**Case Conference Committee Meeting Scheduled:**

| Date:2025-04-23 | Time: | Place: |
| --- | --- | --- |

**Guardian Information:**

| Relation to Student: | Relation to Student: |
| --- | --- |
| Name: | Name: |
| Business Phone: | Business Phone: |
| Home Phone: | Home Phone: |
| Mobile Phone: | Mobile Phone: |
| Email Address: | Email Address: |

**Purpose of the Case Conference:**

* Initial Service Plan
* Revise Service Plan
* Reevaluation Review
* Annual Service Plan
* Move-in

**Evaluation Information and Student Data:**

**Describe the Strengths of the Student:**

|  |
| --- |

**Describe the concerns of Parents for enhancing the education of the Student:**

|  |
| --- |

**Response to Instructional Strategies and Research-Based Interventions:**

*(Only for meeting purposes, Initial Evaluation following lack of response to interventions.)*

|  |
| --- |

**Student Growth (Progress Monitoring) Data:**

|  |
| --- |

**Present Level of Academic Achievement and Functional Performance:**

*Based on evaluation data, provide a statement of the student's* ***present levels of academic achievement and functional performance****, including* ***how the student's disability/suspected disability affects the student's involvement and progress in the general education curriculum*** *or, for children in early childhood, participation in appropriate activities*

|  |
| --- |

**Continue below for all students.**

# **Eligibility Decision:**The Case Conference Committee has determined that the student's disability adversely affects the student's educational performance.

* Yes
* No

**Primary Eligibility Area (indicate Primary Disability):**

| * Autism Spectrum Disorder | * Deaf or Hard of Hearing |
| --- | --- |
| * Language Impairment | * Other Health Impaired |
| * Speech Impairment | * Deaf-Blind |
| * Blind or Low Vision | * Orthopedic Impairment |
| * Mild Intellectual Disability | * Developmental Delay |
| * Moderate Intellectual Disability | * Specific Learning Disability |
| * Severe or Profound Intellectual Disability | * Emotional Disability |
| * Multiple Disabilities | * Traumatic Brain Injury |

**Secondary Eligibility Areas (indicate any Secondary Disability):**

| * Autism Spectrum Disorder | * Deaf or Hard of Hearing |
| --- | --- |
| * Language Impairment | * Other Health Impaired |
| * Speech Impairment | * Deaf-Blind |
| * Blind or Low Vision | * Orthopedic Impairment |
| * Mild Intellectual Disability | * Developmental Delay |
| * Moderate Intellectual Disability | * Specific Learning Disability |
| * Severe or Profound Intellectual Disability | * Emotional Disability |
| * Multiple Disabilities | * Traumatic Brain Injury |

**Describe the reasons for eligibility or ineligibility determination, including the other options considered and reasons these options were rejected.**

|  |
| --- |

**Special Considerations:**

Does the student have needs related to Limited English Proficiency?

* Yes
* No

If yes, describe the student’s needs:

|  |
| --- |

Are there considerations regarding the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode? **(Only Students with Deaf or Hard of Hearing or Deaf-Blind eligibility areas require this response.)**

* Yes
* No

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

|  |
| --- |

Are there considerations regarding the instruction in Braille and the use of Braille? **(Only Students with Blind/Low Vision or Deaf-Blind Eligibility Areas require this response.)**

* Yes
* No

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

|  |
| --- |

**Behavioral Concerns:**

* Yes, there is a behavior of concern for the Case Conference Committee to discuss.

If yes, provide a description of the behavior of concern. What does it look like? Where does the behavior happen? Where does the behavior not happen?

|  |
| --- |

* No, there is not a behavior of concern for the Case Conference Committee to discuss.

**If Yes,** [**Behavior Section**](https://docs.google.com/document/d/14C2pfOaUSRJyyHdrycWYNvsgpiQCf3dcVK5oA-J5V6w/edit?usp=drive_link) **document should be utilized.**

**If No, proceed to the “**[**Transition Section**](https://docs.google.com/document/d/1v9Fimhw014M-tNhgziD3Jf4CG7-o4Oo2rP60sMiadyc/edit?usp=drive_link)**” document if student is of transition age.**

**Continue below for all students.**

# **State Assessments and other Considerations**

**Participation in State Testing Programs**

* Student does not attend an accredited school and will not participate in statewide assessments.
* Student will not yet be in grade 1.
* Student will participate in IREAD at an accredited school.
* Student will participate in ILEARN (Grades 3-8) and IREAD (Grades 3 and Grades 4, 5 and 6 for retest).
* Student will participate in the College Entrance Exam (SAT), ILEARN Biology, and/or ILEARN U.S Government (High School).
* Student will participate in the alternate assessment.

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

* Student has passed IREAD.

**Rationale:**

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

|  |
| --- |

| The student will participate in the state assessment. | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ILEARN Math  (Grades 3-8) | | ILEARN Language Arts (Grades 3-8) | | ILEARN Science  (Grades 4 & 6) | | ILEARN Social Studies (Grade 5) | | IREAD  (Grades 2-6) | |
| * State Assessment without accommodations | | * State Assessment without accommodations | | * State Assessment without accommodations | | * State Assessment without accommodations | | * State Assessment without accommodations | |
| * State Assessment with accommodations | | * State Assessment with accommodations | | * State Assessment with accommodations | | * State Assessment with accommodations | | * State Assessment with accommodations | |

| The student will participate in the alternate assessment. | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I AM Math  (Grade 3-8) | | I AM Language Arts (Grade 3-8) | | I AM Science  (Grade 4 & 6) | | I AM Social Studies  (Grade 5) | | | |
| * Alternate Assessment with accommodations | | * Alternate Assessment with accommodations | | * Alternate Assessment with accommodations | | * Alternate Assessment with accommodations | | | |
| * Alternate Assessment without accommodations | | * Alternate Assessment without accommodations | | * Alternate Assessment without accommodations | | * Alternate Assessment without accommodations | | | |

* Student will be in high school.
* Student will not be in 10th grade and State Assessment is not required.

| The student will participate in the state assessment. | | | | | |
| --- | --- | --- | --- | --- | --- |
| College Entrance Exam (SAT) | | ILEARN Biology | | ILEARN U.S Government | |
| * State Assessment without accommodations | | * State Assessment without accommodations | | * State Assessment without accommodations | |
| * State Assessment with accommodations | | * State Assessment with accommodations | | * State Assessment with accommodations | |
| * Student has participated in this assessment. | | * Student has passed this assessment. | | * Student has passed this assessment. | |
|  | | * Student has participated in this assessment. | | * This assessment is not offered. | |
|  | |  | | * Student has participated in this assessment. | |

| The student will participate in the alternate assessment. | | | | | |
| --- | --- | --- | --- | --- | --- |
| Algebra (HS) | | Language Arts (HS) | | Biology (HS) | |
| * Alternate Assessment without accommodations | | * Alternate Assessment without accommodations | | * Alternate Assessment without accommodations | |
| * Alternate Assessment with accommodations | | * Alternate Assessment with accommodations | | * Alternate Assessment with accommodations | |

**State Assessment Accommodations**

* Student is provided access to own resources (i.e., abacus, bold print protractor, real coins, bold/raised line graph paper, bold/raised line writing paper)
* Student is provided with additional breaks
* Student is allowed to use alternative indication of response (i.e., circle, point to, state, or use assistive technology device to indicate answer choice)
* Student is provided an approved, bilingual word-to-word dictionary
* Student is provided a Braille paper test format
* Student is provided an adaptive and/or handheld calculator for calculator allowed items on mathematics
* Student is provided the online basic calculator for all mathematics items
* Student is provided a non-embedded hundreds chart
* Student is tested individually
* Student is provided a large print paper test format
* Student is provided a non-embedded multiplication table
* Permissive mode to access assistive technology device(s)
* Student is provided a paper test format
* Student is permitted to read aloud to self
* Student is provided access to a scribe
* Student is provided access to a sign language interpreter for directions and all items including items testing reading comprehension (ILEARN and I AM Only)
* Student is provided streamline format of the online assessment
* Student is provided access to embedded speech-to-text
* Student has text read aloud (except items testing reading comprehension) by a human reader
* Student is provided access to non-embedded speech-to-text
* Student is provided refreshable Braille and an embosser for the online assessment (ILEARN Only)
* Student is provided print on demand for the online assessment
* Student has text read aloud (except items testing reading comprehension) via text-to-speech
* Student is provided audio transcriptions (ILEARN ELA Only)
* Student is provided Braille transcript for online audio items (ILEARN ELA Only)
* Student is provided an adaptive and/or handheld calculator for all mathematics items
* Student is provided the online scientific calculator for all mathematics items
* Student is provided Closed Captioning for online audio items (ILEARN ELA Only)
* Student has text read aloud (including items testing reading comprehension) by a human reader (ILEARN ELA Only)
* Student is provided ASL videos to interpret audio items
* Student is provided access to a sign language interpreter for directions and items except items testing reading comprehension
* Student has text read aloud including items testing reading comprehension via text-to-speech (ILEARN ELA Only)
* Student is provided a hard of hearing form (IREAD Only)
* Student is provided access to an abacus
* Student is provided a hard of hearing feature on the online assessment (ILEARN ELA and Science only)
* Student is provided Spanish toggle for the online assessment (designated feature)
* Student is provided embedded word completion
* Student is provided word completion via a non-embedded software program
* Student is provided a visual human reader (IREAD designated feature)
* Student is provided an embedded multiplication table
* Student is provided an embedded hundreds chart
* Student is provided a large print paper test format for the ILEARN summative assessment
* Student is provided a Braille paper test format for the ILEARN summative assessment
* Student is provided adaptive/handheld calculator for all items on science
* Student is provided adaptive/handheld calculator for all items (I AM universal feature)
* Student is provided a paper test format for the ILEARN summative assessment
* Student is provided acetate film for paper assessments (designated feature)
* Student is provided assistive technology to magnify/enlarge (designated feature)
* Student is provided access to sound amplification system (designated feature)
* Student is provided use of special furniture or equipment for viewing test (designated feature)
* Student is provided special lighting conditions (designated feature)
* Time of day for testing altered (Student is tested during a specific time of day based on individual needs) (designated feature)
* Student is provided text-to-speech tracking (I AM only)
* Student has text read aloud by a human reader ( I AM designated feature)

**College Entrance Exam Accommodations:**

* One-to-one testing
* Braille (Refreshable Braille for Digital or Paper Braille)
* Raised line drawings (graphs and figures)
* Braille Writer
* Reading: Up to Time and one-half (+50%)
* Reading: Up to Double time (+100%)
* Reading: Up to More than double time (>100%)
* Large Print Test
* Paper Test for Digital Testing
* 4-function calculator
* Human reader for Paper Testing
* Sign language interpreter for oral instructions only
* Assistive technology
* Extended breaks
* Extra breaks
* Breaks as needed
* Small group testing
* Auditory amplification/FM system
* Magnification device (non-electronic)
* Magnification device (electronic)
* Colored overlay
* Student is provided a color contrast feature for the online assessment (Select "colored overlay" in SSD Online)
* Writer/scribe for Digital Tests (non-embedded)
* Preferential seating
* Wheelchair accessibility
* Food/drink/medication
* Permission to test blood sugar
* Printed copy of verbal instructions
* State Allowed Accommodations to sign the Reading and Writing test content using American Sign Language (ASL) or Pidgin Signed English (PSE)
* State Allowed Accommodations to sign the Mathematics test content using American Sign Language (ASL) or Pidgin Signed English (PSE)
* Math Only: Up to Time and one-half (+50%)
* Math Only: Up to Double time (+100%)
* Math Only: Up to More than double time (>100%)
* Speech-to-Text Dictation for Digital Exams
* Unified English Braille (UEB Technical) for Math/Science
* Text-to-Speech (Embedded)
* Screen Reader (Non-Embedded) for Digital Assessments

Accommodations:

Describe any additional accommodations, if appropriate:

|  |
| --- |

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

|  |
| --- |

**WIDA**

Does the student have English language proficiency needs?

* Yes
* No

**(Skip if NO was selected above)** Which English Language Proficiency assessment (WIDA) does the student qualify for?

* ACCESS Online with accommodations
* ACCESS Online without accommodations
* ACCESS Paper with accommodations
* ACCESS Paper without accommodations
* Kindergarten ACCESS with accommodations
* Kindergarten ACCESS without accommodations
* Alternate ACCESS with accommodations
* Alternate ACCESS without accommodations

**WIDA Assessment Accommodations:**

* Extended Speaking test response time (ES)
* In-person human reader (IR)
* Repeat in-person human reader (RP)
* Interpreter signs test directions in ASL (SD)
* Manual control of item audio (MC)
* Repeat item audio (RA)
* Recording device and transcription (RD)
* Handwriting (HW) for ACCESS Online Writing Domain, Grades 4-12 Only
* Exempt - Speaking
* Exempt - Writing
* Exempt - Listening
* Exempt - Reading
* Word processor or similar keyboarding device (WD)
* Braille (BR)
* Scribe (SR)
* Large Print (LP)

**IREAD**

Has the student participated in the IREAD assessment?

* Yes
* No

Did the student pass IREAD?

* Yes
* No

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

Was the student granted a Good Cause Exemption (GCE)?

* Yes
* No

Date GCE was Granted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the student pass IREAD following remediation?

* Yes
* No
* Student has not yet taken IREAD following remediation.

**(Grade 3 students only)** Will the student be retained?

* Yes
* No

**(Grade 3 students only)** If the student is to be retained, will he or she receive remediation?

* Yes
* No

**(Grade 3 students only)** If the student did not pass IREAD and is not to be retained, explain the rationale for not retaining the student:

|  |
| --- |

**Daily Accommodations**

* Student is provided with additional breaks
* Student is provided a Braille test format: UEB and/or UEB with Nemeth Contracted, Standard for All Grades
* Student works best in a small group
* Student is provided use of special furniture or equipment for viewing classroom materials
* Student is provided access to sound amplification system (designated feature)
* Student is provided assistive technology to magnify/enlarge (designated feature)
* Student is provided acetate film for paper materials
* Student is provided headphones to block out distractions (no music, headphones are sound dampening only)
* Student is provided access to a scribe
* Student is allowed to use alternative indication of response (e.g., circle, point to, state, or use assistive technology device to indicate answer choice)
* Student is provided preferential seating (universal feature)
* Student is provided special lighting conditions (designated feature)
* Student is provided access to own resources (i.e., bold print protractor, real coins, bold/raised line graph paper, bold/raised line writing paper)
* Student is allowed to use lined paper turned sideways to help align math problems
* Student is provided a low-tech assistive writing instrument
* Student may use Scratch/blank paper (including lined or graph paper)
* Student has use of an approved, bilingual word-to-word dictionary for classwork, homework, and assessments
* Student is tested individually
* Student is permitted to read aloud to self
* Student has use of a calculator in classwork, homework, and assessments
* Student is provided with extra time
* Student is provided access to assistive technology device(s)
* Student is provided word completion
* Student is provided a hundreds chart for mathematics classwork, homework, and assessment
* Student is provided a multiplication table for mathematics classwork, homework, and assessment
* Student is provided sign language
* Student is provided color contrast for visual accessibility
* Student is provided access to large print paper version of the text
* Student is provided a paper format for electronic items
* Student is provided access to speech-to-text
* Directions and content read aloud to the student (text to speech)
* Directions and content read aloud to the student (human reader)
* Directions and content signed to the student

**Continue below for all students.**

# Annual Goals

Title:

|  |
| --- |

Present Level Data for this annual goal:

|  |
| --- |

Standards aligned to this Annual Goal:

|  |
| --- |

Objectives/benchmarks

|  |
| --- |

Specially Designed Instruction:

|  |
| --- |

Annual Goal Statement:

|  |
| --- |

If student is transition age, which postsecondary goal(s) does this annual goal support?

* Employment
* Education and Training
* Independent Living (if required)

Method/Instrumentation for Measuring Progress:

* Descriptive Documentation
* Single Point
* Single Rubric
* Collection of Indicators

Annual Goal Initiation Date: Apr 22, 2025

Annual Goal Completion Date: Apr 22, 2025

Progress Monitoring

Articulate the plan to monitor and report progress on this annual goal:

|  |
| --- |

**Duplicate this section for all necessary goals.**

**Continue below for all students.**

# **Provisions**

**Special Education Services**

| **Description** | **Proposed Initiation Date** | **Number of Sessions** | **Time per Session** | **Service End Date** | **Location** | **Align to Postsecondary goals:** |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Apr 22, 2025** |  |  | **Apr 22, 2025** |  |  |
| **Narrative:** |  | | | | | |
| **Description** | **Proposed Initiation Date** | **Number of Sessions** | **Time per Session** | **Service End Date** | **Location** | **Align to Postsecondary goals:** |
|  | **Apr 22, 2025** |  |  | **Apr 22, 2025** |  |  |
| **Narrative:** |  | | | | | |
| **Description** | **Proposed Initiation Date** | **Number of Sessions** | **Time per Session** | **Service End Date** | **Location** | **Align to Postsecondary goals:** |
|  | **Apr 22, 2025** |  |  | **Apr 22, 2025** |  |  |
| **Narrative:** |  | | | | | |
| **Description** | **Proposed Initiation Date** | **Number of Sessions** | **Time per Session** | **Service End Date** | **Location** | **Align to Postsecondary goals:** |
|  | **Apr 22, 2025** |  |  | **Apr 22, 2025** |  |  |
| **Narrative:** |  | | | | | |

**Related Services**

| **Description** | **Proposed Initiation Date** | **Number of Sessions** | **Time per Session** | **Service End Date** | **Location** | **Align to Postsecondary goals:** |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Apr 23, 2025** |  |  | **Apr 23, 2025** |  |  |
| **Narrative:** |  | | | | | |
| **Description** | **Proposed Initiation Date** | **Number of Sessions** | **Time per Session** | **Service End Date** | **Location** | **Align to Postsecondary goals:** |
|  | **Apr 23, 2025** |  |  | **Apr 23, 2025** |  |  |
| **Narrative:** |  | | | | | |
| **Description** | **Proposed Initiation Date** | **Number of Sessions** | **Time per Session** | **Service End Date** | **Location** | **Align to Postsecondary goals:** |
|  | **Apr 23, 2025** |  |  | **Apr 23, 2025** |  |  |
| **Narrative:** |  | | | | | |
| **Description** | **Proposed Initiation Date** | **Number of Sessions** | **Time per Session** | **Service End Date** | **Location** | **Align to Postsecondary goals:** |
|  | **Apr 23, 2025** |  |  | **Apr 23, 2025** |  |  |
| **Narrative:** |  | | | | | |

**Transportation:**

Are the student’s transit time and transportation needs the same as that of non-disabled peers?

* Yes
* No

If **No**, describe and justify these needs. **Record as a related service if additional provisions are necessary.**

|  |
| --- |

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

|  |
| --- |

**Accessible Materials:**

Does the student need instructional materials provided in an accessible format to receive a free and appropriate public education? (FAPE)

* Yes
* No

If **Yes**, describe the environments, tasks, tools, and services related to their provisions:

|  |
| --- |

**Assistive Technology:**

Does the student need assistive technology?

* Yes
* No

If **Yes**, describe the assistive technology required if any:

|  |
| --- |

**Extended School Year:**

* The student is expected to regress to a lower level of academic or behavioral functioning evidenced by a measurable decrease in the level of behaviors or skills that cannot be recovered with a reasonable amount of time after the interruption of education services.
* The student is at a critical point of skill acquisition or readiness that would be lost or greatly reduced as a result of an interruption of services.
* There are special circumstances that make extended school year services necessary to the provision of a free and appropriate public education (FAPE).
* None

If applicable, record extended school year services required in order to provide a free and appropriate education for this student. **Record ESY services under special education and related services if needed.**

|  |
| --- |

**Aids/Supports:**

Is support necessary to provide public agency personnel with the knowledge and skills necessary to implement the student's individualized education program?

* Yes
* No

If **Yes**, document the types and general intent of supports necessary to provide public agency personnel with the knowledge and skills necessary to implement the student’s individualized education program and the general intent of the supports:

|  |
| --- |

**Program Modifications:**

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

|  |
| --- |

**Progress Reporting:**

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

|  |
| --- |

**Rationale:**

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

|  |
| --- |

Does this student require an Emegency Evacuation Plan?

* Yes
* No

If yes, where is the emergency evacuation plan located?

|  |
| --- |

Does this student require a Health Plan?

* Yes
* No

If yes, where is the health plan located?

|  |
| --- |

Does this student require a Crisis Plan?

* Yes
* No

If yes, where is the crisis plan located?

|  |
| --- |

**Continue below for all students.**

# **Least Restrictive Environment and Program**

**LRE Placement Category based on Federal Program Types:**

**School Age (6-21)** - Student will be Age 6+ as of next December 1st.

* 50-Regular class 80% or more (In a regular classroom for 80% or more of the day)
* 51-Resource Room (In a regular class for 40% to 79% of the day)
* 52-Separate Class (In a regular class for less than 40% of the day)
* 53-Separate day school facility
* 54-Residential Facility
* 55-Correctional Facility
* 56-Parentally placed in private school
* 57-Homebound/hospital

**Early Childhood (3-5)** - Student will not be 6+ as of the next December 1st.

* 26-In a regular early childhood program at least 10 hours per week and receiving the majority of services there.
* 27-In a regular early childhood program at least 10 hours per week and receiving the majority of services in some other location.
* 28-In a regular early childhood program less than 10 hours per week and receiving the majority of services there.
* 29-In a regular early childhood program less than 10 hours per week and receiving the majority of services in some other location.
* 33-Separate Class
* 34-Separate School
* 35-Residential Facility
* 36-Service Provider Location
* 37-Home

Additional Descriptors of Least Restrictive Environment (if any):

|  |
| --- |

Summarize the discussion and consideration of any potentially harmful effects of the suggested services on the student or on the quality of services needed:

|  |
| --- |

Describe the reasons for placement determination including the other options considered and the reasons these options were rejected:

|  |
| --- |

If you have indicated this student meets the eligibility criteria for Emotional Disability, select the best descriptor of this student’s level of services:

* FULL TIME (receives special education support or services 50% or more of the school day)
* OTHER (receives special education support or services less than 50% of the school day)

**Continue below for all students.**

# **General Consideration**

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

* Yes, **the student will be able to participate in all educational programs and activities available to non-disabled students.**
* No, state the exceptions and describe the reasoning for these exceptions:

|  |
| --- |

* Yes, **the student will be able to participate in all non-educational and extracurricular activities available to non-disabled students.**
* No, state the exceptions and describe the reasoning for these exceptions:

|  |
| --- |

* Yes, **the student will participate in the general physical education program available to non-disabled students.**
* No, state the exceptions and describe the reasoning for these exceptions:

|  |
| --- |

* Yes, **the student will be educated in the school he or she would attend if not disabled.**
* No, state the exceptions and describe the reasoning for these exceptions:

|  |
| --- |

* Yes, **the length of the instructional day will be the same as the instructional day for non-disabled peers.**
* No, state the exceptions and describe the reasoning for these exceptions:

|  |
| --- |

# **Program Information**

Corporation of Legal Settlement:

|  |
| --- |

Access Corporation:

|  |
| --- |

Access School:

|  |
| --- |

Non-Public School or Program:

|  |
| --- |

* Educating School is non-public and accredited.
* Educating School is non-public and non-accredited.

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

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

Next Projected Educating School or Program:

|  |
| --- |

Reevaluation:

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

|  |
| --- |

Triennial (3 Year) Reevaluation Date:

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

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

**Continue below for all students.**

# **Participants**

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

| Position | Name | Additional Title |
| --- | --- | --- |
|  |  |  |
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**Notice of Initial Proposed Service Plan**

I have been presented with a copy of the Service Plan which contains:

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

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

* I consent to the provision of special education services for my child. I understand that this will be implemented no later than ten instructional days after my consent is received or by the initiation date stated on the .
* I refuse to consent to the provision of special education services described in this written notice.

I understand that as the parent, I have the right to contest the school’s decision and challenge the proposed action by:

* Requesting and participating in a meeting with a school official who has the authority to resolve the disagreement I have with the school regarding this .
* Requesting the school’s consent for mediation under 511 IAC 7-45-2.
* Requesting a due process hearing under 511 IAC 7-45-3.

Sign:

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Date:

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**Notice of Implementation**

I have been presented with a copy of the Service Plan which contains:

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

I understand that the school is not required to get my written consent and can implement this Service Plan unless I take one of the following actions within ten (10) school days of receiving this notice:

* Requesting and participating in a meeting with a school official who has the authority to resolve the disagreement I have with the school regarding this .
* Getting the school’s consent for mediation under 511 IAC 7-45-2.
* Requesting a due process hearing under 511 IAC 7-45-3.

I understand that if I challenge the proposed prior to its implementation, the school must continue to implement the current under 511 IAC 7-42-7 (b)(5).

Procedural Safeguards

I understand that as a parent of a student with a disability:

* I have protection under the procedural safeguards.
* I can request a copy of the procedural safeguards at any time.
* I can contact any of the resources listed in the procedural safeguards document for assistance in understanding Indiana special education rules.

Sign:

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Date:

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**CONSENT TO IMPLEMENT**

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

Sign:

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Date:

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