



Student:

STN:

DOB:

Meeting Purpose

IEP Start Date:		File Date:	
IEP End Date:			
Guardian Information:			
Relationship:		Relationship:	
Name:		Name:	
Home Phone:		Home Phone:	
Business Phone:		Business Phone:	
Mobile Phone:		Mobile Phone:	
Home Address:		Home Address:	

Purposes of the Case Conference:			
<input type="checkbox"/>	Initial Evaluation	<input type="checkbox"/>	Consider Placement in an Alternative Program
<input type="checkbox"/>	Initial Expedited Evaluation	<input type="checkbox"/>	Consider Placement at a State School
<input type="checkbox"/>	Initial following lack of progress in response to interventions	<input type="checkbox"/>	Consider Placement in a Private Facility
<input type="checkbox"/>	Reevaluation Review	<input type="checkbox"/>	Consider Service Plan
<input type="checkbox"/>	Annual	<input type="checkbox"/>	Public Agency Placement with Difference Public Agency of Service
<input type="checkbox"/>	Move-in	<input type="checkbox"/>	Interim Alternative Education Placement
<input type="checkbox"/>	Manifestation Determination	<input type="checkbox"/>	Out-of-school placement 60-day Review
<input type="checkbox"/>	Revise IEP	<input type="checkbox"/>	Revise IEP without a meeting
<input type="checkbox"/>	Exit Secondary Education	<input type="checkbox"/>	Post-Secondary Transition

Additional information regarding the purpose(s) of this Case Conference:

Case Conference Committee Meeting Scheduled					
Date		Time		Place	



Student:

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Existing Data

Notice of Procedural Safeguards:

Describe the strengths of the student:

Describe the concerns of the parent for enhancing the education of the student:

Enter Progress Monitoring Data:

Present Level of 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.*



Student:

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Eligibility Information

Is this student eligible for Special Education Services?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If the student is not eligible for Special Education Services, STOP here.

Eligibility Areas: (Please indicate one Primary disability with the numeral 1 and all Secondary disabilities with the numeral 2)

<input type="checkbox"/>	Autism Spectrum Disorder	<input type="checkbox"/>	Language Impairment						
<input type="checkbox"/>	Blind or Low Vision	<input type="checkbox"/>	Speech Impairment						
<input type="checkbox"/>	Cognitive Disability	<input type="checkbox"/>	Mild	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	Severe	<input type="checkbox"/>	Multiple Disabilities
<input type="checkbox"/>	Deaf or Hard of Hearing	<input type="checkbox"/>	Other Health Impaired						
<input type="checkbox"/>	Deaf-Blind	<input type="checkbox"/>	Orthopedic Impairment						
<input type="checkbox"/>	Developmental Delay (Preschool only)	<input type="checkbox"/>	Specific Learning Disability						
<input type="checkbox"/>	Emotional Disability	<input type="checkbox"/>	Full	<input type="checkbox"/>	All other	<input type="checkbox"/>	Traumatic Brain Injury		

Initial Eligibility Date:

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

Large empty text area for describing reasons for eligibility determination.

Special Considerations and Behavioral

Does the student have needs related to Limited English Proficiency?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
---------------------------------------------------------------------	--------------------------	-----	--------------------------	----

If yes, please describe the student's needs:

Large empty text area for describing student's needs.



Student:

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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 Deaf or Hard of Hearing or Deaf-Blind eligibility areas require this response.)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please describe the student's language and communication needs:

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please describe the considerations regarding Braille:

Does the Behavior of this student impede his or her progress or that of others?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please complete the following prompts:

Behaviors of Concern: *(Please describe the patterns of concerning behaviors.)* 50 characters



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Functions of the Behavior: *(Please include evidence of factors affecting behavior.)* 50 characters

Positive Strategies/Instructional Experiences: *(Please articulate the plan to provide behavioral support/intervention.)* 50 characters

Is an annual goal needed to address behavior skill development at this time?

Yes No If yes, add Goal

Does the behavioral intervention plan require the provision of special education services?

Yes No If yes, add Special Education Services

Does the behavioral intervention plan require the provision of related services?

Yes No If yes, add Related Service

Transition

Instruction - 511 IAC 7-43-4: The CCC must develop a transition IEP when the student: (1) enters into grade 9; or (2) becomes 14 years of age; whichever occurs first, or earlier if determined appropriate by the CCC.

The student will be years old on the IEP Begin Date. years old on the IEP End Date.

When the student turns eighteen (18) years of age, all of the rights formerly provided to the student's parent shall transfer to the student unless a guardian or an educational representative has been appointed for the student.

The age of the child does does not require a transition IEP be completed at this time.

Transition Assessments:

Date Completed	Assessment



Student:

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Summary of Findings for Age Appropriate Transition

Discuss the findings of age-appropriate transition assessments that have been conducted, the indication of need for future transition assessments, and any curricular connections that support that development of transition skills. Summarize these discussion points.

Is there evidence that this student has achieved sufficient skills for independent living?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, cite evidence to support the decision that an Independent Living Skills goal is not applicable. (Note the name of the assessment, date given, and summarize the results.)

If no, complete the following statement.

Regarding Independent Living after high school, I will (Choose 1):	<input type="checkbox"/>	Live	<input type="checkbox"/>	Obtain	<input type="checkbox"/>	Utilize	<input type="checkbox"/>	Get a job	<input type="checkbox"/>	Participate in
	<input type="checkbox"/>	Enroll	<input type="checkbox"/>	Work	<input type="checkbox"/>	Go	<input type="checkbox"/>	Receive	<input type="checkbox"/>	

Regarding Employment after high school, I will (Choose 1):	<input type="checkbox"/>	Live	<input type="checkbox"/>	Obtain	<input type="checkbox"/>	Utilize	<input type="checkbox"/>	Get a job	<input type="checkbox"/>	Participate in
	<input type="checkbox"/>	Enroll	<input type="checkbox"/>	Work	<input type="checkbox"/>	Go	<input type="checkbox"/>	Receive	<input type="checkbox"/>	

Regarding Education and Training after high school, I will:	<input type="checkbox"/>	Live	<input type="checkbox"/>	Obtain	<input type="checkbox"/>	Utilize	<input type="checkbox"/>	Get a job	<input type="checkbox"/>	Participate in
	<input type="checkbox"/>	Enroll	<input type="checkbox"/>	Work	<input type="checkbox"/>	Go	<input type="checkbox"/>	Receive	<input type="checkbox"/>	

The postsecondary goals were updated annually. Check whichever applies:

<input type="checkbox"/>	YES – postsecondary goals were reviewed and discussed and remain the same.
<input type="checkbox"/>	YES – postsecondary goals were reviewed and discussed and have been updated accordingly.

State Assessments and Other Participations

Anticipated Date of Exit from High School or Extended Secondary Services:

<input type="checkbox"/>	<p>This student will pursue a Certificate of Completion.</p> <ul style="list-style-type: none"> Therefore, the student's goals and objectives are generally prerequisites to grade-level academics or are highly individualized extensions to the standards.
<input type="checkbox"/>	<p>The student will pursue a High School Diploma.</p> <ul style="list-style-type: none"> Therefore, the student's academic goals are the same as non-disabled peers at grade-level or generally aligned to grade-level curriculum.



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	Student does not attend an accredited school and will not participate in statewide assessments.
	Student will not yet be in grade 3.
	Student will be in grades 3-8 at an accredited school.

Math (grade 3-8)	Language Arts (grade 3-8)	Science (grade 4 & 6)	Social Studies (grade 5 & 7)
ISTEP+ without accommodations	ISTEP+ without accommodations	ISTEP+ without accommodations	ISTEP+ without accommodations
ISTEP+ with accommodations	ISTEP+ with accommodations	ISTEP+ with accommodations	ISTEP+ with accommodations
Modified Assessment	Modified Assessment	Modified Assessment	Modified Assessment

	Student will be in high school.
	Student will not be in 10 th grade. Therefore, State Assessment is not required.

Algebra (HS)	Language Arts (HS)	Biology (HS)
End of course Assessment without accommodations	End of course Assessment without accommodations	End of course Assessment without accommodations
End of course Assessment with accommodations	End of course Assessment with accommodations	End of course Assessment with accommodations
Student has passed this assessment.	Student has passed this assessment.	Student has passed this assessment.
Tested course is not yet in course of study.	Tested course is not yet in course of study.	Tested course is not yet in course of study.
GOE	GOE	GOE
ISTAR for academic competence	ISTAR for academic competence	ISTAR for academic competence

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.

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



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Goal

Goal Title:

Goal Statement:

Present Level: (Must enter at least 50 characters for the Present Level)

Standards: (List reference number and standard statement) (Must have at least one standard for each goal)

Specially Designed Instruction:

Method / Instrumentation for Measuring Progress:

If student is of transition age, which post-secondary goal(s) does this goal support?

Employment

Education and Training

Independent Living (if required)

Progress Monitoring:

Descriptive Documentation

Single Point

Single Rubric

Collection of Indicators



Student:

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DOB:

Goal (continued)

Progress Monitoring Parameters: (Please include Objectives, Benchmarks, Initial Dates and Values, Metrics, Frequency of Collection, and Rubric information required by the Progress Monitoring Design selected.)

Objectives: (please number your objectives) **Objectives are required for Descriptive and Collection of Indicators in Indiana IEP.**

Initial Score		Initial Date		Frequency of Collection (Indicate number of assessments per day, week, month or reporting period.)								
Target Score		Target Date		Number of Assessment(s) Per		Day		Week		Month		Reporting Period

Metric: (percentage, reading level, vocabulary list ...)

Rubric information:



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Rubric information:



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Provisions

Transition Services **(Complete ONLY for Transition IEP)**

Description	By Whom	To Support: Independent Living, Employment, and Education/Training Post-Secondary goal	Completion Date

(Transition IEP only) Please document the written information that was presented to the parent and student regarding available adult services provided through state and local agencies and other organizations to facilitate student movement from the public agency to adult life.

Special Education Services

Description (Indirect, Direct, or Speech and Language Services)	Initiation (Date)	Frequency (Number of Sessions) per day, week, month, or report period	Length (Time)	Duration (Date)	Location (Gen. Ed or Sp. Ed.)	To Support (Post - Secondary Independent living, Education/ Training, Employment)	Narrative:

Related Services

Description (Indirect, Direct, or Speech and Language Services)	Initiation (Date)	Frequency (Number of Sessions) per day, week, month, or report period	Length (Time)	Duration (Date)	Location (Gen. Ed or Sp. Ed.)	To Support (Post - Secondary Independent living, Education/ Training, Employment)	Narrative:



Student:

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Please check all **accommodations** selected for state assessment purposes and note additional accommodations if appropriate below: (All Accommodations selected for assessment purposes must be provided on a regular basis.)

Check if used for ISTEP+	Subject	Type in accommodations (If accommodation is used with ISTEP+, it must be an approved state testing accommodation.)

Transportation: If the student's transit time or needs are different from that of non-disabled peers, please describe and justify these needs. Please record as a related service if additional provisions are necessary.

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Health Plan: Please describe any medical conditions requiring school health or nurse services. The description should include frequency, and the provider of this service. Be sure to record any related services appropriately.

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Student:

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Does this student require an Emergency Evacuation Plan?

No Yes. If yes, please include details of the plan in the notes.

Accessible Materials: If this student requires any instructional materials provided in an accessible format, please describe the environments, tasks, tools, and services related to their provision

Assistive Technology: Please describe this student's assistive technology needs

Extended School Year: Check appropriate box

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 educational 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.

None

If Extended School Year is needed, note Special Education Services below

Description (Indirect, Direct, or Speech and Language Services)	Initiation (Date)	Frequency (Number of Sessions) per day, week, month, or report period	Length (Time)	Duration (Date)	Location (Gen. Ed or Sp. Ed.)	To Support (Post - Secondary Independent living, Education/ Training, Employment)	Narrative

Related Services



Student:

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Aids/Supports: Please document the types 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: Please describe any program modifications needed to enable the student to advance appropriately toward attaining the annual goals, be involved in and make progress in the general education curriculum, participate in extracurricular and other nonacademic activities or be education or participate with other students with disabilities and not-disabled students.

Progress Reporting: Please 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.



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LRE

(For Transition IEPs) Choose a course of study from the list (these courses focus on improving the academic and functional achievement of the student in order to support the attainment of post-secondary goals).

CHOOSE ONE:

Certificate of Completion

General Diploma

Core 40 Diploma

Core 40 with Honors Diploma

Document the written information presented to the parent(s) and discussion regarding the selected diploma and requirements including courses required to achieve this diploma in a timely manner

LRE Placement Category based Federal Program Types

School Age (6-21)- Student is 6 as of December 1st

50 Regular class 80% or more (In a general education classroom for 80% or more of the day)

51 Resource Room (In a general education class for 40% to 79% of the day)

52 Separate Class (In a general education 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

Preschool Age (3-5) – Student **will not** be 6 as of December 1st

26 Regular Early childhood class (at least 10 hrs a wk in general education preschool and receives the majority of hours of special education and related services in the Regular Early childhood Program.)

27 At least 10 hours a week in general education preschool and the majority of hours of special education and related services in some other location.

28 Less than 10 hours per week in a Regular Early Childhood Program with the majority of hours of special education and related services in the Regular Early Childhood Program

33 Separate Special Education Class

34 Separate School

35 Residential Facility

36 Service Provider Location

37 Home

38 Child is parentally placed in a private preschool (a private preschool includes only those preschools attached to a private elementary school)



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Additional Descriptors:

Summarize the discussion and consideration of any potentially harmful effects of the services on the student or on the quality of services needed: *(at least 50 characters needed)*

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

General Considerations:

Consider the student's participation in general education and record on the provisions tab any 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 for participation with non-disabled students.

Will the student be able to participate in all educational programs and activities available to non-disabled students?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(If No, please state the exceptions and describe the reasoning for these exceptions.)

Will the student be able to participate in all non-educational and extracurricular activities available to non-disabled students?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(If No, please state the exceptions and describe the reasoning for these exceptions.)



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Will the student participate in the general physical education program available to non-disabled students?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(If No, please state the exceptions and describe the reasoning for these exceptions.)

Will the student be educated in the school (he/she) would attend if not disabled?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(If No, please state the exceptions and describe the reasoning for these exceptions.)

Will the length of the instructional day be the same as the instructional day for non-disabled peers?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(If No, please state the exceptions and describe the reasoning for these exceptions.)

Program Information

Corporation of Legal Settlement

Corporation:

Access and Reporting

Corporation:

School:

Educating School or Program

School:

Code:

Facility Type:

Describe any other program information



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Next Projected Educating School or Program

Include notes and other information that pertains to the next school or program that will provide services for this student's IEP

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 parental excusal was obtained before the meeting.

Position	Name	Additional Title

Written Notes and Other Relevant Factors:



Student:

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<u>CCC Team has reviewed existing data and has determined:</u>				
<input type="checkbox"/>	Reestablish eligibility for special education and related services (12 month timeline)			
<input type="checkbox"/>	Determine that the student is eligible for special education under a different or additional eligibility category (50 day timeline)			
<input type="checkbox"/>	Inform the student's case conference committee of the student's special education and related service needs (50 day timeline)			
<input type="checkbox"/>	There is no need for reevaluation information			
If a re-evaluation is needed, the pre-conference forms need to be completed.				
<u>Continuation of CCC Meeting</u>				
This is NOT a required section. Provide dates when an additional meeting is needed because there wasn't enough time to go over everything during the current CCC meeting or there is a reason to reconvene the current CCC meeting at a later date. Please schedule the meeting with the CCC and include that date in the "Next Scheduled CCC Meeting Date" field.				
Current CCC Meeting Date:			Next Scheduled CCC Meeting Date:	