

# Assessment and the Special Education Process

Department of Student Services

Livonia Public Schools

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# SECTION 1

Staff Responsibilities within the  
Educational Planning Team (EPT)/Instructional Support  
Team (IST) Pre-referral Process

&

Review of Existing Evaluation Data  
(REED)/Multidisciplinary Team Summary  
(MET)/Individualized Education Program (IEP)  
Special Education Process

## Teacher Consultant

TC involvement at the EPT/IST and in the evaluation process is recommended when:

- The case is unique (i.e., complexity, inclusion, question of placement, question of need for addition classroom support, or initial question of eligibility, academic screening, may involve classroom observations –on-off task-)
- Parent request

### Special Education move-in student:

- See above statement
- May be involved with previous enrollment review
- Assist with acquiring student records, contact outside services (e.g. POHI, VI/HI)

### Initial Special Education Evaluation:

- TC may assist in documentation of general education interventions
- TC may administer an academic achievement assessment
- Liaison between general education and special education services/programs

### Parochial Schools:

- TC may assist with general education strategies (i.e. academic and behavioral interventions, progress monitoring and assistive technology support)
- Liaison between parochial schools and student services
- TC may schedule a REED with relevant student services staff if a handicapping condition is suspected
- Documentation of parent contact, input and participation

## Educational Support Teacher

### EST involvement at the EPT/IST:

- Member of EPT/IST
- May recommend student for pre-referral process
- Review history of general education services and supports (i.e. school record, attendance, BIP, family history and parent contact, group involvement, medical history, classroom observations, benchmark tests, standardized tests)
- May be assigned as a case manager (meet with general education teacher for planning/support, monitor student's progress with MTSS initiative, provide weekly progress reports to EPT/IST)

### EST involvement at the REED/MET/IEP:

- Input given, based upon contact with student
- Generally, no involvement in the evaluation process

## Counselor/Student Assistance Provider -Secondary Level

### Counselor/SAP involvement at the EPT/IST:

- Member of EPT/IST
- May recommend student for pre-referral process
- Review history of general education services and supports (i.e. school record, grades/credits/transcript, Education Development Plan (EDP), attendance, BIP, family history and parent contact, group involvement, medical history, teacher observations, benchmark tests, standardized tests)
- May be assigned as a follow-up person (communicate with general education teacher for planning, support, classroom accommodations, monitor student's progress, schedule changes, parent contact)
- May provide assistance with mental health, behavioral referrals and other community-based resources
- Assist with schedule changes, credit/transcript review for Michigan Merit Curriculum expectations

### Counselor/SAP involvement at the REED/MET/IEP:

- Input given, based upon contact with student
- Generally, no involvement in the evaluation process

## General Education Teacher

### Gen Ed Teacher involvement at the EPT/IST:

- Member of EPT/IST for classroom student(s)
- May recommend student for pre-referral process/parent contact regarding academic, emotional or behavioral concerns
- Review progress in general education (i.e. school record, BIP, parent contact, classroom observations, benchmark tests, standardized tests, work samples, attendance, grades)
- Meet with student's case manager/counselor to plan/support area of need
- Provide supports/general education accommodations/interventions as agreed upon by EPT/IST team
- Monitor progress and report to case manager, counselor, EPT or IST team

### Gen Ed Teacher involvement at initial/3-Year/Move-in REED/MET/IEP:

- Member and participant in REED/MET/IEP for classroom student(s)
- Complete classroom teacher report (may include adaptive behavior)
- Provide assessment results (benchmarks, curriculum-based assessment, results of interventions, grades, classroom performance)
- Provide input for establishment of IEP goals, objectives and accommodations
- Provide information for present level of academic achievement (including documentation of participation in reading and math instruction) and functional performance (including information related to transition planning for students who will be 16 during the year of the IEP)



## Special Education Teacher

### Special Ed Teacher involvement at the EPT/IST:

- Member of EPT/IST for student(s)
- May recommend student for pre-referral process
- Review history of general education services and supports (i.e. school record, BIP, family history and parent contact, group involvement, medical history, classroom observations, benchmark tests, standardized tests, work samples, attendance, grades, credits, transcripts)
- May assist in the development and provision of supports (i.e., general education accommodations, BIP, MTSS) as agreed upon by EPT/IST team/Counselor
- May be involved in monitoring progress and reporting to case manager/counselor/EPT/IST team

### Sp Ed Teacher involvement at initial/3-Year/Move-in REED/MET/IEP:

- Member and participant in Previous Enrollment/REED/MET/IEP for student(s)
- Obtain general education teacher report(s)
- May do academic achievement assessment
- May assist with placement/class/program recommendations
- May contact outside agencies for IEP and transition services
- Develop goals and accommodations
- Provide transition plan (for students turning age 16 during year of IEP or earlier if necessary)
- Provide documentation of parent contact and input

# Psychologist

## Psychologist involvement at the EPT/IST:

- Member of EPT/IST for student(s)
- May recommend student for pre-referral process
- Review history of general education services and supports (i.e. school record, BIP, family history and parent contact, group involvement, medical history, classroom observations, benchmark tests, standardized tests, work samples, attendance, grades, credits, transcripts)
- May assist in the development and provision of supports (i.e., general education accommodations, BIP, MTSS) as agreed upon by EPT/IST team/Counselor
- May be assigned as a case manager/follow-up person (communicate with general education teacher for planning, support, classroom accommodations, monitor student's progress e.g. effectiveness of interventions or BIPs, parent contact)
- May assess student (i.e. academic achievement, cognitive processing skills) to assist in the development and implementation of targeted interventions or conduct general services for attention/behavior issues e.g. Attention Deficit Hyperactivity Disorder
- May provide assistance with mental health, behavioral referrals and other community-based resources
- Assist with development and eligibility of 504 plans

## Psychologist involvement at initial/3-Year/Move-in REED/MET/IEP:

- Member and participant in Previous Enrollment/REED/MET/IEP for student(s)
- Review general/special education records and reports
- Assist with placement/class/program recommendations
- Assist with the development of goals and accommodations
- Provide documentation of general education teacher(s) and parent/guardian contact(s) and input
- May assess student (i.e. academic achievement, cognitive processing, adaptive behavior, \*see Section 2) to determine/re-determine eligibility

## Psychologist cont.

- Provide documentation in the form of a report and in the MET form of assessment results, exclusionary factors, educational impact and need(s), appropriate instruction in reading and math in determining/re-determining eligibility and factors relevant to the development of the present level of academic achievement and functional performance.

## School Social Worker

### School Social Worker involvement at the EPT/IST:

- Member of EPT/IST for student(s) with emotional/behavioral difficulties (may be involved in all EPT/IST)
- May recommend student for pre-referral process
- Review history of general education services and supports (i.e. school record, BIP, family history and parent contact, group involvement, medical history, classroom observations, benchmark tests, standardized tests, work samples, attendance, grades, credits, transcripts)
- May assist in the development and provision of supports (i.e., general education accommodations, groups, BIP, MTSS) as agreed upon by EPT/IST team/Counselor
- May be assigned as a case manager/follow-up person (communicate with general education teacher for planning, support, classroom accommodations, monitor student's progress, parent contact)
- May assess student (i.e. social/emotional well-being, parent interview for student's social/developmental history) to assist in the development and implementation of targeted interventions or general services for behavioral/attention rating scales
- May provide assistance with mental health, behavioral referrals and other community-based resources

### SSW involvement at initial/3-Year/Move-in REED/MET/IEP:

- Member and participant in Previous Enrollment/REED/MET/IEP for student(s) with emotional, behavioral and ASD characteristics
- Assist with placement/class/program recommendations
- Assist with the development of FBA/BIP, goals and accommodations
- Provide documentation of general education teacher(s) and parent/guardian contact(s) and input
- May assess student (i.e. social/emotional scales, Autism scales, \*see Section 2) to determine/re-determine eligibility
- Provide documentation in the form of a report and in the MET form of assessment results, exclusionary factors, educational impact and need(s), appropriate instruction in reading and math in determining/re-determining eligibility and factors relevant to the development of the present level of academic achievement and functional performance.

## Speech and Language

### Speech and Language involvement at the EPT/IST:

- Member of EPT/IST for student(s) with speech and language issues (may be involved in all EPT/IST)
- May recommend student for pre-referral process
- Review history of general education services and supports (i.e. school record, BIP, family history and parent contact, group involvement, medical history, classroom observations, benchmark tests, standardized tests, work samples, attendance, grades, credits, transcripts)
- May assist in the development of supports (i.e., general education accommodations, “lunch bunch” groups, visual schedules, social stories, BIP, MTSS) as agreed upon by EPT/IST team/Counselor
- May be assigned as a case manager/follow-up person or interventionist (communicate with general education teacher for planning, support, classroom accommodations, monitor student’s progress, parent contact)
- May assess student (i.e. articulation, informal conversation, language, pragmatics, phonological awareness, parent interview for student’s language/developmental history) to assist in the development and implementation of targeted interventions
- May provide assistance in general education classroom(s) with push-in services

### Speech and Language involvement at initial/3-Year/Move-in REED/MET/IEP:

- Member and participant in Previous Enrollment/REED/MET/IEP for student(s) with speech and language and ASD characteristics
- Assist with placement/class/program recommendations
- Assist with the development of FBA/BIP, goals and accommodations
- Provide documentation of general education teacher(s) and parent/guardian contact(s) and input
- May assess student (i.e. speech, language, articulation, phonological processing, pragmatics) to determine/re-determine eligibility
- Provide documentation in the form of a report and in the MET form of assessment results, exclusionary factors, educational impact and need(s), appropriate instruction in reading and math in determining/re-determining eligibility and factors relevant to the development of the present level of academic achievement and functional performance.

## Parent(s)/Guardian(s)

### Parent/Guardian involvement at the EPT/IST:

- Parent may be a member of IST
- May recommend student for pre-referral process/EPT member
- Provide history (family, medical e.g. current treatment or medical documentation, school, social/emotional e.g. previous mental health counseling or psychiatric involvement, developmental)
- May assist in the development of supports (i.e., general education accommodations, inclusion in a group (i.e. divorce, new-to-school, social skills), BIP, MTSS, schedule change- as agreed upon by EPT/IST team/Counselor
- May be assigned “at-home” responsibilities (communication with general education teacher via email/planner, daily monitoring of reading/homework, access community-based resources, implementation of BIP e.g. rewards for school behavior)
- Complete behavior rating scales for general services (e.g. Connors’)

### Parent/Guardian involvement at initial/3-Year/Move-in REED/MET/IEP:

- Member and participant in Previous Enrollment/REED/IEP for student, present and provide input into MET results
- Provide input regarding student needs (i.e. social/emotional, behavior e.g. BIP/FBA, academic, language, adaptive behavior, outside evaluations (either provided or required for medically-based special education eligibility e.g. PI/OHI) to determine/re-determine eligibility, IEP goals, transition planning, present level and developmental needs, supports and services
- Assist in acquiring school records/sign release of information
- Opportunity to provide school, medical, family, therapeutic, developmental and social history

## Medical/Outside Evaluations

### Initial Special Education Evaluation (e.g. PI, OHI):

- Must have current medical documentation for medically-based special education eligibility
- Include Outreach Team (i.e., OT, PT, VI, HI) when appropriate
- MET/IEP team will consider medical documentation in determining educational impact and eligibility
- MET/IEP team will determine the need for any other assessments to assist with eligibility
- MET/IEP team will document educational impact, parent input and services and supports

### 3-Year Special Education Re-evaluation:

- MET/IEP team will consider the need for updated medical documentation in re-determining educational impact and eligibility
- MET/IEP team may consider evaluation(s) that occurred less than 1 year ago
- Include Outreach Team (i.e., OT, PT, VI, HI) when appropriate
- MET/IEP team will determine the need for any other assessment to assist with re-determining eligibility, development of goals/accommodations, and any additional educational needs/supports

### Special Education Move-in:

- MET/IEP team involved in Previous Enrollment and placement determinations
- MET/IEP team will consider the need for updated (or within 1 year) medical documentation in re-determining educational impact and eligibility
- Include Outreach Team (i.e., OT, PT, VI, HI) when appropriate
- MET/IEP team will determine the need for any other assessment to assist with re-determining eligibility, development of goals/accommodations, and any additional educational needs/supports

## SECTION 2

### Assessment Procedures

Review of Existing Evaluation Data

Multidisciplinary Evaluation Team Summary



## SPECIAL EDUCATION REFERRAL/REVIEW OF EXISTING EVALUATION DATA/CONSENT FORM INSTRUCTIONS AND INFORMATION

### Review Date

- The review date is the date that the review is completed.

### Section I: Demographic Information

#### Ethnic Code:

OFFICIAL TITLES
Alaskan Native/American Indian
Asian American
Black/ African American
Hispanic/Latino
White
Hawaiian/Pacific Islander

#### If a student is currently receiving special education:

- Provide the pertinent and most recent dates requested; previous REED, MET, initial/3 year IEP, and Notice of FAPE date.
- Indicate the area of eligibility and special education providers.

### Section II: Referral Information

- Check the appropriate box to indicate whether the purpose of the review is an initial or a reevaluation.
- An initial evaluation is the first time a student is evaluated for purposes of determining eligibility for special education programs/services.
- If a student is evaluated, found not eligible through the IEPT, then referred for special education again at a later date, this should again be considered an initial referral for special education.
- If a student is receiving special education programs/ services and a new area of eligibility is to be considered (ex: Speech/Language then Specific Learning Disability) this is considered a reevaluation.
- Indicate the date the referral is received.
- For three year evaluations write NA (not applicable) on the line. However, you must identify a referral date when a request has been made for a re-evaluation for a reason

other than the required three year evaluation (such as parent or teacher request).

- If this is an initial referral;
  - Document how the student was referred and the reason for the referral.
  - Parents must be contacted and made aware of the concern prior to the meeting. Document who made the contact.
  - Attach documentation of general education intervention strategies that have been implemented.

### Section III: Participants

- It is not a requirement that the REED be completed in a formal meeting.
- Parents must be given the opportunity to participate in the Review of Existing Evaluation Data (REED).
- Participants in a REED shall, at a minimum, include all of the following:
  - At least one regular education teacher of the child (if the child is, or may be, participating in the regular education environment);
  - At least one special education teacher of the child, or if appropriate, at least one special education provider of the child;
  - A representative of the public agency who-
    - Is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;
    - Is knowledgeable about the general curriculum; and
    - Is knowledgeable about the availability of resources of the public agency;
  - An individual who can interpret the instructional implications of the evaluation results (Evaluation/Data Representative), who may be a member of the team described above;

## SPECIAL EDUCATION REFERRAL/REVIEW OF EXISTING EVALUATION DATA/CONSENT FORM INSTRUCTIONS AND INFORMATION

- At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child *may* participate, including, related services personnel as appropriate; and if appropriate, the student.

### Section IV: Review of Existing Evaluation Data (REED)

- The purpose of the REED is to review existing data about the student and to ascertain what, if any, additional evaluation is needed to determine/re-determine eligibility.
- All appropriate and relevant data should be reviewed during the REED in order to assess areas relative to: appropriateness of prior instruction, medical condition and extent of general education interventions, accommodations, and support services provided.
- Current classroom based, local or state assessments, and classroom based observations must be reviewed.
- Observations by teachers and related services providers must be reviewed.
- Information and evaluations provided by the parent must be noted accordingly and a copy of evaluations provided should become part of student's file.
- Releases of information should be obtained as appropriate for pertinent district personnel to communicate with any evaluator/agency.
- At this time, the team may determine the need to assure "appropriate instruction" through general education interventions and/or that other factors need to be addressed/investigated/attempted prior to an initial evaluation for special education. This may be due to considerations such as inconsistent school history; medical impacts; lack of evidence of appropriate instruction; lack of interventions through general education, etc.
- Check the appropriate box (yes/no) to indicate whether additional general education interventions are needed.
- If no additional general education interventions are needed, proceed to section V.
- If yes, additional interventions are needed, the parent agreement and notice section will appear.
  - List the additional activities to be completed, designate a team member as a follow up-person, and indicate the projected date to review progress.
  - While there is no designated timeline for this process, it should be a mutual decision with the parent. Adequate time must be allowed to investigate/address the area(s) of discussion yet be within a reasonable timeline to be determined by the team.
  - Obtain parent signature and date to indicate their agreement to allow additional general education interventions prior to the initial evaluation for special education eligibility. Parent signature also documents their understanding that if sufficient progress is made, they may be asked to withdraw the referral for an initial evaluation.
- IDEA mandates that the district provide written notice to the parent when the district proposes to initiate or change the identification or evaluation of the student; or when they refuse to initiate or change the identification or evaluation of the student.
- The parent maintains the right to request an evaluation at any time.
- You must indicate any options considered but not selected and the reason.
- Identify any other factors relevant to the district's proposal/refusal.
- Procedural safeguards must be provided to the parent at least one time per year, and in the event of an initial referral or upon a parent request for an evaluation.

## SPECIAL EDUCATION REFERRAL/REVIEW OF EXISTING EVALUATION DATA/CONSENT FORM INSTRUCTIONS AND INFORMATION

- Document the delivery mode and date the report is sent/provided to the parent.

the types of data needed or the nature of the evaluation(s) i.e. academic testing, social history, gross motor evaluation, intellectual assessment.

### Section V: Evaluation Plan

- Based on referral information or previous eligibility, indicate the current/suspected disability (ies).

#### Additional Data Needed and Evaluation Plan

- On the basis of the review and input from the student's parent, identify what additional data, if any, are needed to determine;
  - Whether the student has or continues to have a disability.
  - The student's present level of academic performance and related developmental needs.
  - Whether the student needs or continues to need special education and related services.
  - Whether any additions or modifications to special education and related services are needed to meet IEP goals and participate in general education.
- If you check the first box under "Additional Data Needed and Evaluation Plan" you must also check the remaining boxes. However, boxes two through four may be checked individually as appropriate.
- Based on the review, indicate the assessment area in the first column that requires additional data. In the second column, identify the specific data needed and how it will be obtained. The second column constitutes the evaluation plan for the student.
- The identification of additional data needed establishes the appropriate evaluation for each student. Thus it is expected that all identified data will be obtained during the evaluation process.
- In describing additional data needed, the team does not need to identify the specific tests or evaluation materials to produce the data needed. It is only necessary to identify

#### Notice of Sufficient Data

- If, based on the review of the data and input from the parent, the team decides that no additional data is needed to determine that the student **is/continues to be a student with a disability** who has special education and program needs, indicate so by checking the first box. Then, complete the statement by providing the rule # and title of the student's current disability. You must also state a reason on the line provided.
- If, based on the review of the data and input from the parent, the team decides that no additional data is needed to determine that the student is **not/is no longer a student with a disability** who has special education and program needs, indicate so by checking the second box. Then, complete the statement by providing the rule # and title of the corresponding disability on the line. You must also state a reason on the line provided.

#### Disabilities by rule #;

340.1705 Cognitive Impairment  
 340.1706 Emotional Impairment  
 340.1707 Hearing Impairment  
 340.1708 Visual Impairment  
 340.1709 Physical Impairment  
 340.1709a Other Health Impairment  
 340.1710 Speech & Language Impairment  
 340.1711 Early Childhood Devel. Delay  
 340.1713 Specific Learning Disability  
 340.1714 Severe Multiple Impairment  
 340.1715 Autism Spectrum Disorder  
 340.1716 Traumatic Brain Injury  
 340.1717 Deaf-blindness

- If based on the review of data, and input from the parent, the team determines that no additional data is needed to determine that the student **no longer needs special education services**, check the third box and

## SPECIAL EDUCATION REFERRAL/REVIEW OF EXISTING EVALUATION DATA/CONSENT FORM INSTRUCTIONS AND INFORMATION

document the service title on the appropriate line.

340.1745 Speech and Language Services  
340.1701c (a) Related Services

### Section VI: Notice for the Provision of Identification/Evaluation

- IDEA mandates that the district provide written notice to the parent when the district proposes to initiate or change the identification or evaluation of the student; or when they refuse to initiate or change the identification or evaluation of the student.
- The evaluation plan in section V describes the action proposed/refused.
- The parent maintains the right to request an evaluation at any time, regardless of the recommended evaluation plan documented in section V.
- You must indicate any options considered but not selected and the reason.
- Identify any other factors relevant to the district's proposal/refusal.
- Document by whom and when parent input was obtained and the content of the document was explained.
- Indicate the format of the REED.
- Procedural safeguards must be provided to the parent at least one time per year, and in the event of an initial referral or upon a parent request for an evaluation.

### Section VII: Parent Commitment

- Document that the parent has received a copy of the procedural safeguards, the suggested list of parent organizations and that they understand the content of the notice by having them check the boxes provided.
- If the results of the REED indicate that there is sufficient data and no additional data is needed, and the parent agrees, then have the parent check the box to

indicate their awareness of the right to request on evaluation, and sign and date to document their *agreement* to the plan.

- If this is an initial referral or if the results of the REED indicate that additional data/assessments are needed, request that the parent indicate their consent/refusal to provide consent by checking the appropriate box then signing and dating the form.
- The parent may decide and sign at the time of the REED or choose to consider the recommendations. If the parent chooses to consider the recommendations, it is suggested that a two (2) week timeline be set for return of the signed form. The parent should be given a copy of the Referral/REED/Consent form to take home, (not the original) and the Procedural Safeguards.
- If the parent refuses to provide consent, he/she should state the reason for the denial. These cases should be brought to the attention of the administrator.
- Per IDEA informed parental consent is not required to be obtained for reevaluation IF the agency can demonstrate that reasonable measures have been taken to obtain such consent and the student's parent has failed to respond. Records of attempts to contact parents must be maintained.

### District Personnel Use only

- Document the delivery mode and date the report is sent/provided to the parent.
- Upon receipt of the parent consent /refusal, document the district personnel and date to which it was received.

**SPECIAL EDUCATION  
REFERRAL/REVIEW OF EXISTING EVALUATION DATA/NOTICE & CONSENT FORM**

**SECTION I: DEMOGRAPHIC INFORMATION**

Review Date: \_\_\_\_\_

Student	Last:	First:	M:	Sfx:	Birth Date:	Gender:	Grade:	UIC:
ID:		Native Language of student: (as provided by parent/guardian)			Ethnic Code:			
Address:			City:			State: MI		Zip:
Res. District:			Oper. District:			School:		
Parent	Last:	First:	M:	Relationship to Student:				
Primary Language:		Interpreter needed for parent?						
		<input type="checkbox"/> Yes <input type="checkbox"/> No						
Home Phone:			Work Phone:			Pager/Cell:		
Email:								
<b>Complete if student is currently receiving special education.</b>								
<b>Most Recent Dates</b>								
Previous REED:			MET:		Initial/3 Year IEP:		Notice of FAPE:	
_____			_____		_____		_____	
Special Education Eligibility Area(s): _____								
Special Education Provider(s): _____								

**SECTION II: REFERRAL INFORMATION:** There is reason to believe the student has a suspected disability.

☐ Initial Evaluation      Date referral received: \_\_\_\_\_

Source:    ☐ Pre-referral Process    ☐ Parent    ☐ Other \_\_\_\_\_

Reason for referral: \_\_\_\_\_

☐ Parents have been contacted and are aware of the concern. By whom: \_\_\_\_\_

☐ Reevaluation    ☐ Appropriate general education intervention strategies have been implemented. (documentation attached).

**SECTION III: PARTICIPANTS INVOLVED IN THE REVIEW OF EXISTING EVALUATION DATA:**

District Representative	Parent/Guardian/Surrogate
Evaluation/ Data Representative	Student
Special Education Teacher/Provider	Other/Title
General Education Teacher	Other/Title

**SECTION IV: REVIEW OF EXISTING DATA** (check all that apply)

<input type="checkbox"/> Educational history	<input type="checkbox"/> Attendance	<input type="checkbox"/> Discipline record	<input type="checkbox"/> Progress toward general curriculum
<input type="checkbox"/> Report cards	<input type="checkbox"/> Classroom accommodations	<input type="checkbox"/> Support services provided	<input type="checkbox"/> Last MET/ Current IEP, if applicable
<input type="checkbox"/> Health/ Medical information	<input type="checkbox"/> Behavior plans/interventions	<input type="checkbox"/> Other:	
<input type="checkbox"/> Observations by teachers and related service providers (required)			
<input type="checkbox"/> Current classroom-based, local, or State assessments and classroom-based observations (required)			
<input type="checkbox"/> Information and evaluations provided by parent: (required)			

Additional general education interventions needed:    ☐ Yes    ☐ No

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Student's Name: \_\_\_\_\_

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On the basis of this review and input from the parents, the IEPT determines that the following additional information, further general education interventions, and/or accommodations should be completed, prior to this initial evaluation for special education eligibility.

Follow-up person(s) responsible: \_\_\_\_\_ Projected date to review the progress: \_\_\_\_\_

**Parent Agreement**

☐ I agree that I have a right to request an evaluation. However, I understand that additional information, general education interventions, and/or accommodations will be completed prior to this initial evaluation for special education eligibility. I further understand that another Review of Existing Evaluation Data will occur if sufficient progress is not made following the process. If sufficient progress is made it will be reviewed with me, and if I agree, I will be requested to withdraw the referral for an initial evaluation.

\_\_\_\_\_  
PARENT/GUARDIAN/STUDENT (@ Age of Majority) SIGNATURE

\_\_\_\_\_  
Date:

The *Individuals with Disabilities Education Act (IDEA)* mandates that the district provide written notice to the parent when the district proposes to initiate or change the identification or evaluation of the student; or when they refuse to initiate or change the identification or evaluation of the student.

<input type="checkbox"/> In the course of the development of the evaluation plan, other options considered but not selected were:	
<b>Option Considered but Not Selected</b>	<b>Reason Not Selected</b>
<input type="checkbox"/> No other options were considered.	
<input type="checkbox"/> Other factors that are relevant to the district's proposal or refusal (describe):	
<input type="checkbox"/> There are no other factors that are relevant to the district's proposal or refusal.	

The Procedural Safeguards Notice and available sources for parents you received describes protections under the IDEA. This notice and the list of available resources to assist you in understanding your rights is available at [www.resa.net/specialeducation/spedcompliance/forms](http://www.resa.net/specialeducation/spedcompliance/forms). The Procedural Safeguards Notice is also available at [www.michigan.gov/mde/0,1607,7-140-6530\\_6598\\_36168-188305--,00.html](http://www.michigan.gov/mde/0,1607,7-140-6530_6598_36168-188305--,00.html).

**x** \_\_\_\_\_  
Signature of Superintendent or Designee Date

Delivery Mode: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Page 3 of 4

## SECTION V: EVALUATION PLAN

Current / Suspected disability (ies): \_\_\_\_\_

### ADDITIONAL DATA NEEDED AND EVALUATION PLAN

On the basis of the above review, the educational needs of the child, and input from the student's parents, identify additional data needed to determine the following:

- ☐ Whether the student has or continues to have a disability.
- ☐ The student's present level of academic performance and related developmental needs.
- ☐ Whether the student needs or continues to need special education and related services.
- ☐ Whether any additions or modifications to special education and related services are needed to meet IEP goals and participate in general education.

### ASSESSMENT AREA

### DATA AND ASSESSMENTS NEEDED

*(Note observations if required)*

- ☐ Achievement \_\_\_\_\_
- ☐ Adaptive Skills \_\_\_\_\_
- ☐ Cognitive Ability \_\_\_\_\_
- ☐ Social/Emotional/Behavior \_\_\_\_\_
- ☐ Speech and Language \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_

### NOTICE OF SUFFICIENT DATA

☐ Based on the review of the data and input from the parent, it was determined that no additional data is needed to determine that the student **is/continues to be** a student with a disability who has special education and program needs per rule number:

340.17 \_\_\_\_\_ . State reason (required): \_\_\_\_\_

☐ Based on the review of the data, and input from the parent, it was determined that no additional data is needed to determine that the student is **not/is no longer** a student with a disability who has special education and program needs per rule number(s):

340.17 \_\_\_\_\_ . State reason (required): \_\_\_\_\_

340.17 \_\_\_\_\_ . State reason (required): \_\_\_\_\_

☐ Based on the review of the data, and input from the parent, it was determined that no additional data is needed to determine the student **no longer** needs services per rule #:

340.1745 \_\_\_\_\_

340.1701c(a) \_\_\_\_\_

340.1701c(a) \_\_\_\_\_

**SECTION VI: NOTICE FOR THE PROVISION OF IDENTIFICATION / EVALUATION**

The *Individuals with Disabilities Education Act (IDEA)* mandates that the district provide written notice to the parent when the district proposes to initiate or change the identification or evaluation of the student; or when they refuse to initiate or change the identification or evaluation of the student.

- The evaluation plan in Section V describes the action proposed/refused.
- If the results of the REED are that there is sufficient data and that no additional data are needed to determine whether the student continues to be a child with a disability and/or to determine the student's educational needs, that determination and the reasons for it are documented in Section V under "Notice of Sufficient Data".
- The parent maintains the right to request an evaluation at any time, regardless of the recommended evaluation plan documented in Section V.

<input type="checkbox"/> In the course of the development of the evaluation plan, other options considered but not selected were:	
<b>Option Considered but Not Selected</b>	<b>Reason Not Selected</b>
<input type="checkbox"/> No other options were considered.	
<input type="checkbox"/> Other factors that are relevant to the district's proposal or refusal (describe): _____	
<input type="checkbox"/> There are no other factors that are relevant to the district's proposal or refusal.	

Parent input was obtained and the content of this document was explained by:

Person _____	Title _____	Date _____
Format: <input type="checkbox"/> Meeting <input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> Other: _____		
<small>The Procedural Safeguards Notice and available sources for parents you received describes protections under the IDEA. This notice and the list of available resources to assist you in understanding your rights is available at <a href="http://www.resa.net/specialeducation/spedcompliance/forms">www.resa.net/specialeducation/spedcompliance/forms</a>. The Procedural Safeguards Notice is also available at <a href="http://www.michigan.gov/mde/0,1607,7-140-6530_6598_36168-188305--,00.html">www.michigan.gov/mde/0,1607,7-140-6530_6598_36168-188305--,00.html</a>.</small>		

**A. SECTION VII: PARENT COMMITMENT (Complete box A, and then either box B or C)**

**Read each statement below and if you agree check both boxes.**

- ☐ I have received a copy of the procedural safeguards for parents and a suggested list of parent organizations.
- ☐ I understand the content of this notice.

**B. If no additional data is recommended in the evaluation plan in section V, read the statement below and, if you agree, check the box, sign and date.**

- ☐ I am aware that I have a right to request an evaluation. However, I agree that no additional evaluation data is needed at this time.

Signature indicates parent agreement: \_\_\_\_\_

PARENT/GUARDIAN/STUDENT (@ Age of Majority) SIGNATURE      DATE

**C. If additional data is recommended in the evaluation plan in section V, your consent is required. Read the statements below and then check the appropriate box, sign and date.**

☐ I give consent for the evaluation plan indicated in Section V above, which may be used to determine/redetermine eligibility and recommend appropriate special education programs or services at an Individualized Education Program Team meeting/Nonpublic Service Plan meeting/Amendment, to which I will be invited to participate.

☐ I do not give consent for the evaluation plan indicated in Section V above. Reason: \_\_\_\_\_

PARENT/GUARDIAN/STUDENT (@ Age of Majority) SIGNATURE      DATE

**x** \_\_\_\_\_  
Signature of Superintendent or Designee      Date

Delivery Mode: \_\_\_\_\_

Date Delivered: \_\_\_\_\_

Person Receiving Consent: \_\_\_\_\_

Date Received: \_\_\_\_\_



## MET Demographics/Purpose

### DEMOGRAPHIC INFORMATION

<b>Student</b>	Last:	First:	M:	Birth Date:	Gender:	Grade:	UIC:
ID:		Native Language of student: (as provided by parent/guardian)			Ethnicity:		
Address:			City:		State: MI	Zip:	
Res. District:			Oper. District:			School:	
<b>Parent</b>	Last:	First:	M:	Relationship to Student:			
Primary Language:		Interpreter needed for parent? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Home Phone:			Work Phone:		Pager/Cell:		
Email:							

### PURPOSE

This form is being used by the Multidisciplinary Evaluation Team (MET) to recommend: *(Choose one)*

- ☐ Initial eligibility for special education.  
☐ Change of eligibility for special education.  
☐ Reevaluation of eligibility for special education.

#### PARENT INPUT

- |  |                     |
|--|---------------------|
| <input type="checkbox"/> Parent Contact        | Contacted by: _____ |
| <input type="checkbox"/> Written Communication | Title: _____        |
| <input type="checkbox"/> Phone                 | Date: _____         |

Parent/Guardian/Student (@ Age of Majority)  
(If present at meeting)

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Check all eligibility areas that were assessed.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 340.1705 Cognitive Impairment    | <input type="checkbox"/> 340.1709a Other Health Impairment            | <input type="checkbox"/> 340.1714 Severe Multiple Impairment |
| <input type="checkbox"/> 340.1706 Emotional Impairment    | <input type="checkbox"/> 340.1710 Speech & Language Impairment        | <input type="checkbox"/> 340.1715 Autism Spectrum Disorder   |
| <input type="checkbox"/> 340.1707 Deaf or Hard of Hearing | <input type="checkbox"/> 340.1711 Early Childhood Developmental Delay | <input type="checkbox"/> 340.1716 Traumatic Brain Injury     |
| <input type="checkbox"/> 340.1708 Visual Impairment       | <input type="checkbox"/> 340.1713 Specific Learning Disability        | <input type="checkbox"/> 340.1717 Deaf-blindness             |
| <input type="checkbox"/> 340.1709 Physical Impairment     |   |  |

Revised August 2018

### OBSERVATION

Type	Observed by/Title/Date
<input type="checkbox"/> OBSERVATION:  (Required classroom observation by a team member OTHER than the general education teacher for initial EI and LD evaluations only)	

The MET believes the impairment is not solely determined by the lack of instructions in the essential components of reading, lack of instruction in math or by limited English proficiency.

### SUMMARY OF ASSESSMENT DATA

Provide a narrative summary of the assessment results, which will be used as a basis for the development of the student's present level of academic achievement and functional performance statement. **Include the impact the assessment results will have on the development of the Individualized Education Program (IEP).**

## MET Participants / Eligibility Recommendation

### PARTICIPANT SIGNATURES

As a member of the Multidisciplinary Evaluation Team, my input is included in writing and I agree with the eligibility recommendation: *(Sign and check below)*

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature ☐ Agree ☐ Disagree

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature ☐ Agree ☐ Disagree

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature ☐ Agree ☐ Disagree

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature ☐ Agree ☐ Disagree

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature ☐ Agree ☐ Disagree

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature ☐ Agree ☐ Disagree

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature ☐ Agree ☐ Disagree

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature ☐ Agree ☐ Disagree

#### MET Representative to IEPT:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### ELIGIBILITY RECOMMENDATION

☐ Eligible

Designate primary (P) disability: \_\_\_\_\_

Specific Learning Disability Details: \_\_\_\_\_

☐ Ineligible

Revised August 2018

# Procedures for Cognitive Impairment Evaluations

## *R. 340.1705 Cognitive Impairment*

### **Cognitive Impairment (CI)**

The MET must consider the following assurance statements before making a recommendation regarding this student's eligibility:

Yes	No	R 340.1705 CI shall be manifested during the developmental period and be determined through the demonstration of all of the following behavioral characteristics:
<input type="checkbox"/>	<input type="checkbox"/>	(a) Development at a rate at or below approximately 2 standard deviations below the mean as determined through intellectual assessment.
<input type="checkbox"/>	<input type="checkbox"/>	(b) Scores approximately within the lowest 6 percentiles on a standardized test in reading and arithmetic.
<input type="checkbox"/>	<input type="checkbox"/>	(c) Lack of development primarily in the cognitive domain.
<input type="checkbox"/>	<input type="checkbox"/>	(d) Impairment of adaptive behavior.
<b>R 340.1705(1)(e) Adverse Educational Impact:</b>		
<input type="checkbox"/>	<input type="checkbox"/>	The suspected disability interferes with access to and progress in general education to the degree that the student <b>requires</b> special education programs/services.

*If any of the diagnostic assurance statements are checked no, then the student is not eligible for special education programs/services under R340.1705.*

### **ELIGIBILITY RECOMMENDATION**

The Multidisciplinary Evaluation Team:

1. Has checked "Yes" to all of the diagnostic assurance statements
2. Has based conclusions on a variety of sources of information §300.306(c)(1)(i); and
3. Recommends, based on the evaluation findings, that this student is eligible for special education programs/services under **R340.1705**.

☐ Yes

☐ No

Provide a narrative summary of the assessment results, which will be used as a basis for the development of the student's present level of academic achievement and functional performance statement. **Include the impact the assessment results will have on the development of the Individualized Education Program (IEP).**

√ *Cognitive impairment shall be manifested during the developmental period and be determined through the demonstration of all of the following behavioral characteristics:*

*a. Development at a rate at or below approximately 2 standard deviations below the mean as determined through intellectual assessment*

- The typical standard score system, the deviation IQ score, has a mean of 100 and a standard deviation of 15. On this standard scale, 2 standard deviations is a score of 70 or below
- IQ testing should never be the sole determiner of a student's abilities. Multiple sources of information should be used to guide all diagnostic and placement decisions e.g., cognitive tests, nonverbal cognitive assessments, academic achievement and adaptive behavior
- "Developmental period" refers to the need for the cognitive impairment to have been evident at an early age. Parental input and developmental history are required

*b. Scores approximately within the lowest 6 percentiles on a standardized test in reading and arithmetic. This requirement will not apply if the student is not of an age, grade or mental age appropriate for formal or standardized achievement tests.*

- "lowest 6<sup>th</sup> percentile", which is approximately equivalent to a standard score of 77, appears to allow for some modest elevation in learned abilities when compared to the cognitive score criteria
- Consider techniques that evaluate a student based on his/her rate of learning of the actual curriculum (Curriculum Based Measurement: CBM) and response to focused interventions (MTSS)

*c. Lack of development primarily in the cognitive domain*

- Highlights that a cognitively impaired student must show evidence of having his/her predominant impairment in his/her cognitive ability, regardless of how dysfunctional he/she may be in other areas

- If a perceptual reasoning score > verbal score discrepancy occurs when testing an English Language Learner (ELL) student, then consider whether this is a reflection of a language, dialect, environmental or cultural difference
  - Utilize a culture-language interpretive matrix to tease out the degree of cultural loading or linguistic demand on the student\* see appendix
- Rule out exclusionary factors as the primary factor or cause for the student's obtained results (e.g. lack of instruction in reading and math, limited English proficiency, cultural or socioeconomic differences, medical or other disabilities, psychological/emotional conditions e.g. ASD or speech and language impaired)

*d. Impairment of adaptive behavior*

- Adaptive behavior, according to the American Association on Intellectual and Developmental Disabilities-“represents the conceptual, social and practical skills that people have learned to be able to function in their everyday lives. Significant limitations in adaptive behavior impact a person's daily life and affect the ability to respond to a particular situation or to the environment.”
- Significant limitation is defined as performance that is at least two standard deviations below the mean in either:
  - One or more of the following three types of adaptive behavior:
    - Communication
    - Social
    - Daily living skills/self-help skills or
  - An overall score on a standardized measure on communication, social and daily living/self-help skills

*e. Adversely affects a student's educational performance*

- “Adversely affects” means that although meeting criteria for a particular area of disability is necessary for eligibility, it may not be sufficient. The student must be deemed to be significantly negatively affected by the disability in the school setting i.e., progress in curriculum, behavior or social adjustment

√ *A determination of impairment shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include a psychologist*

- Only one discipline is specified in the law, psychology, but it is assumed that the team would also consist of the parents and a general education and special education teacher
- Provide a narrative summary of the assessment results, which will be used as a basis for the development of the student's present level of academic achievement and functional performance statement. Include the impact the assessment results will have on the development of the Individualized Education Program (IEP).
- Results of the evaluation will culminate in a written report and be included with each MET summary report.

Livonia Public Schools Department of Student Services  
Multidisciplinary Assessment Team Summary  
340.1705 Cognitive Impairment

School psychologist may complete this checklist or document information in a REED/MET for every move-in, initial and/or three year re-evaluation for CI (if evaluation is recommended)

Student: \_\_\_\_\_ School: \_\_\_\_\_ REED date: \_\_\_\_\_  
Report date: \_\_\_\_\_ IEP date: \_\_\_\_\_  
DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ MET date: \_\_\_\_\_

Prereferral/Initial:

- ☐ Yes ☐ No Records indicate student has been involved in an Instructional Support Team or Educational Planning Team
- ☐ Yes ☐ No Documentation of an intervention plan, including monitoring data, that did **not** provide/indicate learning progress
- ☐ NA Move-in date: \_\_\_\_\_

Record Review:

- ☐ Yes ☐ No Exclusionary Factors have been considered and ruled out as a cause of the student's learning difficulties e.g. attendance, lack of instruction etc...
- ☐ Yes ☐ No Student was provided necessary supports to address exclusionary factors
- ☐ NA Student eligible upon entry (MET/Record Review): \_\_\_\_\_

Evaluation:

- ☐ Yes ☐ No Statement and supporting evidence that the Cognitive Impairment was manifested during the developmental period
- ☐ Yes ☐ No Cognitive Development at a rate at or below 2 standard deviations below the mean as determined through intellectual assessment reported in standard scores and standard deviations
- List Evaluation(s): \_\_\_\_\_
- ☐ Yes ☐ No Achievement scores approximately within the lowest 6<sup>th</sup> percentile on a least one standardized test in both reading and arithmetic. Scores must be reported in percentiles and standard scores. (This requirement will not apply if the student is not of an age, grade, or mental age appropriate for formal or standardized achievement tests, however evidence of performance below the 6<sup>th</sup> percentile must be provided within the context of curriculum-based assessment).
- List Evaluation(s): \_\_\_\_\_
- ☐ Yes ☐ No Statement and supporting evidence that lack of development is primarily in the cognitive domain
- ☐ Yes ☐ No Statement and supporting evidence of impairment of adaptive behavior
- List Evaluation(s) Teacher and/or Parent: \_\_\_\_\_
- ☐ Yes ☐ No Statement and supporting evidence that cognitive impairment adversely affects student's educational performance
- ☐ Yes ☐ No Parent input
- ☐ Yes ☐ No Determination of impairment shall be based upon a comprehensive evaluation by a Multidisciplinary Assessment Team, which shall include a Psychologist

List disciplines involved in eligibility determination: \_\_\_\_\_

Criteria reviewed by Psychologist: \_\_\_\_\_ Date: \_\_\_\_\_



# Procedures for Specific Learning Disability Evaluations

## *R. 340.1713 Specific Learning Disability determination*

*(1) A learning disability is determined by:*

*a. The student did not make sufficient progress to meet age or state approved grade level standards in response to scientific, research based interventions*

→ Use CBM to establish relative standing in comparison to peers

→ Student exhibits limited progress with state standards as measured by state assessments and/or district benchmark assessments with (4-6 data checks/minimum 12 probes), percentile ranks <15, regression or limited progress with excessive supports and progress monitoring

or

*b. The student exhibits a pattern of strengths and weaknesses in performance, achievement or both relative to student's age or state approved grade level standards or intellectual development*

→ Rule out extrinsic and intrinsic/motivational factors (i.e., health, mental retardation, English Language Learner (ELL), educational opportunity, Cultural factors, environmental or economic disadvantage)

→ 1 or more achievement tests to establish areas of achievement strength and [weakness <1.5 standard deviation; <78 standard score; <7 percentile; and /or <67/90 RPI]

→ Do NOT use Full Scale IQ or GAI to establish a Normal Ability Profile. Options:

▪ A. Both Comprehension-Knowledge (Gc) AND Fluid Reasoning (Gf)

OR

B. 3 or More Cognitive Factors but 1 of the Cognitive Factors MUST INCLUDE Comprehension-Knowledge (Gc) OR Fluid Reasoning (Gf)

- (within -1 to +1 standard deviations; >85 standard score; >15 percentile; >75/90 RPI)

- 1 or more cognitive tests to establish areas of cognitive strength or [weakness <1.0 standard deviation; <85 standard score; <15 percentile; and /or <67/90 RPI]
- Presence of a normative deficit in a specific cognitive ability related to the observed academic deficit
- Deficits in academic and cognitive abilities exist within an otherwise normal ability profile

*c. A learning disability is found in one or more of the following:*

- *oral expression, listening comprehension, written expression, basic reading skill, reading comprehension, reading fluency, mathematics calculation, mathematics reasoning*

*d. Not primarily the result of:*

- *Vision, hearing or motor impairment*
  - Rule out exclusionary factors as the primary factor or cause for the student's obtained results (e.g. lack of instruction in reading and math, limited English proficiency, cultural or socioeconomic differences, medical or other disabilities, psychological/emotional conditions)

*e. Documentation of the following:*

- *Observation by team member of relevant behavior, appropriate instruction in regular education settings by qualified personnel, relevant medical information, not correctable without special education*
  - "Team member" refers to §300.306 (a) (1) and § 300.308 (a) (1) (2) (3) (b)

- “Appropriate instruction” includes the science and the art of teaching
- “Qualified personnel” refers to the definition of “highly qualified personnel” from the No Child Left Behind legislation of 2001-college educated, certified by the state of Michigan and has demonstrated competencies in the core content areas of instruction
- “Not correctable without special education” refers to a review of the individual student qualitative and quantitative data indicates the need for specially designed instruction
- Provide a narrative summary of the assessment results, which will be used as a basis for the development of the student's present level of academic achievement and functional performance statement. Include the impact the assessment results will have on the development of the Individualized Education Program (IEP).
- Results of the evaluation will culminate in a written report and be included with each MET summary report.

### **Specific Learning Disability (SLD): PSW and/or RtI**

DIAGNOSTIC ASSURANCE STATEMENTS				
Yes	No	N/A	The MET must make a determination of the evaluation option used to assess the student's suspected underachievement: §300.309(a)(2) <i>Complete either A or B based on Local School District Process for determination of the existence of SLD.</i>	Name and date of attached Report / Document
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. The student exhibits a pattern of strengths and weaknesses in performance, achievement, or both relative to student's age or to Michigan approved grade level standards or intellectual development. Note: Severe Discrepancy must never be used exclusively to determine the existence of SLD.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. The student did not make sufficient progress to meet age or Michigan approved grade level standards in response to scientific, research based intervention. If the Multidisciplinary Evaluation Team uses a process that assesses a student's response to scientific, research based intervention, attached reports must include (§300.311): <ul style="list-style-type: none"> <li>▪ The type, intensity and duration of scientific, research-based instructional interventions and strategies used; data demonstrating the student's progress; and a comparison of the student's rate of progress to expected rates of progress.</li> <li>▪ Documentation that the parents were notified about: <ol style="list-style-type: none"> <li>1. The State's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided</li> <li>2. Strategies for increasing the child's rate of learning</li> <li>3. The parents' right to request and evaluation</li> </ol> </li> </ul>	
Yes	No		The inadequate achievement is not the primary result of <i>lack of appropriate instruction</i> in math or the essential components of reading	Name and date of attached Report / Document
<input type="checkbox"/>	<input type="checkbox"/>		Data demonstrates that prior to, or as part of, the referral process, the student was provided appropriate instruction delivered by qualified personnel in the general education setting. §300.309 (b)(1)	
<input type="checkbox"/>	<input type="checkbox"/>		Data-based documentation of repeated assessments of achievement at reasonable intervals of student progress during instruction was available and provided to the parents. §300.309 (b)(2)	
Yes	No		Documentation of the following:	Name and date of attached Report / Document
<input type="checkbox"/>	<input type="checkbox"/>		Appropriate instruction in the regular education settings by qualified personnel	
Yes	No		Academic Areas	Name and date of attached Report / Document
<input type="checkbox"/>	<input type="checkbox"/>		<p>Did the student meet the eligibility criteria for a Learning Disability in at least one of the Academic Areas below?</p> <p>Check the areas assessed and indicate if criteria were met.</p> <div style="margin-left: 20px;"> <input type="checkbox"/> (a) Oral Expression  <input type="checkbox"/> Yes  <input type="checkbox"/> No </div> <div style="margin-left: 20px;"> <input type="checkbox"/> (b) Listening Comprehension  <input type="checkbox"/> Yes  <input type="checkbox"/> No </div> <div style="margin-left: 20px;"> <input type="checkbox"/> (c) Written Expression  <input type="checkbox"/> Yes  <input type="checkbox"/> No </div> <div style="margin-left: 20px;"> <input type="checkbox"/> (d) Basic Reading Skills  <input type="checkbox"/> Yes  <input type="checkbox"/> No </div> <div style="margin-left: 20px;"> <input type="checkbox"/> (e) Reading Comprehension  <input type="checkbox"/> Yes  <input type="checkbox"/> No </div> <div style="margin-left: 20px;"> <input type="checkbox"/> (f) Reading Fluency  <input type="checkbox"/> Yes  <input type="checkbox"/> No </div>	

		<input type="checkbox"/> (g) Mathematics Calculation <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> (h) Mathematics Reasoning <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Yes</b>	<b>No</b>	<b>The inadequate achievement is not primarily the result of: R340.1713</b>	<b>Name and date of attached Report / Document</b>
<input type="checkbox"/>	<input type="checkbox"/>	The presence of visual, hearing, or motor disabilities, cognitive impairment, emotional impairment, or autism spectrum disorder.	
<input type="checkbox"/>	<input type="checkbox"/>	Cultural Factors	
<input type="checkbox"/>	<input type="checkbox"/>	Environmental or Economic Disadvantage	
<input type="checkbox"/>	<input type="checkbox"/>	Limited English Proficiency	
<b>Yes</b>	<b>No</b>	<b>Adverse Educational Impact:</b>	<b>Name and date of attached Report / Document</b>
<input type="checkbox"/>	<input type="checkbox"/>	The suspected disability interferes with access to and progress in general education to the degree that the student <b>requires</b> special education programs/services.	
<i>If any of the diagnostic assurance statements are checked no, then the student is not eligible for special education programs/services under R340.1713.</i>			

#### ELIGIBILITY RECOMMENDATION

The Multidisciplinary Evaluation Team

1. Has checked "Yes" to all of the diagnostic assurance statements
2. Has based conclusions on a variety of sources of information §300.306(c)(1)(i), and
3. Recommends, based on the evaluation findings, that this student is eligible for special education programs/services under **R340.1713**.

☐ Yes (Complete all remaining sections)

☐ No (Proceed to the Participant Signatures section)

SLD – Patterns of Strengths and Weaknesses and/or RTI  
Revised August 2018

Provide a narrative summary of the assessment results, which will be used as a basis for the development of the student's present level of academic achievement and functional performance statement. **Include the impact the assessment results will have on the development of the Individualized Education Program (IEP).**

## Procedures for Emotional Impairment Evaluations

### Emotional Impairment (EI)

DIAGNOSTIC ASSURANCE STATEMENTS		
The MET must consider the following assurance statements before making a recommendation regarding this student's eligibility:		
Y	N	R 340.1706 EI shall be determined through a manifestation of behavioral problems primarily in the affective domain, over an extended period of time.
<input type="checkbox"/>	<input type="checkbox"/>	(1) The problems result in behaviors manifested by 1 or more of the following characteristics: <input type="checkbox"/> (a) Inability to build or maintain satisfactory interpersonal relationships within the school environment. <input type="checkbox"/> (b) Inappropriate types of behavior or feelings under normal circumstances. <input type="checkbox"/> (c) General pervasive mood of unhappiness or depression. <input type="checkbox"/> (d) Tendency to develop physical symptoms or fears associated with personal or school problems.
<input type="checkbox"/>	<input type="checkbox"/>	(2) The term EI does not include persons who are socially maladjusted, unless it is determined that the persons have an emotional impairment
<input type="checkbox"/>	<input type="checkbox"/>	(3) EI does not include students whose behaviors are primarily the result of intellectual, sensory, or health factors.
Y	N	<b>Adverse Educational Impact:</b>
<input type="checkbox"/>	<input type="checkbox"/>	The suspected disability interferes with access to and progress in general education to the degree that the student <b>requires</b> special education programs/services.

*If any of the diagnostic assurance statements are checked no, then the student is not eligible for special education programs/services under R340.1706.*

Provide a narrative summary of the assessment results, which will be used as a basis for the development of the student's present level of academic achievement and functional performance statement. **Include the impact the assessment results will have on the development of the Individualized Education Program (IEP).**

#### R. 340.1706 Emotional Impairment determination

##### (1) Behavioral problems:

- *Primarily in affective domain, over extended period of time, adversely affects educational performance and needs special education support*
  - “Adversely affects” means that although meeting criteria for a particular area of disability is necessary for eligibility, it may not be sufficient. The student must be deemed to be significantly negatively affected by the disability in the school setting i.e., progress in curriculum, behavior or social adjustment

##### (2) Behavior manifested by one or more of the following:

- *Inability to build or maintain interpersonal relationships, general pervasive mood of unhappiness or depression, tendency to develop physical symptoms or fears*

- Multiple sources of information should be used to guide all diagnostic and placement decisions e.g., cognitive tests, nonverbal cognitive assessments, academic achievement, social/emotional/behavioral assessments and adaptive behavior
- \*see Outside/Medical evaluations Section 1

*(3) Documentation of the following:*

- *Adaptive behavior within nonacademic settings, observation of behaviors of primary concern, intervention strategies used (length of time/results), relevant medical information, behaviors related to schizophrenia or similar disorders*
  - *Observation refers to § 300.310 (a)*

*(4) Behavior not primarily result of:*

- *Intellectual, sensory, health factors or social maladjustment*
  - Rule out exclusionary factors as the primary factor or cause for the student's obtained results (e.g. lack of instruction in reading and math, limited English proficiency, cultural or socioeconomic differences, medical or other disabilities)
  - A student may exhibit behaviors characteristic of both social maladjustment (underdeveloped conscience, lack of empathy, failure to take responsibility for behavior, intentionality-characterized by the violation of socially acceptable rules and norms) and internalizing disorders(e.g. affective disorders); therefore, a comprehensive evaluation involves a differential diagnosis taking into consideration the underlying reason, etiology and intent of the behavior.

**Multidisciplinary Evaluation Team (MET) Summary Statement**  
**340.1706 Emotional Impairment**

Student: \_\_\_\_\_ School: \_\_\_\_\_ Report Date: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**The MET addressed the following points of the rule and have documented each in the MET Report:**

Yes ☐ No ☐ **Statement and supporting evidence** that for an extended period of time the student has manifested behavioral problems primarily in the affective domain which adversely affect the student's education to the extent that the student cannot profit from learning experiences without special education support.

Yes ☐ No ☐ **The problems are manifested by one or more of the following characteristics:**  
☐ Inability to build or maintain satisfactory interpersonal relationships within the school environment  
☐ Inappropriate types of behavior or feelings under normal circumstances  
☐ General, pervasive mood of unhappiness or depression  
☐ Tendency to develop physical symptoms or fears associated with personal or school problems  
☐ In addition to the above characteristics, this student exhibits maladaptive behaviors related to schizophrenia or similar disorders

Yes ☐ No ☐ **Statement and supporting evidence** of the student's performance in the educational setting **and** in other settings such as adaptive behavior in the broader community.

Yes ☐ No ☐ **Statement and supporting evidence** of the systematic observation of the behaviors of primary concern that interfere with educational and social needs.

Yes ☐ No ☐ **Statement and supporting evidence** of the intervention strategies used to improve the behaviors and the length of time these strategies were utilized.

Yes ☐ No ☐ **Statement and supporting evidence** that educationally relevant medical information was reviewed.

Yes ☐ No ☐ **Statement and supporting evidence** that this student's impairment is not due to a lack of appropriate instruction in reading or math, or limited English proficiency.

Yes ☐ No ☐ **Statement and supporting evidence** that the impairment does not include students whose behaviors are primarily the result of intellectual, sensory or health issues.

Yes ☐ No ☐ **Statement and supporting evidence** that this student is not socially maladjusted unless it is determined that the student has an emotional impairment.

Yes ☐ No ☐ **Determination of impairment shall be based upon a comprehensive evaluation by a Multidisciplinary Evaluation Team, which shall include a Psychologist and a Social Worker.**  
 List disciplines involved in eligibility determination: \_\_\_\_\_

Criteria Reviewed by Psychologist \_\_\_\_\_ Date \_\_\_\_\_  
*Name of Psychologist* *Date of Review*



# Procedures for Autism Spectrum Disorder Evaluations

## Autism Spectrum Disorder (ASD)

### DIAGNOSTIC ASSURANCE STATEMENTS

The MET must consider the following assurance statements before making a recommendation regarding this student's eligibility:

Y	N	R 340.1715(1) ASD is considered a lifelong developmental disability and shall include all of the following:
<input type="checkbox"/>	<input type="checkbox"/>	1) The student's educational performance is affected in 1 or more of the following performance areas: <input type="checkbox"/> (a) Academic <input type="checkbox"/> (b) Behavioral <input type="checkbox"/> (c) Social
<input type="checkbox"/>	<input type="checkbox"/>	(2)(a) Qualitative impairments in reciprocal social interactions including at least 2 of the following areas: <input type="checkbox"/> (i) Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction. <input type="checkbox"/> (ii) Failure to develop peer relationships appropriate to developmental level. <input type="checkbox"/> (iii) Marked impairment in spontaneous seeking to share enjoyment, interests, or achievements with other people, for example, by a lack of showing, bringing, or pointing out objects of interest. <input type="checkbox"/> (iv) Marked impairment in the areas of social or emotional reciprocity.
<input type="checkbox"/>	<input type="checkbox"/>	(b) Qualitative impairments in communication including at least 1 of the following: <input type="checkbox"/> (i) Delay in, or total lack of, the development of spoken language not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime. <input type="checkbox"/> (ii) Marked impairment in pragmatics or in the ability to initiate, sustain, or engage in reciprocal conversation with others. <input type="checkbox"/> (iii) Stereotyped and repetitive use of language or idiosyncratic language. <input type="checkbox"/> (iv) Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.
<input type="checkbox"/>	<input type="checkbox"/>	(c) Restricted, repetitive, and stereotyped behaviors including at least 1 of the following: <input type="checkbox"/> (i) Encompassing preoccupation with 1 or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus. <input type="checkbox"/> (ii) Apparently inflexible adherence to specific, nonfunctional routines or rituals. <input type="checkbox"/> (iii) Stereotyped and repetitive motor mannerisms, for example, hand or finger flapping or twisting, or complex whole-body movements. <input type="checkbox"/> (iv) Persistent preoccupation with parts of objects.
<input type="checkbox"/>	<input type="checkbox"/>	(3) While autism spectrum disorder may exist concurrently with other diagnoses or areas of disability, to be eligible under this rule, there shall not be a primary diagnosis of schizophrenia or emotional impairment.
Y	N	Adverse Educational Impact:
<input type="checkbox"/>	<input type="checkbox"/>	The suspected disability interferes with access to and progress in general education to the degree that the student <b>requires</b> special education programs/services.

*If any of the diagnostic assurance statements are checked no, then the student is not eligible for special education programs/services under R340.1715.*

### ELIGIBILITY RECOMMENDATION

The Multidisciplinary Evaluation Team:

- Has checked "Yes" to all of the diagnostic assurance statements
- Has based conclusions on a variety of sources of information §300.306(c)(1)(i); and
- Recommends, based on the evaluation findings, that this student is eligible for special education programs/services under **R340.1715**.

☐ Yes

☐ No

Provide a narrative summary of the assessment results, which will be used as a basis for the development of the student's present level of academic achievement and functional performance statement. **Include the impact the assessment results will have on the development of the Individualized Education Program (IEP).**

## *R. 340.1715 Autism Spectrum Disorder determination*

### *(1) Adversely affects educational performance*

- “Adversely affects” means that although meeting criteria for a particular area of disability is necessary for eligibility, it may not be sufficient. The student must be deemed to be significantly negatively affected by the disability in the school setting i.e., progress in curriculum, behavior or social adjustment
  - Academic  
Academic educational performance can take one of two forms: skill development or work output.
    - Skill Development. Both quantitative and qualitative information related to skill acquisition is important to consider for ASD. Learning new skills whether it is basic academic skills, such as reading, writing, or mathematics, or other skills that support the learning process such as attending skills, transitioning, or following a schedule can be directly observed. For example, the student may read words well but understand only literal interpretation.
    - Work Output. When skills are not a problem, “academic educational performance” can also be understood in terms of work output. Some typical obstacles include difficulty with handwriting and/or tasks that require students to show their work. In addition, qualitative difficulties may again be noted. These include: (> greater than)
      - Literal Interpretation > Inferential
      - Rote Learning > Contextual Learning
      - Use of Knowledge > Problem Solving
      - Word Calling > Reading Comprehension

In addition to poorer performance when tasks require handwriting and showing work, there may be other problems associated with specific curriculum demands or instructional approaches. For example, the use of manipulatives could be more confusing; auditory /verbal explanations may be difficult; and/or other assistive devices might “slow the process” or result in an “overload experience.” It is also worth noting that each student with ASD may have very different sensitivities and strengths, especially with higher functioning or milder disorders within the spectrum, such that the interventions and accommodations have to be highly individualized in order to be effective.

○ Behavioral

Behavioral educational performance has to do with behaviors that interfere with the learning situation. These behaviors may be manifested in two ways: externally or internally.

- Externalizing behaviors are those that can be observed by others and interfere with the learning process. They can include:

*Acting out behaviors*

- Aggression
- Temper tantrums
- Making noises
- Non-compliance

*Overt self-regulatory behaviors*

- Rocking
- Self-talk
- Taking a walk

- Internalizing behaviors may or may not be observable but are directed internally. They can include forms of closing off stimulation from the outside world:

*Avoidance behaviors*

- Withdrawal behaviors
- Shutting down
- Self-removal (hiding)

*Covert self-regulatory behaviors*

- Thoughts
- Fantasy

○ Social

The social assessment describes the impairments in the rates and sequences of the individual's social development within the educational setting. Social functioning includes understanding social cues and implementation of effective social behaviors. Not responding to social cues may be a result of lack of knowledge, not recognizing, or misreading of social cues. Areas where one may expect to see difficulty implementing social rules that result in poor educational performance may include:

- Sharing information (e.g. doesn't share or shares too much)
- Limited variety of interests which are often restricted and repetitive
- Ability to give and take (e.g. "turn-taking")
- Interacting at the appropriate time
- Working well with peers and staff
- Participating in groups
- Ability to tolerate physical proximity, (e.g. violation of personal space)

- Appropriately filtering thoughts before comments

Other social behaviors that may have negative social consequences may include:

- Impaired initiative in social situations (e.g. not asking for help)
- Attachments to, or fears of, objects which may be described as strange or unusual
- Impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze or facial expression
- Impairment in the appropriateness and degree of emotional response
- Impaired desire or ability to communicate with others
- A tendency toward aloofness and indifference to other people

The individual's developmental level, cognitive functioning, and chronological age are important considerations. Developmental charts or tools are especially helpful when assessing social development. Multiple observations in various settings, student and parent interviews, and record reviews are essential procedures.

Qualitative impairment in reciprocal social interaction including two or more of the following:

- *Impairment in use of multiple non-verbal behaviors*
- *Failure to develop age-appropriate peer relationships*
- *Impairment in spontaneous seeking to share with others*
- *Impairment in social/emotional reciprocity*
- *Qualitative impairment in communication including one of the following:*
  - *Delay in or lack of spoken language with no attempt at alternative modes of communication*
  - *Impairment in pragmatics or ability for reciprocal conversation*
  - *Stereotyped and repetitive or idiosyncratic language*
  - *Lack of age-appropriate varied, spontaneous make-believe or social imitative play*
- *Restricted, repetitive and stereotyped behaviors including one of the following:*

- *Preoccupation with one or more stereotyped restricted patterns of interest abnormal in intensity or focus*
- *Inflexible adherence to nonfunctional routines or rituals*
- *Stereotype and repetitive motor mannerisms*
- *Persistent preoccupation with parts of objects*
- *May include unusual or inconsistent response to sensory stimuli*
- *Not primarily a result of:*
  - *Emotional Impairment (see Rule 340.1706) or*
  - *Schizophrenia (see DSM IV TR Diagnostic Criteria Codes 295.10-295.90)*

**LIVONIA PUBLIC SCHOOLS**  
**Department of Student Services**

**Multidisciplinary Evaluation Team (MET) Summary Statement**  
**340.1715 Autism Spectrum Disorder**

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Report Date:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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**The MET addressed the following points of the rule and have documented each in this MET Report:**

**Yes ☐ No ☐ Statement and supporting evidence that the Autism spectrum disorder adversely affects the student's educational performance in one or more of the following areas:**

☐ Academic ☐ Behavioral ☐ Social

**Yes ☐ No ☐ Statement and supporting evidence that ASD is typically manifested before 36 months of age. A child who first manifests the characteristics after age 3 may also meet criteria. Autism spectrum disorder is characterized by qualitative impairments in reciprocal social interactions, qualitative impairments in communication, and restricted range of interests/repetitive behavior.**

**Statement and supporting evidence that the determination for eligibility shall include ALL of the following:**

**A. Yes ☐ No ☐ Qualitative impairments in reciprocal social interactions including at least two of the following:**

- ☐ Marked impairment in use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interactions
- ☐ Failure to develop peer relationships appropriate to developmental level
- ☐ Marked impairment in spontaneous seeking to share enjoyment, interests, or achievements with other people (ex. Lack of showing, bringing, or pointing out objects of interest)
- ☐ Marked impairment in the areas of social or emotional reciprocity

**B. Yes ☐ No ☐ Qualitative impairments in communication in at least one of the following:**

- ☐ Delay in or total lack of development of spoken language not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime.
- ☐ Marked impairment in pragmatics or in the ability to initiate, sustain, or engage in reciprocal conversation with others.
- ☐ Stereotyped and repetitive use of language or idiosyncratic language
- ☐ Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

**C. Yes ☐ No ☐ Restricted, repetitive and stereotyped behaviors including at least one of the following:**

- ☐ Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in frequency or intensity.
- ☐ Apparently inflexible adherence to specific, nonfunctional routines or rituals
- ☐ Stereotyped and repetitive motor mannerisms (ex hand or finger flapping or twisting, or complex whole body movements)
- ☐ Persistent preoccupation with parts of objects
- ☐ May include unusual or inconsistent response to sensory stimuli

Yes ☐ No ☐ **Statement and supporting evidence that while there may be co-occurring diagnoses there is not a primary diagnosis of schizophrenia or emotional impairment.**

Yes ☐ No ☐ **Statement and supporting evidence that the student's impairment is not due to a lack of appropriate instruction in the essential components of reading or math, or limited English proficiency.**

Yes ☐ No ☐ **Determination of impairment shall be based upon a comprehensive evaluation by a Multidisciplinary Evaluation Team, which shall include a psychologist or psychiatrist, an authorized provider of speech and language and a school social worker.**

See below signatures for disciplines involved in eligibility determination:

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Criteria Reviewed by:

SIGNATURE/ DATE: \_\_\_\_\_  
School Psychologist

SIGNATURE/ DATE: \_\_\_\_\_  
School Social Worker

SIGNATURE/ DATE: \_\_\_\_\_  
Special Education Teacher

SIGNATURE/ DATE: \_\_\_\_\_  
Speech and Language Pathologist

SIGNATURE/ DATE: \_\_\_\_\_  
General Education Teacher

# Procedures of Deaf-Blindness Evaluations

## Deaf-Blindness (DB)

### DIAGNOSTIC ASSURANCE STATEMENTS

The MET must consider the following assurance statements before making a recommendation regarding this student's eligibility:

Y	N	R 340.1717 Deaf-Blindness
<input type="checkbox"/>	<input type="checkbox"/>	(1) The student manifests a concomitant hearing loss and visual impairment, the combination of which causes severe communication and other developmental and educational needs that cannot be accommodated in special education programs without additional supports to address the unique needs specific to deaf-blindness.
<input type="checkbox"/>	<input type="checkbox"/>	(1) Deaf-blindness also means both of the following: <input type="checkbox"/> (a) Documented hearing and visual losses that, if considered individually, may not meet the requirements for visual impairment or Deaf or hard of hearing, but the combination of the losses affects educational performance. <input type="checkbox"/> (b) Such students function as if they have both a hearing and visual loss, based upon responses to auditory and visual stimuli in the environment, or during vision and hearing evaluations.
Y	N	Adverse Educational Impact:
<input type="checkbox"/>	<input type="checkbox"/>	The suspected disability interferes with access to and progress in general education to the degree that the student <b>requires</b> special education programs/services.

*If any of the diagnostic assurance statements are checked no, then the student is not eligible for special education programs/services under R340.1717.*

### ELIGIBILITY RECOMMENDATION

The Multidisciplinary Evaluation Team:

- Has checked "Yes" to all of the diagnostic assurance statements
- Has based conclusions on a variety of sources of information §300.306(c)(1)(i); and
- Recommends, based on the evaluation findings, that this student is eligible for special education programs/services under **R340.1717**.

☐ Yes

☐ No

- (1) Deaf-blindness means concomitant hearing impairment and visual impairment, the combination of which causes severe communication and other developmental and educational needs that cannot be accommodated in special education programs without additional supports to address the unique needs specific to deaf-blindness. Deaf-blindness also means both of the following:
- (a) Documented hearing and visual losses that, if considered individually, may not meet the requirements for visual impairment



- or hearing impairment, but the combination of the losses affects educational performance.
- (b) Such students function as if they have both a hearing and visual loss, based upon responses to auditory and visual stimuli in the environment, or during vision and hearing evaluations.
- (2) A determination of the disability shall be based upon data provided by a multidisciplinary evaluation team which shall include assessment data from all of the following:
- (a) Medical specialists such as any of the following:
    - (i) An ophthalmologist.
    - (ii) An optometrist.
    - (iii) An audiologist.
    - (iv) An otolaryngologist.
    - (v) An otologist.
    - (vi) A family physician or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq.
  - (b) A teacher of students with visual impairment.
  - (c) A teacher of students with hearing impairment.
- (c) Definitions of disability terms. The terms used in this definition of a child with a disability are defined as follows:
- (2) Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

# Procedures for Deaf or Hard of Hearing Evaluations

## Deaf or Hard of Hearing (DHH)

### DIAGNOSTIC ASSURANCE STATEMENTS

The MET must consider the following assurance statements before making a recommendation regarding this student's eligibility:

Y	N	R 340.1707 DHH includes both students who are deaf and those who are hard of hearing
<input type="checkbox"/>	<input type="checkbox"/>	(1) The student has any type or degree of hearing loss that interferes with development or adversely affects educational performance.
Y	N	Adverse Educational Impact:
<input type="checkbox"/>	<input type="checkbox"/>	The suspected disability interferes with access to and progress in general education to the degree that the student <b>requires</b> special education programs/services.

*If any of the diagnostic assurance statements are checked no, then the student is not eligible for special education programs/services R340.1707.*

### ELIGIBILITY RECOMMENDATION

The Multidisciplinary Evaluation Team:

1. Has checked "Yes" to all of the diagnostic assurance statements
2. Has based conclusions on a variety of sources of information §300.306(c)(1)(i); and
3. Recommends, based on the evaluation findings, that this student is eligible for special education programs/services under **R340.1707**.

☐ Yes

☐ No

- (1) The term "hearing impairment" is a generic term which includes both students who are deaf and those who are hard of hearing and refers to students with any type or degree of hearing loss that interferes with development or adversely affects educational performance. "Deafness" means a hearing impairment that is so severe that the student is impaired in processing linguistic information through hearing, with or without amplification. The term "hard of hearing" refers to students with hearing impairment who have permanent or fluctuating hearing loss which is less severe than the hearing loss of students who are deaf and which generally permits the use of the auditory channel as the primary means of developing speech and language skills.
- (2) A determination of impairment shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include an audiologist and an otolaryngologist or otologist.

- (c) Definitions of disability terms. The terms used in this definition of a child with a disability are defined as follows:
  - (3) Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance.
  - (5) Hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness in this section.

# Procedures for Early Childhood Developmental Delay Evaluations

## Early Childhood Developmental Delay (ECDD)

### DIAGNOSTIC ASSURANCE STATEMENTS

The MET must consider the following assurance statements before making a recommendation regarding this student's eligibility:

Y	N	R 340.1711ECDD means a child through 7 years of age whose primary delay cannot be differentiated through existing criteria
<input type="checkbox"/>	<input type="checkbox"/>	(1) The child manifests a delay in 1 or more areas of development equal to or greater than ½ of the expected development.
<input type="checkbox"/>	<input type="checkbox"/>	(2) Cannot be determined through existing criteria in other eligibility areas
Y	N	Adverse Educational Impact:
<input type="checkbox"/>	<input type="checkbox"/>	The suspected disability interferes with access to and progress in general education to the degree that the student <b>requires</b> special education programs/services.

*If any of the diagnostic assurance statements are checked no, then the student is not eligible for special education programs/services under R340.1711.*

### ELIGIBILITY RECOMMENDATION

The Multidisciplinary Evaluation Team:

- Has checked "Yes" to all of the diagnostic assurance statements
- Has based conclusions on a variety of sources of information §300.306(c)(1)(i); and
- Recommends, based on the evaluation findings, that this student is eligible for special education programs/services under **R340.1711**.

☐ Yes

☐ No

- "Early childhood developmental delay" means a child through 7 years of age whose primary delay cannot be differentiated through existing criteria within R 340.1705 to R 340.1710 or R 340.1713 to R 340.1716 and who manifests a delay in 1 or more areas of development equal to or greater than 1/2 of the expected development. This definition does not preclude identification of a child through existing criteria within R 340.1705 to R 340.1710 or R 340.1713 to R 340.1716.
- A determination of early childhood developmental delay shall be based upon a full and individual evaluation by a multidisciplinary evaluation team.

- (b) Children aged three through nine experiencing developmental delays.  
Child with a disability for children aged three through nine (or any subset of that age range, including ages three through five), may, subject to the conditions described in § 300.111(b), include a child—
  - (1) Who is experiencing developmental delays, as defined by the State and as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: Physical development, cognitive development, communication development, social or emotional development, or adaptive development; and
  - (2) Who, by reason thereof, needs special education and related services.

# Procedure for Other Health Impairment Evaluations

## Other Health Impairment (OHI)

### DIAGNOSTIC ASSURANCE STATEMENTS

The MET must consider the following assurance statements before making a recommendation regarding this student's eligibility:

Yes	No	R 340.1709a OHI means:
<input type="checkbox"/>	<input type="checkbox"/>	(1) The student has limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment.
<input type="checkbox"/>	<input type="checkbox"/>	(a) Is due to a chronic or acute health problem
<input type="checkbox"/>	<input type="checkbox"/>	(b) The impairment adversely affects the student's educational performance
		<b>Adverse Educational Impact:</b>
<input type="checkbox"/>	<input type="checkbox"/>	The suspected disability interferes with access to and progress in general education to the degree that the student <b>requires</b> special education programs/services.

*If any of the diagnostic assurance statements are checked no, then the student is not eligible for special education programs/services under R340.1709a.*

### ELIGIBILITY RECOMMENDATION

The Multidisciplinary Evaluation Team:

1. Has checked "Yes" to all of the diagnostic assurance statements
2. Has based conclusions on a variety of sources of information §300.306(c)(1)(i); and
3. Recommends, based on the evaluation findings, that this student is eligible for special education programs/services under **R340.1709a**.

☐ Yes

☐ No

- (1) "Other health impairment" means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment and to which both of the following provisions apply:
  - (a) Is due to chronic or acute health problems such as any of the following:
    - (i) Asthma.
    - (ii) Attention deficit disorder.
    - (iii) Attention deficit hyperactivity disorder.
    - (iv) Diabetes.
    - (v) Epilepsy.
    - (vi) A heart condition.
    - (vii) Hemophilia.
    - (viii) Lead poisoning.
    - (ix) Leukemia.
    - (x) Nephritis.
    - (xi) Rheumatic fever.
    - (xii) Sickle cell anemia.
  - (b) The impairment adversely affects a student's educational performance.
- (2) A determination of disability shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include 1 of the following persons:
  - (a) An orthopedic surgeon.
  - (b) An internist.
  - (c) A neurologist.
  - (d) A pediatrician.
  - (e) A family physician or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq.

- (c) Definitions of disability terms. The terms used in this definition of a child with a disability are defined as follows:
  - (9) Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that—
    - (i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and
    - (ii) Adversely affects a child's educational performance.



# Procedure for Physical Impairment Evaluations

## Physical Impairment (PI)

### DIAGNOSTIC ASSURANCE STATEMENTS

The MET must consider the following assurance statements before making a recommendation regarding this student's eligibility:

Y	N	R 340.1709 PI means severe orthopedic impairment that adversely affects a student's educational performance
<input type="checkbox"/>	<input type="checkbox"/>	The student manifests a severe orthopedic impairment that adversely affects the student's educational performance
Y	N	Adverse Educational Impact:
<input type="checkbox"/>	<input type="checkbox"/>	The severe orthopedic impairment interferes with access to and progress in general education to the degree that the student <b>requires</b> special education programs/services.

*If any of the diagnostic assurance statements are checked no, then the student is not eligible for special education programs/services under 340.1709.*

### ELIGIBILITY RECOMMENDATION

The Multidisciplinary Evaluation Team:

1. Has checked "Yes" to all of the diagnostic assurance statements
2. Has based conclusions on a variety of sources of information §300.306(c)(1)(i); and
3. Recommends, based on the evaluation findings, that this student is eligible for special education programs/services under **R340.1709**.

☐ Yes

☐ No

- (1) "Physical impairment" means severe orthopedic impairment that adversely affects a student's educational performance.
- (2) A determination of disability shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include assessment data from 1 of the following persons:
  - (a) An orthopedic surgeon.
  - (b) An internist.
  - (c) A neurologist.
  - (d) A pediatrician.
- (e) A family physician or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq.

- (c) Definitions of disability terms. The terms used in this definition of a child with a disability are defined as follows:
  - (8) Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

# Procedures for Speech and Language Impairment Evaluations

## Speech Language Impairment (SLI)

### DIAGNOSTIC ASSURANCE STATEMENTS

The MET must consider the following assurance statements before making a recommendation regarding this student's eligibility:

Y	N	R 340.1710 SLI means:
<input type="checkbox"/>	<input type="checkbox"/>	(1) The student manifests a communication disorder that adversely affects educational performance, such as (check all that apply): <input type="checkbox"/> Language Impairment <input type="checkbox"/> Articulation Impairment <input type="checkbox"/> Fluency Impairment <input type="checkbox"/> Voice Impairment
Y	N	Adverse Educational Impact:
<input type="checkbox"/>	<input type="checkbox"/>	The suspected disability interferes with access to and progress in general education to the degree that the student <b>requires</b> special education programs/services.

*If any of the diagnostic assurance statements are checked no, then the student is not eligible for special education programs/services under R340.1710.*

### ELIGIBILITY RECOMMENDATION

The Multidisciplinary Evaluation Team:

- Has checked "Yes" to all of the diagnostic assurance statements
- Has based conclusions on a variety of sources of information §300.306(c)(1)(i); and
- Recommends, based on the evaluation findings, that this student is eligible for special education programs/services under **R340.1710**.

☐ Yes

☐ No

- (1) A "speech and language impairment" means a communication disorder that adversely affects educational performance, such as a language impairment, articulation impairment, fluency impairment, or voice impairment.
- (2) A communication disorder shall be determined through the manifestation of 1 or more of the following speech and language impairments that adversely affects educational performance:

- (a) A language impairment which interferes with the student's ability to understand and use language effectively and which includes 1 or more of the following:
    - (i) Phonology.
    - (ii) Morphology.
    - (iii) Syntax.
    - (iv) Semantics.
    - (v) Pragmatics.
  - (b) Articulation impairment, including omissions, substitutions, or distortions of sound, persisting beyond the age at which maturation alone might be expected to correct the deviation.
  - (c) Fluency impairment, including an abnormal rate of speaking, speech interruptions, and repetition of sounds, words, phrases, or sentences, that interferes with effective communication.
  - (d) Voice impairment, including inappropriate pitch, loudness, or voice quality.
- (3) Any impairment under subrule (2)(a) of this rule shall be evidenced by both of the following:
- (a) A spontaneous language sample demonstrating inadequate language functioning.
  - (b) Test results on not less than 2 standardized assessment instruments or 2 subtests designed to determine language functioning which indicate inappropriate language functioning for the student's age.
- (4) A student who has a communication disorder, but whose primary disability is other than speech and language may be eligible for speech and language services under R 340.1745(a).
- (5) A determination of impairment shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include a teacher of students with speech and language impairment under R 340.1796 or a speech and language pathologist qualified under R 340.1792.

- (11) Speech or language impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance.

# Procedures for Severe Multiple Impairment Evaluations

## Severe Multiple Impairment (SXI)

### DIAGNOSTIC ASSURANCE STATEMENTS

The MET must consider the following assurance statements before making a recommendation regarding this student's eligibility:

Y	N	R 340.1714 (1) Students with SXI shall be determined through the manifestation of either of the following:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (a) Development at a rate of 2 to 3 standard deviations below the mean and 2 or more of the following conditions: <input type="checkbox"/> (i) A hearing loss so severe that the auditory channel is not the primary means of developing speech and language skills. <input type="checkbox"/> (ii) A visual impairment so severe that the visual channel is not sufficient to guide independent mobility. <input type="checkbox"/> (iii) A physical impairment so severe that activities of daily living cannot be achieved without assistance. <input type="checkbox"/> (iv) A health impairment so severe that the student is medically at risk. <b>OR</b> <input type="checkbox"/> (b) Development at a rate of 3 or more standard deviations below the mean or students for whom evaluation instruments do not provide a valid measure of cognitive ability and 1 or more of the following conditions: <input type="checkbox"/> (i) A hearing loss so severe that the auditory channel is not the primary means of developing speech and language skills. <input type="checkbox"/> (ii) A visual impairment so severe that the visual channel is not sufficient to guide independent mobility. <input type="checkbox"/> (iii) A physical impairment so severe that activities of daily living cannot be achieved without assistance. <input type="checkbox"/> (iv) A health impairment so severe that the student is medically at risk.
Y	N	Adverse Educational Impact:
<input type="checkbox"/>	<input type="checkbox"/>	The suspected disability interferes with access to and progress in general education to the degree that the student requires special education programs/services.

*If any of the diagnostic assurance statements are checked no, then the student is not eligible for special education programs/services under R340.1714.*

### ELIGIBILITY RECOMMENDATION

The Multidisciplinary Evaluation Team:

- Has checked "Yes" to all of the diagnostic assurance statements
- Has based conclusions on a variety of sources of information §300.306(c)(1)(i); and
- Recommends, based on the evaluation findings, that this student is eligible for special education programs/services under **R340.1714**.

☐ Yes

☐ No

- (1) Students with severe multiple impairments shall be determined through the manifestation of either of the following:
  - (a) Development at a rate of 2 to 3 standard deviations below the mean and 2 or more of the following conditions:
    - (i) A hearing impairment so severe that the auditory channel is not the primary means of developing speech and language skills.
    - (ii) A visual impairment so severe that the visual channel is not sufficient to guide independent mobility.
    - (iii) A physical impairment so severe that activities of daily living cannot be achieved without assistance.
    - (iv) A health impairment so severe that the student is medically at risk.
  - (b) Development at a rate of 3 or more standard deviations below the mean or students for whom evaluation instruments do not provide a valid measure of cognitive ability and 1 or more of the following conditions:
    - (i) A hearing impairment so severe that the auditory channel is not the primary means of developing speech and language skills.
    - (ii) A visual impairment so severe that the visual channel is not sufficient to guide independent mobility.
    - (iii) A physical impairment so severe that activities of daily living cannot be achieved without assistance.
    - (iv) A health impairment so severe that the student is medically at risk.
- (2) A determination of impairment shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include a psychologist and, depending upon the disabilities in the physical domain, the multidisciplinary evaluation team participants required in R 340.1707, R 340.1708, or R 340.1709, R 340.1709a, or R 340.1716.

- (c) Definitions of disability terms. The terms used in this definition of a child with a disability are defined as follows:
  - (7) Multiple disabilities means concomitant impairments (such as mental retardation-blindness or mental retardation-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness.



# Procedures for Traumatic Brain Injury Evaluations

## Traumatic Brain Injury (TBI)

### DIAGNOSTIC ASSURANCE STATEMENTS

The MET must consider the following assurance statements before making a recommendation regarding this student's eligibility:

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	R 340.1716(1) TBI means an acquired injury to the brain which is caused by an external force and which results in total or partial functional disability or psychosocial impairment, or both.
<input type="checkbox"/>	<input type="checkbox"/>	(1) The term applies to open or closed head injuries resulting in impairment in 1 or more of the following areas: <input type="checkbox"/> (a) Cognition <input type="checkbox"/> (b) Language <input type="checkbox"/> (c) Memory <input type="checkbox"/> (d) Attention <input type="checkbox"/> (e) Reasoning <input type="checkbox"/> (f) Behavior <input type="checkbox"/> (g) Physical function <input type="checkbox"/> (h) Information processing <input type="checkbox"/> (i) Speech
<input type="checkbox"/>	<input type="checkbox"/>	(2) The term does not apply to brain injuries that are congenital or degenerative or to brain injuries induced by birth trauma.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Adverse Educational Impact:</b>
<input type="checkbox"/>	<input type="checkbox"/>	The suspected disability interferes with access to and progress in general education to the degree that the student <b>requires</b> special education programs/services.

*If any of the diagnostic assurance statements are checked no, then the student is not eligible for special education programs/services under R340.1716.*

### ELIGIBILITY RECOMMENDATION

The Multidisciplinary Evaluation Team:

1. Has checked "Yes" to all of the diagnostic assurance statements
2. Has based conclusions on a variety of sources of information §300.306(c)(1)(i); and
3. Recommends, based on the evaluation findings, that this student is eligible for special education programs/services under **R340.1716**.

☐ Yes

☐ No

- (1) "Traumatic brain injury" means an acquired injury to the brain which is caused by an external physical force and which results in total or partial functional disability or psychosocial impairment, or both, that adversely affects a student's educational performance. The term applies to open or closed head injuries resulting in impairment in 1 or more of the following areas:
    - (a) Cognition.
    - (b) Language.
    - (c) Memory
    - (d) Attention.
    - (e) Reasoning.
    - (f) Behavior.
    - (g) Physical functions.
    - (h) Information processing.
    - (i) Speech.
  - (2) The term does not apply to brain injuries that are congenital or degenerative or to brain injuries induced by birth trauma.
  - (3) A determination of disability shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include an assessment from a family physician or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq.
- (c) Definitions of disability terms. The terms used in this definition of a child with a disability are defined as follows:
- (12) Traumatic brain injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

# Procedures for Visual Impairment Evaluations

## Visual Impairment (VI)

### DIAGNOSTIC ASSURANCE STATEMENTS

The MET must consider the following assurance statements before making a recommendation regarding this student's eligibility:

Y	N	R 340.1708(1) A VI shall be determined through a manifestation of both the following:
<input type="checkbox"/>	<input type="checkbox"/>	(a) A visual impairment which, even with correction, interferes with the development or which adversely affects educational performance. VI includes both partial sight and blindness.
<input type="checkbox"/>	<input type="checkbox"/>	(b) One or more of the following: <input type="checkbox"/> (i) A central visual acuity for near or far point vision of 20/70 or less in the better eye after routine refractive correction. <input type="checkbox"/> (ii) A peripheral field of vision restricted to not more than 20 degrees <input type="checkbox"/> (iii) A diagnosed progressively deteriorating eye condition
Y	N	Adverse Educational Impact:
<input type="checkbox"/>	<input type="checkbox"/>	The suspected disability interferes with access to and progress in general education to the degree that the student <b>requires</b> special education programs/services.

*If any of the diagnostic assurance statements are checked no, then the student is not eligible for special education programs/services under R340.1708.*

### ELIGIBILITY RECOMMENDATION

The Multidisciplinary Evaluation Team:

- Has checked "Yes" to all of the diagnostic assurance statements
- Has based conclusions on a variety of sources of information §300.306(c)(1)(i); and
- Recommends, based on the evaluation findings, that this student is eligible for special education programs/services under **R340.1708**.

☐ Yes

☐ No

- (1) A visual impairment shall be determined through the manifestation of both of the following:
- A visual impairment which, even with correction, interferes with development or which adversely affects educational performance. Visual impairment includes both partial sight and blindness.
  - One or more of the following:
    - A central visual acuity for near or far point vision of 20/70 or less in the better eye after routine refractive correction.
    - A peripheral field of vision restricted to not more than 20 degrees.
    - A diagnosed progressively deteriorating eye condition.

- (c) Definitions of disability terms. The terms used in this definition of a child with a disability are defined as follows:
  - (13) Visual impairment including blindness means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

## SECTION 3

### The Individual Education Team Report

- Individual Education Team Report Procedures
- Newly Enrolled Special Education Students
  - Previous Enrollment Form
  - Placement Chart
- Disciplinary Procedures
  - Procedures
  - Parent Notice
  - Disciplinary Tracking Record
  - Disciplinary Tracking Log

## INDIVIDUALIZED EDUCATION PROGRAM TEAM REPORT INSTRUCTIONS AND INFORMATION

### SECTION I: DEMOGRAPHICS/PURPOSE/ELIGIBILITY

#### IEPT Meeting Date

- Indicate the date the IEPT meeting is convened.

#### Demographic Information

- Complete the demographic information.
- Ethnic Code:

OFFICIAL TITLES
American Indian/ Alaskan Native
Asian
Black/ African American
Hispanic
White
Hawaiian/Pacific Islander

- Corresponding number codes to be used are dependent on the data system used by the district/public school academy.

#### Most Recent Dates

- Most recent REED date.* This is the date of the last Review of Existing Evaluation Data indicated on the REED form. For initial IEPs if there was no REED conducted, leave blank. After the initial IEP you must have a REED date prior to three year IEPT meeting dates, approximately every 3 years.
- Initial/ most recent Three Year IEP date.* If the meeting being conducted is an Initial IEP, put that meeting date on this line. If the meeting being conducted is a Three Year IEP, put that date on this line. Otherwise indicate the date of the initial or previous Three Year IEPT meeting date.
- Previous Notice of FAPE date.* Indicate the date of the previous Notice of FAPE (this is the delivery date at the bottom of the Notice form).

#### Purpose of Meeting

- The purpose of the meeting indicated on the IEPT form should correspond to the purpose indicated on the Invitation to Meeting form. You must check Initial, Annual, or Reeval and any others that apply.
- IEPT meetings for eligible students who move into the district are not required unless the district needs to change the IEP. In such cases the purpose would be Add/Remove/Change.

- A Transition Plan is required for all students who are 16 years old or will turn 16 during the IEP year.

#### Parent Contact

- Indicate name(s) of staff person(s) contacting the parent(s) and the method(s) by which contacts were made. There must be documentation of two contacts.

#### Participants

- All required participants should sign on the appropriate line.
- Signature indicates presence at the meeting.
- All IEPTs require:
  - At least one regular education teacher of the child (if the child is or may be, participating in the regular education environment);
  - At least one special education teacher of the child, or if appropriate, at least one special education provider of the child;
  - A representative of the public agency who:
    - Is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;
    - Is knowledge about the general curriculum; and
    - Is knowledgeable about the availability of resources within the public agency;
  - An individual who can interpret the instructional implications of the evaluation results (evaluation data representative), who may be a member of the team described above. This individual may also be the MET representative.
- At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child may participate, including, related services personnel as appropriate; and if appropriate, the student.
- If the student is of transition age and an outside agency is likely to pay for or provide services, the district must have consent to invite the agency and the agency must be invited to attend. Consent must be obtained prior to each IEP meeting.

## INDIVIDUALIZED EDUCATION PROGRAM TEAM REPORT INSTRUCTIONS AND INFORMATION

### IEP Team Attendance

- *Attendance not necessary.* A member of the IEP Team shall not be required to attend an IEP meeting, in whole or in part, if the parent and the school district agree that the attendance of such member is not necessary because the member's area of the curriculum or related service is not being modified or discussed in the meeting. A parent's agreement shall be in writing.
- *Excusal- Prior to the IEP Team Meeting.* A member of the IEP Team may be excused from attending an IEP meeting, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if;
  - the parent and school district consent to the excusal; and
  - the member submits, in writing to the parent and the IEP Team, input into development of the IEP prior to the meeting. A parent's agreement shall be in writing.
  - If a member for the team requires excusal from attending the IEP, a drop down will populate an electronic documentation form that identifies the staff member's name and title and a yes or no option aligned with the parent agreement statement.
- The counselor may not serve as the student's teacher.
- At the initial IEPT meeting, and at any subsequent IEPT meetings where a multidisciplinary evaluation team recommendation is being presented, a member of the MET is required to be a participant and present the written team report.
- For students whose primary impairment is Speech and Language, both the TSLI and the general education teacher must be present at the IEPT meeting. The TSLI will sign as the representative of the school district unless an administrator attends. If an administrator attends then the TSLI will sign as the special education provider, also, the TSLI will sign as the MET representative.
- For students with other disabilities who receive Speech and Language service, the TSLI or the special education teacher may sign as either the representative of the school district or as the special education provider.

- The student must be invited if the purpose of the meeting is consideration of transition needs.

### Eligibility/MET Information

- When the REED recommends a multidisciplinary evaluation, the MET summary report must be attached to the IEPT report.
- When the REED recommends that no additional evaluations are needed, a MET is not required. In this case, it is recognized that the MET date may be more than 3 years old.
- The eligibility section must be completed at all IEPT meetings.
- Indicate only one area, the primary area, of eligibility. For students receiving services from service providers other than the primary impairment teacher, such as TSLI's, center program TC's for the HI, VI, POHI, and ASD, there must be evaluations to document the need, and a formal recommendation of service(s) from the Center Program providing the service(s).
- *Specific Learning Disability Details* - In the space provided, indicate the area(s) of disability as identified on the MET Summary Form.
- If the student is found ineligible indicate so by checking the box and providing the rule number of each area of disability considered. Then proceed directly to the Notice form.
- A student does not have to be marked eligible as Speech and Language Impaired for the IEPT to recommend Speech and Language services on page 4. However, there must be an evaluation by a TSLI demonstrating the need for Speech and Language services.
- To receive Speech and Language service only, the student must be found eligible in this area, and a Speech and Language MET must be completed.

### Projected graduation/Age 26

- Check this box when the student's annual IEP must be reviewed sometime prior to April 15, but the student is scheduled to graduate or reach age 26 within the same school year.
- An IEPT meeting is not required immediately preceding graduation or exit at age 26.

### Immediate Graduation/Age 26

- Check this box when the student is projected to graduate or has reached/will reach the age of 26



## INDIVIDUALIZED EDUCATION PROGRAM TEAM REPORT INSTRUCTIONS AND INFORMATION

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prior to the end of the school year and the IEPT meeting is being held on or after April 15. Then go directly to the Notice form.

### SECTION II: PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAFP)

#### Factors to Consider

- The IEPT shall consider in its discussion the strengths of the student, input from the parent/student for enhancing the education of the student, and the results of the most recent evaluations which may include formal/informal assessments, individual, state and/or district-wide testing.
- Provide a brief summary of the discussion regarding each factor.
- If a parent does not identify any concerns, document that no concerns have been identified at this time.

#### Special Factors

- The first two special factors listed must be considered for every student. The remaining four special factors must be considered as appropriate.
- If a special factor is considered and the IEP team determines there is an area of need, the special factor must be addressed in an appropriate section of the IEP form (e.g., goals and objectives, supplementary aids and services, etc.).
- If a special factor is considered, but the IEP team determines there is no area of need, the rationale for the determining no area of need must be addressed on the Notice form under "Option Considered but Not Selected".

#### Present Level Statement

- The present level is designed to identify the areas of need affected by the disability. For each area of need identified, provide:
  - Baseline data to support the determination of the area of need and gathered from a variety of data sources, such as curriculum-based assessment, student work, teacher observations, parent input, and other relevant data;
  - A statement of the impact and resulting needs, including how the student's

academic, developmental, and functional needs affect involvement and progress in the general education curriculum or participation in appropriate activities for preschool or post-secondary students.

- This information forms the basis for the development of all components of the IEP.
- There must be a direct correlation between deficits/needs identified in the Present Level Statement and the goals and objectives.  
*Example: Emotionally Impaired students must have information specifying their needs in the affective area and appropriate goals to support the identified need.*

### SECTION III: INDIVIDUALIZED EDUCATION PROGRAM

#### Least Restrictive Environment

- It is the policy of the State Board of Education, pursuant to state and federal requirements, that students with disabilities must be educated with their peers without disabilities to the maximum extent appropriate to meet their individual educational needs and potential. So that this may be realized, it is essential that program options be available in general educational classrooms within general education facilities.

#### Goals and Objectives

- There must be an annual measurable goal for each identified deficit area.
- They should be developed based on what the student can be expected to accomplish within a 12 month period and should be reasonable yet challenging.
- Students must also have two measurable instructional objectives aligned with each goal.
- Objectives are intermediate steps between the present level and the annual goal.
- Alignment of goals to other sections in the IEP is important, such as the PLAAFP, programs and services, and secondary transition.
- See "Teacher's Guide: Alignment of Goals and Objectives to the State Standards" for more information.

#### Reporting Progress

- Parents are to be informed of their child with a disability's progress toward completion of annual measurable goals and objectives. They are to



## INDIVIDUALIZED EDUCATION PROGRAM TEAM REPORT INSTRUCTIONS AND INFORMATION

receive these reports at least as often, and at the same times, as the school district reports the progress of all nondisabled students. Examples: quarterly report cards, interim progress reports, etc.

- When these reports are developed they must include a statement of the extent to which this progress is sufficient for the student to achieve the selected goals by the end of the year.

### Supplementary Aids and Services

- Supplementary aids and services are provided to enable the student:
  - to advance appropriately toward attaining annual goals;
  - to be involved and progress in the general education curriculum;
  - and, to be educated and participate in activities with other students with disabilities and nondisabled students.
- Identify supplementary service personnel, not listed in the Programs and Services section that are needed to assist the student and/or instructional staff. Examples include, but are not limited to, interpreters, aides, behavioral consultant, note taker, audiologist, etc.
- Identify other program modifications/accommodations/ supports that will be provided on behalf of the student. Examples include, but are not limited to; calculator, tape recorder, large print books, shortened assignments, oral test taking, in-service training in a variety of areas, various assistive technology devices, etc.
- Identify the conditions and frequency that apply to the provision of the aid or service with enough specificity to ensure understanding for consistent implementation.
- Accommodations that lack sufficient detail and measurability will not meet compliance standards. Therefore, for some accommodations, a text box has been added to provide additional detail/specificity based on individual student needs.
- The phrase "as needed" lacks sufficient detail and measurability and will not meet compliance standards.
- Identify the applicable subject/location.

- Check the box to indicate if it is determined that supplementary aids are not needed.
- All aids and services identified will begin on the implementation date of the IEP and continue for the duration of the IEP unless otherwise indicated in the comment section.

### Additional Comments/Information

- You may use this section to identify any supplementary aids and services with a duration which differs from the duration of the IEP or for any other information.

### Transition Services

- Transition planning should begin no later than the first IEP to be in effect when the student is 16, and updated annually thereafter.
- The student must be invited to all IEP meetings beginning when transition planning is considered.
- The transition process is based on the individual student's needs, taking into account the student's strengths, preferences, and interests.
- There should be appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills.
- There should be a description of the transition services (including courses of study) needed to assist the student in reaching those goals.
- If appropriate, with the consent of the parents, or a child who has reached the age of majority, the public agency must invite a representative of any participating agency that is likely to be responsible for providing or paying for transition services. Consent must be obtained prior to each IEP meeting.
- See Transition Plan Attachment Instructions for additional information.

### Course(s) of Study (for high school)

- Check the appropriate box to document if the student is on track to receive a high school diploma.
- If the student is not on track to receive a high school diploma, check the box to indicate whether the student will receive a certificate of completion or other type of certificate.

## INDIVIDUALIZED EDUCATION PROGRAM TEAM REPORT INSTRUCTIONS AND INFORMATION

### SECTION IV: PROGRAMS AND SERVICES

#### PROGRAMS AND SERVICES DETERMINED APPROPRIATE TO MEET THE STUDENT'S NEEDS

- For each program and/or service selected, indicate the specific amount of time and frequency.
- Services and programs begin on the implementation date of the IEP unless otherwise indicated.
- If the program and/or service will begin on a date that is different than the initiation date or will end on a date that is prior to the duration of the IEP, indicate the beginning and end date in the duration column.
- Exceptional circumstances such as grade level move-ups, trimesters, etc. would be reasons for dates of implementation other than the IEP date.
- If an IEP includes a service or program that will change from spring to fall- the duration of the service or program must be written to include the spring service from start of the duration until the first day of school in the fall. For example, an IEP held in April (MS to HS) with a change from resource program to teacher consultant in September. The duration would be:

#### *Resource Program-*

April 2016 to September 6, 2016  
(the day before the first day of school)

#### *Teacher Consultant-*

September 7, 2016 (the first day of school) to April 2017.

#### Teacher Consultant

- If the teacher consultant services are to be consultative only indicate this by selecting "CONSULTATION".
- Teacher Consultant Services should be checked (✓) in addition to another program (Resource or Categorical Classroom) only when that service is provided by another person (i.e. VI, HI, POHI).

#### Resource Program

- If the resource teacher's endorsement does not match the student's eligibility, indicate whether the team determines it is necessary for a teacher consultant to be assigned to the resource teacher.

#### Categorical Classroom

- Enter the last two digits of the rule number and the abbreviation for every categorical classroom program recommended.
- Programs are determined by the way the teacher is reported on the Personnel Inventory Approval System (PIAS) report, NOT necessarily, by the student's eligibility.  
Example- Teacher has an endorsement in LD, student is eligible as CI, the categorical classroom assignment for this student is L.D.
- Categorical Classroom services may be provided in more than one program.

340.1738	SCI	Severe Cognitive Impairment
340.1739	MoCI	Moderate Cognitive Impairment
340.1832	MiCI	Mild Cognitive Impairment
340.1741	EI	Emotional Impairment
340.1742	DHH	Deaf or hard of hearing
340.1743	VI	Visual impairment
340.1744	PI or OHI	Physical/Otherwise Health Impairment
340.1746	HH	Homebound/Hospitalized
340.1832	LD	Learning Disabilities
340.1748	SXI	Severe Multiple Impairment
340.1754	ECP	Early Childhood Programs
340.1755	ECS	Early Childhood Services
340.1756	SLU (opt)	Severe Language Impairment
340.1832	ASD	Autism Spectrum Disorder

- Placement in a Workskills Program must be indicated separately in the categorical classroom section. Use the center program teacher's rule number.

#### Speech/Language

- A student whose primary eligibility is other than Speech and Language may also receive this service provided that the TSLI's evaluation, as part of the MET, demonstrates a need for that service.
- If the services are to be consultative only, indicate this by selecting "CONSULTATION".

#### Related Services

- The following are the related services identified in state and federal regulations. When indicating the provision of related services use the complete title or an appropriate abbreviation:

Audiology  
Counseling services  
Medical services  
Occupational therapy

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## INDIVIDUALIZED EDUCATION PROGRAM TEAM REPORT INSTRUCTIONS AND INFORMATION

Orientation and mobility services  
Parent counseling and training  
Physical therapy  
Psychological services  
Recreation  
Rehabilitation counseling  
School health services  
Social work services

- If the services are to be consultative only, indicate this by selecting the name of the service and then the word "CONSULTATION".

### Duration Column:

Duration column is available to provide flexibility to begin services different than the initiating date of IEP. It allows the IEP team to address changes that may occur over the course of one year or the life of the IEP

A Duration column has been added to the Programs and Services areas. Validation has also been added to ensure the following:

If a Begin date is entered, an End date is required.

If the Begin date and/or End date is earlier than the IEPT date, an error displays.

If the Begin date and/or End date is more than 364 days from the IEPT date (when the IEPT expires), an error displays.

If more than one of the same services is added, the duration dates cannot overlap.

If more than one program is added (Resource Program or Categorical Classroom), the duration dates cannot overlap.

If a Resource Program and a Categorical Classroom are added, the duration dates cannot overlap.

### Personal Care Services

- Select the YES checkbox when the student requires hands on assistance with daily living skills, redirection and intervention for behavior,

or health related (not academic) monitoring or cueing by a paraprofessional/aide.

- Complete the annual Personal Care Authorization form when the YES checkbox is selected.
- Personal care services require an authorization by a licensed practitioner operating within the scope of their practice. Authorizing practitioners include: Registered Nurse (RN), Occupational Therapist (OT), Physical Therapist (PT), Master of Social Work (MSW) and Speech – language Pathologist (SLP).

### Total Hours in School

- Indicate the total number of hours the student spends in school per week including both general education and special education. This may be written as a range when applicable.

### Extended School Year

- The need for ESY services must be considered at every IEPT meeting.
- ESY services are provided when the IEPT determines that there is a goal area of concern in relation to one or more of the following three factors:
  - Regression and recoupment
  - Nature and severity of the disability
  - Critical stage or area of learning
- ESY services may not be limited by the student's disability category, the type, amount or duration of programs and services.
- The purpose of the extended year is to maintain the student's level of performance, not to acquire new skills.
- Determination of ESY is made by the IEPT based upon a variety of information including informal and formal assessments, observation, and a comparison of the student's current and past levels of performance.
- If there are no goal areas of concern, ESY is not needed. Check the appropriate box.
- If there are potential goal areas of concern, however, more data is needed to make the determination, check the appropriate box and indicate a projected date to convene the IEPT meeting.
- If there were potential goal areas of concern, however, after reviewing the data in relation to the three factors above it is determined that ESY

## INDIVIDUALIZED EDUCATION PROGRAM TEAM REPORT INSTRUCTIONS AND INFORMATION

is not needed, check the box that states "IEP goal(s) reviewed-ESY not needed."

- If there are goal areas of concern and it is determined that ESY is needed, check the box that indicates "IEP goal(s) reviewed-ESY needed as follows". Then specify the services to be provided.
- For further guidance on ESY go to:  
[http://www.resa.net/downloads/special\\_education\\_guidelines/esy\\_guide\\_20100831\\_144817\\_4.pdf](http://www.resa.net/downloads/special_education_guidelines/esy_guide_20100831_144817_4.pdf)

### Comments

- You may use this section for any additional information you wish to include in the report.

### Instructional Setting

- This section describes the amount of time the student spends in the general education setting with or without special education support.
- Check the box that corresponds with the student's age, then use the codes listed below to identify the appropriate setting.

### Instructional Setting Codes and Descriptions

#### Ages 6-26

- 02- Public or Private Special Education School Building at Public Expense
- 03- Public or Private Residential Facility at Public Expense
- 05- Correctional Facility
- 06- Homebound/Hospitalized
- 07- Parentally Placed in Private School or Home School at Private/ Parent Expense
- 11- Inside Gen Ed Classroom 80% or more of the School Day
- 12- Inside Gen Ed Classroom 40%-79% of the School Day
- 13- Inside Gen Ed Classroom less than 40% of the School Day

#### Ages 3-5

- 22- Early Childhood Special Education Program
- 23- Home
- 25- Residential Facility
- 26- Separate School (Burger etc)
- 27- Service Provider Location
- 46- Regular EC Program at least 10hrs/wk, majority of SE hrs. in EC Program
- 47- Regular EC Program at least 10hrs/wk, majority of SE hrs. in other Location
- 48- Regular EC Program less than 10hrs/wk, majority of SE hrs. in EC Program
- 49- Regular EC Program less than 10hrs/wk, major hrs. in other Location

#### Ages 0-2

Revised August 2018

41- Community-Based Setting

31- Home

38- Other Setting

### SECTION V: ASSESSMENTS

#### District-Wide Assessment

- If the student is taking a district-wide assessment, identify the content area and list any accommodations needed.

#### Alternate District-Wide Assessment

- If the student is taking an alternate district-wide assessment, identify the content area.
- For each content area in which the student will be taking the alternate assessment, identify the following:
  - the reason the student cannot participate in the general education assessment
  - the name of the alternate assessment and why it is appropriate
  - any accommodations that are needed

#### State-Wide Assessment - Grade

- Identify the grade the student will be in during the time the assessment will be administered.
- If the student will be in grades 3 through 12 during the upcoming assessment period, see below:
  - **ELA:** Grades 3 – 8 and 11  
8<sup>th</sup> graders that take MI-Access are not expected to take P-SAT
  - **Mathematics:** Grades 3-8 and 11  
8<sup>th</sup> graders that take MI-Access are not expected to take P-SAT
  - **Science** Grades 4, 7 and 11  
5<sup>th</sup> and 8<sup>th</sup> graders that take MI-Access are not expected to test on the M-STEP Science Pilot (may need to document in secure site during test verification window)
  - **Social Studies** Grades 5, 8 and 11  
Students taking P/SI assessments are expected to be tested using a locally determined tool.

Page 7 of 8



## INDIVIDUALIZED EDUCATION PROGRAM TEAM REPORT INSTRUCTIONS AND INFORMATION

FI Social Studies should not be used for these students.

**\*\*If a student is able to test with FI Social Studies, then the student most likely should not be taking the P or SI levels of MI-Access for other content area**

- Check NA when the student's grade does not correspond to the grade level at which the state-wide assessment is administered.
- Identify the appropriate assessment type (general education or alternate) for each content area to be assessed.

### State-Wide Assessment

- If the student's instruction is based on the Common Core State Standards, the IEPT should consider the general education state-wide assessment.
- Check the appropriate content area in which the student will be taking the general education state-wide assessment and identify the accommodations needed.

### Alternate State-Wide Assessment

- If the student has or functions as if he or she has a mild, moderate, or severe cognitive impairment, then the alternate assessment should be considered.
- For each content area in which the student will be taking the alternate assessment, identify the following:
  - the reason the student cannot participate in the general education assessment
  - the name of the alternate assessment and why it is appropriate
  - any accommodations that are needed
- There are three assessment options within MI-Access:
  - **Functional Independence** assessments are primarily for students who have, or function as if they have, mild cognitive impairment.
  - **Supported Independence** assessments are for students who have, or function as if they have, moderate cognitive impairment.

- **Participation** assessments are for students who have, or function as if they have, severe cognitive impairment.

### WIDA Assessment

- WIDA is indicated only if the student has qualified for ELL services within the last year. Under this circumstance, the WIDA assessment will replace the state assessed ELA.
- If this situation applies, check the box and indicate the student's eligibility criteria in the comment section provided.

## SECTION VI: TRANSPORTATION/IEP IMPLEMENTATION

### Special Transportation

- Document whether special transportation is necessary for the student and indicate any special transportation needs.

### Adjournment

- IEPT meetings may be adjourned in cases where additional information is needed or when agreement is not reached. A projected date to reconvene must be determined. In these cases, a plan of action to reach resolution should be developed.
- An adjourned IEP does not fulfill the timeline requirement for annual IEP.

### Initiation of Programs and Services

- Indicate the initiation date of the programs and services. When a specific program or service is projected to begin/end on a date that is different than the date indicated in this section, indicate the dates in the "duration" column of the Program and Service section.

### Anticipated Duration of Services

- The student's IEPT must consider the duration of the school year as a component of a free, appropriate public education (FAPE).
- IEPs may remain in effect for a maximum of 364 days. Within 364 days the programs and services are to be provided according to the normal school year calendar unless the team recommends extended school year services.

## **INDIVIDUALIZED EDUCATION PROGRAM TEAM REPORT INSTRUCTIONS AND INFORMATION**

- If the IEPT determines a shorter duration for the IEP, that expiration date may be written on the lines provided.
- Services and programs begin on the implementation date of the IEP unless otherwise indicated.

### **Dissenting Report**

- Any IEPT participant who disagrees with the team's determination may attach a dissenting report.

## **Guidance for Amendments to the Individualized Education Program**

The purpose of the Individualized Education Program (IEP) Amendment is to make changes to a student's IEP during the time it is in effect. In accordance with §300.324 a(4) of the Individuals with Disabilities Education Act (IDEA), the parent of a student with a disability and the district may agree not to convene an IEP team meeting for the purposes of making changes, and instead may develop a written document to amend or modify the current IEP.

The regulation does not place restrictions on what aspects of the IEP can be amended pursuant to these agreements. However, some legal firms have in the past cautioned school districts to consider restricting such amendments to simple/minor changes.

Decisions on whether to utilize an amendment to change the IEP should be made on a case-by-case basis. You must keep in mind the impact of the amendment on the remaining components of the IEP. In some cases, the amendment may cause other needed changes in the IEP. Depending upon the extent of these changes, it may be advisable to conduct a new IEP.

School districts are strongly advised to consider establishing policies that control which personnel will be authorized to enter into amendment agreements.

Several procedural matters should be kept in mind when amending IEPs:

- The annual review date remains the same, i.e., the amendment does not extend the 12 month review period.
- Parents are afforded the same due process rights for the amendment as they are afforded for the IEP. Thus, they can make complaints regarding the implementation of the amendment, or they could even request a due process hearing contesting the appropriateness of the amendment.
- If requested, parents have the right to receive a revised copy of the IEP that incorporates the amendments (§300.324a (6)). IDEA does not elaborate on how to make such a revised copy. When the amendment does not alter what is contained in the IEP, then simply attaching the amendment would seem to constitute a revised IEP. Amendments that alter the IEP would seem to require a rewriting of the effected sections. We are recommending that in such situations the original IEP be kept in tact, and that a new/clean IEP page(s) be used to write the amendment language. The revised IEP would then constitute the original IEP, the new page(s), and the IEP Amendment itself.
- A Notice for Provision of Programs and Services must be provided to the student's parent(s) upon completion of an amendment.

**PREVIOUS ENROLLMENT - NOTICE FOR PROVISION OF PROGRAMS AND SERVICES**

Enrollment Date: \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

Name: _____	Native language of student: _____ <small>(as provided by parent/guardian/surrogate)</small>
Student ID: _____	Limited English Proficiency <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter needed for parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
DOB: _____ Ethnic Code: _____ Sex: _____	
Address: _____	
City: _____ Zip: _____	<b>MOST RECENT MEETING DATES</b> (for in-state transfers only) Most recent REED date: _____ Initial/most recent Three Year IEP date: _____ Previous Annual IEP date: _____ Most recent MET date: _____
Parent: _____ <div style="text-align: center;">Parent/Guardian/Surrogate</div> <div>Type Phone#</div>	
Phone: _____	
Email: _____	<b>ADDITIONAL INFORMATION</b> Primary Disability: _____ Instructional Setting: _____ Special Transportation Needs: _____
School: _____ Gr: _____	
District Oper: _____	
Res: _____	

The ***Individuals with Disabilities Education Act (IDEA)*** mandates that the district provide written notice to the parent when the district proposes or refuses to initiate or change the educational placement of the student or the provision of a Free Appropriate Public Education (FAPE) to the student.

**You are receiving this notice for:** \_\_\_\_\_ **because we are**  
(student name)  
**offering the provision of a FAPE in the** \_\_\_\_\_ **in which this student**  
(name of District/PSA)  
**is being enrolled as indicated below.**

The ***Michigan Administrative Rules for Special Education***, R 340.1721b(5) states “For students with an IEP in effect at a previous public agency who transfer public agencies within the same school year, the new public agency shall immediately provide a FAPE. A decision regarding implementation on an IEP in accordance with 34 CFR § 300.323 shall be made within 30 school days of enrollment.

**SELECT A or B:**

- A. ☐ The school district shall adopt the IEP dated \_\_\_\_\_ as developed by the previous public agency, and an annual IEP will be convened on or before \_\_\_\_\_ (not to exceed 365 calendar days from date of current IEP).

**OR**

- B. ☐ A new IEP will be developed on or before \_\_\_\_\_ (not to exceed 30 school days), and the programs and services identified below will be provided during the 30 school days prior to the new IEP team meeting:

**PROGRAM/SERVICE**

**TIME**

## FREQUENCY

_____	_____	to _____	Hrs/Mins _____	_____	to _____	/ _____
_____	_____	to _____	Hrs/Mins _____	_____	to _____	/ _____
_____	_____	to _____	Hrs/Mins _____	_____	to _____	/ _____



<b>Supplementary Aids and services to be provided:</b>		
<b>Modification/Accommodation/Support</b>	<b>Applicable Conditions</b>	<b>Applicable Subject Areas</b>
<i>Frequency is on a daily/as the conditions occur unless otherwise indicated in the Applicable Conditions column. Location pertains to both general education and special education unless otherwise indicated.</i>		
<input type="checkbox"/> Supplementary aids and services are not needed at this time.		
<b>State-wide assessment to be provided:</b> <input type="checkbox"/> Not assessed during this 30 school day time period.		
<b>Other:</b>		

**NOTICE (Must be completed for all students):**

These services will begin on _____ at _____.	
Other options (e.g., programs and services, supplementary aids and services) considered but not selected were:	
Option Considered but Not Selected	Reason Not Selected
<input type="checkbox"/> No other options were considered.	
<input type="checkbox"/> Other factors that are relevant to the district's proposal or refusal (describe):	
<input type="checkbox"/> There are no other factors that are relevant to the district's proposal or refusal.	
The Procedural Safeguards Notice you received describes protections under the IDEA. This notice and the list of available resources to assist you in understanding your rights is available at <a href="http://www.resa.net/downloads/specialeducationforms">www.resa.net/downloads/specialeducationforms</a> . The Procedural Safeguards Notice is also available at <a href="http://www.michigan.gov/documents/mde/May09-ProceduralSafeguardsNotice2786117">www.michigan.gov/documents/mde/May09-ProceduralSafeguardsNotice2786117</a> .	

<b>x</b> _____ Signature of Superintendent or Designee	_____ Date
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Delivery Mode: _____	Date: _____
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**Newly enrolled students for whom you have placement questions/concerns**

**ALWAYS consider LRE first (RCR vs. Center)**

Example: Students on certificate of completion course of study, students with C.I. eligibility or other eligibility with near maximum hour or students with near maximum hours of special education service (20 and up)

<b>IF</b>	<b>THEN</b>
Move-in student → In state and IEP and MET information (e.g. psych reports) are dated within 1 year and IEPT agrees with all required documentation	<ol style="list-style-type: none"> <li>1. Complete Previous Enrollment Form</li> <li>2. Finalize home school schedule, or contact Coordinator regarding Center referral, with referral packet to be completed.</li> </ol>
Move-in student → Out of state	<ol style="list-style-type: none"> <li>1. Hold REED to establish (initial) eligibility (following all protocol for proper evaluations).</li> <li>2. Complete current evaluation and IEP with parent input within 30 school days or as soon as possible.</li> <li>3. Finalize home school schedule, or contact Coordinator regarding Center referral, with referral packet to be completed.</li> </ol>
IEP indicates previous service in a Center Program and MET information is complete and current	Lateral placement in Center - local or Act 18 (Skill Ctr., MoCI, etc.) if current records are available.
No special ed. records upon entry, but parent indicates sp. ed. eligibility	<ol style="list-style-type: none"> <li>1. Try to obtain records from previous district</li> </ol> <p align="center"><b>AND/OR</b></p> <ol style="list-style-type: none"> <li>2. Hold REED to establish eligibility; hold REED if obtained records are incomplete or outdated (over 1 year old).</li> <li>3. Complete current evaluation (following all protocol for proper evaluations) with parent input. See Section 2 Assessment Procedures.</li> <li>4. Finalize home school schedule, or contact Coordinator regarding Center referral, with referral packet to be completed.</li> </ol>
IEP indicates near maximum sp. ed. service hours in RCR program	<ol style="list-style-type: none"> <li>1. Check IEP for course of study (diploma/certificate of completion.)</li> <li>2. Check IEP for assessments (MI-Access/M-Step/MME)</li> </ol>

## **Additional Discipline Procedures For Students With Disabilities**

### **Recording**

1. The issuing of school suspensions will include taking immediate steps to ascertain whether the pupil is a student with a disability.
2. The school building administrator will notify special education staff of suspensions issued to a student with disability.
3. A discipline tracking record (DTR) of all days of suspension<sup>1</sup> issued to the student will be maintained by special education staff in order to implement the procedures of this section. The DTR will include a specific description of the problematic behavior.
4. If the length of a suspension is not immediately known, the date that the suspension length is determined will be documented in Column 3 of the DTR.
5. The DTR will be monitored to immediately determine when a suspension has been issued that will result in the student having accumulated more than 10 days of suspension in the current school year.

### **Parent Notification**

1. If the length of the suspension will result in the student having accumulated more than 10 days of suspension, written notification will be sent to the student's parents.
2. The notice will be sent on the date that is recorded in Column 3 of the student's DTR.
3. The notification will include a copy of the special education procedural safeguards.
4. Documentation of the parent notification will be maintained.

### **Manifestation Determination Review (MDR)**

1. Following notification pursuant to the above section, the special education staff will take the necessary steps to schedule a MDR meeting that will involve the student's IEP Team.
2. The MDR meeting will be convened to review the problem behavior no later than 10 school days from the date recorded in Column 3 of the DTR.
3. *If subsequent suspensions occur after the initial MDR meeting, the suspension will be reviewed with respect to its relationship to other suspensions on the student's tracking record. If the special education staff determine that the suspensions constitutes a pattern of removal<sup>2</sup> as defined by IDEA regulations, the student's parents will be notified as described above and a new MDR meeting will be convened within 10 school days.*
4. Documentation of pattern of removal determinations will be maintained in the DTR.
5. *Irrespective of the above considerations, in any case where the student is being issued a single suspension that will exceed 10 consecutive school days, the student's parents will*

### Discipline Tracking Record

Student's Name, Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

School Year: \_\_\_\_\_ Eligibility: \_\_\_\_\_ Special education Case Manager: \_\_\_\_\_

1	2	3	4	5	6	7	8	9	10
DESCRIPTION OF BEHAVIOR SUBJECT TO DISCIPLINE	Date suspension Issued	Date suspension length is determined	Length of suspension	Dates of the suspension	Cumulative days of suspension: New Total	Is there a pattern of removal, or does this suspension exceed 10 consecu- tive school days?	Date of parent notice	MDR dates	Interventions, if any, that are implemented after the incident
Incident #1:				From _____ To _____	X	<input type="checkbox"/> N.A. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N.A. <input type="checkbox"/> Date: _____		
Incident #2:				From _____ To _____		<input type="checkbox"/> N.A. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N.A. <input type="checkbox"/> Date: _____		
Incident #3:				From _____ To _____		<input type="checkbox"/> N.A. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N.A. <input type="checkbox"/> Date: _____		
Incident #4:				From _____ To _____		<input type="checkbox"/> N.A. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N.A. <input type="checkbox"/> Date: _____		
Incident #5:				From _____ To _____		<input type="checkbox"/> N.A. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N.A. <input type="checkbox"/> Date: _____		

FBA/BIP Dates: \_\_\_\_\_

## Discipline Services Log

Case Manager: \_\_\_\_\_ Service Provider: \_\_\_\_\_

Student: \_\_\_\_\_ School: \_\_\_\_\_

Extent/ frequency of service(s): \_\_\_\_\_

---

☐ Services determined by case manager in consultation with the student's teachers and the school building's administrator.

☐ Services determined by MDR/IEP Team.

Type of Service:

Date:

Duration:

Type of Service:

Date:

Duration:

Type of Service:

Date:

Duration

Type of Service:

Date:

Duration:

Type of Service:

Date:

Duration:

### NOTICE OF A CHANGE IN PLACEMENT AS A RESULT OF A DISCIPLINARY REMOVAL

The *Individuals with Disabilities Education Act (IDEA)* mandates that the district provide written notice to the parent when the district proposes or refuses to initiate or change the educational placement of the student or the provision of a Free Appropriate Public Education (FAPE) to the student.

<b>Student</b>	Last: _____	First: _____	M: _____	Sfx: _____	ID: _____
School: _____			Grade: _____	Birth Date: _____	

Delivery Mode: \_\_\_\_\_ Date: \_\_\_\_\_

You are receiving this notice to inform you that on \_\_\_\_\_ a decision was made to remove \_\_\_\_\_ for \_\_\_\_\_ days as a result of a violation to the student code of conduct.

This removal constitutes a change in placement and requires a Manifestation Determination Review (MDR) to be convened by relevant members of the IEPT. The purpose of the MDR meeting will be to make a determination as to whether \_\_\_\_\_ conduct was caused by or had a direct and substantial relationship to his/her disability.

The MDR meeting must be held within 10 school days of this notice.

☐ The MDR meeting is scheduled for \_\_\_\_\_. Enclosed you will find a formal meeting invitation requesting your participation.

☐ The MDR will be scheduled ASAP, and you will be sent a formal meeting invitation regarding the specific date.

#### Description of the information used as the basis for the change in placement:

IDEA requires that students continue to receive educational services during periods of disciplinary removal that exceed 10 consecutive or cumulative school days.

☐ \_\_\_\_\_ will receive educational services in the form of \_\_\_\_\_ for the period of \_\_\_\_\_ to \_\_\_\_\_.

☐ A determination of educational services will be made and you will be notified prior to the 11th day of removal.

☐ Other options considered but not selected were:

Option Considered but Not Selected	Reason Not Selected

☐ No other options were considered.

☐ Other factors that are relevant to the district's proposal or refusal (describe):

☐ There are no other factors that are relevant to the district's proposal or refusal.

☐ The Procedural Safeguards Notice and available sources for parents you received describes protections under the IDEA. This notice and the list of available resources to assist you in understanding your rights are also available at [www.resa.net/specialeducation/spedcompliance/forms](http://www.resa.net/specialeducation/spedcompliance/forms). The Procedural Safeguards Notice is also available at [www.michigan.gov/mde/0,1607,7-140-6530\\_6598\\_36168-188305--,00.html](http://www.michigan.gov/mde/0,1607,7-140-6530_6598_36168-188305--,00.html).

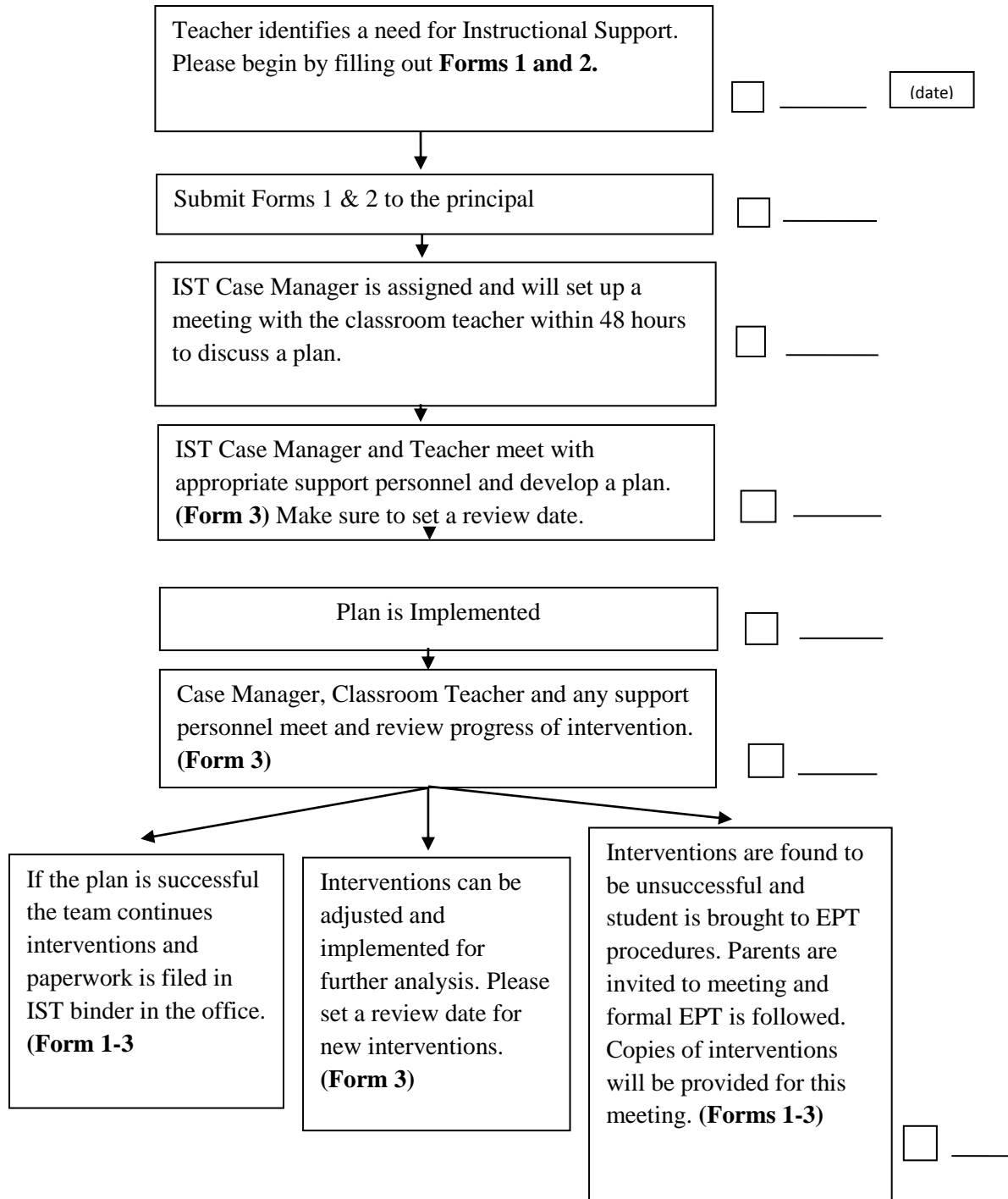
The Procedural Safeguard Notice includes information regarding the MDR process.

<b>X</b> _____ Signature of Superintendent or Designee	_____ Date
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## Section 4

# Appendix

Instructional Support Team  
Support Structure and IST Process





**Hayes Elementary School**  
**Instructional Support Team Referral Form**

Student's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Phone Ext. \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_

Date Form Submitted \_\_\_\_\_ To whom: \_\_\_\_\_

Date(s) of Parent/Guardian Contacts: \_\_\_\_\_

Information shared by parent/s/guardian during contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am requesting an instructional Support Team meeting for the above student. I wish to address the following concern(s):

- \_\_\_\_\_ Academic
- \_\_\_\_\_ Social
- \_\_\_\_\_ Behavior
- \_\_\_\_\_ Medical
- \_\_\_\_\_ Inattention
- \_\_\_\_\_ Other

Summarize your overall concern about this student.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate which of the following services the student has received or is currently receiving:

- \_\_\_\_\_ Speech and Language Therapy
- \_\_\_\_\_ ESAP Intervention
- \_\_\_\_\_ Behavior Plan
- \_\_\_\_\_ Special Education      Date: \_\_\_\_\_      Eligibility: \_\_\_\_\_
- \_\_\_\_\_ Bi-lingual
- \_\_\_\_\_ Reading Recovery
- \_\_\_\_\_ Learning Specialist Support
- \_\_\_\_\_ Outside Therapy

Has the student been retained? \_\_\_\_\_ (Please specify grade)

Number of schools attended \_\_\_\_\_

Unusual attendance history \_\_\_\_\_

-over-

**Test Scores:**

**Literacy Benchmarks – (K-2, please attach the full report since there are subtests)**

Kindergarten      Reading Level \_\_\_\_\_

1<sup>st</sup> Grade            Reading Level \_\_\_\_\_

2<sup>nd</sup> Grade           Reading Level \_\_\_\_\_

3<sup>rd</sup> Grade            Reading Level \_\_\_\_\_

4<sup>th</sup> Grade            Reading Level \_\_\_\_\_

**OLSAT**

SAI Total: 3<sup>rd</sup> \_\_\_\_\_

**IRW**

2<sup>nd</sup> Grade    Reading \_\_\_\_\_      Writing \_\_\_\_\_

3<sup>rd</sup> Grade    Reading \_\_\_\_\_      Writing \_\_\_\_\_

4<sup>th</sup> Grade    Reading \_\_\_\_\_      Writing \_\_\_\_\_

**MEAP**

3<sup>rd</sup> Grade

ELA Reading \_\_\_\_\_ Math \_\_\_\_\_

4<sup>th</sup> Grade

ELA Reading \_\_\_\_\_ ELA Writing \_\_\_\_\_ Math \_\_\_\_\_

Classroom assessment scores and or observations (i.e. Reading, Writing, Math, F&P, etc.)

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Please add any addition information you feel would be helpful. This could include the duration of the intervention and the outcomes of the specific intervention tried/used. Please attach any additional information needed.

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## Accommodations

### Written Language Accommodations:

- ☐ Provide a sample of a written model
- ☐ Display a word bank of key words on desktop, board & walls
- ☐ Consider not penalizing student for misspellings or poor penmanship
- ☐ Allow use of keyboard, Alpha Smart, raised line paper
- ☐ Give reduced or alternative assignments, projects
- ☐ Provide a copy of a peer's notes, NCR paper, magic rub erasers, pencil grips
- ☐ Use formats low on writing to decrease writing required, i.e. multiple choice, matching, fill-in
- ☐ Allow extra time to complete written assignments
- ☐ Allow use of hand-held spelling and/or grammar check
- ☐ Teach/model revision skills
- ☐ Provide proofreading checklist/rubric

### Behavioral Accommodations:

- ☐ Use preferential seating
- ☐ Assign student to a low-distraction area
- ☐ Use frequent eye contact, proximity control
- ☐ Use selective ignoring
- ☐ Provide non-verbal cues to redirect behavior
- ☐ Provide non-punitive opportunities to regroup/regain control
- ☐ Allow for breaks
- ☐ Allow for appropriate movement
- ☐ Discuss behavior privately
- ☐ Provide opportunities to assist teacher, other building staff
- ☐ Implement motivational system
- ☐ Behavioral Intervention Plan (BIP), Social Stories
- ☐ Fidget bracelets, gel ball, Velcro, desktop paper

### Organizational Accommodations:

- ☐ Give time to organize desk, locker, notebooks
- ☐ Provide picture of how desk should look, taped to inside of desk
- ☐ Provide an a.m. check-in or a p.m. check-out to organize for the day
- ☐ Put assignments on the board in the same place each day
- ☐ Provide organization checklists
- ☐ Have student use sticky notes, flags, colored paper clips, highlighting tape, reminder cards
- ☐ Utilize a peer buddy who will check for completed homework, class notes, or an assignment book filled out
- ☐ To check for clear understanding of assignments, have each student turn to a peer and repeat what the assignment is

### Reading Accommodations:

- ☐ Use story frames, webs and story mapping
- ☐ Use before, during, after echo reading
- ☐ Use multi-modality teaching
- ☐ Use chapter outlines
- ☐ Use books on tape
- ☐ Sentence frames or colored overlays
- ☐ Use a speaking dictionary/speller, mis-speller's dictionary
- ☐ Peer buddies, literacy circles
- ☐ Color-coding, flags, post-its, tabs
- ☐ Highlighting tape, highlighters
- ☐ Provide step by step strategies on a bookmark
- ☐ Allow extra time for reading
- ☐ Teach student to visualize what is read
- ☐ Preteach or provide vocabulary in advance

### Math Accommodations:

- ☐ Reduce number of problems, allow extended time
- ☐ Accept a lower level of mastery
- ☐ Allow use of computational/visual aids, number lines
- ☐ Decrease reading levels of word problems
- ☐ Use graph paper to help space and line up numbers
- ☐ Color code arithmetic symbols
- ☐ Partner activities
- ☐ Use manipulatives, money calculator, wrap ups, Hot Dot Flash Cards
- ☐ Computer drill and practice
- ☐ Math Facts to music
- ☐ Touch Math, Math the Fun Way

### Other Accommodations:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Roosevelt Elementary School**  
**Student Support Intervention Plan**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Support Team Members: \_\_\_\_\_

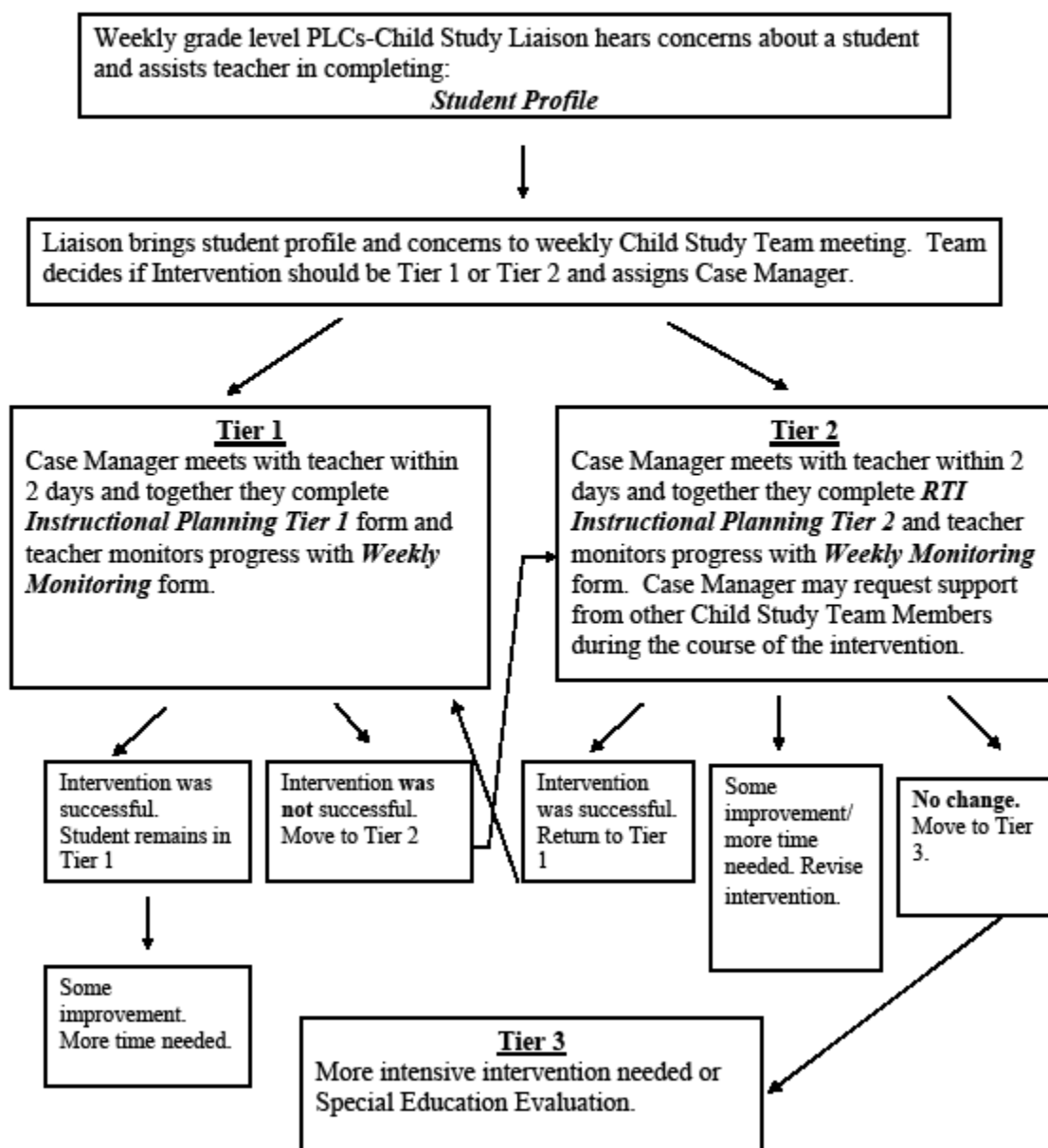
Parent Notification of Concern Date: \_\_\_\_\_

Parent Information \_\_\_\_\_

Specific Concern:	Indicator of Improvement:
Recommended Adaptations / Strategies:	Person Responsible:
What is needed to implement strategies (materials):	
How will it be evaluated:	

\*\*\* Review Date(s) \_\_\_\_\_

### Buchanan RTI Flow Chart



**Buchanan Weekly Monitoring**

Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Instructional Skill(s): \_\_\_\_\_

\_\_\_\_\_

Assessment Procedure: \_\_\_\_\_

\_\_\_\_\_

	Skill Assessed	Skill Assessed	Skill Assessed
Baseline Assessment Date:			
Week 1 Date:			
Week 2 Date:			
Week 3 Date:			
Week 4 Date:			
Week 5 Date:			
Week 6 Date:			

# BUCHANAN STUDENT PROFILE

Student:

Birthdate:

Current Grade:

Student resides with (check all that apply): Mother ☐ Father ☐ Step-Parent/Other Guardian ☐

Teacher:

Grade Level Entrance: K ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐

Health Concerns:

Health Care Plan on file:

## ASSESSMENT INFORMATION

Grade	Absences	Teacher	MEAP Reading	MEAP Writing	Stanford/OI/SAT Grade 3	Letter/ID	HSIW	Running Record	IRW
Kdg.									
1st									
2nd									
3rd									
4th									

## INTERVENTION INFORMATION

Grade	LS	ESAP	RCR	TSLI	Reading Recovery	Other/ESL	Behavior Plan	Accommodations
Kdg.								
1st								
2nd								
3rd								
4th								

### STANFORD

TR-Total Reading

### MEAP CODING

1-Advanced  
2-Proficient  
3-Partially Proficient  
4-Not Proficient

### IRW CODING

1-Exceeded  
2-Met  
3-Basic  
4-Apprentice

Cass Elementary  
STUDENT TIER 1 SUPPORT

This forms serves two purposes. It tells the IST team that you are working with this child and may be used to request further consultation with a team member. Fill out as completely as possible and turn it into Mrs. Hermon's mailbox.

Student Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_  
Request Consultation with: \_\_\_\_\_ Principal \_\_\_\_\_ Psych \_\_\_\_\_ Soc. Worker \_\_\_\_\_ EST \_\_\_\_\_ Sp. & L. \_\_\_\_\_ RTI \_\_\_\_\_ RCR \_\_\_\_\_

Area of Concern	
Data Sources: AW Benchmark, F & P test, WTW Inventory	
Classroom Instruction to be added or enhanced.	
Behavior Plan put in place.	
Frequency of Intervention per week. Include minutes/day.	
Assessment to monitor Progress.	
Progress Report	<div>_____ 6 Weeks _____ 9 Weeks _____ 12 Weeks _____ 15 Weeks</div>



**Tier 1 or Tier 2 Group Plan**

### Interventionist

**Grade** \_\_\_\_\_ **Area of Concern** \_\_\_\_\_

[illegible]

Describe Targeted Small Group Instruction	Frequency of Intervention (Days/Time per week)	Assessment to Monitor Progress AIMS probe or Teacher Created

**Duration of Intervention:** 6 weeks 9 Weeks 12 Weeks 15 Weeks 18 Weeks

# **CLEVELAND INSTRUCTIONAL SUPPORT TEAM STUDENT PROFILE**

**Student Name:**

**Birthdate:**

**Current Grade:**

**Student resides with {check all that apply}: Mother ♦ Father ♦ Step-parent/Other guardian ♦**

**Teacher:**

**Grade level entrance at Cleveland: K ♦ 1<sup>st</sup> ♦ 2<sup>nd</sup> ♦ 3<sup>rd</sup> ♦ 4<sup>th</sup> ♦**

**Health Concerns:**

**Health Care Plan on File:**

## **ASSESSMENT INFORMATION**

Grade	Absences	Teacher	MEAP Reading	MEAP Writing	MEAP Mathematics	Stanford/OISAT {Gr. 3} Literacy Benchmark-K	HRSIW	IRW	Running Record	EDM Benchmark
Kindergarten										
1 <sup>st</sup> grade										
2 <sup>nd</sup> grade										
3 <sup>rd</sup> grade										
4 <sup>th</sup> grade										

## **INTERVENTION INFORMATION**

*Indicate staff person and attach any necessary supporting data*

Grade	LS	Title I	ESAP	RCR	Speech and Language	Reading Recovery	L.S.T.	Other	Behavior Plans	Accommodations in the classroom
Kindergarten										
1 <sup>st</sup> grade										
2 <sup>nd</sup> grade										
3 <sup>rd</sup> grade										
4 <sup>th</sup> grade										

Place copy in C-A-90  
Copy given to building principal for Instructional Support Log

<b>Stanford</b> TR=Total Reading TM=Total Math	<b>MEAP CODING</b> 1- Advanced 2- Proficient 3- Partially Proficient 4- Not Proficient	<b>IRW CODING</b> 1- Exceeded 2- Met 3- Basic 4- Apprentice
--	--	---

DIRECTIONS: Identify strengths with an "S" and difficulties with a "D".

## READING

- ☐ Vocabulary  
☐ Understands what he/she reads  
☐ Reading pace  
☐ Reading for fun

## MATH

- ☐ Basic math facts  
☐ Understands math  
☐ Solving problems

## SPEECH

- ☐ Speaks clearly  
☐ Grammar  
☐ Organization of ideas

## WRITTEN LANGUAGE

- ☐ Spelling  
☐ Grammar  
☐ Organization of ideas

## WORK HABITS

- ☐ Attention span  
☐ Following directions  
☐ Listening skills  
☐ Assignment completion  
☐ Organization of materials  
☐ Time management  
☐ Homework

## SOCIAL ADJUSTMENT

- |   |   |
|---|---|
| <input type="checkbox"/> Self-Image           | <input type="checkbox"/> Withdrawal                 |
| <input type="checkbox"/> Response to stress   | <input type="checkbox"/> Empathy towards others     |
| <input type="checkbox"/> Peer interactions    | <input type="checkbox"/> Helpful to others          |
| <input type="checkbox"/> Adult interactions   | <input type="checkbox"/> Leadership                 |
| <input type="checkbox"/> Takes responsibility | <input type="checkbox"/> Independence               |
| <input type="checkbox"/> Activity level       | <input type="checkbox"/> Self-advocacy              |
| <input type="checkbox"/> Impulsivity          | <input type="checkbox"/> Follows rules              |
| <input type="checkbox"/> Loner                | <input type="checkbox"/> Conflict resolution skills |

## ACADEMIC PERFORMANCE

- ☐ Team work  
☐ Motivation  
☐ Independent work habits  
☐ Asks for help  
☐ Gets along with teacher  
☐ Attendance  
☐ Cheating

## PHYSICAL

- ☐ Appearance/hygiene  
☐ Appetite  
☐ Energy level  
☐ Eyesight  
☐ Hearing  
☐ Coordination  
☐ General health

Is there anything else you want us to know about your child that was not addressed here?

How is it best to communicate with you? Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Other: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Survey completed by: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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## Prereferral Checklist for Culturally and Linguistically Diverse Students

### STEP 1

**Initiate the prereferral process using the Prereferral Process Checklist to guide the team through this process.**

- ☐ *Assign* a person to coordinate the prereferral process for the CLD student who is referred
- ☐ *Interview* the person who made the referral to the prereferral team to find out more information about the reason for the referral

### STEP 2

**Conduct a comprehensive review of student academic records.**

- ☐ *Years* of formal education
- ☐ *Frequency* of school attendance
- ☐ *Number of schools* attended in the past
- ☐ *Learning difficulties* noted in the native country
- ☐ *Language of instruction* in native country

### STEP 3

**Review family history including cultural and economic background.**

- ☐ *Collect* information about socioeconomic background, family member(s) educational level, occupation
- ☐ *Collect* information about family cultural background including ethnic group, country, beliefs, language
- ☐ *Collect* medical history information from parent/guardian including vision/hearing evaluations
- ☐ *Assess* differences in school and home behavioral expectations, using family survey/interviews
- ☐ *Conduct* assessments for acculturation level and sociocultural factors
- ☐ *Conduct* ecological/environmental assessments of student in home and community settings

### STEP 4

**Gather information about language dominance and the student's motivation to learn English or to speak in his/her native language.**

- ☐ *Examine* previous or current test information concerning dominant language
- ☐ *Obtain* information from a Home Language Survey (may have been conducted during school registration)

- ☐ *Assess* language dominance if no determination has been made

### STEP 5

**Gather initial information about a student's proficiency in the use of language (in English and native language).**

- ☐ Basic interpersonal communication skills (BICS)
- ☐ Academic screenings
- ☐ Work samples
- ☐ Classroom observations

### STEP 6

**Review services, interventions, and strategies previously used by the student in most recent classroom environment. Conduct ecological/environmental assessments of classroom as needed.**

- ☐ *Identify* the types of services used by the student
- ☐ *Identify* student's learning style
- ☐ *Identify* the dominant language that student receive instruction
- ☐ *Identify* types of classroom adaptations including accommodations and/or modifications used in the regular or bilingual classroom, when they were implemented, and their effectiveness

### STEP 7

**Decide on possible classroom interventions and strategies based on information collected and team discussion.**

### STEP 8

**Document the effectiveness of prereferral interventions and strategies over a time period that is determined by the team.**

- ☐ *Use a form(s)* to document the process

### STEP 9

**Decide whether or not a referral for special education is warranted, refer to other services (e.g., Chapter I, ESL), or continue with the same interventions and strategies.**

## DEGREE OF LINGUISTIC DEMAND

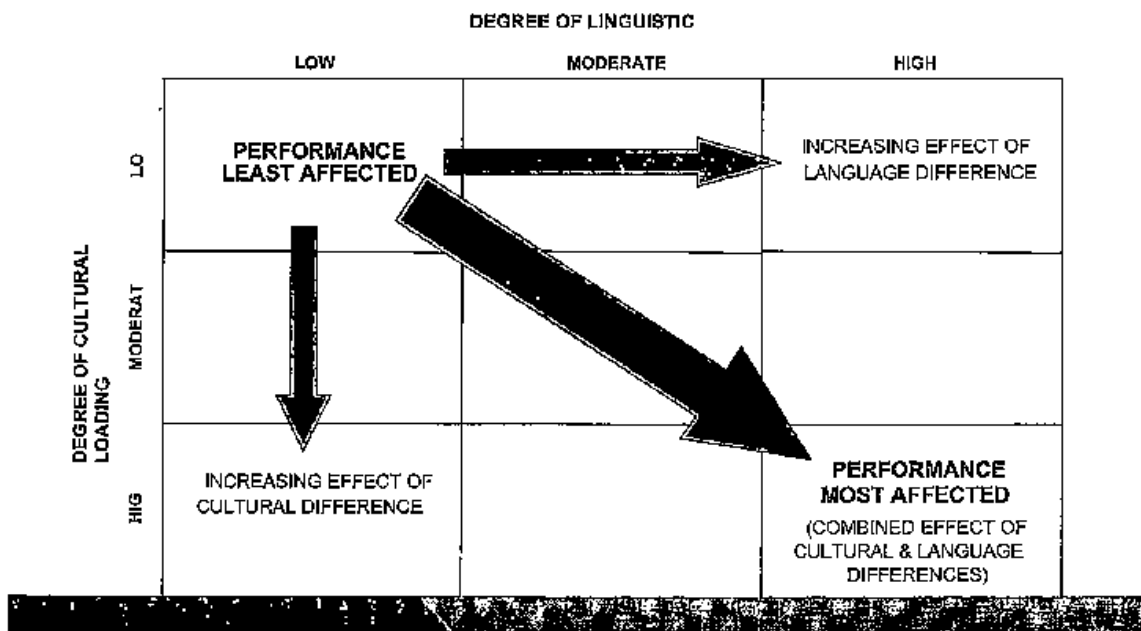
### DEGREE OF CULTURAL LOADING

**Modernity Different:** Includes individuals with moderate levels of English language proficiency (e.g., intermediate to advanced BECS) and moderate levels of acculturation. Examples include individuals who have resided in the U.S. for 3–7 years and who have learned English well enough to communicate, but whose parents are limited English speakers with only some formal schooling, and improving but below grade level literacy skills.

**Markedly Different:** Includes individuals with low to very low levels of English language proficiency (e.g., early BICS) and low or very low levels of acculturation. Examples include individuals who recently arrived in the U.S. or who may have been in the U.S. 3 years or less, with little or no prior formal education, who are just beginning to develop conversational abilities and whose literacy skills are also just emerging.

# CULTURAL AND LINGUISTIC CLASSIFICATION OF TESTS ADDRESSING BIAS IN TEST VALIDITY AND INTERPRETATION

Pattern of Expected Performance of  
Culturally and Linguistically Diverse Children





## MoCI Center Program Review Report

Committee Representatives		
Sue Banner, Acting Director, Grosse Pointe		
Sharon Dusney, Director, Garden City		
Lorna Durand, Director, Livonia		
Kathleen Gabe, Director, Dearborn		
Dawn Eule, Supervisor, Dearborn		
Carla Harting, Director, Wyandotte		
Cindy Houdek, Principal, Wyandotte		
Shellie Moore, Principal, Livonia		
Patricia Drake, Data Consultant, Wayne RESA		
Operating Districts	Number of Students Projected for 2010-2011	Region(s) Served
Dearborn	118	Dearborn & Dearborn Hgts 7
Detroit	837	Detroit, Hamtramck, Highland Park
Grosse Pointe	40	Grosse Pointe, Harper Woods
Livonia	255	Western
Wyandotte	181	Downriver Districts
Program Rule		
<b>R 340.1739 Programs for students with moderate cognitive impairment.</b> <b>Rule 39.</b> Programs for students with moderate cognitive impairment shall be operated as follows: (a) There shall be 1 teacher and 1 teacher aide for a maximum of 15 students. (b) There shall be 1 lead teacher and a maximum of 3 instructional aides for a maximum of 30 students, with not more than 10 students for each aide.		
Referral Process		
<i>The following process will be followed when a referral is made to a center program.</i> <i>This process may take up to 2 – 4 weeks to complete once information is collected by Operating program.</i>  The Resident district initiates the placement process for a student by contacting the Operating center program. <b>Resident District Contact:</b> Special Education Director or Special Education Supervisor or Designee <b>Operating District Contact:</b> Special Education Director or Special Education Supervisor or Designee  The Resident district will provide the following documents to the Operating center program. This information will enable the Operating center to determine the appropriateness of the program for the student.		



Required Records	Date of Record
• Release of information	
• Most recent IEP	
• Most recent Review of Existing Education Data (REED)	
• Most recent MET* and supporting reports as appropriate	
o Teacher Report	
o Psychological Evaluation	
o Social Work Report	
o Speech Report	
o Occupational Therapy Report	
o Physical Therapy Report	
o Behavior Specialist Report	
o FBA: Behavior Intervention Plan	
o Individualized Health Care Plan	
o Medical Report/Doctor Notes	
o Mental Health Reports/Psychiatric Reports	
o ENT/Audiologist Report	
o Vision Evaluation	
o Orientation & Mobility Evaluation	
o Prescription(s) for Related Services	
o Discipline Summary (Zangle)	
• Referral Source Questionnaire (Optional)	
Enrollment Requirements	
• Immunization records/waiver	
• Birth Certificate	
• Other resident district registration requirements	
• Transportation Needs	
Center Program Placement Review	Date
<ul style="list-style-type: none"> <li>• <b>Review of Records:</b> The operating center program administrator or intake coordinator, will review documentation and contact the referring resident district representative.</li> <li>• <b>Student Observation:</b> Arrangements will be made to conduct an on-site visit and observation of the prospective student in the home school/resident district. Staff may visit the center program to consider appropriateness of the placement for the student.</li> <li>• <b>Staffing:</b> Placement recommendations</li> <li>• <b>Notification Process:</b> The operating center notifies the resident district of placement recommendation</li> </ul>	

Center Program Intake Process	Date
<ul style="list-style-type: none"> <li>• <b>Parent/Student Center Program Tour:</b> A representative from the resident district will contact the parent/guardian to arrange the tour for the parent and student to visit the center program. It is recommended that a representative of the resident district accompany the parent/student on the tour.</li> <li>• <b>IEPT Meeting:</b> The resident district is responsible to schedule the IEPT in conjunction with the receiving center program. The resident district will bring the IEPT forms and current Present Level statements. The IEPT will be held at the operating center program location.</li> <li>• <b>Final Steps for Enrollment:</b> Operating center program enrollment requirements must be fulfilled before the student may attend the school. Transportation is arranged by the resident district. Homeless exemptions apply. The start date is determined in the IEPT with coordination of districts.</li> </ul>	
Lateral Transfers	
<p>R340.1722e Previous enrollment in special education is the MARSE regulation that directs the need to establish a consistent procedure to place students previously enrolled in a type of program identified as one of Wayne County's Act 18 center programs.</p> <ul style="list-style-type: none"> <li>• Review of existing records by resident district.</li> <li>• Resident district contacts director or designee of Operating center program.</li> <li>• Operating district may contact previous school for information.</li> <li>• Obtain a copy of the most current IEP, if available.</li> <li>• When IEP is not available, place student in program according to presenting information.</li> <li>• When IEP is available, review IEP content for program placement and support services.</li> <li>• The Resident and Operating district, in consultation with each other, complete the "Previously Placed in Special Education" form.</li> <li>• Student is immediately placed in "appropriate program". Consider necessary evaluations.</li> <li>• District enrollment requirements must be fulfilled before the student may attend school. Homeless exemptions apply.</li> <li>• When prior records are not available or student is from out of state, the Operating district will conduct a full evaluation.</li> <li>• The Operating district hold conducts the IEP establishing programs and services determined to be appropriate.</li> </ul>	

Entrance Criteria
<p><b>Student Characteristics</b></p> <ol style="list-style-type: none"> <li>1. Have or function as if they have moderate cognitive impairments that severely impact the ability to generalize or transfer learning.</li> <li>2. Moderate cognitive impairment is identified with Intelligence testing placing general intelligence 3 – 4.5 standard deviations below the mean (40 – 55 IQ range).</li> <li>3. Adaptive behavior skills for communication, self-care, daily living, and social/leisure activities are below the 6<sup>th</sup> percentile ranking when compared to same age peers.</li> <li>4. Academic skills are below the 6<sup>th</sup> percentile.</li> </ol> <p><b>Anticipated Life Roles</b></p> <p>The student is expected to achieve supported independence in adulthood. The student will require some supervision throughout adult life, but can learn skills to maximize independence.</p> <p><b>Curriculum</b></p> <p>Curricular needs are at or below the level of Supported Independence Extended Grade Level Expectations.</p> <p>Core instruction in reading, math, and writing is at pre-academic to early academic levels of mastery.</p> <p><b>Instruction</b></p> <ol style="list-style-type: none"> <li>1. Direct instruction, in context, and targeted towards specific, essential independent living skills and basic academics.</li> <li>2. Focus is on completing activities of daily living, enhanced quality of life, and maximizing personal effectiveness.</li> <li>3. Independence is shaped with task-focused activities, prompts, and opportunities for guided practice.</li> <li>4. Instructional strategies are highly structured, with schedules, routines, and opportunities for high levels of reinforcement in the shaping of skills.</li> <li>5. Visual and picture cues are used to increase spoken and print vocabulary and to cue learning patterns.</li> <li>6. Scaffolds to content areas are applied to functional living skills and social/adaptation areas.</li> <li>7. Communication is enhanced with multiple modes of presentation and response, including visual, physical, verbal, and assistive technology tools.</li> </ol>
Transition to Exit Criteria
<p>The student meets at least one of the following criteria:</p> <p><b>Reasons by Completion of Schooling</b></p> <ul style="list-style-type: none"> <li>• Meet IEP Goals and Objectives</li> <li>• Age 26</li> </ul> <p><b>Reasons by Change in Placement</b></p> <ul style="list-style-type: none"> <li>• Transition to Work Skill Center Program</li> <li>• Team determines the student meets entrance criteria for SCI placement</li> <li>• Team determines the student meets entrance criteria for placement with mild disabilities</li> </ul>

- Team determines the student meets criteria for Dual Diagnosed placement
- Parent request for return to home district for least restrictive/inclusion placement

### Transition to Exit Process

#### Reasons by Completion of Schooling

- IEP indicating student met requirements by attendance, curriculum, or age
- Transition Plan
- Summary of Performance

#### Reasons by Change in Placement

- **Notification:** The operating center program notifies the resident district of placement recommendation.
  - Resident District Contact: Director of Special Education
  - Operating Center Program Contact: Director of Special Education
- **Referral for Change of Center Program Placement:** The Resident district initiates the placement process for a student by contacting the operator of the new center program. See referral process for receiving center program.
  - (For example, a student is leaving MoCI to go to a different center program. The MOCI program operator contacts the resident district. The resident district will initiate the new center program to establish change in placement.)
  - **Or Referral for Return to Resident District:** The Resident district schedules an IEP, scheduled to coordinate appropriate transition activities. For example, completion of a semester, scheduling transportation, or as appropriate to benefit student adjustment to change.

(For example, the student is leaving MoCI to go to a program for mildly impaired student in the resident district. The resident district holds an IEP to define the educational plan.)

*Refer to the Education Setting Technical Assistance from the MDE OSEEIS for supporting documents regarding the development of least restrictive educational programs and services.*

**Development of a Plan to Transition to the New Program:** The coordination of the resident district, operating center program, local school program, and/or receiving instructional staff to arrange events that will support the student is an important component to support the change process for the student's benefit. *Examples of appropriate activities are listed:*

- *Optimal timing of change in the school year, ie, semesters, holidays.*
- *Phase in experiences, ie, partial days phasing into full day placement*
- *Visitations, tours, orientation meetings*
- *Peer to peer mentors*
- *Behavior plans*
- *Staff from center program go to receiving school with student*
- *Training of receiving instructional and non-instructional staff on medical, behavioral, communication, instructional needs, and anticipatory sets*

Special Education provider(s) will keep a log of contacts requesting student records

[illegible]