating devices (e.g., foam handle on utensil)
Adaptive drinking devices (e.g., cut with cut out rim)
Adaptive dressing equipment (e.g., button hook, reacher)
Other:
Mobility
Walker
Grab rails
Manual wheelchair
Powered mobility toy (e.g., Cooper Car, GoBot)
Powered wheelchair w/ joystick, head switch or sip/puff control
Other:
Environmental Control
Light switch extension
Use of Power link and switch to turn on electrical appliances (e.g., radio, fan, blender, etc.)
Radio/ultra sound/remote controlled appliances
Other:
Positioning and Seating
Non-slip surface on chair to prevent slipping (e.g., Dycem)
Bolster, rolled towel, blocks for feet
Adapted/alternate chair, sidelyer, stander
Custom fitted wheelchair or insert
Other:
Vision
Eye glasses
Magnifier
Large print books
CCTV (closed circuit television)
Screen magnifier (mounted over screen)
Screen magnification software (e.g., Close View,

Zoom Test)
Screen color contrast (e.g., Close View)
Screen reader (e.g., OutSpoken), text reader
Braille translation software
Braille printer
Enlarged or Braille/tactile labels for keyboard
Alternate keyboard with enlarged keys
Braille keyboard and not taker (e.g., Braille ‘n Speak)
Other:
Hearing
Pen and paper
Computer/portable word processor
TTY for phone access w/or w/o relay
Signaling device (e.g., flashing light or vibrating pager)
Closed Captioning Real
Time captioning Computer
aided notetaking
Screen flash for alert signals on computer
Personal amplification system
Hearing Aid FM
system Loop
system Infrared
system Phone
amplifier Other

COMMENTS:
WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT
Information

Name ____________________________ D.O.B. ____________ Date ____________
School/Teacher _____________________________ Phone ____________
Exceptionality__________________________________________________________
Grade Level ______________ Ability Levels________________________________
Other Services__________________________________________________________

Diagnosis_____________________________________________________________

Seizures ☐ Yes ☐ No (Type, if known)____________________________
Medications:__________________________________________________________

Medical Issues: Are there any additional medical records available that should be reviewed prior to any technology assessment? ☐ Yes ☐ No
If so, please list: ______________________________________________________

________________________________________________________
Student Name: ________________________________________________________

Glasses worn?  □ Yes  □ No Condition of lenses Strong blink reflex?  □ Voluntary  
□ Involuntary

Is eye exam report available?  □ Yes  □ No

Light response:  □ fixates in source  □ blinks  □ avoids  □ other

Focuses on object/picture?  □ 6 inch  □ 4 inch  □ 2 inch  □ 1 inch

Shifts gaze between:  □ 2 stimulus  □ 4 stimulus  □ 6 stimulus

Visually tracks:  □ vertically  □ horizontally  □ circularly  □ diagonally

Moves eyes separate from head:  □ Yes  □ No

Moves eyes only with head:  □ Yes  □ No

Peripheral Vision:  □ right  □ left  □ top Can localize on the screen/board □ Yes □ No

Can discriminate on “busy” screen/board:  □ Yes □ No

Identities/matches:  □ simple black line drawing  □ colored pictures

Print size: _______________________________________________________________

Scanning pattern:  □ linear  □ row/column

Comments:_________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

__________________________________________________________

Signature     Date

Adapted from Collier County
WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT

HEARING
(A hearing specialist should be consulted to complete this section.)

Student Name: ___________________________________________________________________________

Audiological Information:

Date of last audiological exam: ________________________________

Hearing loss identified

<table>
<thead>
<tr>
<th>Ear</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Profound</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Onset of hearing loss: __________________________ Etiology:

Unaided Auditory Abilities (check all that apply):

- Attends to sounds: □ High pitch □ Low pitch □ Voices □ Background noises
- Discriminates environmental vs. non environmental sounds
- Turns toward sound
- Can hear some speech sounds
- Can understand synthesized speech

Aid Auditory Abilities: (check all that apply):

- Attends to sounds: □ High pitch □ Low pitch □ Voices □ Background noises
- Discriminates environmental vs. non environmental sounds
- Turns toward sound
- Can hear some speech sounds
- Can understand synthesized speech
- Attends to sound: □

Student’s Eye Contact and Attention to Communication: (check all that apply)

- Poor □ Inconsistent □ Limited □ Good □ Excellent

Communications Environments: Indicate the form of communication generally used by others with this student in each of the following environments: (check all that apply):

School Home Community

<table>
<thead>
<tr>
<th>Form of Communication</th>
<th>School</th>
<th>Home</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Language</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gestures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cued speech</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pictures cues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written messages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lip reading</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signs and speech together</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signed English</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pidgen Sign Language</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Sign Language (ASL)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Level of receptive proficiency in each environment

- Single Words          □       □       □
- Combinations of two or more words □       □       □
- Understanding majority of communications □       □       □
Students Communicates with others using: (check all that apply)

☐ Speech  ☐ American Sign Languages (ASL)  ☐ Body Language
☐ Signs and speech together messages  ☐ Gestures  ☐ Written
☐ Signed English  ☐ picture cues  ☐ Lip reading
☐ Pidgen Sign Language  ☐ Cued speech  ☐ Other

Level of expressive proficiency: ☐ Single words  ☐ Combinations of two or more words

Equipment Currently Used: (check all that apply)

☐ Hearing Aids  ☐ Telecaption Decoder  ☐ Vibrotactile Devices
☐ TTY  ☐ Cochlear Implant  ☐ Classroom Amplification System
☐ Other:

Services Currently Used: (check all that apply):

☐ Note taker
☐ Educational interpreter using: ☐ ASL  ☐ Transliterating  ☐ PSE  ☐ Oral

Present Unmet Needs for Communication, Writing, and/or Educational Materials:

☐ Cannot hear teacher/other students  ☐ Cannot respond to fire alarm
☐ Cannot participate in class discussions  ☐ Cannot benefit from educational films/programs
☐ Displays rec./exp. Language delays  ☐ Cannot use telephone to communicate

Current Communication Functioning: (check all that apply)

☐ Desires to communicate  ☐ Interactions  ☐ Responds to communication request
☐ Appears frustrated with current communication functioning
☐ Requests clarification from communication partners (“Would you please repeat that?”)
☐ Repairs communications breakdown (Keeps trying, changes message)

Current Reading Level: ______________________________________________________

Is there a Discrepancy between Receptive and Expressive Abilities: ☐ Yes  ☐ No
If yes, describe further: ______________________________________________________

Summary of Hearing Abilities and Concerns: ______________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signature _______________________________ Date _______________________________

Adapted from Wisconsin Assistive Technology Initiative
# WAKULLA COUNTY SCHOOL BOARD
# EXCEPTIONAL STUDENT EDUCATION
# ASSISTIVE TECHNOLOGY ASSESSMENT

## MOTOR/ACCESS SKILLS

| Student Name: | |

### Ambulatory:
- [ ] independent
- [ ] crutches
- [ ] walker

### Daily equipment/seating (please circle)
- [ ] Prone Stander
- [ ] Side Layer
- [ ] Long Leg Sitter
- [ ] Universal Chair
- [ ] Jet Mobile
- [ ] Floor sitter
- [ ] Kneeling Position
- [ ] Regular Chair
- [ ] Gail Trainer
- [ ] Supine Stander
- [ ] Other

### Stability:
- [ ] Excellent
- [ ] Fair
- [ ] Poor
- [ ] Emerging

### Can student carry object while walking?
- [ ] Yes
- [ ] No

### Non-ambulatory: Wheelchair:
- [ ] manual
- [ ] powered
- [ ] Other

### Wheelchair Mobility:
- [ ] Self-powered (excellent/good/poor)
- [ ] Requires assistance

### Head control:
- [ ] With support
- [ ] Independent
- [ ] How long: __________

### Trunk control:
- [ ] With support
- [ ] Independent
- [ ] How long: __________

### Arm control:
- [ ] Direct reach:
- [ ] right
- [ ] left
- [ ] Dominant arm:
- [ ] right
- [ ] left

### Utilizes:
- [ ] Touch screen
- [ ] Single switch
- [ ] Modified keyboard

### Range:
- [ ] Full range table top
- [ ] Cannot cross midline (right/left)
- [ ] Touch screen

### Hand control:
- [ ] Palmer grasp
- [ ] Pincer grasp
- [ ] Isolated finger movements
- [ ] Voluntary release:
- [ ] Yes
- [ ] No, Hold down time

### Reflexes:
- [ ] ATNR (right/left)

---

Signature: ___________________________  Date: ___________________________

---

Adapted from Collier County
WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT
FINE MOTOR/ADAPTIVE SKILLS

Student Name: _____________________________________________________________

FINE MOTOR

Student performs bimanual functions:  □ Yes  □ No
Brings hand to midline:  □ Yes  □ No
□ Symmetrical activates:  □ Asymmetrical activities

Student uses (left/right) hand for manipulatives.  □ Yes  □ No
Student uses (reflexive/palmer/radial digital/pincer) grasp:  □ Yes  □ No
Student uses (left/right) hand for pencil/paper activity:  □ Yes  □ No
Student handedness is (not established/emerging/established):  □ Yes  □ No.
Student holds pencil using ____________ grasp.
Student is able to cut/snip (straight/curved/angled) lines and (simple/complex) shapes.  □ Yes  □ No

ADAPTIVE

Mealtime

Student eats:  □ table  □ chopped  □ mashed  □ pureed  □ G-tube
Describe position for eating: ______________________________________________________
Describe adaptive utensils: _______________________________________________________
An aid provides assistance: _______________________________________________________

Describe adaptive equipment used __________________________________________________

Bathroom

Student can:  □ open doors  □ pull pants up/down  □ manage fasteners
□ transfer on/off toilet  □ use toilet paper  □ wash/dry own hands

Describe adaptive equipment used __________________________________________________
An aide provides assistance _______________________________________________________

Sensory

Describe effects of environmental/sensory stimulation on student's arousal level ________

Comments: _________________________________________________________

____________________________________  __________________________
Signature       Date
Student Name: _________________________________________________________________

Does the student have functioning hearing?  □ Yes   □ No (if no, describe)

Auditory Processing Abilities:  □ Needs repetition  □ Functional  □ Comprehension

Language spoken at home: _______________________ Multi-lingual?  (List)

Speech/Language abilities:  □ ID Objects  □ Pictures  □ People  □ Places  □ Verbs

Number of words in vocabulary: _______________     Mean length utterance: ______________

Pragmatics:  □ Shows intent  □ Requests  □ Interacts  □ Make Choices
Speech Intelligibility:  □ Strangers  □ Familiar Listeners  □ Unintelligible

Does the student:  □ Vocalize  □ Vocal Play  □ Use Picture Vocabulary

Does the student imitate:  □ Vocalizations  □ Word Approximations  □ Novel Words

Echolalia speech:  □ Yes   □ No

Vocabulary selection:  □ Categories  □ Basic Needs

Non-speech communication:  □ Gestures  □ Reaches  □ Points  □ Facial Expressions

Augmentative communication:  □ Signs  □ Consistent  □ Yes  □ No

Describe: ____________________________________________________________________

 □ Eye pointing  □ Word/Symbol Board  □ Technical aid

Specify: _____________________________________________________________________

Communication Needs:  □ Basic Wants/Needs  □ Peer Interaction

Communication for Vocational Setting

Communication Partners: □ Parents  □ Peers  □ Customers  □ Administrators  □ Teachers

Comments: ____________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
1. **Grade Level:** Student is placed in grade:_______ . Student reads at ______ grade level.
   Cognitive ability in general:  □ Significantly below average  □ Below average  
   □ Average  □ Above average

2. **Difficulty:**
   Student has difficulty decoding the following: (Check all that apply.)
   □ Worksheets  □ Reading Textbook  □ Subject Area Textbooks  □ Tests
   Student has difficulty comprehending the following: (Check all that apply.)
   □ Worksheets  □ Reading Textbook  □ Subject Area Textbooks  □ Tests

3. **Student’s performance is improved by:** (Check all that apply.)
   □ Smaller Amount of text on page  □ Lowered reading level
   □ Bold type for main ideas  □ Graphics to communicate ideas
   □ Spoken text to accompany print  □ Enlarged print
   □ Reduced length of assignment  □ Other: _____________________________

4. **Reading assistance used:**
   Please describe the non-technology based strategies and accommodations that have been used with this student: ________________________________________________________________________________________________

5. **Assistive technology used:** (check all that apply)
   □ Highlighter  □ marker  □ template  □ other self-help aid  □ tape recorder
   □ taped text  □ talking books to read along
   □ talking dictionary (e.g., Franklin Speaking Language Master) to pronounce single word
   □ computer with word processing with spell checker
   □ computer with talking word processing software to:
     □ pronounce words  □ speak sentences  □ speak paragraphs

6. **Computer availability and use:**
   This student has access to the following computer:
   □ Windows  □ Apple  □ Macintosh
   How often does the student use a computer:
   □ Rarely  □ Frequently  □ Daily for one or more subjects or periods
   □ Every day, all day

   Summary of student’s abilities and concerns related to reading:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   _____________________________             ____________________________
   Signature                                                                             Date
1. **Current writing ability:** (Check all that apply.)
   - □ Can hold regular pencil
   - □ Can hold pencil when adapted with: ____________________
   - □ Holds pencil, but does not write
   - □ Can print a few words
   - □ Can print name
   - □ Can write cursive
   - □ Writing is limited due to fatigue
   - □ Writing is slow and arduous
   - □ Can copy simple shapes
   - □ Can copy simple words
   - □ Can copy from board
   - □ Can write on 1" lines
   - □ Can write on narrow lines
   - □ Can use spacing correctly
   - □ Can size writing to fit spaces
   - □ Can write independently and legibly

2. **Assistive technology used:** (Check all that apply.)
   - □ Paper with heavier lines
   - □ Special pencil or marker
   - □ Computer
   - □ Paper with raised lines
   - □ Splint or pencil holder
   - □ Pencil grip
   - □ Typewriter
   - □ Other ________________

3. **Current keyboarding ability:** (check all that apply)
   - □ Does not currently type
   - □ Accidentally hits unwanted keys
   - □ Uses mini keyboard to reduce fatigue
   - □ Uses Touch Window
   - □ Uses access software
   - □ Uses Morse code to access computer
   - □ Uses alternative keyboard
   - □ Uses adapted or alternate keyboard such as:________________________
   - □ Other: ______________________________________________________________

4. **Computer use:** (check all that apply)
   - □ Has never used a computer
   - □ Uses computer for games
   - □ Uses computer’s spell check
   - □ Uses computer at school
   - □ Uses computer at home
   - □ Processing
   - □ Uses computer for a variety of purposes, such as: ____________________________
   - □ Has potential to use computer but has not used a computer because ______________

5. **Computer availability:**
   - This student has access to the following computer:
     - □ Windows
     - □ Apple
     - □ Macintosh
   - The student uses a computer:
     - □ Rarely
     - □ Frequently
     - □ Daily for one or more subjects or periods
     - □ Every day, all day

   **Summary of student’s abilities and concerns related to writing:**
   __________________________________________________________
   __________________________________________________________

   ____________________________  ____________________________
   Signature                                                                  Date
Student Name: ______________________________________________________________

Retains directions: ☐ Yes ☐ No

Can understand and follow verbal directions: ☐ Yes ☐ No ____ 1 ____ 2 ____ 3

Can understand and read written directions ☐ Yes ☐ No

Attends to task: ☐ Yes ☐ No    How many minutes: __________

Initiates tasks independently: ☐ Yes ☐ No

Stays on task: ☐ Minimal Prompts _____ ☐ Frequent Prompts _____

Distractibility ☐ Easily ☐ Occasionally

Self-stimulatory behaviors (describe) __________________________________________
________________________________________________________________________
________________________________________________________________________

Impulsive behaviors (describe) _____________________________________________
________________________________________________________________________
________________________________________________________________________

Responsible for property: ☐ Yes ☐ No    Comments: ________________________

Student preferences:
Activities: ________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Motivators _________________________________________________________________
________________________________________________________________________
________________________________________________________________________

_______________________  __________________________
Signature               Date

Adapted from Collier County
Student Name: __________________________ School: _______________________

Daily equipment utilized: ____________________________________________________
________________________________________________________________________

Balance: □ Sitting: □ Static: _______________ □ Dynamic: _______________
□ Supported □ Yes □ No □ Yes □ No
□ Supported □ Yes □ No □ Yes □ No
Static: _______________ Dynamic: _______________
Supported Yes No Yes No

Transfer Ability ____________________________________________________________
_________________________________________________________________________

Ambulatory Status ___________________________________________________________
_________________________________________________________________________
□ Wheelchair Mobility: □ self-propel □ requires assistance

Comments_____________________________________________________________________
____________________________________________________________________________

Control: Head □ Yes □ No comments: __________________________
Eyes □ Yes □ No comments: __________________________
Trunk □ Yes □ No comments: __________________________
Lower extremities □ Yes □ No comments: __________________________

Posture: ___________________________________________________________________
____________________________________________________________________________

Range of Motion __________________________________________________________________
____________________________________________________________________________

Neurological Status________________________________________________________________
____________________________________________________________________________

Functional Endurance Status_____________________________________________________
____________________________________________________________________________

Additional comments: __________________________________________________________
1. **Mobility** (check all that apply):

- [ ] Walks independently
- [ ] Walks with assistance
- [ ] Needs extra time to reach destination
- [ ] Craws, rolls, creeps independently
- [ ] Uses manual wheelchair, independently
- [ ] Uses power wheelchair independently
- [ ] Needs help to transfer in and out of wheelchair
- [ ] Uses wheelchair for long distances only
- [ ] Has difficulty walking up stairs
- [ ] Has difficulty walking down stairs
- [ ] Has difficulty walking
- [ ] Walks with appliance
- [ ] Uses elevator key independently
- [ ] Is pushed in manual wheelchair
- [ ] Learning to use power wheelchair
- [ ] Transfers independently

2. **Concerns about mobility** (check all that apply):

- [ ] Student seems extremely tired after ambulating, requires a long time to recover
- [ ] Student seems to be having more difficulty than in the past
- [ ] Student complains about pain or discomfort
- [ ] Changes in schedule require more time for travel
- [ ] Changes in location or building are making it more challenging to get around
- [ ] Transition to new school will require consideration of mobility needs
- [ ] Other: __________________________________________________________

Summary of student’s abilities and concerns related to mobility_______________________
__________________________________________________________________________

__________________________________________________________________________

__________________________________________  ____________________________
Signature                              Date
WAKULLA COUNTY SCHOOL BOARD
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY ASSESSMENT
SEATING AND POSITIONING

1. **Current seating and positioning of student** (check all that apply):

- ☐ Sits in regular chair with feet on floor
- ☐ Sits in adapted chair
- ☐ Sits in wheelchair part of the day
- ☐ Wheelchair NEEDS to be adapted to fit
- ☐ Spends part of the day out of chair due to prescribed positions
- ☐ Enjoys many positions throughout the day, based on activity
- ☐ Has few opportunities for other positions
- ☐ Uses regular desk
- ☐ Uses desk with height adjusted
- ☐ Uses tray on wheelchair for desktop
- ☐ Uses adapted table
- ☐ Sits in regular chair with pelvic belt or foot rest
- ☐ Needs adapted chair
- ☐ Sits comfortably in wheelchair most of the day
- ☐ Wheelchair process of being adapted to fit

2. **Description of seating** (check all that apply):

- ☐ Seating provides trunk stability
- ☐ Seating allows feet to be on floor or foot rest
- ☐ Seating provides 90/90/90 position
- ☐ There are questions or concerns about the student’s seating
- ☐ Student dislikes most positions, often indicates discomfort
- ☐ Student has difficulty using table or desk
- ☐ Student has difficulty achieving and maintaining head control, best position for head control is:

Can maintain head control for ______ minutes in this position.

Summary of student’s abilities and concerns related to seating and positioning:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

____________________________________    ___________________
Signature      Date
Student Name: ________________________________ School: _________________________

Please describe past technology successes and failures in the following areas:

Computer (Type, keyboard, etc.): ________________________________

Adaptations (Key guard, moisture guard, key repeat/delay, etc.) __________

Peripherals (Ke:nx, switch interfaces, touch window, Echo, etc.):

Software (Co-writer, Write Out Loud, Claris Works, Easy Access, switch software, etc.): ________________________________

Input method (switches, pointers, other) – please specify: __________________________

Augmentative history (Pictures/symbol board, Picture Exchange, Object Board, Wolf, etc.) – please specify:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

___________________________________   _______________________
Signature            Date

Adapted from Collier County
Student Name: __________________________ D.O.B. ______________

School: __________________________________________________________________________

Dates of Trial Intervention: ______________________________________________________________________

Device/Equipment Utilized ______________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Person(s) Completing Form: ______________________________________________________________________

_________________________________________________________________________________________

Additional Comments/Notes ______________________________________________________________________

_________________________________________________________________________________________

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____________________ __________________________
Signature Date

____________________ __________________________
Signature Date

____________________ __________________________
Signature Date

Adapted from Collier County
WAKULLA COUNTY SCHOOLS
EXCEPTIONAL STUDENT EDUCATION
ASSISTIVE TECHNOLOGY LOAN AGREEMENT

(Used for any equipment that travels with the student from class to class and/or home)

The following Assistive Technology equipment is being placed on loan at ________________

on _____________________ to be used with__________________________________________

Date                (Student)

Property Number:   ____________________________________________

Item(s) Name(s):    ____________________________________________

Serial Number:     ____________________________________________

Vendor:            ____________________________________________

Assigned to (Student Name): ____________________________________________

Student Signature:   ________________________________________________

Assigned to (Teacher Name): ________________________________________________

Teacher Signature:   ________________________________________________

Date Due:_________________________  Date Returned:_________________________

Delivered by:______________________  Returned by:__________________________
# WAKULLA COUNTY SCHOOL BOARD
# EXCEPTIONAL STUDENT EDUCATION
# ASSISTIVE TECHNOLOGY ASSESSMENT

## TRAINING LOG FOR ASSISTIVE TECHNOLOGY

**Student:** __________________________  **Teacher/Placement:** __________________________

**LATS Manager:** _______________________  **School:** __________________________

**Technology/Equipment:** __________________________

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**Team Members Present**

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SECTION EIGHT

IEP MEETING NOTES AND TIPS
When getting ready for an IEP meeting, consider the following factors:

- What is the purpose of your meeting?
  - Is it to decide on placement and services, feedback meeting future planning, etc.?
  - Are all participants clear on the purpose?

- What services are being offered?
  - Have all stakeholders been invited?
  - If the program is at another school, do you have representatives from that school?

- What are the desired outcomes of the meetings?
  - Are the outcomes clear to all participants?

- What is the best way to set up the meeting space to facilitate a positive meeting?
  - Do the parents feel welcome and involved based on their spot in the seating arrangement?
  - Can they see the projection of the IEP clearly?
  - Did everyone stand to greet the parent so they don’t feel intimidated?

- What is the role of each participant?
  - During introductions did each person define their role?
    - Don’t assume the parents know everyone because you have met before. Reintroduce yourselves and state your role in the meeting.
  - Who will facilitate, record conference notes, etc.?

- Do you have a detailed agenda?
  - What is the game plan for the meeting with specific steps (and time allocation, if needed) that will lead to positive results?
  - Is the agenda posted and reviewed at the beginning of the meeting?
  - Do you refer to the agenda if the meeting gets off topic?

- Have ground rules been established and posted in order to help the meeting run smoothly?
  - Did all participants have input into the ground rules?
  - Did everyone come to a consensus in approval of the ground rules?
An agenda helps IEP meeting participants understand what is going to be discussed during the meeting and what is relative to be discussed at each point of the meeting. Review the agenda at the start of the meeting to help keep the meeting on track. This will also help participants know when to raise concerns within the discussion. If there are time constraints, add a time allotment for each area of the agenda. If participants get off topic, remind the group of the agenda. Have hard copies for each participant or post in a visible area of the room.

Sample Agenda

- Welcome
  - Purpose of the meeting
  - Introductions with role of each participant
  - Agenda
  - Ground Rules

- Review evaluations
  - Parent Questions and concerns

- IEP – answer parent questions and make changes as needed
  - General information/Special Consideration/Domains
  - Present Levels
  - Annual Goals and Benchmarks
  - Special Education Services
  - Related Services
  - Least Restrictive Environment
  - Accommodations (classroom and testing)

- Review all changes to IEP

- Complete and sign all paperwork

- Finalize IEP

- Give parents copy of final IEP

As an example of how you can adjust the agenda to meet your specific needs, this is the agenda I have posted in my office for initial Pre-K Staffings. I review this agenda with all parents after introductions.

Pre-K IEP Agenda

- Introductions

- Go over all Evaluation Reports
  - Get Parent Input
  - Answer Parent Questions about IEP

- Sign all paperwork

- Finalize IEP

- Teacher goes over Pre-K information with parent
  - Answer parent questions about Pre-K

- Give parent copy of paperwork
Ground Rules or Group Norms

Ground rules can be generic and permanently posted in the meeting room or can be developed by the IEP team at the meeting. If you use generic rules, go over the rules then ask the group if they would like to see any others added to the list. After reviewing (and adding to) the rules, get a consensus on agreement from the participants.

Sample Ground Rules/Group Norms

- Communicate clearly and listen carefully
- Respect the views of others
- Share your views willingly
- Ask and welcome questions for clarification
- Be open to the ideas and views presented
- Honor time limits and stay on task
Wakulla County Schools
IEP MEETING WITH A REQUEST FOR RE-EVALUATION
(Because the re-evaluation due date is within the duration of the IEP)

☐ Send home Meeting Notice with re-evaluation also as a purpose of the meeting (2-3 weeks before IEP date)
  • Don’t forget to invite therapists if they are a part of the team
  • Include Procedural Safeguards
  • Include Parent Input for IEP form
☐ Teacher Input form can be completed if you request excusal
☐ IEP (annual review or amendment)
  • Goals-Measureable
  • Accommodations-must be justified in present level statement
  • Assessment Accommodations-make sure the match general accommodations.
  • Transportation Services form-any child living within 2 miles or rides a van/special bus.
  • For amendments-if you have a meeting with the parent you must print a signature page. If the amendment is via conference call with teacher and parent you will not need a signature page, but if the meeting was scheduled with parent and parent does not show you must still have a signature page. Document in conference notes on IEP the reason IEP was amended.

Items to bring to IEP meeting:
☐ Signed meeting notice (if returned) If not, print new one
☐ Parent input form for IEP (if returned)
☐ Parent Consent for Re-evaluation-**Team must sign at the top of this form**
☐ Parent input for Re-evaluation (parent can complete at meeting or return later)
☐ Teacher Input form (if necessary)
☐ Completed progress report (if annual review)
☐ Consult/Collaboration Logs (if reflected in IEP)
☐ Positive Behavior Plan (if reflected in IEP)

Forms required at end of meeting for parent copy, school, ESE office
☐ Copy of Consent for re-evaluation signed by parent AND TEAM
  • If at this meeting the team decides “no assessment recommended” (Option 3) then the Re-evaluation report can be completed at this time and a new re-eval date can be put on the IEP and then finalized.
  • The new re-evaluation date is the date of this meeting if Option 3.
  • If Option 1 or 2 then a feedback will be scheduled when the re-evaluation is completed.
☐ Meeting Participants
☐ Parent Input and meetings (Senate Bill 1108)
☐ Consent for FSAA/Access Points (Senate Bill 1108)
☐ McKay Letter
☐ Signed and dated Medicaid form
☐ Finalized IEP
☐ Transfer of Rights (age 17)
Wakulla County Schools
IEP MEETING WITH NO RE-EVALUATION OR FEEDBACK MEETING
(Because the re-evaluation date is not anywhere near)

To Do:
☐ Meeting Notice with Annual Review or Amendment as a purpose of the meeting sent home 2-3 weeks before IEP date
  • Don’t forget to invite therapist if they are a part of the team

☐ Send home with Meeting Notice
  • Procedural Safeguards
  • Parent Input for IEP form

☐ Teacher Input form can be completed if you request excusal

☐ IEP (annual review or amendment)
  • Goals – Measureable
  • Accommodations – must be justified in present level statement
  • Assessment Accommodations – Make sure matches general accommodations.
  • Transportation Services form – Any child living within 2 miles or rides a van/special bus.
  • For amendments – If you have a meeting with the parent, you must print a signature page. If the amendment is via conference call with teacher and parent, you will not need a signature page, but if the meeting was scheduled with the parent and parent does not show, you must still have a signature page.

Items to bring to IEP Meeting:
☐ Signed meeting notice (if returned) – If not, print a new one
☐ Parent Input form for IEP (if returned)
☐ Teacher Input form (if necessary)
☐ Completed progress report (if annual review)
☐ Consult/Collaboration Logs (if reflected in IEP)
☐ Positive Behavior Plan (if reflected in IEP)

Forms required at end of meeting for parent copy, school and ESE office:
☐ Meeting Participants
☐ Parental Input and Meetings (Senate Bill 1108)
☐ McKay Letter
☐ Signed and dated Medicaid from
☐ Consent for FSAA/Access points if Special Diploma (Senate Bill 1108)
☐ Finalized IEP
☐ Transfer of Rights (age 17)
Wakulla County Schools
IEP WITH RE-EVALUATION OR FEEDBACK MEETING
(a re-evaluation has been done and results need to be shared with Parent)

To Do:
☐ Meeting Notice with re-evaluation also as purpose of meeting (sent home 2-3 weeks before IEP date)

Bring to meeting:
☐ Current IEP
☐ Re-evaluation test results (usually a write up by the psychologist, itinerant, etc.)
☐ Re-evaluation Report (137 in gray book)

If the re-evaluation results warrant a change to the IEP, then amend the current IEP at this meeting making the changes, updating the re-evaluation date, and document reason for amendment on the conference notes with IEP paperwork.

If the re-evaluation results do not warrant any change to the IEP, then you still need to amend it to reflect the new re-evaluation date and document the reason for the amendment in the conference notes with IEP paperwork.

REMEMBER: The new re-evaluation date should always be three years from the first date of testing on the report and documented on the re-evaluation report.

☐ Meeting Participants Form will need to be completed

Forms required at end of meeting for parent copy, school and ESE Office:
☐ Amended IEP
☐ Copy of re-evaluation (report(s)
☐ Signed document relating to Parental Input and Meetings (Senate Bill 1108)
☐ Meeting Participants
Writing Quality Present Level Statements

The IEP team is required to consider the strengths and academic, developmental, and functional needs of the student when developing the student’s IEP. This is generally documented in the present level statement. It is important that the statement be written in language that is easily understood by all who will use the student’s IEP.

Strengths

A student’s strengths may involve specific areas of the curriculum where the student is performing well and the student’s preferences and interests. Strengths may include the student’s abilities or behaviors in home, school, community, and work settings. When describing strengths, the team should focus on specific skills that relate to the domain or transition services area. When possible, the team may use the student’s strengths and preferences to determine needed services and supports.

Jonathan is a sixth-grade student who is very interested in science and the world around him. He is a keen observer and learns by listening to his teachers and interacting with peers as they discuss topics in the classroom. He prefers listening to information on a computer while he follows the text on the screen. When information is presented in an audible format, Jonathan is able to recall main ideas and details.

Current Performance

In describing the student’s current performance, the description may begin with the starter phrase “Based on . . .” Using this phrase to begin the statement makes it clear the statement is based on specific data collected about the student. The first sentence provides an overall description of the student’s performance in a particular area and includes sources of information on which the statement is based.

Based on performance on the FSA 2.0 Reading, curriculum-based assessments, and teacher observations, Jonathan’s reading skills are at a beginning fourth-grade level, two years below his current grade level.

This is followed by specific information from relevant sources. If specific assessments are referenced, teams should include the complete title and acronym. Test scores should be reported with the date of testing and a narrative that provides an interpretation or explanation of the scores and the instructional implications of the test results. If standard scores are provided, the statement should include a description of the meaning of the score.

As a result of scores that indicated a low success probability on the Florida Comprehensive Assessment Test (FSA) Reading, Jonathan was administered the Word Analysis ability and the Adjusted Maze tests from the Florida Assessment for Instruction in Reading (FAIR). His scores were below the 30th percentile on both measures, indicating he was at a high-risk level at the beginning of the school year. Based on scores in FAIR Reading Comprehension ability, Jonathan also has difficulty with reading comprehension, as shown by lower scores in clusters assessing words and phrases in context, comparison and cause/effect, and reference and research. Jonathan struggles with fluency and has difficulty decoding multisyllabic words and using context to determine unknown words.
**Effect of the Disability**

The present level statement must include a description of the effect of the disability. IEP teams are encouraged to use the starter phrase, “As a result of the student’s disability . . .” or to include the phrase, “effect of the disability . . .” when describing the specific skills, behaviors, or capabilities impacted by the student’s disability. The description should include the data and source of the information, such as assessments, observations, or teacher reports. This description goes beyond naming the type of disability and describes how the impairments affect the student’s learning and behavior. For example, if the team notes that the student works at a very slow pace, evidence of this need should be described in the present level statement.

- Takes twice as much time as peers to complete written assignments and assessments when using a brailler.
- Has a hard time staying on task and interrupts others and self.

The description of the effects of the disability will guide the team in determining what services, supports, and accommodations the student needs.

- As a result of his disability, Jonathan has difficulty recognizing vocabulary words and comprehending grade-level materials. He is able to comprehend and remember the content when the information is presented in an audible format.

In summary, the present level statement should include the relevant data sources, student’s strengths, levels of achievement and performance, and effect of the disability that will lead to quality annual goal statements and the identification of needed services and supports.
Andy’s receptive language skills are better than his expressive language skills. The speech/language pathologist conducted an oral mechanism examination on February 17, 2011. Andy is able to open and close his mouth with ease. He seems to struggle to coordinate motions when his tongue is outside his mouth. Little movement of the soft palate was noted when he was making sounds.

More recent speech testing was completed in April 2011. On the Clinical Assessment of Articulation and Phonology, Andy’s scores indicated severely impaired skills in speech sound production. He omitted sounds and syllables from words and substituted one sound for another. No sound distortions were noted during testing.

Interagency responsibilities or linkages, if needed:
None

Results of Florida Comprehensive Assessment Test:
Test Year: N/A Test Grade: N/A

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<th>Context Areas</th>
<th>Points Possible</th>
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<th>State Means</th>
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Present Level of Academic Achievement and Functional Performance

Information on transition needs and/or self-determination is included here as appropriate.

Domain/Transition Service: Curriculum and Learning Environment

The strengths of the student related to this domain(s) are as follows:

Andy does very well in routine classroom activities that he likes and can remember steps of repeated lessons. He enjoys coloring pictures and working with simple puzzles, stacking blocks, and lock boxes. He is able to cut a straight line.

He enjoys morning circle and is able to pay attention and participate for about 20 minutes. He is motivated by praise and positive adult attention. Frequently he will turn and face the other adults in the room to show how proud he is of his accomplishments.

Based on available data related to this domain, including formal and informal assessments, observations, work samples, and age-appropriate transition assessments (if appropriate), the student is able to:
LANGUAGE AND EMERGENT LITERACY

Andy can match and identify 23 letters of the alphabet. He recognizes 12 of 15 single consonant sounds and can identify words that start with those sounds. He can match objects and pictures with the same beginning sounds. He is unable to distinguish same and different sounds in isolation or fill in simple rhymes. Andy can also recognize and spell his name and recognizes the names of five of his friends.

Andy can match events to pictures from a read aloud story. He answers two out of four questions correctly about a familiar story if the questions are about the pages that were just read. Andy has difficulty attending to more than two pages at a time without having to be reminded to pay attention to the story. Typically developing five-year-old children can ask and answer a variety of questions about a story after it is read aloud.

MATHEMATICS

Andy can match numerals 1 to 10, but is inconsistent in naming them. He can count to five by rote, but has difficulty counting sets of objects to 10 because he doesn’t use one-to-one correspondence. He can match objects by color, shape, and size, but cannot sort by size and shape (little squares, big circles). Typically developing five-year-old children can relate quantities to 20 with numerals, sets of objects, and number names and show understanding of addition and subtraction by joining and separating sets of objects.

The student’s disability affects his/her involvement and progress in the general curriculum in this domain in the following ways:

Andy has difficulty staying on task and remembering what he needs to do as a result of his short attention span. He needs maximum support from adults (remain close by; provide verbal/visual prompts, frequent verbal praise, and additional explanations of the activity) to get started and maintain his effort and attention. He also requires extensive support from adults to stay focused on tasks he doesn’t like. When Andy is participating in tasks that he knows and likes, the teacher can reduce the continuous prompts and supervision to periodic reminders (one reminder in five minutes). When he is learning a new activity, Andy requires verbal praise, continuous prompting and supervision, and reduced distractions.

Andy has difficulty shifting from one activity to another and can be disruptive if the next activity is not one he wants to do. He requires one to two minutes of continuous visual/verbal prompting to get back to the task.

Last school year, Andy’s teachers noted that he significantly regressed in his use of appropriate behaviors and participation in learning activities after winter and spring school breaks. He had to relearn the routines and expectations of the classroom.
Progress reports will be provided: Nine weeks
If other, describe:

Short-Term Objectives or Benchmarks:

Goal: Given concrete objects, Andy will solve five simple mathematical problems involving joining and separating sets up to 20 objects.

Mastery criteria:
Other: Four of five opportunities
Assessment procedures: Weekly teacher-developed checklist or chart
Progress reports will be provided: Nine weeks
If other, describe:

Short-Term Objectives or Benchmarks:
Andy will correctly count sets with up to 20 objects in four of five opportunities.

Andy will relate sets with up to 20 objects with numerals and number names with 100 percent accuracy in four of five opportunities.

**Domain/Transition Service Area: Communication**

The strengths of the student related to this domain(s) are as follows:

Andy uses words to express himself. He is able to understand more than he can say.

Based on available data related to this domain, including formal and informal assessments, observations, work samples, and age-appropriate transition assessments (if appropriate), the student is able to:

Based on the results of his most recent language evaluation (February 2011), Andy struggled to ask questions during play, answer “what” and “where” questions, understand negatives in sentences, and identify categories of objects in pictures. Andy was able to independently answer two of 10 yes/no questions accurately. Often, he repeated a portion of the question. For example, if Andy is asked, “Did you eat lunch?” he will usually reply, “Eat lunch.” When given a cue, such as, “Andy, yes or no?” after the question is asked, he answered the question accurately. On average Andy will answer seven of 10 “wh” questions accurately. He is able to follow one-step verbal directions in four out of five opportunities. Andy typically speaks in three- to five-word phrases or sentences.
Andy’s speech is characterized by errors in multiple sounds, including sounds and syllables left out of words and substituting one sound for another. He exhibits speech characteristics of gliding (one for run), stopping (berry for very), fronting (tar for car), final consonant deletion (coe for comb), and consonant blend reduction (poon for spoon). Andy deletes syllables within multisyllabic words.

His prekindergarten teacher said that he was very difficult to understand when he talked. When Andy is not understood, he typically repeats himself without modifying the message. His repetitions often become chant-like.

The student’s disability affects his/her involvement and progress in the general curriculum in this domain in the following ways:

Andy’s language impairment affects his ability to communicate his thoughts and ideas effectively. It also negatively impacts his ability to understand and apply new concepts in the curriculum. He has difficulty developing and maintaining positive social relationships with both peers and adults.

Andy’s speech impairment affects his ability to be understood by his teachers and peers. Multiple articulation errors may also indicate a possible disordered phonological system (ability to detect and use the sound system of language), which could negatively impact his acquisition and development of reading and spelling skills.

**Annual Goals and Short-Term Objectives or Benchmarks**

**Goal:** Given five basic yes/no questions about classroom activities and events, Andy will answer all five questions without prompting.

**Mastery criteria:**

- **Other:** Five consecutive opportunities
- **Assessment procedures:** Documented observation
- **Progress reports will be provided:** Nine weeks
- **If other, describe:**

**Short-Term Objectives or Benchmarks:**

**Goal:** Given five basic “wh” questions (who, what, where) about classroom activities and events, Andy will correctly answer all five questions.

**Mastery criteria:**

- **Other:** Five consecutive opportunities
- **Assessment procedures:** Documented observation
Mastery criteria:

Other: Four of five opportunities, randomly sampled
Assessment procedures: Documented observation
Progress reports will be provided: Nine weeks
If other, describe:

**Short-Term Objectives or Benchmarks:**

Andy will smoothly navigate up to three obstacles in his path and make up to three surface level changes without losing his balance (balance loss: excessive movement in arms and trunk, needing to take quick, extra steps to recover, falling) on campus in four of five opportunities.

Andy will smoothly walk up and down a group of low steps (at least five steps) holding onto a single rail with his right hand on campus in four of five opportunities.

Andy will carry objects of varying sizes in his hands while walking at least 30 feet without losing his balance (balance loss: excessive movement in arms and trunk; needing to take quick, extra steps to recover; falling) in the classroom or on campus in four of five opportunities.

**Domain/Transition Service: Social/Emotional Behavior**

The strengths of the student related to this domain(s) are as follows:

Andy enjoys interactions with adults, especially those he knows well. He can be very affectionate and will call for adult attention when he is pleased with what he has done. Andy is very motivated by praise and adult attention. He often seeks attention from peers especially when playing outside.

Based on available data related to this domain, including formal and informal assessments, observations, work samples, and age-appropriate transition assessments (if appropriate), the student is able to:

On October 1, 2010, a functional behavior assessment was initiated. The positive behavior intervention plan outlines strategies, including the use of visual cues, first/then contingency statements, and a social skills curriculum with emphasis on focusing attention and controlling behavior. Andy continues to have occasional aggressive episodes of yelling, spitting, and hitting during unstructured activities and during transitions from preferred to non-preferred activities. These episodes typically occur about two times per week for no longer than five minutes. Andy responds well when an adult talks about the behavior immediately after it occurs. He is usually able to return to the group activity within five minutes. On occasion, he becomes over-focused on the episode and repeats the phrases the adult uses to redirect the behavior.
When entering play situations with peers, Andy can typically stay in a center and engage in parallel play near peers for 10 minutes if he is interested in the items in the center (preferred activities). Andy has difficulty when he is asked to share, take turns, or negotiate the use of an item. Andy is more successful in play activities when he has an adult nearby to facilitate and prompt him to interact appropriately with peers. Typical five-year-old children can follow the expectations of classroom routines and participate effectively in activities with other children.

The student’s disability affects his/her involvement and progress in the general curriculum in this domain in the following ways:

Andy has difficulty interacting with peers and participating in play activities and tasks he doesn’t like (non-preferred activities). He shows resistance to changing tasks (transition). These behaviors negatively affect his involvement in the general curriculum. Andy requires social skills instruction, supervision, and frequent prompts to be able to engage with peers and participate in classroom activities.

Andy is easily distracted by people and activities in the classroom. He is strong-willed and at times may resist teacher-directed activities. He needs varying amounts of physical support, encouragement, prompting, and adult supervision to succeed in his learning environment, depending on how familiar he is with the activity and if he is willing to participate.

**Annual Goals and Short-Term Objectives or Benchmarks:**

**Goal:**

Andy will effectively engage in reciprocal play activities by taking turns and sharing with peers during adult-facilitated play activities.

**Mastery criteria:**

Four of five opportunities for 10 minutes

**Other:**

**Assessment procedures:**

Teacher-developed checklist or chart, documented observation

**Progress reports will be provided:**

Nine weeks

**Short-Term Objectives or Benchmarks**
**Examples of Specialized Instruction**

<table>
<thead>
<tr>
<th>Service</th>
<th>Example</th>
<th>Instruction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech Therapy</td>
<td>Language Therapy</td>
<td>Adaptation to regular curriculum</td>
<td></td>
</tr>
<tr>
<td>Instruction in Braille</td>
<td>Augmentative communication device</td>
<td>Sign Language interpretation</td>
<td></td>
</tr>
<tr>
<td>Job coaching</td>
<td>Social skills instruction</td>
<td>Monitor behavior</td>
<td></td>
</tr>
<tr>
<td>Orientation and mobility training</td>
<td>Instruction in organizing information</td>
<td>Supported employment</td>
<td></td>
</tr>
<tr>
<td>Instruction in expressive communication</td>
<td>Instruction in strategies for daily living</td>
<td>Assistance with personal care</td>
<td></td>
</tr>
<tr>
<td>Instruction in functional academics</td>
<td>Instruction in study skills</td>
<td>Instruction in math skills</td>
<td></td>
</tr>
<tr>
<td>Instruction in all curriculum areas</td>
<td>Assistance in independent living skills</td>
<td>Instruction in self-control strategies</td>
<td></td>
</tr>
<tr>
<td>Community based instruction</td>
<td>Specialized curriculum in all subject areas</td>
<td>Support in all classes</td>
<td></td>
</tr>
<tr>
<td>Specially designed instruction (list ESE</td>
<td>Assistance with academic instruction</td>
<td>Instruction in reading comprehension strategies</td>
<td></td>
</tr>
<tr>
<td>academic or other course/subject)</td>
<td>(list academic course)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Examples of Related Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Example</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Therapy</td>
<td>Occupational Therapy</td>
<td>Functional Behavior Assessment</td>
</tr>
<tr>
<td>Behavior Management Plan</td>
<td>Special learning aids</td>
<td>Assistive Technology</td>
</tr>
<tr>
<td>Interpreter</td>
<td>Translator</td>
<td>Guidance/counseling</td>
</tr>
<tr>
<td>Health Aide</td>
<td>Orientation and mobility training</td>
<td>Auditory amplification system</td>
</tr>
<tr>
<td>Parent training to help student acquire</td>
<td>Assistance with health concerns – specify the concern</td>
<td>School health services</td>
</tr>
<tr>
<td>Skills to support IEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>Specialized Transportation</td>
<td></td>
</tr>
<tr>
<td>Specialized transportation: Medical equipment is required; Medical condition requires a special transportation environment as per physician prescription; Aide or monitor required due to disability and specific need of student; Shortened day due to disability; School assigned is out of district.</td>
<td></td>
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</tr>
</tbody>
</table>

**Examples of Supplementary Aids and Services** (aids, services and other supports provided in general education)

<table>
<thead>
<tr>
<th>Example</th>
<th>Instruction</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special reading materials (i.e. Braille)</td>
<td>Large print books</td>
<td>Curriculum adaptations</td>
</tr>
<tr>
<td>Note Taker</td>
<td>Specially designed software</td>
<td>Sign language interpreter</td>
</tr>
<tr>
<td>Use of a calculator</td>
<td>Special seating arrangements</td>
<td>FM Trainer</td>
</tr>
<tr>
<td>Alpha Smart</td>
<td>Franklin Speller</td>
<td>On-on-one aide</td>
</tr>
</tbody>
</table>
REMINDERS:

1. Parents are given safeguards:

   A copy of the procedural safeguards must be given to the parents of a student with a disability only onetime a school year, except that a copy also must be given to the parents:
   • Upon initial referral or parent request for evaluation;
   • In accordance with the discipline procedures when a change in placement occurs;
   • Upon receipt of the first State compliant and upon receipt of the first request for a due process hearing in a school year;
   • Upon request by a parent;
   • In accordance with the provisions of Section 1008.212, F.S., upon the school district superintendent’s recommendation to the Commissioner of Education that an extraordinary exemption for a given state assessment be granted or denied.

2. Matrix:

   If you think a student's IEP may generate matrix funding, notify the associate dean and staffing specialist who will review the IEP. Do Not complete a matrix on PEER until after the meeting.

3. Attendance:

   If a student has 5 unexcused absences or absences for unknown reasons within a 90 day period, you need to call a CST meeting and possibly write an attendance goal.

4. If a student is gifted and also disabled, gifted services are addressed on the IEP.

5. At age 14, students are invited to IEP meetings.
JUST SOME IDEAS/THOUGHTS
Examples of "How the disability affects the student......."

Cognitive/Academic
- Cognitive ability prevents the completion of coursework even with modification
- Reads and comprehends significantly below grade level
- Cognitive functioning is below grade level
- Has difficulty following directions
- Has difficulty following multi-step directions
- Has difficulty comprehending standard text books
- Decoding skills are significantly below grade level
- Has difficulty spelling without assistance
- Has difficulty completing mathematical word problems
- Has difficulty memorizing basic math facts
- Has difficulty working in large groups

Behavior
- Behavior prevents completion of work
- Talks out in class, touches others
- Unable to comprehend rules and consequences
- Requires constant monitoring for safety of self and others
- Has difficulty maintaining appropriate behavior during instructional time
- Has difficulty controlling emotional outbursts
- Has difficulty accepting criticism from others
- Has difficulty expressing feelings when frustrated
- Has difficulty making appropriate choices when facing a conflict
IMPACT OF DISABILITY
What does impact of disability mean?

LET'S REVIEW

- Identifies, in part, why the student needs special education services.
- Addresses the student's "unique" needs.
- Addresses the student's difficulties.
- Provides basis for determining goals and accommodations.

Must include, "How the child's disability affects his/her involvement and progress in the general curriculum..."
For preschool children, "...How the disability affects participation in appropriate activities.

For each area of need, you will develop an impact of disability statement.

In other words...

If a child is age appropriate and working on the Sunshine State Standards at grade level, you do NOT need to write an impact of disability statement for that domain or transition area.

ASSESSMENT

How to determine the unique needs of the student?

REVIEW OF RECORDS - ESE FOLDER

Assessments could include:

- Information from child study (CPS)
- Original psychological
- Evaluation report(s)
- Reevaluations
- FBA
- Annual assessments for PLP

AUTISM SPECTRUM DISORDER - ASD

Autism Spectrum Disorder (ASD)

- One who has a disability reflected in severe disorders of communication, behavior, socialization, and academic skills, and whose disability was evident in the early developmental stages of childhood. The autistic child appears to suffer primarily from a pervasive impairment of cognitive and perceptual
functioning and, the consequences of which are manifested by a limited ability to understand communicate, learn and participate in social relationships.

**Autism Spectrum Disorder - Overview**

- A neurological disorder
- Cognitive abilities range from gifted to mentally handicapped
- Uneven profile/splinter skills
- Usually identified in the first three years of life
- 4:1 male to female ratio

**IMPACT OF ASD ON CURRICULUM AND INSTRUCTION**

- May perseverate on a topic
- May appear not to be paying attention
- May call out answers
- May have difficulty attending
- May have very limited interests
- May have interfering behaviors

**IMPACT OF ASD ON SOCIAL/EMOTIONAL BEHAVIOR**

- May have difficulty sharing items
- May be distracted by background noise, or visual details
- May not understand the "big picture"
- May have difficulty with transitions
- May have difficulty filtering noises
- May focus on wrong piece of information/instruction
- May hear selectively
- May fidget, bounce, rock, flap
- May run away from a stressful situation

**IMPACT OF ASD ON INDEPENDENT FUNCTIONING**

- May be unusually resistant to change
• Routines may develop quickly
• May not understand importance of the abstract (money, eating a well-balanced meal)
• May have limited special interests that are highly developed

**IMPACT OF ASD ON INDEPENDENT FUNCTIONING (Sensory)**

• May not like light touch, certain clothing
• May seek deep pressure
• May have difficulty changing clothing for the weather
• May be fascinated with touching certain textures

**IMPACT OF ASD ON COMMUNICATION**

• May lack communicative reciprocity
• May have difficulty perceiving, understanding or using non-verbal cues
• May use jargon or gibberish when speaking
• May be very concrete or literal
• May not understand abstract language
• May not understand the use of language
• May have difficulty in volume control, cadence, intonation
• May use echolalia or rote phrases, scripts
• May have large vocabulary but not know what they've said
• May be non-verbal

**IMPACT OF ASD ON EMPLOYMENT**

• Inability to filter input/instructions
• Difficulty deciphering what is relevant
• May not be able to generalize between supervisors
• May be compulsive (often overdo a task or job)
• May have difficulty taking breaks
• May have difficulty organizing work space
• May not be able to make judgment decisions
• May not understand the social rules of the workplace

• May not ask for assistance

DEAF OR HARD OF HEARING (DHH)

ELIGIBILITY CRITERIA DEAF OR HARD OF HEARING

Medical: An audiological evaluation documents a permanent or fluctuating hearing threshold level that interferes with progress in any one of the following areas:

Developmental skills or academic performance, social-emotional development or linguistic and communicative skills.
Educational: The student needs special education.

IMPACT OF DHH ON CURRICULUM AND LEARNING

• May develop vocabulary slowly

• May have difficulty with multiple meaning words

• May have difficulty understanding and writing complex sentences

• May have difficulty decoding

• May have difficulty with phonemic awareness

• May lack background knowledge

IMPACT OF DHH ON CURRICULUM AND LEARNING

• May have difficulty with reading comprehension

• May have difficulty with fluency in reading

• May need more time to process information

• May have difficulty with word problems in math

IMPACT OF DHH SOCIAL/EMOTIONAL BEHAVIOR

• May have delayed development of social skills

• May appear to have "selective" hearing

• May appear to be inattentive

• May be overly blunt in remarks to teachers and peers

• May be "caught" demonstrating misbehaviors more than hearing peers

• May be fatigued
• May feel isolated or misunderstood and display inappropriate behaviors
• May feel uncomfortable around hearing peers
• May reject hearing aids or FM devices
• May not accept hearing loss

IMPACT OF DHH ON INDEPENDENT FUNCTIONING
• May appear to understand, but is actually having difficulty
• May miss information during class activities and conversations
• May misunderstand information presented
• May have difficulty identifying who is speaking
• May have difficulty in noisy environments

IMPACT OF DHH ON COMMUNICATION
• May have language delays which affect understanding of new concepts
• May be difficult to understand when speaking.
• May miss information during class activities and conversations
• May misunderstand information presented
• May be uncomfortable communicating with peers or in class

IMPACT OF DHH ON COMMUNICATION
• May have difficulty hearing word endings ("s" or "ed")
• May misunderstand or misuse verb tense, plurals, subject-verb agreement, and possessives
• May have significant articulation errors
• May sound "ffar"

IMPACT OF DHH ON EMPLOYMENT
• May have difficulty with social skills
• May have difficulty following directions
• May have difficulty asking for help
• May have difficulty managing hearing aids or cochlear implant
• May have difficulty using self-advocacy skills to manage hearing loss
DEVELOPMENTAL DELAY

ELIGIBILITY CRITERIA- Developmental Delay (DD)

The child is three to five years old and there is documentation of either (a), (b), or (c):

a. A score of two standard deviations below the mean (Developmental Quotient= 70) in at least one area of development;
b. A score of 1.5 standard deviations below the mean (Developmental Quotient=78) in at least two areas of development;
c. Based on clinical opinion, the eligibility staffing committee makes the recommendations that a developmental delay exists and exceptional student education services are needed.

IMPACT OF DD ON CURRICULUM AND LEARNING

- May have difficulty attending
- May have difficulty retaining previously learned information
- May need frequent feedback and reinforcement
- May benefit from verbal cues, prompts and modeling
- May have difficulty grasping essential school readiness skills

- Jaden's ability to focus on activities and concepts will determine his ability to be successful in the classroom. It is important that he increase his attention span and spatial sense to fully participate in classroom activities.
- James has difficulty sitting still and paying attention to classroom activities for more than a few minutes at a time. He needs small group instruction so that he can receive frequent teacher prompts to help him stay on task.
- Ben's cognitive and academic skills are significantly delayed for his age which may make it difficult for him to retain previously learned information. He requires frequent feedback and small group instruction.
- Sally's attention skills are very short. She needs constant verbal cues to stay on task and has difficulty grasping essential school readiness skills.
- Damien's attention problems result in failure to follow the teacher's directions, talking out of turn and responding inappropriately during group activities. The inability to stay focused is making it difficult for him to show persistence and complete classroom activities.
- Lauren has difficulty retaining information and requires lots of repetition when learning new concepts. He needs small group instruction where he can receive the support he needs to be successful.
- Susan is very active and often loses focus during whole group activities. She needs a small group setting where she can receive teacher cues to help her stay focused.

IMPACT OF DD ON INDEPENDENT FUNCTIONING

- May need assistance with daily living skills
- May have difficulty requesting information
- May have difficulty understanding cause of problems and offering possible solutions
- May have difficulty formulating questions impacting ability to ask for assistance or clarification when needed
- May show signs of impulsivity across a variety of settings
- May have difficulty with eye-hand coordination
- May have poor balance and coordination

• Randy's fine motor skills are significantly delayed for his age. He is able to perform large motor tasks appropriately, but he needs hand over hand assistance to manipulate objects such as scissors and writing tools.

• Billy needs constant assistance with daily living skills. His inability to take care of his own needs is impeding his ability to function independently at school.

• In unstructured settings and transitional times of the day, Joanne's activity level increases and she more likely violates school rules and requires constant reminders. Her inability to focus is impairing her ability to develop habits and character traits such as responsibility, independence and self-direction.

IMPACT OF DO ON COMMUNICATION

- May withdraw, cry, shut down
- May have difficulty expressing needs and wants
- May impact ability to comment, request or reject
- May have difficulty understanding and expressing ideas using complex sentences when speaking
- May impact ability to follow multi-step directions
- May have very limited communication
- May appear to not be paying attention
- May not follow the social rules of conversation

• James does not interact with peers and has only single word verbalizations. He becomes easily frustrated as he tries to communicate needs and wants to adults and peers.

• Joseph is typically unable to ask or answer the simple "Wh" questions which limit his ability to gain a deeper understanding of the concepts he is learning.

• Bob often withdraws or shuts down when he is unable to express his needs effectively. He has very limited communicating making it difficult for him to fully participate in classroom activities.

IMPACT OF DD ON SOCIAL/EMOTIONAL BEHAVIOR

- May withdraw or isolate from others; not interact with peers and adults
- May be hesitant to speak in small group or class of peers
- May display social skills that are immature; not age appropriate
- May display verbal or physical aggression
- May feel isolated or shy away from participating in social interactions
- May have temper tantrums
- May have difficulty following rules
- May have difficulty developing and maintaining peer relationships
- May have difficulty joining in classroom activities
- May have difficulty accepting the explanations of adults
Emma engages in socially inappropriate behaviors with her peers that include physical outbursts, interrupting, whining and impulsivity. These behaviors impede her from joining in classroom activities.

Bob is easily distracted and often off task. He needs constant reminders, modeling and feedback to follow rules and participate appropriately in the life of the classroom.

Amelia does not initiate play with her peers and only plays alongside others when they have toys that are interesting to her. She often takes those toys rather than ask for a turn (on average 4 times per day). Amelia's social skills interfere with her educational performance and development of relationships to work and play cooperatively with others.

Due to Susan's delays, she has difficulty initiating and engaging in appropriate interactions with peers. She needs teacher modeling and support to learn acceptable ways to interact with peers.
EMOTIONAL/BEHAVIORAL DISABILITY (E/BD)

ELIGIBILITY CRITERIA - Emotional/Behavioral Disability (E/BD)

A student with an Emotional/Behavioral Disability (E/BD) demonstrates an inability to maintain adequate educational performance in the educational environment that cannot be explained by physical, sensory, socio-cultural, developmental, medical, or health factors.

In addition, a student with an E/BD demonstrates one or more of the following internal or external characteristics (and meets all other requirements of the E/BD rule):

- **Internal factors characterized by:**
  1. Feelings of sadness, or frequent crying, or restlessness, or loss of interest in friends and/or school work, or mood swings, or erratic behavior; **or**
  2. The presence of symptoms such as fears, phobias, or excessive worrying or anxiety regarding personal or school problems; **or**
  3. Behaviors that result from thoughts and feelings that are inconsistent with actual events or circumstances, or difficulty maintaining normal thought processes, or excessive levels of withdrawal from persons or events; **or**

- **External factors characterized by:**
  1. An inability to build or maintain satisfactory interpersonal relationships with peers, teachers, and other adults in the school setting; **or**
  2. Behaviors that are chronic and disruptive such as noncompliance, verbal and/or physical aggression, and/or poorly developed social skills that are manifestations of internal factors (described in 1-3 on the previous slide).

IMPACT OF E/BD ON CURRICULUM AND LEARNING

- May appear anxious and/or worried and unable to concentrate
- May have difficulty attending
- May be obsessive about a task
- May appear sad and show no interest in activities
- May elope, (run or walk away) from a stressful situation
- May display noncompliant behaviors
- May display verbal and/or physical aggression
- May display many other behaviors that are an impact of their disability and interfere with learning

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IMPACT OF E/BD ON SOCIAL/EMOTIONAL BEHAVIOR

- May withdraw or isolate from others; not interact with peers and adults
- May appear sad and/or cry easily
- May display social skills that are immature; not age-appropriate
- May often over or under react to situations
- May avoid interaction with others due to fears or phobia's
- May elope; run or walk away from an “uncomfortable” social situation
- May display verbal and/or physical aggression

IMPACT OF E/BD ON INDEPENDENT FUNCTIONING

- May be disorganized
- May not complete or turn in assignments
- May become overwhelmed by a task
- May appear fearful
- May have phobia's
- May “shut down”
- May elope; run or walk away
- May display self-injurious behaviors
- May display verbal and/or physical aggression

IMPACT OF E/BD ON COMMUNICATION

Students with E/BD often have difficulty communicating and expressing themselves “appropriately”. They often display the behaviors that are an impact of their disability rather than communicating 'appropriately'.

- May withdraw, cry, 'shut down', elope
- May appear anxious, worried, fearful
- May perseverate on or 'not let go of an issue (particularly issues related to fairness, may seem paranoid)
- May process information based on thoughts and feelings that are inconsistent with actual events or circumstances
- May display verbal and/or physical aggression toward others
- May display self-injurious behaviors
IMPACT OF E/BD ON EMPLOYMENT

- May not understand and/or apply the social rules of the workplace
- May be disorganized
- May become overwhelmed by a task
- May over react to situations
- May be compulsive
- May not ask for assistance
- May not generalize between supervisors
- May lack self-advocacy skills

INTELLECTUAL DISABILITY

ELIGIBILITY CRITERIA - Intellectual Disabilities (lnD)

"Significantly sub-average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, that adversely affects a student's educational performance" (IDEA).

IMPACT OF lnD ON CURRICULUM AND LEARNING

Individuals with an Intellectual Disability:

- Develop at below-average rate
- Experience difficulty in learning and social adjustment
- Vary in their ability to learn and in their ability to be independent and socially responsible

IMPACT OF lnD ON CURRICULUM AND LEARNING

- Short attention span
- Difficulty retaining information
- Need frequent feedback and reinforcement
- Benefit from verbal cues, prompts, modeling

IMPACT OF lnD ON SOCIAL/EMOTIONAL BEHAVIOR

- May display temper tantrums, self-injurious behaviors, self-stimulations
- May have difficulty demonstrating age-appropriate social interactions with peers
- Difficulty following rules
IMPACT OF InD ON INDEPENDENT FUNCTIONING

• May need assistance with organizing and completing tasks
• May require assistance with daily living skills
• May be medically involved
• May require assistive technology for ambulation and self-care

IMPACT OF InD ON COMMUNICATION

• Difficulty expressing needs and wants
• Very limited communication (participatory level)
  • May require assistive technology and communication training (participatory level)

IMPACT OF InD ON EMPLOYMENT

• Difficulty with following directions
• Short attention span
• May benefit from supported employment and preparation for vocation and community living

LANGUAGE IMPAIRED

An impairment in the language system is an abnormal processing or production of:

• **Form** including
  • Phonology (system of sounds)
  • Syntax (grammar), and
  • Morphology (forms of words)
• **Content** including semantics (word meaning), or
• **Function** including pragmatics (use of language in context)

IMPACT OF LI ON CURRICULUM AND LEARNING

• May impact comprehension of written and spoken language.
• The student may have difficulty summarizing information.
• May have difficulty retaining previously learned material.
• May have difficulty understanding new curriculum material due to delays in grammatical understanding and use and/or meaning.
IMPACT OF LI ON SOCIAL/EMOTIONAL BEHAVIOR

• The student may have difficulty developing and maintaining peer relationships.
• The student may have difficulty joining in activities.
• The student may have difficulty interpreting and responding to body language of others.
• The student may have difficulty accepting the opinion of others and offering his own opinion in a socially acceptable manner.
• May use simple language and current social phrases to cover inability to express ideas and participate in social situations.

IMPACT OF LI ON INDEPENDENT FUNCTIONING

• May have difficulty requesting information.
• May have difficulty understanding the cause of problems and offering possible solutions.
• May have difficulty filtering out unnecessary information.
• May have difficulty formulating questions impacting ability to ask for assistance or clarification when needed.

IMPACT OF LI ON COMMUNICATION

• May impact ability to comment, request, or reject.
• Difficulty using different communication styles for different situations.
• Difficulty understanding and expressing ideas using complex sentences when speaking or writing.
• May have difficulty understanding new curriculum concepts and vocabulary
• May have difficulty understanding and using idioms, metaphors, and/or humor.
• Difficulty predicting outcomes or future events.
• May have difficulty following directions involving prepositions.
• May have difficulty using nouns, verbs, and modifiers, pronouns, articles, irregular nouns and verbs, future tense, past tense to describe curriculum related vocabulary.
• May have difficulty understanding and using verbal analogies.
• May have difficulty answering comprehension questions.
• May have difficulty with abstract concepts.
IMPACT OF LI ON EMPLOYMENT

• May have difficulty understanding tasks, procedures, and/or sequencing events.
• May have difficulty understanding the cause of problems and offering possible solutions.
• May have difficulty predicting outcomes or future events.
• May have difficulty following directions involving prepositions

PHYSICALLY IMPAIRED WITH OTHER HEALTH IMPAIRMENT - (PI with OHI)

ELIGIBILITY CRITERIA - Physically Impaired with Other Health Impairment (PI with OHI)

• Other health impaired means having limited strength, vitality, or alertness due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes that adversely affects a child's educational performance.

IMPACT OF PI with OHI ON CURRICULUM AND LEARNING

• May have difficulty paying attention to details.
• May have difficulty staying focused.
• May have difficulty locating school work and books.
• May have difficulty participating in group learning activities due to fatigue.
• Comprehension may be affected due to distractibility.
• May have difficulty remembering what has been read or heard.
• May have difficulty sorting out important information from the surrounding environment.

IMPACT OF PI with OHI ON SOCIAL/EMOTIONAL

• May feel isolated from peers when not able to participate fully in activities.
• May fidget or chew while thinking.
• May feel nervous or anxious.
• May touch and feel everything including friends and teachers.
• Social interactions and reciprocity may be affected.

IMPACT OF PI with OHI ON INDEPENDENT FUNCTIONING

• May have difficulty processing and following directions.
• May have difficulty breaking tasks into small steps.
• Work area and materials may be disorganized.
• May have difficulty sitting during some learning activities.
• May be distracted by noise.
• May have difficulty arranging things on a page or aligning numbers.

IMPACT OF PI with OHI ON COMMUNICATION

• May have difficulty with word retrieval.
• May have difficulty understanding intended meaning.
• May make inappropriate comments.
• May have difficulty staying on topic.
• May have difficulty communicating wants and needs effectively.
• May not advocate for personal needs.

IMPACT OF PI with OHI ON EMPLOYMENT

• May have difficulty paying attention to details.
• May have difficulty staying focused.
• May have difficulty sorting out relevant information.
• Development of peer relations in work environment may be affected.
• May have difficulty remembering and following directions.
• May become tired and unable to complete tasks.
• Excessive absences may impact job performance.
• Energy levels may fluctuate.

PHYSICALLY IMPAIRED WITH ORTHOPEDIC IMPAIRMENT - (PI with OI)

ELIGIBILITY CRITERIA- Physically Impaired with Orthopedic Impairment (PI with OI)

Orthopedically Impaired means a severe skeletal, muscular, or neuromuscular impairment which adversely affects a child's educational performance, and includes impairments resulting from congenital anomaly, disease and other causes (e.g. cerebral palsy, amputations, and fractures or burns that cause contractures
IMPACT OF PI with OI ON CURRICULUM AND LEARNING

- May impact ability to participate in group activities in various classroom settings.
- May impact student's ability to produce written work.
- May impact ability to manipulate materials to respond.
- May be unable to independently access needed materials.
- May have difficulty holding books and turning pages.
- May have difficulty accessing curriculum materials, textbooks, workbooks, art materials, writing tools.

IMPACT OF PI with OI ON SOCIAL/EMOTIONAL

- Student may be self-conscious about the disability which may interfere with peer relationships and interpersonal interactions.
- Student may be unable to raise hand to indicate a desire or need resulting in frustration and reduced involvement in activities.
- Student may not advocate for needs and accommodations necessary to manipulate materials.
- Student may shy away from participation in sports and other physical activities.

IMPACT OF PI with OI ON INDEPENDENT FUNCTIONING

- May impact the ability to move from one setting to another (indoors and outdoors).
- May impact ability to manipulate materials.
- Student may have difficulty producing written work.
- May impact ability to participate in sports, physical education, and playground activities.
- May impact ability to dress, eat, or toilet independently.
- May have difficulty accessing core instructional materials.

IMPACT OF PI with OI ON COMMUNICATION

- May impact student's ability to communicate orally.
- May have difficulty asking questions or making comments.
- May need extra time to initiate and respond.
- May need an alternative format to initiate and respond.
- May impact student's development of independent and effective...
• May miss opportunity to respond when not given enough time.
• May need add time to process and formulate responses

**IMPACT OF PI with OI ON EMPLOYMENT**

• May impact the student's ability to move about the work environment, sit or manipulate materials as required to execute a job or employment skill.
• May have difficulty with speech and/or vision.
• May have difficulty taking care of personal needs.
• May impact ability to secure materials.
• Student may need to learn to advocate for assistance.
• May have difficulty moving from one location to another.

**SPECIFIC LEARNING DISABILITY (SLD)**

**ELIGIBILITY CRITERIA -**

• Documented evidence which indicates that general education interventions have been attempted and found to be ineffective in meeting the student's educational needs.

• Evidence of a disorder in one or more of the basic psychological processes required for learning. Evidence of academic achievement which is significantly below the student's level of intellectual functioning. Evidence that learning problems are not due primarily to other handicapping conditions.

**IMPACT OF SLD ON CURRICULUM AND LEARNING**

• May interfere with oral expression, listening comprehension, written expression, basic reading skills, reading fluency skills, reading comprehension, mathematics calculation, mathematics problem solving
• May interfere with both short and long term memory

**IMPACT OF SLD ON SOCIAL/EMOTIONAL BEHAVIOR**

• May have difficulty forming friendships
• May have difficulty with social development
• May appear less mature than their same age peers

**IMPACT OF SLD INDEPENDENT FUNCTIONING**
• May have difficulty completing tasks
• May have organizational weaknesses
• May show signs of impulsivity across a variety of settings
• May have coordination problems that make them appear clumsy or disoriented in space
• May have difficulty with eye-hand coordination

IMPACT OF SLD ON COMMUNICATION
• May impact the ability to follow directions
• May appear to not be paying attention
• May have difficulty communicating thoughts
• May have difficulty understanding what others say
• May not follow the social rules of conversation

IMPACT OF SLD ON EMPLOYMENT
• May have difficulty following multi-step directions given orally or written
• May have difficulty completing tasks in a given time frame
• May have difficulty prioritizing tasks
• May have difficulty with self-advocacy skills

SPEECH IMPAIRED (SI)

ELIGIBILITY CRITERIA -

An impairment in articulation is substitutions, distortions, or omissions of speech sounds which are of a non-maturational nature.

An impairment in fluency is abnormal flow of speech which impairs rate and rhythm and may be accompanied by struggle behavior.

An impairment in voice is absence or abnormal production of voice quality, pitch, loudness, resonance, or duration.

IMPACT OF SI ON CURRICULUM AND LEARNING
• Multiple articulation errors and/or phonological disorder may impact phonological awareness and reading.
• May have difficulty decoding.

IMPACT OF SI ON SOCIAL/EMOTIONAL BEHAVIOR
• The student may be hesitant to speak in front of a group or class of peers.
• The student may feel isolated or shy away from participating in social interactions.

IMPACT OF SI ON INDEPENDENT FUNCTIONING
• Significant speech problems may cause the student to refrain from asking for assistance when needed.

IMPACT OF SI ON COMMUNICATION
• May reduce intelligibility of speech.
• The listener may not understand the message.
• The voice may be too loud or too soft for effective communication.
• Pitch breaks and/or loss of voice impacts the ability to effectively communicate with others.
• The interruptions in flow of speech and sound repetitions may be distracting to the listener.
• The errors may distract the listener from the intended message.

IMPACT OF SI ON EMPLOYMENT
• May be hesitant to ask questions or speak with supervisors and/or co-workers
• May feel isolated or shy away from participating in work related interactions.
• May impact ability to perform certain duties that involve speaking to the public.
• May avoid saying certain words due to anticipated misarticulation or stuttering.
• May not be able to speak loud enough for others to hear.

ELIGIBILITY CRITERIA - Physically Impaired with Traumatic Brain Injury (PI with TBI)

Traumatic brain injury means an acquired injury to the brain caused by an external physical force resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects educational performance. The term includes open or closed head injuries resulting in impairments in one or more areas specified in Rule 6A-6.03015(4)(a)2.,FAC, but does not include brain injuries that are congenital or degenerative or brain injuries induced by birth trauma.

IMPACT OF PI with TBI ON CURRICULUM AND LEARNING
• May have difficulty remembering facts and names.
• May have difficulty with reasoning skills.
• May have difficulty with abstract thinking.
• May need extra time for processing.
• May need extra time for responding.
• May have difficulty finding specific information in text or auditorily.
• May have difficulty remembering previously learned information and retaining new information.

IMPACT OF PI with TBI ON SOCIAL/EMOTIONAL

• May become depressed or anxious when unable to perform previously known skills after the injury.
• Social judgment may be impaired.
• Social interactions may be difficult due to changes in behavior.
• May have difficulty with problem solving and critical thinking skills.
• May have behavioral outbursts.

IMPACT OF PI with TBI ON INDEPENDENT FUNCTIONING

• May have difficulty adapting to routine environments.
• May have short attention span.
• Perceptual/motor skills may be affected.
• May have difficulty participating in activities due to fatigue.
• May be disorganized and have trouble locating materials and books.
• May have poor balance and coordination.
• May have difficulty with time management.

IMPACT OF PI with TBI ON COMMUNICATION

• May have difficulty retrieving vocabulary.
• Speech intelligibility may be affected.
• May have pragmatic and social language delays.
• May have difficulty perceiving, understanding or using non-verbal cues.
• May be very concrete or literal.
• May have difficulty with concepts and abstract language.
• May have difficulty answering questions.
IMPACT OF PI with TBI ON EMPLOYMENT

• May need extra time for processing and responding.
• May become depressed or anxious when unable to perform previously known skills.
• May have difficulty with problem solving and critical thinking skills.
• May have behavioral outbursts.
• May have vocabulary deficits and difficulty with comprehension.
• May be disorganized and have difficulty with time management.

VISUALLY IMPAIRED (VI)

ELIGIBILITY CRITERIA

1. A medical eye report documenting a visual acuity of 20/70 or less in the better eye after best correction; a peripheral field so constricted that it impacts function in the educational setting, or a known progressive loss of vision.

2. A functional vision evaluation performed by a qualified teacher of the visually impaired or an Orientation & Mobility specialist.

IMPACT OF VI ON CURRICULUM AND LEARNING

• Limitations in accessing printed materials
• Difficulty accessing board work
• May require assistance/modification to access general education curriculum
• May need assistance/training to maneuver school

IMPACT OF VI ON SOCIAL/EMOTIONAL BEHAVIOR

• Students may not have skills to interact with their sighted peers
• Concepts of personal space and social norms “may” be missing or under developed
• Feelings of isolation, low self-esteem or self-image may occur

IMPACT OF VI ON INDEPENDENT FUNCTIONING

• May require alternative modes for reading and writing, such as Braille or magnification of print
• Assistive technology may be needed for student to produce written materials
• Specialized training, such as Orientation & Mobility may be required to foster independence
IMPACT OF VI ON EMPLOYMENT

- Limitations in accessing printed materials, including computers.
- Specialized training, such as Orientation & Mobility may be required to foster independence.
- Degree of vision loss may impact what types of visual tasks an individual can perform.

STRATEGIES

STRATEGIES FOR CURRICULUM AND LEARNING

- Make learning concrete.
- Create alternatives to large group instruction.
- Provide more time to learn and practice targeted skills.
- Explain directions clearly and simply.

STRATEGIES CURRICULUM AND LEARNING

- Focus on one topic for several days rather than moving from topic to topic.
- Involve all parts of the brain.
- Keep visual and auditory distractions to a minimum.
- Give frequent opportunities for students to move.

STRATEGIES CURRICULUM AND LEARNING

- Structure the classroom.
- Use visuals during instruction (maps, charts, graphs, color coded systems, schedules, etc.).
- Teach to students’ strengths and interests.
- Make flashcards for studying.

STRATEGIES CURRICULUM AND LEARNING

- Use guided imagery.
- Assign one step of an assignment at a time or one worksheet/page at a time.
- Show videotapes specific to content.
- Use movement, rhythm, and rhyme to memorize new material.
- Provide hands on activities.
- Use mnemonics.
STRATEGIES FOR SOCIAL/EMOTIONAL

• Teach, reteach and prompt social skills and replacement behaviors
• Immediately reinforce positive behaviors
• Use a signal that will indicate to a student when he or she is engaging in inappropriate social behavior
• Ignore some inappropriate behaviors that do not effect anyone's safety

STRATEGIES FOR SOCIAL/EMOTIONAL

• Establish and use predictable routines in class activities and transitions
• Use principles of Applied Behavioral Analysis (ABA)
• Motivate and reinforce students on an individual basis

STRATEGIES FOR SOCIAL/EMOTIONAL

• Provide frequent feedback and reinforcement
• Include activities on self-determination skills and interpersonal skills in lessons

STRATEGIES FOR INDEPENDENT FUNCTIONING

• Write daily schedules.
• Provide students with a daily task list.
• Give succinct directions.
• Model and demonstrate what students will be required to do.
• Create line and place markers for students to use when reading.

STRATEGIES FOR INDEPENDENT FUNCTIONING

• Assign preferential seating.
• Get student's attention before addressing him/her.
• Use visual supports such as writing assignments on board.
• Provide opportunities for skill to be generalized into natural settings

STRATEGIES FOR INDEPENDENT FUNCTIONING

• Check frequently for understanding.
• Repeat directions.
• Provide verbal cues, prompts, and modeling
• Provide supervision to ensure safety
• Teach independence
• Create organizational systems

STRATEGIES FOR INDEPENDENT FUNCTIONING

• Outline items to be completed
• Sequence steps on flashcards
• Allow time for practice

STRATEGIES FOR COMMUNICATION

• Use visuals to help students answer questions
• Have student repeat paraphrase directions to assist with comprehension
• Paraphrase what student has said providing language model
• Ask student to retell activities and predict future events
• Teach, re-teach and prompt effective communication

STRATEGIES FOR COMMUNICATION

• Identify who is speaking during group discussion
• Restate when student has difficulty understanding
• Provide opportunities for students to practice skills
• Use gestures when instructing

STRATEGIES FOR COMMUNICATION

• Reduce background noise
• Create a quiet workspace
SPRING IEP SCHOOL TO SCHOOL PROGRESSION PLAN

BEGINNING APRIL 1st

(Please note that if a student’s IEP expires in April or May you will need to write a NEW IEP. Sending schools should communicate with the receiving schools as to who these students are)

For students transitioning from Pre K to Kindergarten, 5th grade to 6th grade and 8th grade to 9th grade, we will be using the amendment process or writing a new IEP depending on due date. Sending teachers will go to the current IEP and click on “amend” or open a new IEP. Sending teachers will also need to update the present level statement at this time and verify that the current service(s) are accurate.

Receiving teachers can then go to the amendment, or new IEP and create a meeting notice. The receiving teacher can decide this date. The purpose of the meeting is “IEP Amendment” or “Annual Review” AND if student is sixteen, “Transition”. If you are adding or dismissing a program then also choose, “Eligibility”.

Receiving teachers will add the next years’ service under Special Education. The initiation date is the first day of the new school year and the duration date is the date THAT IEP expires (usually the month of the student’s birthday). Receiving teachers can add a goal under the current domains or add a domain and goal. Under Conference Notes the receiving teacher will need to explain what the amendment was for. Most common would be “IEP amended on ___/___/___ to add goals and services for the next school year.”

School Level Progression Notes
Pre-K to K

If the student is DD only, the pre-k will do the DD dismissal and review the IEP to make sure services are continued until the end of school. If a student’s IEP expires before the last day of school, a new IEP must be written to address services until the last day of school. This is not an extension but an annual review.

For students who are DD and another exceptionality, the elementary school will do the DD dismissal for those students who’s IEPs are due in April-August. Depending on the due date, the elementary school will either write a new IEP or amend the old IEP to show DD dismissals and services until the end of school and for fall. Pre-K will open the IEP; write present level statements, LRE, pre-k services through the end of the school year and Prior Written Notice. The elementary school will write the goals and objectives, services for fall, LRE for elementary school and review the Prior written Notice. The elementary school sends out the meeting notice.

In the case of an outstanding ASD, InD or EBD evaluation that was initiated at pre-k, the pre-k will be responsible for having the feedback, possible staffing and making sure a new IEP is written to reflect appropriate services. The pre-k will do present level statements, LRE, and pre-k services through the end of the school year. The elementary school will write the goals and objectives, LRE at elementary school, and the services for next year as well as the Prior Written Notice. This meeting will be held at pre-k with the appropriate elementary school sending an LEA if necessary, a regular teacher if necessary.
and an ESE teacher. The pre-k will send out the meeting notice. The ESE staffing specialist at the pre-k will notify the ESE contact at the appropriate school regarding these meetings.

<table>
<thead>
<tr>
<th>School Level Progression Questions</th>
<th>Pre-K</th>
<th>Pre-K</th>
<th>K-12</th>
<th>K-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sending or receiving teacher</td>
<td>For New IEP</td>
<td>To Amend</td>
<td>For New IEP</td>
<td>To Amend</td>
</tr>
<tr>
<td>Who opens the IEP?</td>
<td>Sending-Pre-K</td>
<td>Sending-Pre-K</td>
<td>Sending</td>
<td>Sending</td>
</tr>
<tr>
<td>Who changes for dates the close of school?</td>
<td>Sending-Pre-K</td>
<td>Sending-Pre-K</td>
<td>Sending</td>
<td>Sending</td>
</tr>
<tr>
<td>Who adds the new goals?</td>
<td>Receiving</td>
<td>Receiving</td>
<td>Receiving</td>
<td>Receiving</td>
</tr>
<tr>
<td>Who attends the meeting?</td>
<td>Receiving</td>
<td>Receiving</td>
<td>Receiving</td>
<td>Receiving</td>
</tr>
<tr>
<td>Where is the meeting held?</td>
<td>Receiving</td>
<td>Receiving</td>
<td>Receiving</td>
<td>Receiving</td>
</tr>
<tr>
<td>Who sends out the meeting notice?</td>
<td>Receiving</td>
<td>Receiving</td>
<td>Receiving</td>
<td>Receiving</td>
</tr>
<tr>
<td>Who marks the current accommodations?</td>
<td>Sending-Pre-K</td>
<td>Already there</td>
<td>Sending</td>
<td>Sending</td>
</tr>
<tr>
<td>Who addresses changes in the LRE?</td>
<td>Receiving</td>
<td>Receiving</td>
<td>Receiving</td>
<td>Receiving</td>
</tr>
<tr>
<td>Who does the written prior notice?</td>
<td>Sending-Pre-K</td>
<td>Sending-Pre-K</td>
<td>Receiving</td>
<td>Receiving</td>
</tr>
<tr>
<td>Who adds/updates present levels?</td>
<td>Pre-K</td>
<td>Pre-K</td>
<td>Sending</td>
<td>Sending</td>
</tr>
<tr>
<td>Who adds the new accommodations?</td>
<td>Receiving</td>
<td>Receiving</td>
<td>Receiving</td>
<td>Receiving</td>
</tr>
<tr>
<td>Who adds the assessments to be taken?</td>
<td>Receiving</td>
<td>Receiving</td>
<td>Receiving</td>
<td>Receiving</td>
</tr>
</tbody>
</table>

Pre-K will add a line in the service section for students being dismissed from DD, leaving only Sp or Lng – “Communication support in all curriculum areas.” Duration is 6/4/14 (the last day of school). A curriculum goal does not have to be written. The Speech or Language goals will cover this. Curriculum goals can be deleted.

Which IEP’s are “new”? Those that were written after April 1 and before August 30.

Which IEP’s are to be amended? Those that are written after August 30 and before April 1.

When should sending teachers have IEP’s open and ready for the receiving teacher? For students coming from Pre-K, information was to be added by April 11. For 5th to 6th and 8th to 9th, schools will coordinate to insure there is adequate time for meeting notices and scheduling.

School/Progression IEPs
Pre K – Elementary

If students are being dismissed from Development Delay prior to May, and retaining a speech or language program, the new amendment will be written with a communications goal addressing the deficit area. If the student is still eligible for language services, under Section VI on the IEP, it will read, “Language support in all curriculum areas” with an initiation date of the IEP date and ending on the last day of school. If speech is the program area being retained, the statement will read, “Communications support in all curriculum areas”. The location in both instances will be Separate Classroom. THERE IS NO NEED FOR A CURRICULUM GOAL. If the student is being pulled out for therapy, the therapist will have a service line that addresses speech and/or language therapy and the frequency/location. For pre-k, the duration will end on the last day of school, and the elementary therapist will add a line addressing the frequency/duration and location of services beginning the first day of school.

EXAMPLE:

<table>
<thead>
<tr>
<th>Special Education Services</th>
<th>Initiation</th>
<th>Duration</th>
<th>Frequency</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specially Designed Instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instruction in all Curriculum Areas</td>
<td>A</td>
<td>B</td>
<td>Daily</td>
<td>Separate Classroom</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>---</td>
<td>---</td>
<td>-------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>C</td>
<td>D</td>
<td>30 minutes/2x weekly</td>
<td>Therapy room</td>
</tr>
<tr>
<td>Language Therapy</td>
<td>C</td>
<td>D</td>
<td>39 minutes/2x weekly</td>
<td>Therapy room or general education.</td>
</tr>
<tr>
<td>Speech and Language Therapy</td>
<td>E</td>
<td>F</td>
<td>30/min week</td>
<td>Therapy Room</td>
</tr>
</tbody>
</table>

**KEY:**
- A,E – Reflects date of IEP Amendment (current service)
- B,F – Reflects last day of school
- C – Reflects first day of new school year (next year service)
- D – Reflects expiration date of IEP

Because the placement will be different in the above example, (from Separate Class at pre-K to resource at the elementary school) we have to notify the parent in the Prior Written Notice Form that the IEP meeting will be an Annual Review as Well as a Change of Placement. Do this on the Prior Written Notice by using the example below:

**Prior Written Notice**

1. The following action is being proposed or refused:
   As of ___/___/___ (first day of school), Least Restrictive Environment (service placement will be changed from separate class to general education classroom. All academic instruction will be in the general education setting without ESE support other than speech and language therapy. After ___/___/___ (last day of school), only communication goals will be addressed in the IEP.

   **Speech and language frequency will be increased from 30 minutes to 1 hour of speech and 1 hour of language per week.**

2. This action is being proposed or refused because:
   The student is transitioning to kindergarten in the fall and has been dismissed from developmentally delayed.

   **Speech and language therapy will be increased to target goal more aggressively.**

3. The following is a description of each evaluation procedure, assessment, record or report used as a basis for the decision to propose or refuse the action:

   **Teacher input, SLP input, formal testing (name of test), etc.**

4. Other options that were considered and the reasons those other options were rejected, are as follows:

   **Continued full time placement or no services does not provide appropriate intensity of services.**

5. Other factors relevant to the proposal or refusal include: N/A

*At the IEP meeting you will also document in Conference Notes that Prior Written Notice was
provided stating that the LRE will change in August.

**Least Restrictive Environment**  *EXAMPLE*
Explain the extent, if any, to which the student will not participate with nondisabled students in the general education class, extracurricular and non-academic activities.

Due to developmental and speech delays it is difficult for her to hear and distinguish word parts. She also has difficulty repeating words back to the teacher due to her speech delay. Needs to be given opportunities to participate in classroom phonological awareness in a self-contained classroom to ensure her reading readiness and future school success.

As __/__/___ (first day of school), will be placed in a general education classroom and will no longer be in a separate class. Her speech and language therapy frequency will increase to 1 hour of language and 1 hour of speech. Her LRE will be 1830 minutes.
This will keep us from having to amend IEPs in August to reflect the new service delivery model.

**IT IS CRUCIAL THAT DATA ENTRY FOLKS ARE AWARE OF THIS AND CHANGE THE DATA IN FOCUS AFTER ROLL OVER TO MATCH THE NEW LRE SETTING ON THE IEP.**

**Elementary to Middle School/Middle School to High School**

If the service delivery model is changing, for example from pullout to accommodations classes or inclusion to pull out, you must notify the parent in a Prior Written Notice and document in Conference Notes on the IEP. Sections VI and VII on the IEP will also reflect the changes.

See example below:

**Prior Written Notice**

1. The following action is being proposed or refused:
   
   *EXAMPLE*
   
   Change in placement from resource to regular class. 2 ESE classes in middle school will be on consultation at WHS. This change takes place ___/___/___, when student is in 6th/9th grade.

2. This action is being proposed or refused because:
   
   Schedule change at transition to high school; change of placement.

3. The following is a description of each evaluation procedure, assessment, record or report used as a basis for the decision to propose or refuse the action:
   
   IEP team meeting/scheduling. Performance warrants the opportunity for general curriculum.

4. Other options that were considered and the reasons those other options were rejected, are as follows:
   
   Continue current service, increase services. These options were rejected as they did not meet the student’s needs.

5. Other factors relevant to the proposal or refusal include: N/A

<table>
<thead>
<tr>
<th>Special Education Services</th>
<th>EXAMPLE – see page 1 for initiation/duration explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specially Designed Instructions</td>
<td>Initiation</td>
</tr>
<tr>
<td>Learning strategies</td>
<td></td>
</tr>
<tr>
<td>Instruction in math, language arts (8th grade)</td>
<td></td>
</tr>
<tr>
<td>Self-determination training</td>
<td></td>
</tr>
</tbody>
</table>
**Least Restrictive Environment**  

*EXAMPLE*

Explain the extent, if any, to which the student will not participate with nondisabled students in the general education class, extra-curricular and non-academic activities.

**Student is currently receiving instruction in math, language arts in ESE.**  
In August 20___ student will be fully included in general curriculum except learning strategies.

Total Weekly Minutes: 2000  
Total weekly minutes in the general education setting: 2500

<table>
<thead>
<tr>
<th>% [ ]</th>
<th>Regular – in the general education setting 80% to 100% of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>75% [ ]</td>
<td>Resource – in the general education setting 40% to 79% of the time</td>
</tr>
<tr>
<td>% [ ]</td>
<td>Separate – in the general education setting 0% to 39% of the time</td>
</tr>
</tbody>
</table>

**Conference Notes**

On ___/___/___, the student’s schedule will reflect a change in placement from resource to regular class. Informed notice of this change was provided at this meeting with parent agreement of the schedule change without another meeting.

Sending teachers are responsible for:

1. Writing present level statements
2. Entering specially designed instruction from the date of new IEP through the end of school year

Receiving teachers are responsible for verifying that the initiation of service aligns with the date of the new IEP meeting.

Data Entry must change the LRE minutes in Gateway after rollover. Associate Deans must inform Data Entry of this.
I understand that, as a participant of the IEP team, I have the right to consent or refuse consent for my child to be placed in an ESE center, except in circumstances when a placement is made in an ESE center school related to specific violations of the district’s code of student conduct. An ESE center or special day school means a separate public school to which nondisabled peers do not have access.

I understand that if I indicate “do not consent” below, the Wakulla County School District may not place my child in an ESE center without a due process hearing and/or appeals process. I understand that if I do not return this form, after reasonable efforts to obtain my consent, the district may proceed with this action.

Based on Section 1003.5715, Florida Statutes, I understand that the school district may not place my child in an ESE center unless they have made documented and reasonable efforts to obtain my consent, and I have failed to respond or the school district obtains approval through a due process hearing and/or appeals process. I understand that, during the pendency of a due process hearing or appellate proceeding regarding a due process complaint, my child will remain in his or her current educational assignment while awaiting the decision of any impartial due process hearing or court proceeding, unless the parent and the school district otherwise agree.

Your consent is being sought because the IEP team has determined that the proposed actions are necessary in order for your child to receive a free appropriate public education. If you refuse to consent to the proposed actions, your child may not receive all the services and supports that the IEP team has determined are needed, which may impact your child’s educational progress.

The options considered by the IEP team that were not chosen include

These options were not chosen because they did not:

☐ Provide for the type or intensity of instruction and related services as determined necessary by the IEP team
☐ Provide for education in the least restrictive environment
☐ Other

Other factors that were relevant to the options considered are:
I understand that if I give consent, my child will not participate in an educational setting with nondisabled peers, but will have access to intensive services as determined necessary by the IEP team.

☐ Does consent for placement in an ESE center

[Signature and date]

☐ Does not consent for placement in an ESE center

[Signature and date]

As a parent of a student with a disability, you have specific rights and protections that are described in the Notice of Procedural Safeguards for Parent of Students with Disabilities. To receive a copy of the procedural safeguards or for assistance understanding your rights, you may contact:

(District Designee) at [Telephone/email] OR (Alternate contact) at [Telephone/email]

Documentation of attempts to obtain consent:

1. Date Sent/Method Used: __________________________

2. Date Sent/Method Used: __________________________
SECTION NINE

SENATE BILL 1108
Florida Department of Education
Parental Consent Form
Instruction in the State Standards Access Points Curriculum and
Florida Alternate Assessment Administration

Student: ________________________  Date: ________________________
Student D.O.B.: ________________________  Parent(s) Name: ________________________
District: ________________________  School: ________________________

I understand that, as a participant of the individual educational plan (IEP) team, I have the right to consent or refuse consent for my child (or myself, if I am an adult student) to be provided instruction in the state standards access points curriculum and to be administered the Florida Alternate Assessment (FAA) (if applicable, based on my child’s grade level).

Based on Section 1003.5715, Florida Statutes, I understand that the Wakulla County School district may not provide instruction in the state standards access points curriculum and administer the FAA unless I have provided written consent on this form; or the school district made documented and reasonable efforts to obtain my consent, and I have failed to respond; or the school district obtains approval through a due process hearing and/or appeals process. I understand that, during the pendency of a due process hearing or appellate proceeding regarding a due process complaint, my child will remain in his or her current educational assignment while awaiting the decision of any impartial due process hearing or court proceeding, unless the school district and I otherwise agree.

My consent is being sought because the IEP team has determined that the proposed actions are necessary in order for my child to receive a free appropriate public education. If I refuse to consent to the proposed actions, my child may not receive all the services and supports that the IEP team has determined are needed, which may impact my child’s educational progress. I understand that, if I give consent, my child will not be eligible for a standard high school diploma but may receive instruction within the general education setting based on his or her IEP. I understand that access to future opportunities such as enrollment in college or enlistment in the military may be limited if my child does not have a standard high school diploma. This consent will remain in effect until the next annual review of the IEP, or until the next IEP meeting if instruction in state standards access points curriculum and administration of the FAA is addressed, whichever event occurs first.

☐ I consent for the provision of instruction in the state standards access points curriculum and administration of the FAA (if applicable, based on my child’s grade level).

________________________________________  Date  __________________________________________
Parent signature  Date

☐ I do not consent for the provision of instruction in the state standards access points curriculum and administration of the FAA (if applicable, based on my child’s grade level).

________________________________________  Date  __________________________________________
Parent signature  Date

If you sign “I do not consent for placement,” within ten school days, the school district must develop and implement new instruction and assessment procedures in accordance with a new IEP or must request a due process hearing.

As a parent of a student with a disability, you have specific rights and protections that are described in the Notice of Procedural Safeguards for Parents of Students with Disabilities. To receive a copy, or for assistance understanding your rights, contact:

__________________________  at  ____________________________ OR  ____________________________  at  ____________________________
(District designee) (Telephone/email) (Alternate contact) (Telephone/email)

Documentation of attempts to obtain consent:
1. Date Sent/Method Used: ____________________________
2. Date Sent/Method Used: ____________________________

Rule 6A-6.0331; Form 313181 – English; Effective March 2014