

Individual Education Plan (Missouri)

Last Modified on 03/05/2025 8:45 am CST

Tool Search: Special Ed Documents

The Elementary Individual Education Plan captures student special education plan information and matches the required documentation provided by the state of Missouri. This document describes each editor, a description of each field on the editor, and any special considerations and instructions. **The Individual Service Plan (ISP) is the same format as the IEP used for Private Schools in Missouri**. For information on general functionality, navigation, and additional plan and evaluation features, see the core Plan and Evaluation Information article.

The current format of this document is the **MO IEP 2024** and **MO ISP 2024**. Plan formats are managed using the Special Education Plan Type Setup tool.

Editor Home - ***MO IEP 2024 (1)			
NAME	STATUS	MODIFIED BY	COMPLETED BY
Plan Information	(IN PROGRESS)	System Administrator 5/21/24 12:46 PM	>
Student Information	(IN PROGRESS)	System Administrator 5/21/24 12:53 PM	>
Parent/Guardian Information	(IN PROGRESS)	System Administrator 5/21/24 12:53 PM	>
Enrollment Information	(IN PROGRESS)	System Administrator 5/21/24 12:55 PM	>
Team Meeting	(IN PROGRESS)	System Administrator 5/21/24 12:57 PM	>
PLAAFP	(NOT STARTED)		>
Special Considerations	(NOT STARTED)		>
Annual Goals	(IN PROGRESS)	System Administrator 5/21/24 1:07 PM	>

Editor Home

Plan Information

The Plan Information editor provides information about the type of plan and all relevant dates regarding the team meeting, last evaluation date, and future review dates.

Plan Information (IN PROGRESS)				Editor 1 of
IEP Type *				
Initial				
Meeting Date *	Initiation Date *		End Date	
02/05/2024	02/05/2024		02/04/2025	ti i
Parent(s)/Legal Guardian(s) provided copy of this IEP	Evaluation Date		Date of Previous IEP Revi	ew
month/day/year	month/day/year		month/day/year	E
Projected Date for the next Triennial Evaluation	Projected Date of Annual	IEP Review		
month/day/year	02/04/2025			
Educational Decision Maker	Specify Other			
Parent 🔻				

Click here to expand...

Field	Description	Validation
IEP Type Required	The type of plan. Options are Initial or Annual.	N/A
Meeting Date Required	The day the team met.	N/A
Initiation Date Required	The first day of the plan.	N/A
End Date Required	The last day of the plan.	This day must be on or after the Initiation Date.
Parent(s)/Legal Guardian(s) provided copy of this IEP Required	The day the student's parent(s)/guardians(s) were provided a copy of the plan.	N/A
Evaluation Date	The day the student was evaluated for disability criteria and special education services.	N/A
Date of Previous IEP Review	When applicable, the day the student's previous plan was reviewed.	N/A
Projected Date for the next Triennial Evaluation	The future day of the student's next evaluation.	N/A



Field	Description	Validation
Projected Date of Annual IEP Review	The future day of the review of the student's plan.	N/A
Educational Decision Maker	The person responsible for making decisions on behalf of the student. Options include: • Parent • Legal Guardian • Educational Surrogate • Foster Parent • Child Age 18+ • Other	N/A
Specify Other *Required	The other decision maker.	*This field is available and required when Other is selected as the Educational Decision Maker. This field is limited to 150 characters.

Student Information

The Student Information editor displays basic information about the student such as demographic information. This is a read-only editor.

The **Refresh** button retrieves a fresh copy of data from the student's record from Census. See the General Information section for additional information.

This editor cannot be placed in a Not Needed status.

Student Informat				Editor 2 o
When a plan is generate	ed, a snapshot of the student's informa	tion is taken from Census. Click Refresh	to retrieve a new copy of data	2
Last Name	First Name	Middle Name	Suffix	
	Eli	Luther		
Age	Birthdate			
12				
Home Primary Language				
ENG: ENGLISH				
Address		Student Number		
	MO 65023			
Case Manager Information	í -			
Name		Title		
Kristin		Special Ed Teacher (SPED	STAFF)	
Phone				

• Click here to expand...

Field	Description	Location (when <i>Refresh</i> is clicked)
Last Name	The student's last name.	Demographics > Last Name identity.lastName
First Name	The student's first name.	Demographics > First Name identity.firstName
Middle Name	The student's middle name.	Demographics > Middle Name identity.middleName
Suffix	The student's suffix.	Demographics > Suffix Name identity.suffix
Age	The age of the student.	Demographics > Age
Birthdate	The student's date of birth.	Demographics > Birth Date identity.birthDate
Primary Language	The student's home primary language.	Demographics > Language At Home identity.homePrimaryLanguage



Field	Description	Location (when <i>Refresh</i> is clicked)
Address	The student's address. This field becomes a dropdown when more than one address exists for the student. The primary household displays by default.	Households > Address Info address.number; address.street; address.tag; address.prefix; address.dir; address.apt;
		address.city; address.state; address.zip
Student Number	The student's identification number.	Demographics > Student Number
		identity.studentNumber
Case Manager		
Name	The name of the student's case manager.	Student Information > Special Ed Team Members > Name
		teamMember.firstName teamMember.lastName
Title	The role of the student's case manager.	Student Information > Special Ed Team Members > Title teamMember.title
Phone	The phone number of the case manager.	Student Information > Special Ed Team Members > Phone

Parent/Guardian Information

The Parent/Guardian Information editor populates based on the guardian checkbox on the student's Relationships tool. The editor includes Demographic information for the student's guardian.

The **Remove** button next to each parent/guardian can be used to remove a parent/guardian from the Plan.

The **Refresh** button retrieves a new copy of parent/guardians' data from Census. This also returns any accidentally deleted people. Manually entered fields do not change when the refresh button is clicked. The user must **Save** after clicking Refresh to capture changes.

This editor cannot be placed in a Not Needed status.



Parent/Guardian Infor	mation IN PROGRESS		Editor 3 of 33
	napshot of the parent/guardian ir ent display below. Click Refresh to	nformation is taken from Census. Individuals with the o retrieve a new copy of data.	Guardian check box on the
Parent/Guardian			
Print Sequence 3	MO 65023 Work Phone	Cell Phone	Remove
Home Primary Language			
Parent/Guardian			
Print Sequence			Remove
N 2110	Parent/0	Guardian Information Editor	

Click here to expand...

Field	Description	Validation and Location (when Refresh is clicked)
Print Sequence	The parent/guardian(s) print order on the plan.	When no Sequence is selected, parent/guardian(s) print in the order displayed in the UI. When any Sequences are selected, parent/guardian(s) with a sequence number print in the order defined THEN un- sequenced parent/guardian(s) display at the bottom.
Name	The name of the parent/guardian and their relationship to the student.	This field populates from Census. Demographics > Last Name/First Name, Relationships > Relationship identity.lastName, identity.firstName



Field	Description	Validation and Location (when Refresh is clicked)
Address <i>Read-only</i>	The parent/guardian's address.	This field populates from Census. When there are multiple addresses for a person, there is a dropdown with an option to select which address. When there is only one address, the dropdown only holds one option. The populated address is the one marked Primary. Households > Address Info address.number; address.street; address.tag; address.prefix; address.dir; address.apt; address.zip
Home Phone	The home phone number of the parent/guardian.	This field populates from Census. Demographics > Household Phone
Work Phone	The work phone of the parent/guardian.	This field populates from Census. Demographics > Work Phone
Cell Phone	The cell phone of the parent/guardian.	This field populates from Census. Demographics > Cell Phone
Email	The primary email address for the parent/guardian.	This field populates from Census. Demographics > Email

Enrollment Information

The Enrollment Information editor reports special education information from the student's Enrollment record.

The **Refresh** button retrieves a fresh copy of data from the student's record. See the General Information section for additional information.

This editor cannot be placed in a Not Needed status.



Click Refresh to select or change Enrollment data. Information entered implan is locked. Primary Disability D6: Visual Impairment Special Ed Status Y: Yes Resident District Resident District Home School Capital City High School School Year 24-25 Total Building Minutes (generally bell to bell schedule)* District/Agency Name School Name	to this editor will modify the student's current Enrollment record when the
06: Visual Impairment • Special Ed Status Special Ed Setting/Environ Y: Yes • Resident District • School of Attendance School Phone Capital City High School (999)555-6526 School Year Grade 24-25 12 Total Building Minutes (generally bell to bell schedule) * • District/Agency Name •	¥
Special Ed Status Special Ed Setting/Environ Y: Yes Resident District Resident District Home School School of Attendance School Phone Capital City High School (999)555-6526 School Year Grade 24-25 12 Total Building Minutes (generally bell to bell schedule)* District/Agency Name	•
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24-25 12 Total Building Minutes (generally bell to bell schedule) * District/Agency Name	
Total Building Minutes (generally bell to bell schedule) *	
District/Agency Name	
School Name	
School Name	
Address	
Enrollment Ir	

Click here to expand...



Field	Description	Validation
Primary Disability	 The student's first disability. Options include: 00: None 01: Intellectual Disability 02: Emotional Disturbance 04: Orthopedic Impairment 06: Visual Impairment 08: Hearing Impairment 09: Specific Learning Disabilities 10: Other Health Impairment 12: Multiple Disabilities 13: Autism 14: Traumatic Brain Injury 16: Young Childhood w/ Developmental Delay 17: Language impairment (SI) 	This field populates first from the Eligibility Category field on the Team Conclusion editor of the student's most recent, locked Evaluation. When that field is null, this field populates from the selected Enrollment upon Refresh but can be edited. Special Ed Documents > (locked) Evaluation > Team Conclusions editor > Eligibility Category, Enrollments > Special Ed Fields > Primary Disability enrollments.primaryDisability
Secondary Disability	 The student's second disability. Options include: Visual Impairment Hearing Impairment Both Visual and Hearing Impairment 	This field populates first from the Eligibility Category field on the Team Conclusion editor of the student's most recent, locked Evaluation. When that field is null, this field populates from the selected Enrollment upon Refresh but can be edited. Special Ed Documents > (locked) Evaluation > Team Conclusions editor > Eligibility Category, Enrollments > Special Ed Fields > Secondary Disability
Special Ed Status	Indicates the student's special education status. Options are Yes or No.	This field populates from the selected Enrollment upon Refresh but can be edited. Enrollments > Special Ed Fields > Special Ed Status (enrollments.specialEdStatus)



Field	Description	Validation
Special Ed Setting/Environment	 The location at which the student spends their time receiving regular education and special education instruction. Click the expand link to view available options. Click here to expand O0A4: Reg EC 10+ hrs and Maj SPED Served in Reg Prog O0A5: Reg EC 10+ hrs and Maj of SPED in another location O0A6: Reg EC Less 10hrs and Maj SPED Served in Reg Prog O0A7: Reg EC Less 10hrs and Maj SPED Served Other Loc O0B1: Separate Class O0B2: Separate School O0B3: Residential Facility O0B4: Home O0B5: Service Prov Location 1100: Inside The Regular Class 80 Percent or More Of The Day 1201: Inside reg between 79% and 40% 1301: Inside reg less than 40% 1401: State Operated School 1402: Private Sep Day School 1601: Home/Hospital 1701: Private Res Facility 2100: Parentally Placed Private 	This field populates from the selected Enrollment upon Refresh but can be edited. Enrollments > Special Ed Fields > Special Ed Setting (enrollments.specialEdSetting)
Resident District <i>Read-only</i>	The student's district of residence.	This field populates from the selected Enrollment upon Refresh and cannot be edited. Enrollments > State Reporting Fields > Residing District (enrollment.residingDistrict)



Field	Description	Validation
Resident District Home School	The school at which the student would attend based on their resident district and address.	This dropdown populates from the Attribute Dictionary.
School of Attendance Read-only	The school at which the student attends.	This field populates from the selected Enrollment upon Refresh and cannot be edited. Enrollment > State Reporting Fields > Attending School enrollment.attendingSchool
School Phone Read-Only	The phone number of the student's attending school.	This field populates from the School Information tool upon Refresh and cannot be edited. School Information > Phone
School Year <i>Read-Only</i>	The school year of the student's enrollment.	This field populates from the selected Enrollment upon Refresh and cannot be edited. Enrollment > General Enrollment Information > Calendar > School Year Label
Grade <i>Read-Only</i>	The student's grade level associated with their enrollment record.	This field populates from the selected Enrollment upon Refresh and cannot be edited. Enrollment > General Enrollment Information > Grade (enrollment.grade)
Total Building Minutes (generally bell to bell schedule) <i>Required</i>	The total number of minutes in the school day.	N/A
District Agency/Name	The district of agency responsible for administering special education and related services to a student when they are attending outside their home school or district.	N/A

Field	Description	Validation	
School Name	The name of the school where the student receives services when they are attending outside their home school or district.	N/A	
Address	The address of the school where the student receives services when they are attending outside their home school or district.	N/A	
Phone	The phone number of the school where the student receives services when they are attending outside their home school or district.	N/A	
District Information This section is read-only.			
District Number	The state district number associated with the student's enrollment school.	District Information > State District Number	
District Name	The district name associated with the student's enrollment school.	District Information > Name	
District Address	The district address associated with the student's enrollment school.	District Information > Address, City, Zip, State	
District Phone	The district phone number associated with the student's enrollment school.	District Information > Phone	
District SPED Address	The district special education address associated with the student's enrollment school.	District Information > SPED Address	
District SPED Phone	The district special education phone number associated with the student's enrollment school.	District Information > SPED Phone	

Team Meeting

The Team Meeting editor documents information regarding the meeting date and attendance for team members.

eam				Editor 5 of 3
28	Meeting Date 1	Meeting Location	Print In Plan	
	02/05/24	School, Room 150		

• Click here to expand...

Team Meeting List Screen

Column Name	Description
Padlock Icon	Indicates the person editing the Team Meeting record.
Meeting Date	The day of the team meeting.
Meeting Location	The location of the meeting.
Print in Plan	Indicates this team meeting record displays on the printed plan.

Team Meeting Detail Screen

Select an existing record or click **New** to view the detail screen.

Team Meeting:	2/5/2024					
Print in Plan						
Meeting Date *		Meeting Time		Meeting Location		
02/05/2024	Ċ.	5:00 PM	G	School, Room 1	50	
Invite Date						
01/22/2024	**					
Comments						
						h
Attendance ()						ě
	Last Name *	Role Name *	Invited N	Aethod of Attendance	Specify Other	

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Team Meeting Detail Screen

Field	Description	Validation
Print in Plan	Indicates this team meeting record displays on the printed document.	This defaults to unmarked.
Meeting Date Required	The day of the team meeting.	This field populates from the Meeting Date selected on the Plan Information editor.
Meeting Time	The time of the meeting.	N/A
Meeting Location	The location of the meeting.	This field is limited to 150 characters.
Invite Date	The day the team was notified of the meeting.	N/A
Comments	Any comments related to the team meeting.	This field is limited to 8000 characters.
Attendance		

Field	Description	Validation
First Name Required	The first name of the team member.	This field populates from the First Name field on the Special Ed Team Members tool and is read-only. When null, users can manually enter team members. This field is limited to 150 characters.
Last Name <i>Required</i>	The last name of the team member.	This field populates from the Last Name field on the Special Ed Team Members tool and is read-only. When null, users can manually enter team members. This field is limited to 150 characters.
Role <i>Required</i>	The role of the team member.	This field populates from the Role field on the Special Ed Team Members tool and is read- only. When null, users can manually enter team members. This field is limited to 150 characters.
Invited	Indicates this team member was invited to the team meeting.	N/A
Method of Attendance Required	 This field documents how the team member participated in the meeting. Options include: Did not participate In Person In Writing By Phone Other 	N/A
Specify Other *Required	The team member's other method of meeting participation.	*This field is available and required when Other is selected as the Method of Attendance.

PLAAFP



The Present Levels (PLAAFP) editor includes the student's present levels of academic achievement and functional performance, including the assessment conducted to determine level, resulting skills determined, and needs identified.

PLAAFP (NOT STARTED)	Editor 6 of 33
Present Level must include:	
How the child's disability affects his/her involvement and progress in the general education curriculum; or for preschool children, participation in age-age- For students with transition plans, consider how the child's disability will affect the child's ability to reach his/her post-secondary goals (what the child will school). For children with the most significant cognitive disabilities, describe how the disability impacts the child's access to the general education curricu- alternate standards are appropriate.	do after high
	ß
The strengths of the child For students with transition plans, consider how the strengths of the child relate to the student's post-secondary goals.	
Concerns of the parent/guardian for enhancing the education of the student	
For students with transition plans, consider the parent/guardian's expectations for the student after the student leaves high school.	
	<i>li</i>
PLAAFP Editor	

Click here to expand...

Field	Description	Validation
How the child's disability affects his/her involvement and progress in the general education curriculum; or for preschool children, participation in age- appropriate activities	A description of how the student's disability impacts their participation and progress in the general education curriculum.	This field is limited to 8000 characters.
The strengths of the child	A description of the student's strengths.	This field is limited to 8000 characters.
Concerns of the parent/guardian for enhancing the education of the student	A description of any parent/guardian concerns.	This field is limited to 8000 characters.



Field	Description	Validation
Changes in current functioning of the student since the initial or prior IEP	A description of any changes in the student's functional performance since the initial or prior plan.	This field is limited to 8000 characters.
A summary of the most recent evaluation/re- evaluation results	A description of the most recent evaluation or re- evaluation results.	This field is limited to 8000 characters.
A summary of formal and/or informal age appropriate transition assessments based on the student's needs, preferences and interests	A description of the transition assessments.	This field is limited to 8000 characters.
Justification for participation in the Alternate Assessment (MAP-A)	A description of the reasoning behind the determination for the student to participate in the MAP-A alternate assessment.	This field is limited to 8000 characters.
Please select one of the following for students determined eligible for alternative assessments	 Options include: Objective/benchmarks are on goal page(s) Objective/benchmarks described below. 	N/A
Describe objective/benchmarks <i>Required</i>	A description of the objectives or benchmarks.	*This field is available and required when "Objective/benchmarks described below" is selected above. This field is limited to 8000 characters.

Special Considerations

The Special Consideration: Federal and State Requirements editor documents additional considerations including limited English proficiency, visual or communication impairments, assistive technology needs, and participation in an extended school year program and/or state and/or district-wide assessments.



Special Considerations: Federal and State R	Editor 7 of
	s that the child needs a particular device or service (including an intervention, documenting the team's decision regarding the device or service must be included in the nually.
Is the student blind or visually impaired?	
(
Is the student deaf or hearing impaired? ()	
T	
Does the student exhibit behaviors that impede his/her learning or th	at of others?
v	
Does the student have limited English proficiency?	
Does the student have communication needs?	
Does the student require Assistive Technology device(s) and/or serv	ces?
T	
Extended School Year	
Extended School Year Extended School Year Eligibility	Date ESY will be addressed by

Click here to expand...

Field	Description	Validation
Is the student blind or visually impaired?	 Options are: Yes. If yes, complete Form A: Blind and Visually Impaired. No 	N/A
Is the student deaf or hearing impaired?	Options are Yes or No.	N/A
Does the student exhibit behaviors that impede his/her learning or that of others?	Options are Yes or No.	N/A
Does the student have limited English proficiency?	Options are Yes or No.	N/A

Field	Description	Validation
Does the student have communication needs?	 Options are: Yes. The student's communication needs are addressed in this IEP. No 	N/A
Does the student require Assistive Technology device(s) and/or services?	 Options are: Yes. The student's assistive technology needs are addressed in this IEP. No 	N/A
Extended School Year		
Extended School Year Eligibility	 Options include: No. The student is not eligible for ESY services Yes. The student is eligible for ESY services. Complete form B The need for ESY services will be addressed at a later date 	N/A
Date ESY will be addressed by *Required	The day in the future when the extended school year eligibility will be discussed.	*This field is available and required when "The need for ESY services will be addressed at a later date" is selected from the Extended School Year Eligibility field.
Transfer of Rights		
Transfer of Rights	Options are:N/A for this student/IEPNotification was given	N/A
Date Notification was Given *Required	The day the student's rights are transferred to them.	*This field is available and required when "Notification was given" is selected from the Transfer of Rights dropdown.
State and District-wide	e Assessments	



Field	Description	Validation
IDEA requires student with disabilities to participate in the following statewide assessments	 Options include: Grade Level Assessment for grades 3-8 (must complete Form D-1; NA for MAP-A eligible students) End of Course (EOC) Exams for students enrolled in a course with a state or LEA required EOC exam (complete Form D-2; NA for MAP-A eligible students) MAP-A for eligible* students in Grades 3-8 and Grade 11 (must complete Form D- 3) *https://dese.mo.gov/quality- schools/assessment/map-a WIDA ACCESS for EL students in Grades K-12 (must complete Form D-4) NAEP/International Assessments for selected students (must complete Form D-5; NA for MAP- A eligible students) No state assessment is required for this student at this time No further assessment is required; student meets all state assessment participation requirements 	Multiple options can be selected.
Are there district- wide assessments administered for this student's age/Grade level?	Options are: • Yes. If Yes, complete Form E • No	N/A
Post-secondary Transit	Post-secondary Transition Services	
Is a Post-secondary Transition Plan required?	 Options include: No. Child will not turn sixteen while this IEP is in effect Yes. Child is/will be sixteen while this IEP is in effect. Complete Form C - Post-secondary Transition Plan) 	N/A
Alternate Method of In	struction	

Field	Description	Validation
Alternate Method of Instruction (AMI) plan	 Options are: This district is choosing to utilize AMI for up to 36 instructional hours. Complete Form G This district is not using AMI 	N/A

Annual Goals

The Annual Goals editor describes annual goals set for the student and how that goal is measured.

28	Sequence	Annual Goal	Print Progress
	1	Eli will increase reading comprehension from identifying basic facts and basic elements in a passage	Yes
Objecti	ve(s)		

• Click here to expand...

Annual Goals List Screen

Column Name	Description
Padlock Icon	Indicates the person currently editing the annual goal record.
Sequence	The display and print order of the record.
Annual Goal	The first 100 characters of the goal.
Print Progress	Indicates this record does not print. This is determined by the "Do not print extent of progress toward goal objective in plan" checkbox.

Annual Goals Detail Screen

Select an existing record or click **New** to view the detail screen.

Sequence Number *	Goal Name *
1	Reading Goal
Annual Goal * Add Template	
to identifying facts and story e	rehension from identifying basic facts and basic elements in a passage or story elements that are both stated and inferred. completion levels to levels appropriate to his/her age/grade.
or students with Post-secondary Tr	ansition Plans, please indicate which goal domain(s) this annual goal will support
Select transition goal domains	
Progress toward the goal will be mea	asured by
Reading record 🔕	×
Specify Other	
Specify Other	

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Annual Goals Detail Screen

Field	Description	Validation
Sequence Number Required	The display and print order of the record.	This field automatically sequences to the next integer upon creating a new record. Sequence numbers must be unique.
Goal Name Required	The student's goal.	This field is limited to 50 characters.
Annual Goal Required	The annual goal.	This field is limited to 250 characters.
For students with Post- secondary Transition Plans, please indicate which goal domain(s) this annual goal will support	Options include: • Post-secondary Education/Training • Employment • Independent Living	Multiple options can be selected.



Field	Description	Validation	
Progress toward the goal will be measured by	Options include: • Work samples • Checklists • Reading record • Curriculum based tests • Scoring Guides • Portfolios • Observation chat • Other	Multiple options can be selected.	
Specify Other *Required	The other method of measurement.	*This field is available and required when Other is selected from the "Progress toward the goal will be measured by" field.	
Comments	Any comments related to the goal.	N/A	
Extent of progress towards	achieving the annual goal		
Do not print extent of progress toward goal objective in planIndicates this record does not print.N/A			
	ress is saved for this goal on a Pr No Progress recorded for this goa		
Objectives			
Sequence Number Required	The display and print order of the record.	This field automatically sequences to the next integer upon creating a new record. Sequence numbers must be unique.	
Measurable Benchmarks/Objectives Required	A description of the benchmark/objective(s) towards achieving the annual	N/A	

goal.

 rogress Report nis table populates when progress is saved for this goal on a Progress Report. When no rogress is saved, a message, "No Progress recorded for objective," displays. The following blumns display: Report Date 	eld	Description	Validation
Report Date	Extent of progress towards achieving the objective		
A Brogross			•
• Progress	progress is saved, a message, columns display: • Report Date		•

Reporting Progress

The Reporting Progress editor documents the frequency of reporting the student's progress to their parent(s)/guardian(s).

Reporting Progress (IN PROGRESS)		Editor 9 of 33
When progress will be reported to the parent(s)/guardian(s) Quarterly	Specify Other	

Reporting	Progress	Editor
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Field	Description	Validation
When progress will be reported to the parent(s)/guardian(s)	The frequency of reporting progress to the student's parent(s)/guardian(s). Options include: • Bi-Quarterly • Quarterly • Trimester • Semester • Other	N/A
Specify Other	The other reporting frequency.	*This field is available and required when Other is selected as the progress frequency above.

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Special Education Services

The Special Education Services editor lists services provided to the student in a Special Education setting.

A	Service 1	Time	Start Date	End Date	
	Language Improvement	30	02/19/24	06/07/24	

Click here to expand...

Special Education Services List Screen

Column Name	Descriptions
Padlock Icon	Indicates the person currently editing the record.
Service	The type of service.
Time	The number of minutes the student receives services.
Start Date	The first day of service.
End Date	The last day of service.

Special Education Services Detail Screen

Select an existing record or click **New** to view the detail screen.

Language Improvement				
		•		
ervice Provider				
LifeSong Employee		T		
ervice Position				
Speech Pathologist		•		
ocation			Location with regular ed	lucation peers
Regular Ed 😣			X Yes	•
uration and Frequency				
tart Date *	End Date *			
	06/07/2024			
02/19/2024	06/07/2024			

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Special Education Services Detail Screen

Field	Description	Validation
Type of Service <i>Required</i>	The service type.	The values available in this dropdown are district-defined from the Special Ed Services tool.
Service Provider	The person providing the service.	The values available in this dropdown are district-defined from the Special Ed Service Providers tool.
Service Position	The role of the person providing the service.	The values available in this dropdown are district-defined from the Special Ed Service Positions tool.
Location	The location of the service.	Multiple options can be selected.
Location with regular education peers	Indicates the location of service includes regular education peers. Options are Yes or No.	N/A
Duration and Frequency		
Start Date <i>Required</i>	The first day of service.	N/A

Field	Description	Validation
End Date Required	The last day of service.	N/A
Minutes per session Required	The number of minutes the student receives services.	N/A
# times per <i>Required</i>	The number of times per service frequency.	N/A
Service Frequency <i>Required</i>	The frequency of service. Options include: • yearly • termly • monthly • weekly • daily	N/A

Related Services

The Related Services editor lists related services provided to the student in a Special Education setting.

-	Service 1	Time	Start Date	End Date	
	Ocupational Therapy	60	03/04/24	05/30/24	4

Click here to expand...

Related Services List Screen

Column Name	Descriptions
Padlock Icon	Indicates the person currently editing the record.
Service	The type of service.
Time	The number of minutes the student receives services.
Start Date	The first day of service.
End Date	The last day of service.



Related Services Detail Screen

Select an existing record or click **New** to view the detail screen.

Related Services	
Type of Service *	
Ocupational Therapy	▼
Service Provider	
Scrivner, Eileen	T
Service Position	
Occupational Therapist	T
Location	Location with regular education peers
Home/Hospital 🔇	× No •
Duration and Frequency	
Start Date *	id Date *
03/04/2024	05/30/2024
Minutes per Session * # times per * 60 • 1 •	Service Frequency * weekly

Related Services Detail Screen

Field	Description	Validation
Type of Service <i>Required</i>	The service type.	The values available in this dropdown are district-defined from the Special Ed Services tool.
Service Provider	The person providing the service.	The values available in this dropdown are district-defined from the Special Ed Service Providers tool.
Service Position	The role of the person providing the service.	The values available in this dropdown are district-defined from the Special Ed Service Positions tool.
Location	The location of the service.	Multiple options can be selected.
Location with regular education peers	Indicates the location of service includes regular education peers. Options are Yes or No.	N/A
Duration and Frequ	iency	



Field	Description	Validation
Start Date Required	The first day of service.	N/A
End Date Required	The last day of service.	N/A
Minutes per session Required	The number of minutes the student receives services.	N/A
# times per <i>Required</i>	The number of times per service frequency.	N/A
Service Frequency Required	The frequency of service. Options include: • yearly • termly • monthly • weekly • daily	N/A

Supplementary Aids and Services

The Supplementary Aids and Services editor lists supplementary aids and services provided to the student in a Special Education setting.

A	Service 1	Time	Start Date	End Date	
	Para Support	30	02/12/24	06/07/24	

Click here to expand...

Supplementary Aids and Services List Screen

Column Name	Descriptions
Padlock Icon	Indicates the person currently editing the record.
Service	The type of service.
Time	The number of minutes the student receives services.



Column Name	Descriptions
Start Date	The first day of service.
End Date	The last day of service.

Supplementary Aids and Services Detail Screen

Select an existing record or click **New** to view the detail screen.

Type of Service *					
Para Support		•			
Service Provider					
Independent Travelers Employee		•			
Service Position					
Licenced Professional Counselor		•			
Location				Location with regular educati	ion peers
Regular Ed 🔇			×	Yes	•
Duration and Frequency					
Start Date *	End Date *				
02/12/2024	06/07/2024				
Minutes per Session *	# times per *	Service Frequenc	y *		

Supplementary Aids and Services Detail Screen

Field	Description	Validation
Service <i>Required</i>	The service type.	The values available in this dropdown are district-defined from the Special Ed Services tool.
Service Provider	The person providing the service.	The values available in this dropdown are district-defined from the Special Ed Service Providers tool.
Service Position	The role of the person providing the service.	The values available in this dropdown are district-defined from the Special Ed Service Positions tool.
Location	The location of the service.	Multiple options can be selected.



Field	Description	Validation
Duration and Frequ	iency	
Start Date Required	The first day of service.	N/A
End Date Required	The last day of service.	N/A
Minutes per session Required	The number of minutes the student receives services.	N/A
# times per <i>Required</i>	The number of times per service frequency.	N/A
Service Frequency Required	The frequency of service. Options include: • yearly • termly • monthly • weekly • daily	N/A

Parent and School Personnel Supports

The Parent and School Personnel Supports editor lists services provided to the parent/guardian(s) and/or staff members to aid the student when administering their education or services needs.

A	Service 1	Time	Start Date	End Date	
	Training (Specify)	60	02/05/24	02/29/24	

Click here to expand...

Parent and School Personnel Supports List Screen

Column Name	Descriptions
Padlock Icon	Indicates the person currently editing the record.

Column Name	Descriptions
Service	The type of service.
Time	The number of minutes the student receives services.
Start Date	The first day of service.
End Date	The last day of service.

Parent and School Personnel Supports

Select an existing record or click **New** to view the detail screen.

Support for School Personnel *	
Training (Specify)	T
Comments	
Duration and Frequency	
Duration and Frequency	
Start Date *	End Date *
Duration and Frequency Start Date * 02/05/2024	End Date * 02/29/2024
Start Date *	

Parent and School Personnel Supports Detail Screen

Field	Description	Validation
Support for School Personnel Required	The supports type.	The values available in this dropdown are district-defined from the Special Ed Services tool.
Comments	A description of the specific support.	N/A
Duration and Frequ	iency	
Start Date <i>Required</i>	The first day of service.	N/A
End Date Required	The last day of service.	N/A



Field	Description	Validation
Minutes per session Required	The number of minutes the student receives services.	N/A
# times per <i>Required</i>	The number of times per service frequency.	N/A
Service Frequency Required	The frequency of service. Options include: • yearly • termly • monthly • weekly • daily	N/A

Form F: Classroom Accommodations and Modifications

The Classroom Accommodations and Modifications editor documents and areas within the classroom that requires accommodations or modifications for the student.

a	Area	Accommodation	Start Date	End Date	
	Test/Exams	Extended time for completion	02/05/24	06/07/24	

Click here to expand...

Classroom Accommodations and Modifications List Screen

Column Name	Description
Padlock Icon	The person currently editing the record.
Area	The area requiring accommodation or modification.
Accommodation	The type of accommodation or modification.
Start Date	The first day of the accommodation or modification.



Column Name	Description
End Date	The last day of the accommodation or modification.

Classroom Accommodations and Modifications Detail Screen

Select an existing record or click **New** to view the detail screen.

is available for all students. Thes materials that increase equitable allow these students to demonst	e instructional stra access in the class trate what they know fficult to compare r	tegies should <u>not</u> be documented on Forr sroom setting. Accommodations generat w and can do. <u>Modifications</u> are changes	nodate each student's learning needs and preferences and m F. <u>Accommodations</u> are changes in procedures or the comparable results for students who need them and to in procedures or materials that change the construct of tions allow students to demonstrate what they know and
Area *		Modification/Accommodation *	Specify Other
Test/Exams	•	Extended time for completion	•
Location		Specify Other	
ALL Classes 🔕	×		
Comments			
Duration and Frequency			
Start Date *		End Date *	Service Frequency *

Form F: Classroom Accommodations and Modifications Detail Screen

Field	Description	Validation
Area <i>Required</i>	The area requiring accommodation or modification. Options include: • Grading • Text • Lectures • Test/Exams • Environment • Assignments • Reinforcement • Pacing • Other (Specify)	The values available in the Modification/Accommodation dropdown are determined by selection in the Area field.
Modification/Accommodation	The accommodation or	The values available in the

Required Field	modification. Click the Description expand link to view available	Modification/Accommodation Validation dropdown are determined
	 options. Click here to expand When Grading is selected, options include: Modify weight of course examinations Modify weight of course components Use weekly grading checks Other 	by selection in the Area field.
	 When Text is selected, options include: Audio Digital Braille Highlighted Provide home set of textbooks/materials Study Guides Large Print Adapted or simplified text/material Other 	
	 When Lectures is selected, options include: Recorded Note taking assistance Preferential Seating Teacher provides notes Study Guides Other 	
	 When Test/Exams is selected, options include: Oral Short Answer Extended time for completion Recorded Multiple sessions Exams of reduced length Open book exams Read test to student Modify Test Format 	



Field	Descrifted student responses	Validation
	 Alternative setting Read test to student using recorded format Other 	
	 When Environment is selected, options include: Preferential seating (describe) Alter physical room arrangement (describe) Adjustments for speech intelligibility/fluency Study carrel for independent work Other 	
	 When Assignments is selected, options include: Read directions to student Provide recorded directions to student Allow copying from instructional resource Lower difficulty levelshorten assignments Directions given in a variety of ways Reduce paper/pencil tasks Give oral cues/prompts Allow student to record or keyboard assignments Adapt worksheets and packets Avoid penalizing for spelling errors Extended Time for completion 	
	 Provide study aids Maintain assignment notebook Provide structured time 	



Field	for organization of Description materials	Validation
	 Assistance in recording assignments Other When Reinforcement is selected, options include: Use positive/concrete reinforcers Repeated review and drill Frequent reminders of rules Check often for understanding/review Frequent eye contact/proximity control Other When Pacing is selected, options include: Extended time for oral responses Extended time for written responses Allow frequent breaks/vary activities Other When Other (Specify) is selected, the only option available is Other. 	
Specify Other *Required	The other accommodation or modification.	*This field is available and required when Other is selected above. This field is limited to 100 characters.

Field	Description	Validation
Location	The location of the accommodation or modification. Options include: • ALL Classes • Language Arts • Mathematics • Science • Social Studies • Health • Fine Arts • PE/Athletics • Reading • Other	Multiple options can be selected.
Specify Other *Required	The other location.	*This field is available and required when Other is selected as the Location. This field is limited to 100 characters.
Comments	Any comments related to the accommodation or modification.	This field is limited to 1000 characters.
Duration and Frequency		
Start Date <i>Required</i>	The first day of the accommodation or modification.	N/A
End Date Required	The last day of the accommodation or modification.	N/A
Service Frequency <i>Required</i>	The frequency of service. Options include: • yearly • termly • monthly • weekly • daily	N/A



Transportation as a Related Service

The Transportation as a Related Service editor documents the student's transportation services needs and any accommodations or modifications for transportation.

Transportation as a Related Service	IN PROGRESS	Editor 15 of 33
Transportation		
The student does not require transporta 🔻		
The student needs accommodations or modifications for	ransportation.	
•		
If yes, check any transportation accommodations/modific	ations that are needed.	
Wheelchair Lift	Door to door pick-up and drop-off	
Aide	Curb to Curb pick-up and drop-off	
Child safety restraint system	Other	
Specify child safety restraint	Specify other	
7	ransportation as a Related Service Editor	

Field	Description	Validation
Transportation	 Indicates the student requires transportation services. Options include: The student does not require transportation as a related service. The student requires transportation as a necessary related service. 	N/A
The student needs accommodations or modifications for transportation	Indicates the student requires accommodations or modifications for transportation. Options are Yes or No.	N/A



Field	Description	Validation
If yes, check any transportation accommodations/modifications that are needed *Required	 Options include: Wheelchair lift Door to door pick-up and drop-off Curb to Curb pick-up and drop-off Aide Child safety restraint system Other 	*These fields are available and required when Yes is selected above.
Specify child safety restraint *Required	A description of the restraint device.	*These fields are available and required when Child safety restraint system is selected above. This field is limited to 150 characters.
Specify other	The other type of accommodation or modification.	*These fields are available and required when Other is selected above. This field is limited to 150 characters.

Regular Education Participation

The Regular Education Participation editor documents the extent of the student's participation in a regular education setting.

Regular Education		
Lagara Lagaration	Participation (NOT STARTED)	Editor 16 d
Extent of Participation in I	Regular Education	
For Preschool		
Will all of this child's special e disabilities?	education and related services be provided with non-disabled peers in a regular education setting design	ned primarily for children without
	▼	
	e child not receive special education and related services in a regular education setting?	
	e child not receive special education and related services in a regular education setting? ation and related service minutes on the IEP	
minutes or % of special educat		not appropriate for the child
minutes or % of special educat	ation and related service minutes on the IEP why the IEP team determined that provision of services in the regular education setting was	not appropriate for the child
minutes or % of special educat	ation and related service minutes on the IEP why the IEP team determined that provision of services in the regular education setting was	not appropriate for the child
minutes or % of special educat b. Describe the reasons wi Please select all that appl The curriculum and goals of th i.e., factors which document at	ation and related service minutes on the IEP why the IEP team determined that provision of services in the regular education setting was	

Field	Description	Validation
For Preschool		
Will all of this child's special education and related services be provided with non-disabled peers in a regular education setting?	Options are Yes or No.	N/A
a. If no, to what extent will the child not receive special education and related services in a regular education setting? *Required	A description of the extent to which the student receives services in a regular education setting.	*This field is available and required when No is selected above. This field is limited to 8000 characters.



Field	Description	Validation	
 b. Describe the reasons why the IEP team determined that provision of service in the regular education setting was not appropriate for the child. Please select all that apply. Each of the following checkboxes has a text field after them called Must describe for this student that is required when the corresponding checkbox is marked. These text fields are limited to 8000 characters. The curriculum and goals of the regular education class The sufficiency of the district's efforts to accommodate the child with a disability in the regular class The degree to which the child with a disability will receive educational benefit from regular education The effect the presence of a child with a disability may have on the regular classroom environment and on the education that the other students are receiving The nature and severity of the child's disability 			
For K-12			
Will this student participate Options are Yes or No. N/A 100% of the time with non- disabled peers in the regular Herein and the regular education environment? Herein and the regular Herein and the regular			
a. If no, to what extent will the child not receive special education and related services in a regular education setting? *Required	A description of the extent to which the student receives services in a regular education setting.	*This field is available and required when No is selected above. This field is limited to 8000 characters.	
b. Describe the reasons why the IEP team determined that provision of service in the regular education setting was not appropriate for the child. Please select all that apply: Each of the following checkboxes has a text field after them called Must describe for this student that is required when the corresponding checkbox is marked. These text fields are limited to 8000 characters.			

- The curriculum and goals of the regular education class
- The sufficiency of the district's efforts to accommodate the child with a disability in the regular class
- The degree to which the child with a disability will receive educational benefit from regular education
- The effect the presence of a child with a disability may have on the regular classroom environment and on the education that the other students are receiving
- The nature and severity of the child's disability

Participation in Physical Education

Field	Description	Validation
The student will participate in	 Options include: Regular physical education Regular physical education with accommodations as addressed in this IEP Adapted physical education (includes special PE, adapted PE, movement education and motor development(No physical education activities are required for one of the following reasons Credit already earned Credit waived Child is preschool aged Other 	Only one of the main checkboxes can be selected. Multiple sub- checkboxes can be selected.
Specify Other * <i>Required</i>	The other manner in which the student participates in the regular education.	*This field is available and required when Other is selected. This field is limited to 100 characters.

Placement Considerations

The Placement Considerations editor documents the student's placement, such as the percentage of time spent in a regular class or in a separate facility.

Placement Considerations (NOT STARTED)	Editor 17 of 33
This section is a SUMMARY of all of the following: Present Level of Academic Achievement	t and Functional Performance, goals, objectives/benchmarks
(if applicable), characteristics of services, adaptations, and special education and related s	ervices information.
K-12 Annual Consideration of Placement	
For K-12: At least annually, the IEP team must consider if the IEP goals can be met with ser environment.	vices provided 100% of the time in the regular education
Placement Continuum (K-12): Considered	
Select all placement options that were considered for the provision of special education and related servic 12, "Inside regular class at least 80% of the time" <u>all</u> be checked.	205. FOT K-
Select placement	
Placement Continuum (K-12): Selected Select the one placement option that was selected.	
Select the one placement option that was selected.	•
For K-12 students: Is this student's placement as close as possible to the child's home and/or in the scho	ool he/she would attend if nondisabled?
If NO, explain why another school/setting is required Specify Other	
in the, explain mily another benevit betting to required to peoply other	

Field	Description	Validation
K-12 <u>Annual</u> Considerati	on of Placement	
Placement Continuum (K-12): Considered	 Options include: Inside regular class at least 80% of the time Inside regular class 40% to 79% of the time Inside regular class less than 40% of time Public separate school (day) facility Private separate school (day) facility Public residential facility Private residential facility Homebound/hospital 	Multiple options can be selected.



Field	Description	Validation
Placement Continuum (K-12): Selected	 Options include: Inside regular class at least 80% of the time Inside regular class 40% to 79% of the time Inside regular class less than 40% of time Public separate school (day) facility Private separate school (day) facility Public residential facility Private residential facility Homebound/hospital 	Only one option can be selected.
For K-12 students: Is this student's placement as close as possible to the child's home and/or in the school he/she would attend if nondisabled?	Options are Yes or No.	N/A
If NO, explain why another school/setting is required *Required	Options include: • IEP team decision • Parent transfer request • Other	*This field is available and required when No is selected above. This field is limited to 150 characters.
Specify Other *Required	The other school or setting.	*This field is available and required when Other is selected above. This field is limited to 150 characters.
ESCE <u>Annual</u> Consideration of Placement		



Field	Description	Validation
Placement Options (ECSE): Considered	 Options include: Early childhood setting Early childhood special education Home Part-time early childhood/Part-time early childhood special education Residential facility Separate school Itinerant service outside the home 	Multiple options can be selected.
Placement Options (ECSE): Selected	 Options include: Early childhood setting Early childhood special education Home Part-time early childhood/Part- time early childhood special education Residential facility Separate school Itinerant service outside the home 	Only one option can be selected.

Blind and Visually Impaired

The Blind and Visually Impaired editor describes any Braille services provided to the student.

Blind and Visually Impaired (NOT	STARTED	Editor 18 of 3
ased upon the student's current and future astruction	reading and writing skills and needs, the IEP team has determined the fo	ollowing regarding Braille/Braille
oes the student need Braille instruction?	•	
no, complete the following. The IEP team has ma	de the determination that Braille instruction is not appropriate for this child based	upon the following factors
		li.
yes, methods by which Braille will be integrated in ate on which Braille instruction will begin	nto normal classroom activities Duration of each session	ji Ii Ii
ate on which Braille instruction will begin month/day/year		je je

Click here to expand...

Infinite C

Field	Description	Validation
Does the student need Braille instruction?	 Options include: Yes, the student needs Braille/Braille instruction No, the student does not need Braille/Braille Instruction 	N/A
If no, complete the following. The IEP team has made the determination that Braille instruction is not appropriate for this child based upon the following factors *Required	A description of why the IEP team thinks Braille instruction is inappropriate for the student.	*This field is available and required when No is selected above. This field is limited to 8000 characters.
If yes, methods by which Braille will be integrated into normal classroom activities *Required	A description of how Braille instruction will be integrated into the classroom for the student.	*This field is available and required when Yes is selected above. This field is limited to 8000 characters.



Field	Description	Validation
Date on which Braille instruction will begin	The first day of Braille instruction.	N/A
Duration of each session	The number of minutes per session the student receives Braille instruction.	N/A
Level of competency in Braille reading and writing expected to be achieved by the end of the period covered in this IEP	A description of the goal level of competency in Braille the student will achieve by the end of the plan duration.	This field is limited to 8000 characters.
A referral to Rehabilitation Services for the blind has been discussed with the parent	Indicates a referral to Rehabilitation Services for the blind was discussed with the parent/guardian.	N/A
The parent	 agreed to the referral refused the referral referral previously made 	Only one option can be made.

Form B: Extended School Year

The Form B: Extended School Year editor indicates the student is eligible for services beyond the standard school time, such as beyond school hours or during breaks. The only field on this editor is a dropdown called ESY Eligibility Decision.

Form B: Extended School Year (IN PROGRESS)	Editor 19 of 33
Determination of ESY eligibility and/or services can be conducted by	
 The IEP team determining ESY eligibility and/or services at the annual meeting The parent and authorized representative of the Local Educational Agency or the IEP team determining ESY eligibility and/ by amending the IEP Document ESY decisions on this page. Attach IEP Amendment Page to the front of the IEP to document ESY decisions ma annual IEP meeting amendment 	
The student is not eligible for ESY services 🔻	
Form B: Extended School Year	

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ESY Services

The ESY Services editor describes the specific services provided to the student outside of standard



school hours.

) of 33
1
_

• Click here to expand...

ESY Services List Screen

Column Name	Descriptions
Padlock Icon	Indicates the person currently editing the record.
Description of Service	The type of service.
Time	The number of minutes the student receives services.
Start Date	The first day of service.
End Date	The last day of service.

ESY Services Detail Screen

Select an existing record or click **New** to view the detail screen.

Goal *		
1		
•		
Description of Service *		
ESY Service example		
ocation		A
Duration and Frequency		
Start Date *	End Date *	
0.6 /20 /0000 /	07/26/2024	
06/10/2024		
06/10/2024 Minutes per Session *	# times per *	Service Frequency *

Infinite C

ESY Services Detail Screen

Field	Description	Validation
Goal Required	The goal number.	N/A
Description of Service Required	The type of service.	This field is limited to 8000 characters.
Location	The location of the service.	This field is limited to 100 characters.
Duration and Frequ	iency	
Start Date <i>Required</i>	The first day of service.	The start date must be on or after the start date of the plan.
End Date Required	The last day of service.	The end date must be on or before the end date of the plan. The end date must be before the start date.
Minutes per session Required	The number of minutes the student receives services.	N/A
# times per <i>Required</i>	The number of times per service frequency.	N/A



Field	Description	Validation
Service Frequency Required	The frequency of service. Options include: • yearly • termly • monthly • weekly • daily	N/A

Form C: Post-Secondary Transition Plan

The Form C: Post-Secondary Transition Plan editor documents the student's graduation options and age-appropriate assessments.

orm C: Post-Secondary Tra	nsition Plan (IN PROGRESS)	Editor 21 of 3
		while considering the individual student's needs, preferences, and n effect when the student turns 16 and updated annually.
Age Appropriate Transition Assessme	ents	
Transition assessment should be co	ompleted frequently. Transition assessment r	the student's needs, strengths, preferences, and interests. esults are used as the basis for the postsecondary transition plan. mination and self-advocacy, independent living, and study skills.
Date Administered 1	Assessment	Summary of Assessment Results
01/06/2028	Example	A
		1 - 1 of 1 items
Add Assessment		
Graduation		
Anticipated Date of Graduation/Exit (Mor	th and Year)	
6/2029		
Graduation Ontions		
	Form C: Post-Secondary T	in a sitian Dian Estitan



Field	Description	Validation
Age Appropriate Transition Assessments		
The following columns display in the table:		
Date Administered		

- Assessment
- Summary of Assessment Results

Click the **Add Assessment button** to open the Age Appropriate Transition Assessments side panel. Values must be saved in the Graduation section before users can add an assessment.

The following fields display on the side panel:

Date <i>Required</i>	The day of the assessment.	
Assessment	The name of the assessment.	This field is limited to 150 characters.
Summary of Assessment Results	A description of the results of the assessment.	This field is limited to 8000 characters.
Graduation		
Anticipated Date of Graduation/Exit (Month and Year)	The month and year of the student's future graduation.	N/A
Graduation Options	 Options include: Regular High School Diploma based on earning required credits Regular High School Diploma based on meeting goals and objectives 	N/A

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Post-Secondary Transition Goals

The Post-Secondary Transition Goals editor documents the student's post-school employment, education, and/or independent living goals.

Form C: Post-Secondary Transition Plan Goals NOT STARTED	Editor 22 of 33
mployment Measurable Post-Secondary Goal(s) * Add Template	
vhat work the student will do after graduation from high school	
ducation/Training Measurable Post-Secondary Goal(s) * Add Template	
ducation/Training Measurable Post-Secondary Goal(s) * Add Template	
lo lo	
dependent Living Measurable Post-Secondary Goal(s) Add Template	
ow the student will live after graduation from high school	

Click here to expand...

Infinite Campus

Field	Description	Validation
Employment Measurable Post-Secondary Goal(s) Required	A description of the student's employment goals.	This field is limited to 8000 characters.
Education/Training Measurable Post- Secondary Goal(s) Required	A description of the student's education or training goals.	This field is limited to 8000 characters.
Independent Living Measurable Post- Secondary Goals	A description of the student's independent living goals.	This field is limited to 8000 characters.

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Post-Secondary Transition Services

The Post-Secondary Transition Services editor documents any services the student requires to achieve their post-school employment, education, and/or independent living goals.

Form C	C: Post-Secondary Transition Services (IN PROGRESS)	Editor 23 of 33
28	Goal Type	
	Education/Training	A

• Click here to expand...

Post-Secondary Transition Services List Screen

Column Name	Description
Padlock Icon	The person currently editing the record.
Goal Type	The type of post-secondary transition goal the service addresses.

Post-Secondary Transition Services Detail Screen

Select an existing record or click **New** to view the detail screen.

Form C: Post-Secondary T	ransition Plan Services		
Goal Type * Education/Training	▼		
What will the school do to prepare the stu education?	ident to earn a career certificate, participate in job tr	aining or enroll in post-secondary	
What will the student do to prepare to have education?	re the skills needed to attend post-secondary career	r training including post-secondary	
What will the parent do to prepare the stu education?	dent to participate in post-secondary career training	g including post-secondary	
Outside Agency (specify agency name)			
	orm C: Post-Secondary Transitio	on Plan Services Detail Screen	
Field	Description	Validation	

Field	Description	Validation
Goal Type <i>Required</i>	The type of post-secondary area the services address. Options are: • Employment • Education/Training • Independent Living	N/A

When **Employment** is selected, the following text fields display. These fields are limited to 8000 characters.

- What will the school do to prepare the student to reach the employment goal?
- What will the student do to prepare to have the career/job they want?
- What will the parent do to prepare the student to reach the employment goal?

When **Education/Training** is selected, the following text fields display. These fields are limited to 8000 characters.

- What will the school do to prepare the student to earn a career certificate, participate in job training or enroll in post-secondary education?
- What will the student do to prepare to have the skills needed to attend postsecondary career training including post-secondary education?
- What will the parent do to prepare the student to participate in post-secondary career training including post-secondary education?

When **Independent Living** is selected, the following text fields display. These fields are limited to 8000 characters.

- What will the school do to prepare the student in obtaining the skills needed to live independently?
- What will the student do to prepare to have the skills necessary to live independently?
- What will the parent do to prepare the student to live at the student's desired level of independence?

Outside Agency	The name of the agency providing the transition service.	This field is limited to 150 characters.
Outside Agency Transition Services	The type of service the agency will provide the student.	This field is limited to 8000 characters.

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Form C: Course of Study

The Course of Study editor documents all courses the student requires to be completed prior to



graduation and how this coursework aligns with their post-secondary goals.

28	School Year		
-	2025		*
Cou	urse	Semester	
Exa	ample	1	

• Click here to expand...

Course of Study List Screen

Column Name	Description	
Padlock Icon	The person currently editing the record.	
School Year	The school year in which the courses are taken.	

Course of Study Detail Screen

Select an existing record or click **New** to view the detail screen.

support the student's goals in all po	ost-secondary areas. Indicate goal area(s) addressed	nost-secondary goals. The plan should address courses that d, as appropriate. IEP teams are encouraged to coordinate with th this IEP transition Course of Study to ensure they are consistent
Please identify elective, vocational, school Year 2025	technical, and work study courses by their specific c	course names.
Semester	Course	Post Secondary Transition Area
1	Example	*
H 4 1 - H		1 - 1 of 1 items
New		
	Course of Study Det	tail Screen
ield	Description	Validation



Field	Description	Validation	
School Year	The school year in which the courses are taken.	A school year must be saved before any courses can be added using the side panel.	
The following fields display in the table: Semester Course Post Secondary Transition Area Click New to open the Course of Study side panel. The following fields display:			
Semester <i>Required</i>	The semester in which the course is taken. Options are 1 or 2.	N/A	
Course <i>Required</i>	The name of the course.	This field is limited to 150 characters.	
Post-secondary Transition Area(s)	The post-secondary transition area this course addresses.	N/A	

Form D - Part 1: MAP Grade-Level Assessments

The MAP Grade-Level Assessments editor documents the student's participation in the MAP Assessments.



Form D - Part 1: MAP Grade-Level Assessments (NOT STARTED)	Editor 25 of 33
Grades 3 through 8: English Language Arts and Mathematics	
Grade 5 and 8: Science	
The Grade-Level Assessment features both <i>Universal Tools</i> which are available to <u>ALL</u> students unless marked specifically for English Accommodations which are only available to students with an IEP/504 plan.	Learners and
Participation	
Grade Level Assessment Participation	
Universal Tools and Accommodations	
Universal tools are access features of the assessment that are either provided as digitally-delivered components of the test administra separate from it. Universal tools are available to students based on student preference and selection. IEP teams may recommend but use of universal tools. For detailed descriptions of each tool and any restrictions on the use of them, please see the Tools and Accomm document found on the Grade-Level Assessment webpage or in the Test Coordinators and Test Administration Manuals.	not require the
Section A: Universal Tools - Automatically Available	
The following tools are automatically available and do not need to be marked in the testing system to use them	
MAP Grade-Level Assessments Editor	

Field	Description	Validation
Grade Level Assessment Participation	 Options include: Student will participate in the Grade-Level Assessments WITHOUT Accommodations (complete sections A-C) Student will participate in the Grade-Level Assessments WITH Accommodations. (complete sections A-E) 	N/A
Universal Tools and Accommodations		



Field	Description	Validation
Section A: Universal Tools	 Click the expand link to view all the available checkboxes. Click here to expand Break (Pause) Calculator (Grades 6 - 8 Math and 5 and 8 Science only) Color Contrast (Online Only) English Dictionary (For use only on the ELA Writing Prompt) Grammar Handbook (For use only on the ELA Writing Prompt) Graphing Tool Highlighter Line Guide Magnification Mark for Review (Flag) Masking (Online Testing) Protractor Read Aloud Test to Self Reference Sheet Ruler Scratch Paper (Sticky Notes) Strikethrough (Cross Off) Thesaurus (For use only on the ELA Writing Prompt Writing Tools (Bold, Underline, Italicize, Bullet Points, Undo/Redo Typing, Copy/Paste) None recommended by IEP Team 	Multiple options can be selected.
Section B: Universal Tools	 Options include: Bilingual Dictionary (For use by Els only on the ELA Writing Prompt) Color Contrast (Paper Testing) Color Overlay Magnification (Assistive Technology) Masking (Paper Testing) Non-Accommodation Paper Based (See Test Coordinator's Manual for scenarios) Scribe Separate Setting Translation of Student Responses (Only for ELs) None recommended by IEP Team 	Multiple options can be selected.
Section C: Univer	rsal Tools- Read aloud for everything except ELA read	ding passages



Field	Description	Validation
English Language Arts	Options include: • Text-To-Speech • Human Reader • Assistive Technology • Native Language (ELs Only)	Multiple options can be selected.
Math	Options include: • Text-To-Speech • Human Reader • Assistive Technology • Native Language (ELs Only)	Multiple options can be selected.
Science	Options include: • Text-To-Speech • Human Reader • Assistive Technology • Native Language (ELs Only)	Multiple options can be selected.
None recommended by the IEP Team	Indicates none of these technologies are recommended by the IEP team.	N/A
Section D: Univer	sal Tools - Read aloud for ELA reading passages	
Grades 3-5	Options include: • Text-To-Speech • Human Reader • Assistive Technology • Native Language (ELs Only)	Multiple options can be selected.
Grades 6-8	Options include: • Text-To-Speech • Human Reader • Assistive Technology • Native Language (ELs Only)	Multiple options can be selected.
Students who are Blind	Indicates that the student needs to be read aloud to.	N/A
Section E: Accommodations		



Field	Description	Validation
English Language Arts	 Options include: Alternate Response Options (See Test Coordinator's Manual for scenarios) Braille Closed Captioning for ELA listening passages Large Print Paper Based Assessment Sign Language for ELA listening passages Speech-To-Text via Assistive Technology 	Multiple options can be selected.
Math	 Options include: Abacus Alternate Response Options (See Test Coordinator's Manual for scenarios) Braille Calculator - Grade 3: Use will case an invalidation for Math and student will receive the Lowest Obtainable Scale Score Calculator - Grades 4-5 Large Print Multiplication Table - Grade 3: Use will case an invalidation for Math and student will receive the Lowest Obtainable Scale Score Multiplication Table - Grade 3: Use will case an invalidation for Math and student will receive the Lowest Obtainable Scale Score Multiplication table - Grades 4-8 Paper Based Assessment Specialized Calculator (For Calculator Allowed Items Only) Speech-To-Text via Assistive Technology 	Multiple options can be selected.
Science	 Options include: Abacus Alternate Response Options (See Test Coordinator's Manual for scenarios) Braille Large Print Multiplication table - Grades 4-8 Paper Based Assessment Specialized Calculator (For Calculator Allowed Items Only) Speech-To-Text via Assistive Technology 	Multiple options can be selected.

Form D - Part 2: MAP End-Of-Year



(EOC) Assessments

The MAP End-of-Year Assessments editor documents accommodations provided to the student for end-of-course assessments and the Subject to which the accommodation applies.

Form D - Part 2: MAP End-Of-Course (EOC) Assessments (NOT STARTED) Editor 26 of		
Participation		
Grades 9-12, or if appropriate, ear	lier grades	
	feature both Universal Tools which are available to ALL students unless marked specifically for English available to students with an IEP/504 plan.	Learners and
Required EOC Assessments: Biolo	ogy, English II, Government, and Algebra I (or Algebra II, if Algebra I was taken prior to grade 9)	
Optional EOC Assessments: Geor	netry, English I, American History, Physical Science, and Algebra II	
Personal Finance EOC Assessme	ent:	
 For students who are receiving personal finance credit from embedded coursework, the assessment is REQUIRED For students attempting to "test out" and receive personal finance credit toward graduation, the assessment is REQUIRED For students who are enrolled in a stand-alone personal finance course, the assessment is OPTIONAL 		
Student will participate in the End	d-of-Course Assessments WITHOUT Accommodations. (complete sections A-D)	
Algebra I	🗌 Algebra II	
Geometry	American History	
Government	Personal Finance	
English I	English II	
Biology	Physical Science	
Student will participate in the End-of-Course Assessments WITH Accommodations. (complete sections A-F)		
Algebra I	Algebra II	
-		
	Form D - Part 2: MAP End-Of-Course (EOC) Assessments Editor	

Field	Description	Validation
Student will participate in the End-of-Course Assessments WITHOUT Accommodations. (complete sections A-D)	Options include: • Algebra 1 • Algebra II • Geometry • American History • Government • Personal Finance • English I • English II • Biology • Physical Science	Multiple options can be selected. Each subject can only be selected in this field OR the "Student will participate in the End-of-Course Assessments WITH Accommodations. (complete sections A-E)" field. The same subject cannot be selected in both fields.



Field	Description	Validation
Student will participate in the End-of-Course Assessments WITH Accommodations. (complete sections A-F)	Options include: • Algebra 1 • Algebra II • Geometry • American History • Government • Personal Finance • English I • English II • Biology • Physical Science	Multiple options can be selected. Each subject can only be selected in this field OR the "Student will participate in the End-of-Course Assessments WITHOUT Accommodations. (complete sections A-D)" field. The same subject cannot be selected in both fields.
Universal Tooling		



Field	Description	Validation
Section A: Universal Tools	 Click the expand link to view all available options. Click here to expand Break Calculator English Dictionary (For use only on the English I & II writing prompts) Grammar Handbook (For use only on the English I & II writing prompts) Graphing Tool Highlighter Line Reader/Masking Magnification (Zoom) Mark for Review (Bookmark) Protractor Read Aloud Test to Self Reference Sheet Ruler Scratch Paper (Note) Strikethrough (Answer Elimination) Thesaurus (For use only on the English I & II writing prompts) Writing Tools (Bold, Underline, Italicize, Bullet Points, Undo/Redo Typing, Copy/Paste) None Recommended by IEP Team 	Multiple options can be selected.



Field	Description	Validation	
Section B: Universal Tools	 Options include: Answer Masking Bilingual Dictionary (For use by ELs only on the ELA Writing Prompt) Color Contrast Color Overlay Magnification (Assistive Technology) Scribe Separate Setting Translation of Student Responses (Only for ELs) None Recommended by IEP Team 	Multiple options can be selected.	
Section C: Universal To	ools - Read aloud for Math, Science	, and Social Studies EOCs	
Mathematics	Options include: • Text-to-Speech • Human Reader • Assistive Technology • Native Language (ELs Only) • None Recommended by IEP Team	Multiple options can be selected.	
Science	Options include: • Text-to-Speech • Human Reader • Assistive Technology • Native Language (ELs Only) • None Recommended by IEP Team	Multiple options can be selected.	
Social Studies	Options include: • Text-to-Speech • Human Reader • Assistive Technology • Native Language (ELs Only) • None Recommended by IEP Team	Multiple options can be selected.	
Section D: Universal To	Section D: Universal Tools - Read aloud for ELA EOCs except for reading passages		

Field	Description	Validation
Section D: Universal Tools	Options include: • Text-to-Speech • Human Reader • Assistive Technology • Native Language (ELs Only) • None Recommended by IEP Team	Multiple options can be selected.
Section E: Accommoda	tions - Read aloud for ELA reading	passages
Section E: Accommodations	Options include: • Text-to-Speech • Human Reader • Assistive Technology • Native Language (ELs Only) • Students who are Blind	Multiple options can be selected.
Section F: Accommoda	tions - To be marked in the testing	system
Algebra I	Options include: • Abacus • Alternate Response Options • Braille • Large Print • Multiplication Table • Paper Based Assessment • Specialized Calculator • Speech-to-Text via Assistive Technology	Multiple options can be selected.
Algebra II	Options include: • Abacus • Alternate Response Options • Braille • Large Print • Multiplication Table • Paper Based Assessment • Specialized Calculator • Speech-to-Text via Assistive Technology	Multiple options can be selected.



Field	Description	Validation
American History	 Options include: Alternate Response Options Braille Large Print Paper Based Assessment Speech-to-Text via Assistive Technology 	Multiple options can be selected.
Biology	Options include: • Abacus • Alternate Response Options • Braille • Large Print • Multiplication Table • Paper Based Assessment • Specialized Calculator • Speech-to-Text via Assistive Technology	Multiple options can be selected.
English I	 Options include: Alternate Response Options Braille Closed Captioning (ELA listening passages) Large Print Paper Based Assessment Sign Language (ELA listening passages) Speech-to-Text via Assistive Technology 	Multiple options can be selected.
English II	 Options include: Alternate Response Options Braille Closed Captioning (ELA listening passages) Large Print Paper Based Assessment Sign Language (ELA listening passages) Speech-to-Text via Assistive Technology 	Multiple options can be selected.



Field	Description	Validation
Geometry	Options include: • Abacus • Alternate Response Options • Braille • Large Print • Multiplication Table • Paper Based Assessment • Specialized Calculator • Speech-to-Text via Assistive Technology	Multiple options can be selected.
Government	Options include: • Alternate Response Options • Braille • Large Print • Paper Based Assessment • Speech-to-Text via Assistive Technology	Multiple options can be selected.
Personal Finance	Options include: • Abacus • Alternate Response Options • Braille • Large Print • Multiplication Table • Paper Based Assessment • Specialized Calculator • Speech-to-Text via Assistive Technology	Multiple options can be selected.
Physical Science	Options include: • Abacus • Alternate Response Options • Braille • Large Print • Multiplication Table • Paper Based Assessment • Specialized Calculator • Speech-to-Text via Assistive Technology	Multiple options can be selected.

Form D - Part 3: Alternative



Assessment (MAP-A)

The Alternative Assessment editor documents how the student will participate in the MAP-A assessment.

Form D – Part 3: Alternate Assessment (MAP-A) (NOT STARTED)	Editor 27 of 33
Only for students with the most significant cognitive disabilities	
The student will participate in the MAP-A Assessment. This alternate assessment is for students with the most significant cognitive disabilities who meet t criteria* for eligibility which is based upon an educational curriculum focusing on essential skills and alternative learning standards in the following areas:	he multiple
English Language Arts in Grades 3 through 8 and 11	
Mathematics in Grades 3 through 8 and 11	
Science in Grades 5, 8 and 11	
*Information from the alternate assessment decision making resources including the guidance document, flowchart, and/or checklist s justify participation in the alternate assessment. These resources can be found on DESE's MAP-A webpage.	hould be used to
Dynamic Learning Maps (DLM)	
Student will participate in Dynamic Learning Maps (DLM) for local assessment	
Student will NOT participate in Dynamic Learning Maps (DLM) for any local assessment for Grades 3, 4, 6, and 7.	
Student will <u>NOT</u> participate in Dynamic Learning Maps (DLM) for any local assessment for Grades 9, 10, and 12. The student still m eligibility and is not required to participate in EOCs	eets MAP-A
Student will participate in Dynamic Learning Maps (DLM) for local assessment in the following areas: English Language Arts In Grades 3 through 8 and 11	
Mathematics in Grades 3 through 8 and 11	
Science in Grades 5, 8 and 11	
MAP-A Justification The IEP team must complete the alternative assessment justification section in the Present Level of Academic Act Functional Performance to explain why the child cannot participate in the general education assessment. Resources to assist in answer on DESE's MAP-A Supporting Documents webpage.	
Form D - Part 3: Alternate Assessment (MAP-A) Editor	

Field	Description	Validation
The student will participate in the MAP-A Assessment. This alternate assessment is for students with the most significant cognitive disabilities who meet the multiple criteria* for eligibility which is based upon an educational curriculum focusing on essential skills and alternative learning standards in the following areas	 Options include: English Language Arts in Grades 3 through 8 and 11 Mathematics in Grades 3 through 8 and 11 Science in Grades 5, 8 and 11 	Multiple options can be selected.



Field	Description	Validation
Dynamic Learning Maps (DLM)	 Options include: Student will participate in Dynamic Learning Maps (DLM) for local assessment Student will <u>NOT</u> participate in Dynamic Learning Maps (DLM) for any local assessment for Grades 3, 4, 6, and 7. Student will <u>NOT</u> participate in Dynamic Learning Maps (DLM) for any local assessment for Grades 9, 10, and 12. The student still meets MAP-A eligibility and it not required to participate in EOCs 	Only ONE option can be selected.
Student will participate in Dynamic Learning Maps (DLM) for local assessment in the following areas	 Options include: English Language Arts in Grades 3 through 8 and 11 Mathematics in Grades 3 through 8 and 11 Science in Grades 5, 8 and 11 	*This field is available when "Student will participate in Dynamic Learning Maps (DLM) for local assessment in the following areas" is selected from Dynamic Learning Maps. Multiple options can be selected.

Form D - Part 4: WIDA ACCESS

The WIDA ACCESS editor documents accommodations provided to the student to assist the student as an English Language Learner.



Form D - Part 4: WIDA ACCESS Assessments NOT STARTED Editor 28 of 33	
Only for K-12 English Learners	
Participation	
Choose one of the following WIDA ACCESS assessments and whether it will be administered with or without accommodations T Student will participate in the Kindergarten WIDA ACCESS Assessments Accommodations	
The set of the se	
Student in grades 1-12 will participate in the Paper/Pencil WIDA ACCESS Assessments Accommodations	
•	
Student in grades K-12 will participate in the Alternate WIDA ACCESS Assessments Accommodations	
*This includes students in grades 1-3 who will take the writing modality via paper/pencil.	
Form D - Part 4: WIDA ACCESS Assessments Editor	

Field	Description	Validation
Participation		
Choose one of the following WIDA ACCESS assessments and whether it will be administered with or without accommodations	 Options include: Student will participate in the Kindergarten WIDA ACCESS Assessments (complete section A) Student in grades 1-12 will participate in the Online* WIDA ACCESS Assessments (complete section A) Student in grades 1-12 will participate in the Paper/Pencil WIDA ACCESS Assessments (complete section A) Student in grades K-12 will participate in the Alternate WIDA ACCESS Assessments (complete section A) 	



Field	Description	Validation
Student will participate in the Kindergarten WIDA ACCESS Assessments Accommodations	 Options include: WITHOUT Accommodations WITH Accommodations (complete section B) 	*This field is available when "Student will participate in the Kindergarten WIDA ACCESS Assessments (complete section A)" is selected from the "Choose one of the following WIDA ACCESS assessments" field.
Student in grades 1-12 will participate in the Online* WIDA ACCESS Assessments Accommodations	 Options include: WITHOUT Accommodations WITH Accommodations (complete section C) 	*This field is available when "Student in grades 1-12 will participate in the Online* WIDA ACCESS Assessments (complete section A)" is selected from the "Choose one of the following WIDA ACCESS assessments" field.
Student in grades 1-12 will participate in the Paper/Pencil WIDA ACCESS Assessments Accommodations	 Options include: WITHOUT Accommodations WITH Accommodations (complete section D) 	*This field is available when "Student in grades 1-12 will participate in the Paper/Pencil WIDA ACCESS Assessments (complete section A)" is selected from the "Choose one of the following WIDA ACCESS assessments" field.
Student in grades K-12 will participate in the Alternate WIDA ACCESS Assessments Accommodations	 Options include: WITHOUT Accommodations WITH Accommodations (complete section B) 	*This field is available when "Student in grades K-12 will participate in the Alternate WIDA ACCESS Assessments (complete section A)" is selected from the "Choose one of the following WIDA ACCESS assessments" field.

Universal Tools and Accommodations



Field	Description	Validation
Section A: Universal Tools	 Click the expand link to view available checkboxes. Click here to expand Adaptive and Specialized Equipment or Furniture Alternative Microphone Audio Aids Color Contrast Color Overlay Extended Testing Time Familiar Test Administrator Frequent or Additional Supervised Breaks Highlighter, Colored Pencils, Crayons Individual or Small Group Setting Keyboard Navigation Line Guide Low Vision Aids or Magnification Devices Monitor placement of Responses in the Test Booklet or Onscreen Read Aloud Test to Self Scratch Paper Short Segments Specific Seating Verbal Praise or Tangible Reinforcement Verbally Redirect Student's Attention to the Test None recommended by IEP Team 	Multiple options can be selected.
Section B: Kinderg	garten and Alternate Assessment Accon	imodations

Field	Description	Validation
Listen	 Options include: Extended Testing of a Test Domain Over Multiple Days Interpreter Signs Directions in ASL Large Print - This accommodation is not available for alt ACCESS Scribed Response Test may be Administered by School Personnel in Non-School Setting Word Processor or Similar Keyboarding Device 	Multiple options can be selected.
Read	 Options include: Extended Testing of a Test Domain Over Multiple Days Interpreter Signs Directions in ASL Large Print - This accommodation is not available for alt ACCESS Scribed Response Test may be Administered by School Personnel in Non-School Setting Word Processor or Similar Keyboarding Device 	Multiple options can be selected.
Speak	 Options include: Extended Testing of a Test Domain Over Multiple Days Interpreter Signs Directions in ASL Large Print - This accommodation is not available for alt ACCESS Test may be Administered by School Personnel in Non-School Setting 	Multiple options can be selected.

Field	Description	Validation
Write	 Options include: Extended Testing of a Test Domain Over Multiple Days Interpreter Signs Directions in ASL Large Print - This accommodation is not available for alt ACCESS Scribed Response Student Uses a Recording Device and Response Transcribed Test may be Administered by School Personnel in Non-School Setting Word Processor or Similar Keyboarding Device 	Multiple options can be selected.
Section C: Online A	ccommodations	
Listen	 Options include: Extended Testing of a Test Domain Over Multiple Days In-Person Human Reader Interpreter Signs Directions in ASL Manual Control of Item Audio Repeat In-Person Human Reader Repeat Item Audio Scribed Response Test may be Administered by School Personnel in Non-School Setting Word Processor or Similar Keyboarding Device 	Multiple options can be selected.
Read	 Options include: Extended Testing of a Test Domain Over Multiple Days Interpreter Signs Directions in ASL Scribed Response Test may be Administered by School Personnel in Non-School Setting Word Processor or Similar Keyboarding Device 	Multiple options can be selected.

Field	Description	Validation
Speak	 Options include: Extended Speaking Test Response Time Extended Testing of a Test Domain Over Multiple Days In-Person Human Reader Interpreter Signs Directions in ASL Manual Control of Item Audio Repeat In-Person Human Reader Repeat Item Audio Test may be Administered by School Personnel in Non-School Setting 	Multiple options can be selected.
Write	 Options include: Extended Testing of a Test Domain Over Multiple Days In-Person Human Reader Interpreter Signs Directions in ASL Manual Control of Item Audio Repeat In-Person Human Reader Repeat Item Audio Scribed Response Student Uses a Recording Device and Response Transcribed Test may be Administered by School Personnel in Non-School Setting Word Processor or Similar Keyboarding Device 	Multiple options can be selected.
Section D: Paper/P	encil Accommodations	



Field	Description	Validation
Listen	 Options include: Braille with Tactile Graphics (Grades 1-5: UEB, Grades 6-12 UEB w/ Nemeth) Extended Testing of a Test Domain Over Multiple Days In-Person Human Reader Interpreter Signs Directions in ASL Large Print Manual Control of Item Audio Repeat In-Person Human Reader Repeat Item Audio Scribed Response Test may be Administered by School Personnel in Non-School Setting Word Processor or Similar Keyboarding Device 	Multiple options can be selected.
Read	 Options include: Braille with Tactile Graphics (Grades 1-5: UEB, Grades 6-12 UEB w/ Nemeth) Extended Testing of a Test Domain Over Multiple Days Interpreter Signs Directions in ASL Large Print Scribed Response Test may be Administered by School Personnel in Non-School Setting Word Processor or Similar Keyboarding Device 	Multiple options can be selected.

Field	Description	Validation
Speak	 Options include: Extended Speaking Test Response Time Extended Testing of a Test Domain Over Multiple Days In-Person Human Reader Interpreter Signs Directions in ASL Large Print Manual Control of Item Audio Repeat In-Person Human Reader Repeat Item Audio Test may be Administered by School Personnel in Non-School Setting 	Multiple options can be selected.
Write	 Options include: Braille with Tactile Graphics (Grades 1-5: UEB, Grades 6-12 UEB w/ Nemeth) Extended Testing of a Test Domain Over Multiple Days In-Person Human Reader Interpreter Signs Directions in ASL Large Print Manual Control of Item Audio Repeat In-Person Human Reader Repeat Item Audio Scribed Response Student Uses a Recording Device and Response Transcribed Test may be Administered by School Personnel in Non-School Setting Word Processor or Similar Keyboarding Device 	Multiple options can be selected.

Form D - Part 5: NAEP/International Assessments

The NAEP/International Assessments editor documents the accommodations the student requires for taking the NAEP national test.



Form D - Part 5: NAEP/International Assessments (NOT STARTED)	Editor 29 of 33
Participation	
Only for students selected to participate The student was selected for and will participate in NAEP and/or a related International Assessment NAEP and/or related International Assessment Accommodations	
Universal Tools and Accommodations	
NAEP is a national test administered to a statewide representative sample of students for national comparison. NAEP is also tied to international assessments that also use a representative sample of students. Thus, the NAEP and International Assessment sample student with disabilities and every effort must be made to ensure that selected students have an opportunity to participate in NAEP International Assessments.	es include
The way in which students with disabilities are assessed on the NAEP and/or International Assessments should mirror as closely as way they are tested on the state assessment. For additional information regarding NAEP's universal tools and accommodations, che School NAEP Coordinator or refer to: https://dese.mo.gov/quality-schools/assessment/naep.	
Section A: Universal Tools - Automatically Available	
Form D - Part 5: NAEP/International Assessments Editor	

Click here to expand...

Field	Description	Validation
The student was selected for and will participate in NAEP and/or a related International Assessment	Indicates the student will participate in the NAEP or International Assessment.	N/A
NAEP and/or related International Assessment Accommodations	 Options include: WITHOUT Accommodations (review section A) WITH Accommodations (review section A and B) 	*This field is available when the above checkbox is marked.
Section A: Univers	al Tools - Automatically Available	



Field	Description	Validation
Section A: Universal Tools	Options include: Closed Captioning Color Theming Directions Read Aloud/Text-to-Speech Directions Explained/Clarified Elimination Capability Read Aloud/Text-to-Speech Scratch Paper Scratch/Highlighter Capability Use a Computer to Respond Volume Adjustment Zooming	Multiple options can be selected.
Section B: Accomm	nodations - To be marked in the testing system	
Math	 Options include: Braille Breaks During Test Calculator Version of the Test Cueing to Stay on Task Directions Only Presented in ASL/Sign Language Extended Time Familiar Person Present or Administering the Test Hearing Impaired Version of the Test High Contrast for Visually Impaired Students Individual/Small Group Low Mobility Version of the Test Magnification Preferential Seating Presented in ASL/Sign Language Scribe Special Equipment (see test manual) Separate Location Uses Template 	Multiple options can be selected.



Field	Description	Validation
Reading	 Options include: Braille Breaks During Test Cueing to Stay on Task Directions Only Presented in ASL/Sign Language Extended Time Familiar Person Present or Administering the Test Hearing Impaired Version of the Test High Contrast for Visually Impaired Students Individual/Small Group Low Mobility Version of the Test Magnification Preferential Seating Response in ASL/Sign Language Scribe Special Equipment (see test manual) Separate Location Uses Template 	Multiple options can be selected.

Form E: District Wide Assessments and Alternative Assessments

The District Wide Assessments and Alternative Assessments editor documents accommodations provided to the student for taking district tests.

A	District Assessment	Accommodations	Assessment Type
	MO IEP: District Test Names Example	MO IEP: State/District Test Accommodations Example	District-Wide

• Click here to expand...

District Wide Assessments and Alternative Assessments List Screen

Column Name	Description
Padlock Icon	The person currently editing the record.
District Assessment	The name of the district assessment in which the student will or will not participate.
Accommodations	A description of the accommodations the student needs for the district assessment.
Assessment Type	Displays as District-Wide or Alternate, depending on the record.

District Wide Assessments and Alternative Assessments Detail Screen

Select an existing record or click **New** to view the detail screen.

District Wide Assessments and Alternative Assessments
The student <u>WILL</u> participate in the following District-Wide Assessment(s) of Student Achievement that are administered for this student's grade level
District Assessment * Add Template
MO IEP: District Test Names Example
Accommodations needed for the student to participate in this assessment are * Add Template
MO IEP: State/District Test Accommodations Example
The student <u>WILL NOT</u> participate in the District-Wide Assessment(s) of Student Achievement administered at their grade, but must participate in the following District-Wide Alternate Assessments for this student's grade level
NOTE: Alternate assessment must assess the same areas as the District-wide assessment
District Assessment Add Template

District Wide Assessments and Alternative Assessments Detail Screen

Field	Description	Validation
The student WILL participate in the following District- Wide Assessment(s) of Student Achievement that are administered for this student's grade level	Indicates the student will participate in the assessment.	N/A

Field	Description	Validation
District Assessment *Required	The name of the district assessment in which the student will participate.	*This field is available and required when the above checkbox is marked. This field is limited to 8000 characters.
Accommodations needed for the student to participate in this assessment are *Required	A description of the accommodations the student needs for the district assessment.	*This field is available and required when the above checkbox is marked. This field is limited to 8000 characters.
The student WILL NOT participate in the District- Wide Assessment(s) of Student Achievement administered at their grade, but must participate in the following District-Wide Alternate Assessments for this student's grade level	Indicates the student will NOT participate in the assessment.	N/A
District Assessment *Required	The name of the district assessment in which the student will NOT participate.	*This field is available and required when the above checkbox is marked. This field is limited to 8000 characters.
Name/Description of Alternative Assessment *Required	The name of the alternative assessment the student will take in place of the district assessment.	*This field is available and required when the above checkbox is marked. This field is limited to 8000 characters.
Statement of why the child cannot participate in the regular assessment *Required	A description as to why the student cannot participate in the regular assessment.	*This field is available and required when the above checkbox is marked. This field is limited to 8000 characters.



Field	Description	Validation
Why the particular alternate assessment selected is appropriate *Required	A description as to why the alternative assessment is appropriate for the student.	*This field is available and required when the above checkbox is marked. This field is limited to 8000
		This field is limited to 8000 characters.

Form G

The Form G documents how the student receives special education and related services on days when school facilities are closed.

Form G NOT STARTED		Editor 31 of 33
PURPOSE: This optional model form was created to support related services on days when school facilities are closed. It Implementation guidance for alternative methods of instruc- support the planning of services and supports. Districts can Parental and staff input on priorities needed for the student during cl	t is recommended this form be used in conjunction with tion (AMI) days for students with disabilities, for addition elect to use a self-generated form containing similar inf	the companion document, nal information and strategies to
technology, instructional materials, instructional supports available in	the home, training needed for parents in order to support distance	e learning in the home
		la l
Communication Plan describe how communication will be implemented; who will be contact	cting the parent, by what method, and how frequently	
Form G: Services		
Goal	Description of Instructional Support	Staff Responsible
	No records available.	
	Form G Editor	

Click here to expand...

Field	Description	Validation
Form G		
Parental and staff input on priorities needed for the student during closures	A description of the input by staff and or parents.	N/A



Field	Description	Validation
Communication Plan	The communication plan.	N/A

Form G: Services

The following fields display in the table:

- Goal
- Description of Instructional Support
- Staff Responsible

Text must be saved into the first two text fields before services can be added. Click **Add Services** to open the Form G: Services side panel. The following fields display:

Goal	The goal addressed.	This populates from the Annual Goals editor.
Description of Instructional Support	A description of the support/service.	This field is limited to 8000 characters.
Method of Participation	The method in which the student will participate in the support/service.	This field is limited to 8000 characters.
Staff Responsible for Delivering Service or Support	The person responsible for administering the support/service.	This field is limited to 150 characters.

Form G: Accommodations and Modifications

The following fields display in the table:

- Accommodations and Modifications
- How and when will it be provided?

Text must be saved into the first two text fields before services can be added. Click **Add Accommodations/Modifications** to open the Form G: Accommodations and Modifications side panel. The following fields display:

Accommodations and Modifications	The accommodation or modification needed.	This field is limited to 8000 characters.
How and when will it be provided?	A description on how this accommodation or modification will be provided to the student.	This field is limited to 8000 characters.

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IEP Signature Page

The IEP Signature Page editor documents the parent/guardian's consent that they agree with the contents of the IEP and have received copies of the appropriate documents.



Prior Written Notice

The Prior Written Notice documents communication with parents/guardians and other members of the student's special education team and their consent and/or approval for the proposed or refused actions documented in the plan.

Prior W	/ritten Notice	NPROGRESS		Edito	or 33 of 33
28	Date Provided	Method of Provision	Consent Needed	Consent Not Needed	
	02/05/24	Personally present	Initial Evaluation	Initial Placement	^
		Prior	Written Notice List Scree	n	

Click here to expand...

Prior Written Notice List Screen

Column Name	Description
Padlock Icon	The person currently editing the record.
Date Provided	The day the prior written notice was provided.
Method of Provision	The method of communication.
Consent Needed	A list of actions requiring consent.
Consent Not Needed	A list of actions not requiring consent.

Prior Written Notice Detail Screen

Select an existing record or click **New** to view the detail screen.

Prior Written Notice		
Date Provided *	Method of Provision	
02/05/2024	Personally present	•
The following is to describe the action(s) Proposed by our district Refused by our district Consent is <u>required</u> for these actions to be of Initial Evaluation	carried out	
 Initial Services Reevaluation (with assessment) 		
Consent is <u>not required</u> for these actions to Initial Placement Initial Eligibility	be carried out	
Change in Eligibility		
 Change in Eligibility Ineligibility for Services 		

Prior Written Notice Detail Screen

Field	Description	Validation
Date Provided Required	The day the prior written notice was provided.	N/A
Method of Provision	Options include: • Personally present • Mailed • Hand carried by student • Emailed	N/A
The following is to describe the action(s)	Options include: • Proposed by our district • Refused by our district	Multiple options can be selected.
Consent is required for these actions to be carried out	Options include: • Initial Evaluation • Initial Services • Reevaluation (with assessment)	Multiple options can be selected.



Field	Description	Validation
Consent is not required for these actions to be carried out	Options include: Initial Placement Initial Eligibility Change in Eligibility Ineligibility for Services Change of Placement Change of Services Graduation with regular diploma Other	Multiple options can be selected.
Specify Other <i>*Required</i>	The other action.	*This field is available and required when Other is selected above. This field is limited to 150 characters.
Description and Explanation of Action Required	A description of the actions proposed or refused and the reasoning behind it.	This field is limited to 8000 characters.
Basis for the action <i>Required</i>	A description of each procedure, assessment, report, or record the district used in determining the proposed or refused action.	This field is limited to 8000 characters.
Options Considered and Why Rejected <i>Required</i>	A description of any other options for the provision of a Free Appropriate Public Education (FAPE) that the Individualized Education Program (IEP) team considered and the reasons why those options were rejected.	This field is limited to 8000 characters.
Other Factors Relevant to the Action <i>Required</i>	A description of any other relevant factors considered.	This field is limited to 8000 characters.