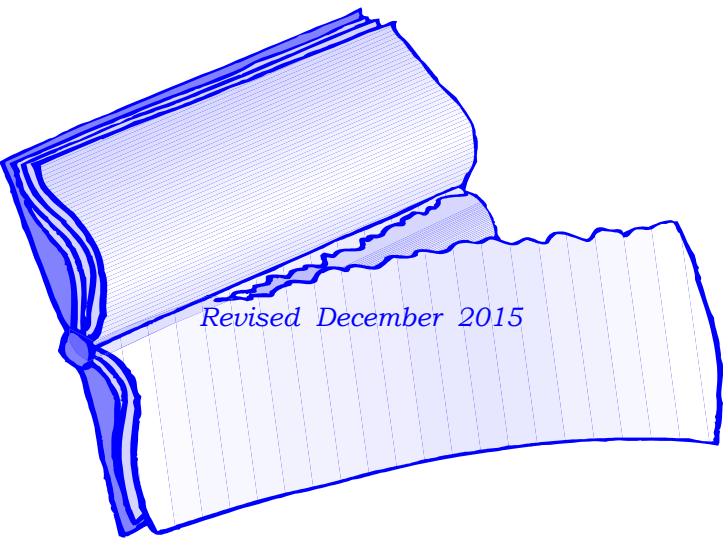


So, you're going to a PPT.....

The IEP Guide

Page

by Page



....don't leave home without reviewing this.

Acknowledgements

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David Arney - CT State Department of Developmental Services

John M. Flanders - Attorney at Law

Roger Frant - CT State Department of Education

Stacy Hultgren – Parent/ Autism Spectrum Resource Center

Gail Mangs - CT State Department of Education

Angela Spino - Parent/CT Council on Developmental Disabilities

Nancy L. Taylor - CT State Department of Developmental Services

Ann Tetreault - CT State Department of Developmental Services

Mona Tremblay - Parent/CT Family Support Network

Dear Parent,

The information within this guide is designed to assist you in understanding the Individualized Education Program (IEP) document and the Planning and Placement Team (PPT) process. While this guide may not answer all your questions, the intent is to provide you with an awareness of the more important components within the IEP, thus allowing you to be an informed and active member of your child's PPT meeting.

For a more in-depth review of the IEP, please visit the State Department of Education website to access the "IEP Manual and Forms" document; see link below:

<http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Special/IEPManual.pdf>

~ Remember ~

All PPT participants are equal members of the Team.



“The Planning and Placement Team (PPT)” must include: the parents/guardians, regular ed. teacher, special ed. teacher or provider, someone to interpret evaluation results, an administrator, the student (if appropriate), an interpreter (if needed) and anyone with expertise on the child invited by either the parents or the school.

Student: _____ Last Name, First Name DOB: _____ mm/dd/yyyy District: _____ Meeting Date: _____ mm/dd/yyyy

PLANNING AND PLACEMENT TEAM (PPT) COVER PAGE

Current Enrolled School: _____ Gender: ☐ Female ☐ Male

Current Home School: _____

SASID #: _____ If your school district does not have its own high school, is the student attending his/her designated high school?

Case Manager: _____ ☐ Yes ☐ No ☐ NA

Student Address¹: _____ Student Instructional Lang: ☐ English ☐ Other: (specify) _____

Parent/Guardian (Name): _____ Home Dominant Lang: ☐ English ☐ Other: (specify) _____

Parent/Guardian (Address): ☐ Same _____ Student Home Phone: _____ Parent Home Phone: _____

Surrogate Name: _____ Parent Work Phone: _____ Misc. Phone: _____

Surrogate Address: _____ Most Recent Eval. Date: _____ mm/dd/yyyy Next Reevaluation Date: _____ mm/dd/yyyy

Most Recent Annual Review Date: _____ mm/dd/yyyy Next Annual Review Date: _____ mm/dd/yyyy

Reason for Meeting²: ☐ Review Referral ☐ Plan Eval/Reeval ☐ Review Eval/Reeval ☐ Determine Eligibility ☐ Determine Continuing Eligibility ☐ Develop IEP

☐ Review or Revise IEP ☐ Conduct Annual Review ☐ Transition Planning ☐ Manifestation Determination ☐ Other (specify) _____

Primary Disability: ☐ Autism ☐ Emotional Disturbance ☐ Multiple Disabilities ☐ Orthopedic Impairment ☐ Speech or Language Impaired ☐ Other Health Impairment

☐ Deaf – Blindness ☐ Hearing Impairment (Deaf or Hard of Hearing) ☐ Specific Learning Disabilities ☐ Traumatic Brain Injury ☐ OHI – ADD/ADHD

☐ Developmental Delay (ages 3-5 only) ☐ Intellectual Disability ☐ Specific Learning Disabilities/Dyslexia ☐ Visual Impairment ☐ To be determined

The next projected PPT meeting date is: _____ mm/dd/yyyy

• Eligible as a student in need of Special Education (The child is evaluated as having a disability, and needs special education and related services) ☐ Yes ☐ No

• Is this an amendment to a current IEP using Form ED634? YES, attached is the ED634 and amendments (revised IEP pages 1, 2, 3 and other supporting IEP documents) ☐ No

If YES, what is the date of the IEP being amended? _____ mm/dd/yyyy

Team Member Present (required)

Admin/Designee: _____ Spec. Educ. Teacher: _____ OT: _____

Parent/Guardian: _____

Parent/Guardian: _____ Social Work: _____ Agency: _____

Surrogate Parent: _____ Speech/Lang: _____ Other: (specify) _____

Student: _____ Guidance: _____ Other: (specify) _____

Student's Reg. Ed. Teacher: _____ Nurse: _____ Other: (specify) _____

Student: _____ Last Name, First Name DOB: _____ mm/dd/yyyy District: _____ Meeting Date: _____ mm/dd/yyyy

LIST OF PPT RECOMMENDATIONS

The "[List of PPT Recommendations](#)" provides an itemized list of the PPT recommendations that were made by a student's PPT. It is important that this section be specific so that both parent and school district staff know what is being recommended.

It is good practice to review these recommendations prior to the conclusion of each meeting.

PLANNING AND PLACEMENT TEAM MEETING SUMMARY (OPTIONAL)

Parents please note: Effective October 1, 2009, parents must be provided with a copy of the state developed *Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools* (<http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=320730#Legal>) at the first PPT meeting following a child's initial referral for special education. In addition, the notice must also be provided to parents at the first PPT meeting where the use of seclusion as a behavior intervention is included in a child's IEP. ☐ A copy of the *Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools* has been provided to the parents on _____ (date).

Prior Written Notice provides written communication to the parent/guardian of the actions that have been proposed or refused. PWN is provided at the PPT meeting or sent with the IEP within 5 school days. An IEP must be in effect on the first day of school.

Student: _____ Last Name, First Name DOB: _____ mm/dd/yyyy District: _____ Meeting Date: _____ mm/dd/yyyy

PRIOR WRITTEN NOTICE

Actions Proposed	Reasons for proposed actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions proposed (dated)		Date these actions will be implemented
	<input type="checkbox"/> Educational performance supports proposed actions <input type="checkbox"/> Evaluation results support proposed actions <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved <input type="checkbox"/> Student has met Exit Criteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Achievement _____ <input type="checkbox"/> Adaptive _____ <input type="checkbox"/> Classroom Observation _____ <input type="checkbox"/> Cognitive _____ <input type="checkbox"/> Communication _____ <input type="checkbox"/> Developmental _____ <input type="checkbox"/> Health/Medical _____	<input type="checkbox"/> Motor _____ <input type="checkbox"/> Report Cards _____ <input type="checkbox"/> Review of Records _____ <input type="checkbox"/> Social Emotional Behavior _____ <input type="checkbox"/> Teacher Reports _____ <input type="checkbox"/> Other (specify and dated) _____	
Actions Refused	Reasons for refused actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions refused (dated)		
	<input type="checkbox"/> Educational performance supports refusal <input type="checkbox"/> Evaluation results support refusal <input type="checkbox"/> Previous IEP goals and objectives have been satisfactorily achieved <input type="checkbox"/> Student has met Exit Criteria <input type="checkbox"/> Other _____	<input type="checkbox"/> Achievement _____ <input type="checkbox"/> Adaptive _____ <input type="checkbox"/> Classroom Observation _____ <input type="checkbox"/> Cognitive _____ <input type="checkbox"/> Communication _____ <input type="checkbox"/> Developmental _____ <input type="checkbox"/> Health/Medical _____	<input type="checkbox"/> Motor _____ <input type="checkbox"/> Report Cards _____ <input type="checkbox"/> Review of Records _____ <input type="checkbox"/> Social emotional Behavior _____ <input type="checkbox"/> Teacher Reports _____ <input type="checkbox"/> Other (specify and dated) _____	
Other options considered and rejected in favor of the proposed actions	Rationale for rejecting other options	Other factors that are relevant to this action	Exit Information	
<input type="checkbox"/> Full-time placement in general education with supplementary aids and services. <input type="checkbox"/> No other options were considered and rejected. <input type="checkbox"/> Other options considered and rejected in favor of this action: _____	<input type="checkbox"/> Options would not provide student with an appropriate program in the least restrictive environment <input type="checkbox"/> Other: (specify) _____	<input type="checkbox"/> There are no other factors that are relevant to the PPT decision <input type="checkbox"/> Information/concerns shared by the parents <input type="checkbox"/> Information/preferences shared by the student <input type="checkbox"/> Other: (specify) _____	<input type="checkbox"/> Date of exit from Special Education _____ <input type="checkbox"/> Returning to general education <input type="checkbox"/> Reason for exiting Special Education: _____	
<p>Parents please note: Under the procedural safeguards of IDEA, a copy of the <u>Procedural Safeguards in Special Education</u> shall be given to the parents of a child with a disability only one time per year, except that a copy also shall be given to the parents: 1) upon initial referral or parental request for evaluation, 2) upon the first occurrence of the filing of a complaint under Section 615(b)(6), 3) upon request by a parent, and 4) upon a change of placement resulting from a disciplinary action. A copy of <u>Procedural Safeguards in Special Education</u> which explains these protections <input type="checkbox"/> was made available previously this school year (date) _____ <input type="checkbox"/> is enclosed with this document. A copy of <u>Procedural Safeguards in Special Education</u> is available on school district website: http://www [Delete if not available on line]. If you need assistance in understanding the provisions of IDEA, please contact your child's principal, the district's special education director or the CT's federally designated Parent Training and Information Center (CPAC at 800-445-2722). For a copy of "A Parent's Guide to Special Education in CT" and other resources contact SERC (800-842-8678) or go to: http://www.sde.ct.gov/sde/cwp/view.asp?a=2678&Q=320730.</p>				

Meeting Date: _____
mm/dd/yyyy

(The following information was derived from: report data, documentation from classroom performance, observations, parent/student reports, and curriculum based and standardized assessments, including CMT and CAPT results and student samples).


Parent and Student input and concerns	<p>“<u>Parent and Student Input and Concerns</u>” must be considered in the development of the IEP and should specifically record any statements of concerns or success by the parents or student.</p> <p>For example: 1) the parent is concerned that his/her child needs a hands-on approach in science class rather than a lecture style and 2) the parent shares that his/her child has made good progress in both reading and math this school year.</p>

The statements in the “Area” c should clearly d how the studen currently perfo within the gene curriculum and academic areas peer-level expe Any assessmen evaluations uti determine pres levels of perfor should also be included.

Area (briefly describe current performance)	Strengths (include data as appropriate)	Concerns/Needs (requiring specialized instruction)	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities.
<p>Academic/Cognitive Language Arts:</p> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Age Appropriate </div> <hr/> <hr/> <hr/> <hr/> <p>Academic/Cognitive: Math:</p> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Age Appropriate </div> <hr/> <hr/> <hr/> <hr/> <p>Other Academic/Nonacademic Areas:</p> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Age Appropriate </div> <hr/> <hr/> <hr/> <hr/>	<div style="border: 1px solid blue; height: 700px;"></div>	<div style="border: 1px solid blue; height: 700px;"></div>	<div style="border: 1px solid blue; padding: 10px;"> <p>Information within this column will describe how the student's disability specifically impacts her/his involvement, participation and progress in school activities. It may help to think in terms of "if-then" statements. (e.g., <u>If</u> there is a concern, <u>then</u> what is the impact on the student's participation and progress in that area?)</p> </div>

Meeting Date: _____
mm/dd/yyyy

Area (briefly describe current performance)	Strengths (include data as appropriate)	Concerns/Needs (requiring specialized instruction)	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities.
Behavioral/Social/Emotional: <input type="checkbox"/> Age Appropriate			
Communication: <input type="checkbox"/> Age Appropriate			
Vocational/Transition: <input type="checkbox"/> Age Appropriate			
Health and Development including Vision And Hearing: <input type="checkbox"/> Age Appropriate			
Fine and Gross Motor: <input type="checkbox"/> Age Appropriate			
Activities of Daily Living: <input type="checkbox"/> Age Appropriate			
Other: <input type="checkbox"/> Age Appropriate			



TRANSITION PLANNING

1. ☐ **Not Applicable:** Student _____ Each student must have transition goals documented on page 7 of the IEP and in effect when the child turns 16.
- ☐ This is either the first IEP to be in effect when the student turns 16 (or younger if appropriate and transition planning is needed) or the student is 16 or older and transition planning is required.
2. **Student Preferences/Interests – document the following:**
- a) Was the student invited to attend her/his Planning and Placement Conference? _____
- b) Did the student attend? _____
- c) How were the student's preferences/interests, as they relate to planning for transition services, determined?
- ☐ Personal Interviews ☐ Comments at Meeting ☐ Functional/Vocational Evaluations ☐ Age appropriate transition assessments ☐ Other _____
- d) Summarize student preferences/interests as they relate to planning for transition services: _____
3. **Age Appropriate Transition Assessment(s) performed:** (Specify) _____
4. **Agency Participation:**
- a) Were any outside agencies invited to attend the PPT meeting? ☐ Yes ☐ No (If "No," specify in the IEP) _____
- b) If yes, did the agency's representative attend? _____
- c) Has any participating agency agreed to provide or pay for services? _____
5. **Post-School Outcome Goal Statement(s) and Transition Services recommended in this IEP:**
- a) **Post-School Outcome Goal Statement - Postsecondary Education or Training:** _____
- ☐ Annual goal(s) and related objectives regarding Postsecondary Education or Training have been developed and are included in this IEP (may include Community Participation)
- b) **Post-School Outcome Goal Statement – Employment:** _____
- ☐ Annual goal(s) and related objectives regarding Employment have been developed and are included in this IEP (may include Community Participation)
- c) **Post-School Outcome Goal Statement - Independent Living:** _____
- ☐ Annual goals and related objectives regarding Independent Living have been developed and are included in this IEP (may include Community Participation)
6. **Please select ONLY one:**
- ☐ The course of study needed to assist the child in reaching _____
- ☐ Student has completed academic requirements; no academic course of study is required – student's IEP includes only transition goals and services.
7. **At least one year prior to reaching the age of 18, the student must be informed of her/his rights under IDEA which will transfer at age 18.**
- ☐ NA (Student will not be 17 within one year) ☐ The student has been informed of her/his rights under IDEA which will transfer at age 18 ☐ No IDEA rights will transfer
8. **For a child whose eligibility under special education will terminate the following year due to graduation with a regular education diploma or due to exceeding the age of eligibility, the Summary of Performance will be completed on or before: (specify date)** _____

Transition services are based on the student's strengths, preferences, interests and needs and must be considered in planning post-school outcomes.

Parents please note: Rights afforded to parents under the Individuals with Disabilities Education Act (IDEA) transfer to students at the age of 18, unless legal guardianship has been obtained.

As noted, if this box is checked, page 6 must be completed and corresponding transition goals and objectives developed.

Student: _____ Last Name, First Name DOB: _____ mm/dd/yyyy District: _____ Meeting Date: _____ mm/dd/yyyy

☐ Academic/Cognitive ☐ Social/Behavioral ☐ Communication ☐ Gross/Fine Motor ☐ Postsecondary Education/Training
☐ Self Help ☐ Employment ☐ Independent Living ☐ Health ☐ Other: (specify) _____

Enter Dates for Evaluating and Reporting Progress in Boxes Below

☒ Check here if the student is 15 years of age. (Note: Page 6, Transition Planning must be completed if this box is checked)

1	2	3	4
5	6	7	8

Measurable Annual Goal* (Linked to Present Levels of Performance) # _____

Eval. Procedure: _____
Perf. Criteria: _____

Report Progress Below (Use Reporting Key)

1	2	3	4
---	---	---	---

Short Term Objective #1

(%, Trials, etc.) _____

5	6	7	8
---	---	---	---

Objective #2

Objective #3

Eval. Procedure: _____
Perf. Criteria: _____
(%, Trials, etc.) _____

Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

Evaluation Procedures

1. Criterion-Referenced/Curriculum Based Assessment
2. Pre and Post Standardized Assessment
3. Pre and Post Base Line Data
4. Quizzes/Tests
5. Student Self-assessment/Rubric
6. Project/Experiment/Portfolio
7. Behavior/Performance Rating Scale
8. CMT/CAPT
9. Work Samples, Job Performance or Products
10. Achievement of Objectives (Note: use with goal only)
11. Other (specify) _____
12. Other (specify) _____

Performance Criteria

- A. Percent
- B. Months
- C. Standard
- D. Passing Grades/Score
- E. Frequency/Trials
- I. Other: (specify) _____
- J. Other: (specify) _____

Progress Reporting Key: (indicating extent to which progress is sufficient to achieve goal by the end of the year)
U=Unsatisfactory Progress – Unlikely to achieve goal N = No Progress – Will not achieve goal M = Mastered S = Satisfactory Progress – Likely to achieve goal
NI = Not Introduced O = Other: (specify) _____

*Related to meeting the student's needs that result from the individual's disability, to enable the student to be involved in and make progress in the general curriculum, and to meet each of the student's other educational needs that result from the student's disability.

"Measurable Annual Goals" and "Short Term Objectives/Benchmarks" should relate directly to the information recorded on Page 4 and 5 under "Concerns/Needs" (requiring specialized instruction). They should align with the grade-level general education curriculum standards, as well as relevant non-academic needs/concerns such as the CORE Transition Skills.

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Documentation of progress should be clearly understood by both Parent/Guardians and professionals and reported as noted on page 10.

Mastery of goals and objectives is defined by these three elements. **Please note: It is important that goals and objectives be specific, measurable and, to the extent appropriate, relate to the student's achievement in the general education curriculum and non-academic areas.**

_____ of ____ Goal Pages

“Accommodations” are the services and/or supports related to a student’s disability that allows full access to a given subject matter and an accurate demonstration of knowledge without requiring a fundamental alteration to the content, standard or expectation of the task; thus altering HOW a student learns, but not WHAT a student learns.

Student: _____ Last Name, First Name DOB: _____ mm/dd/yyyy District: _____ Meeting Date: _____ mm/dd/yyyy

Program Accommodations and Modifications - INCLUDING NONACADEMIC AND EXTRACURRICULAR ACTIVITIES/COLLABORATION/SUPPORT FOR SCHOOL PERSONNEL	
Accommodations and Modifications to be provided to enable the child:	Sites/Activities Where Required and Duration
<ul style="list-style-type: none">- To advance appropriately toward attaining his/her annual goals;- To be involved in and make progress in the general education curriculum;- To participate in extracurricular and other non-academic activities, and- To be educated and participate with other children with and without disabilities.	
Accommodations may include Assistive Technology Devices and Services	
Materials/Books/Equipment: _____	
Tests/Quizzes/Assessments: _____	
Grading: _____	
Organization: _____	
Environment: _____	
Behavioral Interventions and Support: _____	
Instructional Strategies: _____	
Other: _____	
Note: When specifying required supports for personnel to implement this IEP, include the specific supports required, how often they are to be provided (frequency) and for how long (duration)	
Frequency and Duration of Supports Required for School Personnel to Implement this IEP include: _____	

Meeting Date: _____
mm/dd/yyyy

If instances where a student is exempted from a district-wide assessment, the PPT must determine how the student **otherwise** be assessed. A statement must be provided as to why the student did not participate in the standard assessment and why the alternate assessment specified is appropriate for the student.

When a child's behavior impedes his/her learning or that of others, the PPT must consider the use of positive behavioral interventions. In the case of a child whose behavior has resulted in the suspension from school for more than 10 days or removal from his/her current educational placement, a **Functional Behavioral Assessment (FBA)** should be completed and lead to the design and implementation of a **Behavioral Intervention Plan (BIP)**, if one is not already in place, or, the review and modification of the BIP that is already in place, as necessary to address the behavior. The BIP assists the student in the development of positive communication, behavioral, and social presentation. Provision of personal supports, goals, objectives, and/or other supportive strategies may be necessary.

Student: _____ Last Name, First Name
DOB: _____ mm/dd/yyyy
District: _____
Meeting Date: _____ mm/dd/yyyy

SPECIAL FACTORS, PROGRESS REPORTING, EXIT CRITERIA

1. For students whose behavior impedes her/his learning or that of others, the PPT has considered strategies, including positive behavioral interventions and supports to address that behavior, and :
☐ NA ☐ A behavioral intervention plan has been developed. ☐ IEP Goals and Objectives have been developed to address the behavior. ☐ Other (specify): _____

2. For students with limited English proficiency, the PPT has considered the language needs of the student as they relate to the student's IEP and recommended the following:
☐ NA ☐ Recommendation: (specify) _____

3. For students who are blind/visually impaired (VI): ☐ NA ☐ Instruction in braille or use of braille is being provided, as required. ☐ The PPT has determined, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future need for instruction in braille or the use of braille), that instruction in braille or the use of braille is not appropriate for this student.

4. For students with print-related disabilities (such as SLD/Dyslexia, blind/VI, physical limitations or organic dysfunction): ☐ NA ☐ The PPT has considered accessible instructional/educational material (AEM) and/or accommodations noted on page 8 of the IEP-- if so which format/accommodation utilized: ☐ Large Print ☐ Digital Text ☐ Audio ☐ Other (specify): _____

5. For students who are deaf or hard of hearing: ☐ NA ☐ See attached **required** *Language and Communication Plan* (Form ED638) -- The PPT has determined (after considering the student's language and communication needs), opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode, and considering whether the student requires assistive technology.

PROGRESS REPORTING

1. A report of progress toward meeting the Measurable Annual Goals and Short Term Objectives included in this IEP will be sent to parents periodically, according to the following schedule:
☐ Quarterly ☐ Consistent with grade level report cards ☐ Other (specify): _____

EXIT CRITERIA

1. Exit Criteria: Student will be exited from Special Education upon: (Check One) ☐ Ability to succeed in Regular Education without Special Education support ☐ Graduation ☐ Age 21 ☐ Other: _____ (specify)

INFORMATION ON IEPs and SECONDARY TRANSITION

1. Parents, including Surrogate Parents and the student if 18 or older have been provided (☐ electronically or ☐ in hard copy) with relevant information and resources relating to IEPs created by the CSDE (including, but not limited to, information relating to transition resources and services for high school students) immediately upon the formal identification of any child as a child requiring special education and at each PPT meeting thereafter: ☐ *Building a Bridge* ☐ *Parent's Guide to Special Education* ☐ *IEP Manual* ☐ OTHER: _____

2. The *Transition Bill of Rights* has been provided to parents of students in sixth through twelfth grade to ensure that the PPT discusses transition services: *Transition Bill of Rights*:
☐ is available on the school district website; ☐ is enclosed with this document; ☐ was already provided, reviewed and discussed this school year (date) _____

“Special Education Services” must list everything related to “specially designed instruction” – all Special Education services. Regular Ed Services will not appear here.



[illegible]

Note: The LRE Checklist (ED632) must be completed and attached to this IEP if the student is to be removed from the regular education environment for 60% or more of the time. It is recommended that the LRE Checklist be utilized when making any placement decision to ensure conformity with the LRE provisions of the Individuals with Disabilities Education Act.

The “Required Data Collection” page is not part of the IEP. Data collected from this page is required to meet state and/or federal data requirements. The information on this page should be collected at the “Initial Eligibility Determination” PPT if the student is found eligible for special education and related services or yearly at an annual review. The data reported on this page needs to be accurate but does not effect decisions reached by the PPT as part of the child’s IEP.

Student: _____ Last Name, First Name DOB: _____ mm/dd/yyyy District: _____ Meeting Date: _____ mm/dd/yyyy

Required Data Collection
(Collect and/or update at every PPT)

For Children 3 years of age

Free Appropriate Public Education (FAPE) by age 3. ☐ Yes ☐ No

If the Oct 1st reported "Annual Review/PPT Meeting Date" and child's DOB indicate that the child did not receive FAPE by their 3rd birthday, why?

☐ Late referral (less than 90 days before 3rd birthday) ☐ Moved into district late ☐ Other (Specify) _____

☐ Child initially found not eligible at age 3 (re-referred to district at a later date) ☐ Parent Choice ☐ FAPE met via earlier PPT. Date of initial PPT was _____

Early Childhood (E.C.) Placement Settings (children ages 5 or younger OR grade is preschool):

1. Provide the hours per week the child participates in an early childhood program which is not provided as a part of the IEP (hours from pg 2): _____
2. Identify the E.C. Placement Setting where the child spends the majority of the week which is a combination of programming from both pages 2 AND 11:
 - ☐ Regular E.C. Preschool or Kindergarten Program
 - ☐ E.C. Special Education Program in Separate Class
 - ☐ E.C. Special Education Program in Separate School
 - ☐ E.C. Special Education Program in Residential Facility
 - ☐ Home
 - ☐ Service Provider Location (Itinerant Services) – applies only when a child does not spend time in any environment with non-disabled peers

Education Placement 3 to 21 years of age

1. Does the student live at any of the following locations?
 - ☐ None of these locations (Default - 00)
 - ☐ Temporary Housing Situation: Foster Home, Group Home, Safe Home, Supported Housing; and Temporary Shelters. (02)
(Housing that is subsidized by DCF, DDS, DMHAS or other state agency.)
 - ☐ Hospital (03)
 - ☐ Private Residential Facility (09)



Notes