SPECIAL EDUCATION PROCESS GUIDE

Oklahoma State Department of Special Education Services

405-521-3351 • http://ok.gov/sde/special-education

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Introduction

The purpose of this document is to supplement guidance found in the Oklahoma Special Education Handbook. Individuals using this document will be guided through particular contexts in the special education process. Each context provides a list of forms, an overview of the process, and a walk-thru of the forms used. Resources and references to the Handbook and the Individuals with Disabililites Education Act (IDEA) are provided where appropriate. For more information, please contact the Oklahoma State Department of Education, Special Education Services division.

Initial Evaluation and Eligibility Process

Prior to the initial determination of a student with a disability, a full comprehensive and individual evaluation must be conducted in all areas related to the suspected disabilities of the student. This section describes the procedures and processes involved in conducting an initial evaluation and determining eligibility for disabilities requiring special education services. Throughout this process, it is the responsibility of the Local Education Agency (LEA) to ensure that the parent(s) of a student are given the opportunity to fully participate.

The LEA conducts initial evaluations in order to determine:

- If the student is a student with a disability;
- Whether the student needs special education services;
- The educational needs of the student; and
- The present levels of academic achievement and functional performance (related developmental needs) of the student.

This guide is designed for use in conjunction with the Oklahoma Special Education Policies Document and Handbook, specifically in conjunction with Chapter 3: Initial Evaluations and Eligibility.

Forms

The initial evaluation and eligibility process requires the following forms:

Form 1: Record of Access
Form 2: Parent Contact
Form 3: RED
Form 4: Parent Consent
Form 5: MEEGS
Form 6: Notification of Meeting
Form 8: Written Notice

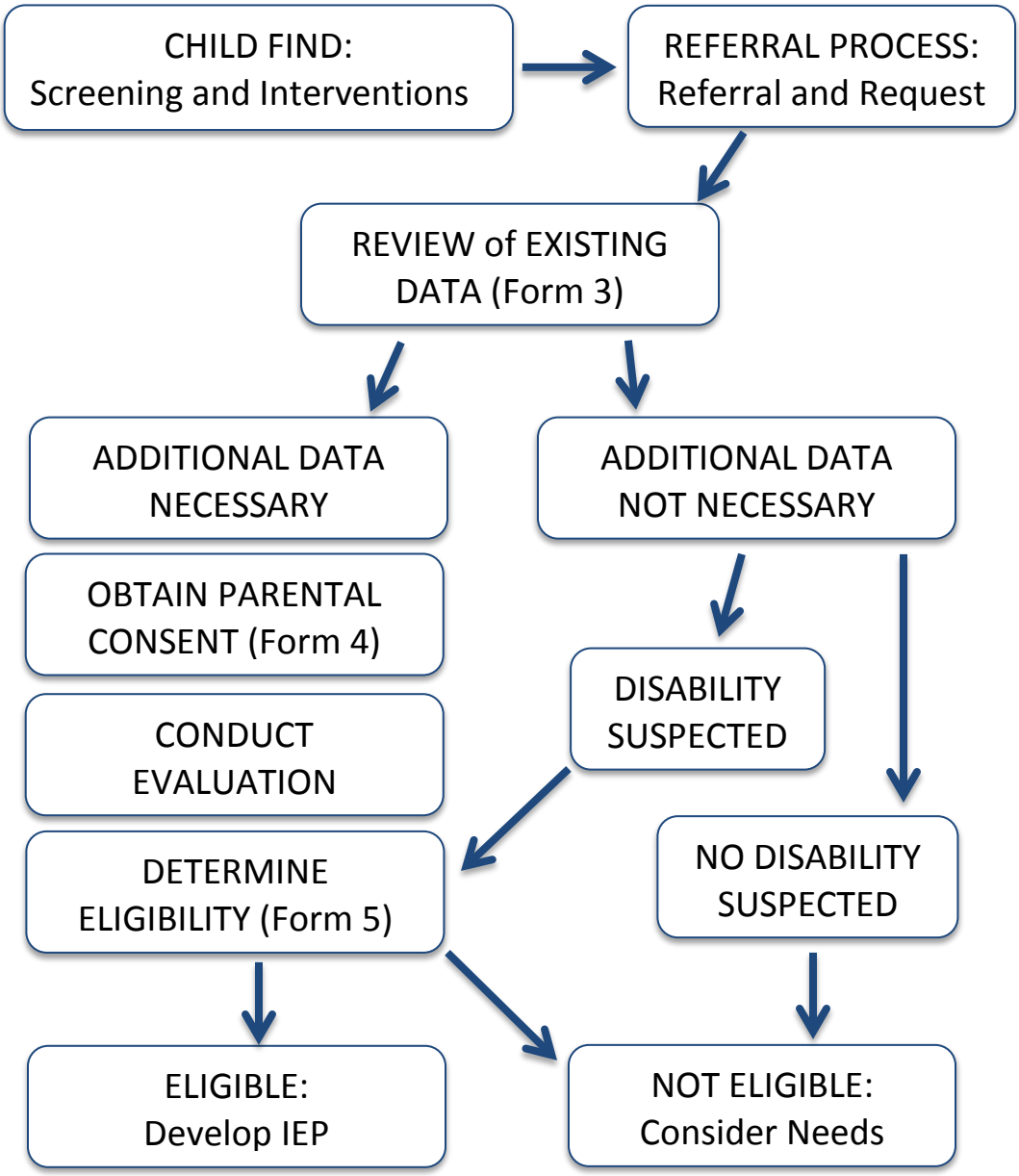
Other forms may be necessary:

Form 9: Medical Information
Form 10: Surrogate Parents Verification of Training
Form 15: Comment
Consent for Release of Confidential Information

Timeline Overview

This section provides an overview regarding the process of initial evaluation and eligibility. The flow chart is supplemented with brief descriptions. For more detailed information, consult the Special Education Handbook.

Initial Evaluation and Eligibility Flow Chart



Throughout this process, Form 1 (Record of Access), Form 2 (Record of Parent Contact), Form 6 (Notification of Meeting), and Form 8 (Written Notice) should be used.

Overview

Child Find

The Local Education Agency (LEA) is responsible for establishing and implementing an ongoing Child Find system to locate, identify, and evaluate students, ages 3 through 21 years, suspected of having a disability. The LEA is also responsible for coordinating with SoonerStart Early Intervention (EI) Program regarding the Child Find system for children ages birth to 3 years of age. The LEA may appoint an individual to coordinate the development, revision, implementation, and documentation of the Child Find system.

- Screening:

Screening is one way of identifying students who are not adequately meeting Oklahoma Academic Standards or Oklahoma Early Learning Standards. A variety of methods may be used to screen students, including performance on assessments, curriculum-based measures, daily classroom work, observations, hearing and vision screeners, developmental milestones, and/or kindergarten readiness measures. The screening of a student by LEA staff to determine appropriate instructional strategies for curriculum implementation is not considered an evaluation for eligibility for special education services (and thus does not require parental consent). Screening cannot be used to delay a referral for special education services.

- General Education Interventions, Accommodations, and Strategies:

When a school's screening process reveals that a student or groups of students are at risk of not meeting the Oklahoma Academic Standards, the general education problem-solving team will consider the students' need for evidence-based interventions in order to help the students succeed. These interventions are referred to as early intervening services or general education interventions, accommodations, and strategies.

The overarching goal is to improve student achievement using research based interventions matched to the instructional need and level of the student. Monitoring student response to a series of increasingly intense interventions assists in identifying and addressing academic and behavioral difficulties prior to student failure. Without the use of these interventions, it cannot be determined whether a student's learning difficulties are due to a disability and require special education services or if the student is merely in need of additional services or supports for a period of time.

LEAs will implement comprehensive coordinated services and activities that provide educational and behavioral evaluations, services, and supports. These services should include professional development for teachers and other staff, enabling them to deliver scientifically based academic and behavioral interventions. This may include scientifically based literacy instruction, and where appropriate, training on the use of adaptive and instructional software. These interventions should be based on whole-school approaches such as; scientifically-based curriculum and instruction, positive behavior supports, or a multi-tiered intervention system (e.g., Oklahoma Tiered Intervention System of Support (OTISS)).

Handbook: Chapter 2, Section 1 and 3

Referral Process

If through Child Find activities, a student is considered as possibly having a disability and needing special education services, parents may be asked for their consent to evaluate their child. Special education referrals may be made for a variety of reasons, including but not limited to academic and/or behavioral concerns.

- Referral:
  Despite the best efforts of schools to remedy deficiencies through interventions in the general education classroom, some students may not be able to attain the skills needed to make adequate progress in the general curriculum. If a disability is suspected as the underlying reason for this, a student is referred for a full comprehensive and individual evaluation. An evaluation must occur before the provision of special education and related services.

- Request for Initial Evaluation:
  The parent(s) of a student or LEA staff may request an evaluation to determine if the student is a child with a disability. For a preschool child the request for an initial evaluation may result from a screening or from SoonerStart Early Intervention. A school age student should participate in general education intervention(s) prior to the request for an initial evaluation. As a result of general education intervention(s), LEA should have data-based documentation of repeated assessments, which may indicate a basis for a discontinuation of educational interventions, an increase in educational interventions, or a special education referral.

Handbook: Chapter 2, Sections 4 and 5; Chapter 3, Section 1

Parental Rights

Upon a request for an initial evaluation, regardless of the source, the first action the LEA must take is to provide the parents a copy of the *Parents Rights in Special Education: Notice of Procedural Safeguards*.

Handbook: Chapter 3, Section 2

Review of Existing Data

When a request has been made for an initial evaluation of a student, the LEA staff must conduct a Review of Existing Data (RED, OSDE Form 3). On the basis of the RED, there must be a determination of whether or not additional data will be needed in order to determine:

- Whether the student has a particular category of disability;
- The present levels of performance and educational needs of the student; and
- Whether the student needs special education and/or related services.

This review may be conducted by the group without a meeting. However, it is advisable to complete the review with the group.

Forms: Form 3 – Review of Existing Data (including RED/MEEGS Evaluation Data Form)
Handbook: Chapter 3, Section 3

When Additional Data is Not Necessary

After the review of existing data, the group may determine that no additional data are needed to determine whether the student is a student with a disability, and to determine the student's educational needs. This determination may conclude the process if the LEA and the parent agree that the student is making adequate progress in the general education curriculum. However, the LEA should consider the student's educational needs. If no additional assessments are needed, but the group suspects the student of having a disability, move to *Determining Eligibility*.

Written Notice

Written notice must be provided to the parent, detailing:

- The determination and the reasons for it; and
- The right of the parents to request an assessment to determine whether the student is a student with a disability, and to determine the educational needs of the student.

If the parent(s) requests an assessment of their student, the LEA may refuse to do so, but it must provide the parent(s) with Written Notice of the refusal to conduct the assessment and the reasons for the refusal. The parent(s) may request mediation or due process if they dispute the refusal to conduct an evaluation.

Forms: Form 8 – Written Notice
Handbook: Chapter 3, Section 3A and Section 4

When Additional Data is Necessary

After the review of existing data, the group may determine that additional data are needed to determine whether the student is a student with a disability.

Parental Consent

Parental consent must be obtained prior to conducting an initial evaluation. The LEA must make reasonable attempts to obtain the informed consent of the parent in order to collect any additional evaluation information after the review of existing data.

If the parent does not provide consent or fails to respond to a request to provide consent for an initial evaluation, the LEA may, but is not required to, pursue the initial evaluation by utilizing mediation or by requesting a due process hearing.

Forms: Form 4 - Parent Consent, Form 2 – Record of Parent Contact, Form 8 – Written Notice
Handbook: Chapter 3, Section 3B and Section 4

Conducting the Evaluation

Initial evaluations must be conducted within 45 school days. This timeframe begins upon the receipt of parental consent to conduct the evaluation, and ends with the determination of eligibility for special education services.

Every initial evaluation must be approached and designed individually based on the specific concerns and the selection of assessment tools based on the information needed to determine eligibility (34 CFR 300.304-305). Evaluation is collected using the RED/MEEGS Evaluation Data Form.

Forms: Form 5 – MEEGS (including RED/MEEGS Evaluation Data Form)
Handbook: Chapter 3, Sections 5 and 6

Determining Eligibility

Upon completion of the evaluation, a group of qualified professionals and the parent(s) of the student must determine whether the student is a student with a disability and whether the student requires special education services. The group should have enough information to support whether or not the student has a disability and whether the student is in need of special education services. Regardless of eligibility, this information should assist the LEA in determining appropriate instruction and supports for the student.

The MEEGS (OSDE Form 5) documents the variety of assessment tools and strategies, results, conclusions, and the determination of the group.

Forms: Form 5 – MEEGS (including RED/MEEGS Evaluation Data Form)
Handbook: Chapter 3, Section 7

When a Student is Eligible

- If a student is determined eligible for special education services, an IEP must be developed and evaluation results translate into their present levels of academic achievement and functional performance (Form 7 – Individualized Education Program). See the IEP section in this guide for more information and consult Chapter 4 of the Handbook.

When a Student is Not Eligible

- If a student meets the definition of a disability category but does not need special education services, she/he will not be determined eligible for special education.
- If the student has a need for special education services but does not meet the definition of a disability category, she/he will not be determined eligible.
- When a student is not eligible for a disability category under the IDEA a referral for a Section 504 of the Rehabilitation Act evaluation should be considered.

Handbook: Chapter 3, Section 7C

Initial Evaluation and Eligibility Forms Walk-Thru

Form 1: Record of Access

The local education agency (LEA) must be able to document which individuals have accessed the students' educational records and the purpose for access.

RECORD OF ACCESS TO EDUCATIONAL RECORDS

NAME OF CHILD:_____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ DISTRICT/AGENCY: _____
MONTH/DAY/YEAR

PARENT(S):_____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

HOME ADDRESS: _____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

PRINT NAME	SIGNATURE	PURPOSE FOR ACCESSING RECORDS	DATE

Form 2: Record of Parent Contact

This form is intended to provide documentation of contact between the LEA and parent(s) of a student. The LEA must document the date, the method of contact, the person making the contact, as well as the purpose of contact and the results. Types of contact may include: detailed records of telephone calls made or attempted and the results, copies of written or electronic correspondence sent to the parents and their response if any, and visits made to the parents' home or place of employment.

RECORD OF PARENT CONTACT

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ DISTRICT/AGENCY: _____
MONTH/DAY/YEAR

PARENT(S):_____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

HOME ADDRESS: _____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

SPECIAL INSTRUCTIONS: _____

Date (Month/Day/Year)	Purpose of Contact:
Method of Contact: Mail ☐ Email ☐ Phone ☐ ☐ Other_____	
Person Making Contact:	Results:

Form 3: Review of Existing Data

The LEA must initiate the review of existing data if a student has not made adequate progress after an appropriate period of instructional time and implementation of intensive interventions or if a parent requests an evaluation. As part of an initial evaluation, the student's regular education teacher, parents, a special education teacher, a LEA administrative representative, and other qualified professionals (as appropriate) review all relevant existing information about a student. Parent consent is not needed to conduct a review of existing data. When reviewing existing data, the team must consider the validity and reliability of the information and the resulting interpretations. This includes evaluations and information provided by the parent(s), current classroom-based, local, or State assessments, and observations by teachers and other qualified related services personnel.

While the team may conduct its review without a meeting, input and decision making by all members is essential. If the team determines that additional information is needed, parent consent to collect the additional information must be obtained. The additional information may be in the form of assessment(s), observations, medical reports, or other types of information.

Review of Existing Data (RED): Page 1

REVIEW OF EXISTING DATA (RED)

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE: _____ AGE: _____ DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S): _____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

HOME ADDRESS: _____ DISTRICT/AGENCY: _____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

BUILDING: _____ SITE CODE: _____ IEP TEACHER OF RECORD: _____

Review by a group of qualified professionals and parent(s) does not require a meeting (34 CFR § 300.305).

SPECIFY PRESENTING CONCERNS:	**DATA REVIEW:** (Check Reason)
	☐ Consideration for Initial Evaluation ☐ Consideration for Reevaluation ☐ Other (Explain) _____ _____ Include evaluation data using the RED/MEEGS Evaluation Data Form

Background Information:

Native Language/Mode of Communication _____ Primary Language of Home _____

List Schools Previously Attended _____

List Grade(s) Repeated _____ Remedial/Other School Services _____

Previous Individualized Evaluation(s)/Date(s) _____

☐ Currently Receives Special Education Services; Eligible Under: _____ Disability Category

☐ Previously Received Special Education Services; Eligible Under: _____ Disability Category

Student Received Sooner Start: ☐ Yes ☐ No or Other Early Intervention Services: ☐ Yes ☐ No

If Other, Describe _____

Service(s) Provided By Outside Professional/Agency: ☐ Yes ☐ No ☐ Previously ☐ Currently

Describe Service(s): _____

OSDE Form 3 Page __ of __

Document concerns related to student's academic performance and functional behavior. These concerns may come from a variety of resources, including parents, teachers, counselors, and others who have a vested interest in the student.

Check "Consideration for Initial Evaluation". The RED/MEEGS Evaluation Data form is used to document existing information.

Insert relevant background information. This may be gathered from the student's cumulative file, parents, or other educational records.

Review of Existing Data (RED): Page 2

This page is required for students suspected of having a specific learning disability (SLD). However, it is best practice to utilize this page for all students regardless of the suspected disability category.

RED

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

DOCUMENTATION OF INTERVENTIONS

Targeted Behavior/Skill:
Goal:
Interventions Attempted:
Frequency and Duration:
Treatment Integrity Plan:
Type of Measure Used to Define Outcome:
Was goal accomplished? ☐ Yes ☐ No **Recommended Action:**

GUIDANCE:
Regardless of the process an LEA uses to determine SLD eligibility (a traditional discrepancy model or a response to scientific, research-based intervention process), the components of a comprehensive evaluation for a SLD are the same although the method of data collection may vary. The documentation on this page must include information that demonstrates the student received differentiated instruction and interventions in general education settings.

Review of Existing Data (RED): Page 3

Check here if additional assessments are necessary for an initial evaluation. The additional comments area may be utilized to document the additional information needed to determine eligibility.

Check here if no additional assessments are needed for an initial evaluation. Under justification/ recommendations, describe the reason(s) that no additional assessments are needed and indicate any educational needs of the student. Written Notice must be provided to the parent. Additionally, parents may request further assessment.

RED

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

Team/Group Recommended Action Based on the Review of Existing Data:

☐ Consultation Services

Additional Comments:

☐ Additional Assessments are Necessary for Initial Evaluation

Additional Comments:

☐ Additional Assessments are Necessary for Reevaluation

Additional Comments:

☐ No Additional Assessments Needed

Justification/Recommendations:

Suspected Primary Disability Category(ies)

SIGNATURES:

General Education Teacher _____ Date _____

Special Education Teacher _____ Date _____

Administrative Representative _____ Date _____

Other/Qualified Professional _____ Date _____

Other/Qualified Professional _____ Date _____

Parent(s) _____ Date _____

Comments/Concerns: _____

OSDE Form 3 Page __ of __

This page documents the group's recommended action based on the review of existing data.

Form 4 Parent Consent

The LEA must obtain informed consent from the parent of the student referred for an initial evaluation. Based on the Review of Existing Data (OSDE Form 3), the evaluation group will identify and determine necessary evaluations for the referred student. The Parent Consent (OSDE Form 4) will be completed by the evaluation group and provided to the parent(s) to obtain informed consent for the proposed evaluations. For a full description of informed consent, see Chapter 11, Section 3 of the Handbook.

Parent Consent: Page 1

PARENT CONSENT

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE: _____ AGE: _____ DATE: _____
Month/Date/Year MONTH/DAY/YEAR

PARENT(S): _____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

HOME ADDRESS: _____ DISTRICT/AGENCY: _____
STREET ADDRESS/P.O. BOX CITY/STATE ZIP

Check the box marked "Initial Evaluation".

Consent is being requested for the following:

☐ Initial Evaluation (See page 2 for descriptions of evaluation procedures)

☐ Reevaluation (See page 2 for descriptions of evaluation procedures)

☐ Amendment/Modifications to the Individualized Education Program (IEP)

☐ Access Public Benefits or Insurance (must be annually).

☐ Other: _____

☐ Members of outside agency(ies) paying for or providing secondary transition services to attend IEP meetings

_____ _____ to _____
(Agency) (Date) (Date)

PARENT(S):
Evaluation procedures to be utilized in assessing these areas of functioning are explained on page 2 of this form. I have received an explanation of the proposed evaluation and the evaluation procedures to be utilized. I am aware of the protections provided under the procedural safeguards. I have received a copy of *Parents Rights in Special Education: Notice of Procedural Safeguards*.
_____ (Parent Initials)

For additional resources contact your local educational agency (LEA) at the telephone number listed below. You may also contact the Oklahoma State Department of Education (OSDE), Special Education Services (SES) at (405) 521-3351 or by visiting the OSDE-SES Web site located at <www.ok.gov/SDE>.

The LEA representative documents school contact information and signs page 1.

_____
PARENT SIGNATURE DATE

FROM: _____
SIGNATURE OF DISTRICT/PUBLIC AGENCY OFFICIAL DISTRICT/AGENCY TELEPHONE DATE

_____
STREET ADDRESS/POST OFFICE BOX CITY STATE ZIP

SCHOOL USE ONLY: **NOTICE SENT BY:** **DATE:** _____

Translation/interpretation needed? ☐ Yes ☐ No If yes, specify how and when provided: _____

School/public agency official's signature verifies that parent(s) have received an explanation in their native language or other mode of communication to accommodate the parent(s) understanding their rights.

OSDE Form 4 Page 1 of 2

Parent Consent: Page 2

Parent Consent

NAME OF CHILD: _____ _____ _____ STUDENT ID: _____
FIRST MIDDLE LAST

Evaluation procedures to be utilized in assessing these areas of functioning are explained on this form. Qualified professionals will conduct evaluation procedures to provide additional information, to the extent appropriate, on the basis of a review of existing evaluation data and input from the parents. Additional information may be needed to determine whether a child has or continues to have a particular disability; present levels of performance and educational needs; whether the child continues to need special education and related services; or whether any additions or modifications to the special education and related services are needed to meet the annual goals in the IEP and to participate as appropriate in the general curriculum. The appropriate extent of the reevaluation has been reviewed by the IEP team, with opportunity for parent participation and input.

Descriptions of Evaluation Procedures (Check additional areas proposed for this child)

- ☐ **HEALTH/MEDICAL:** Health and medical history, information about child's health and medical status or medical diagnostic evaluation to determine a medically related disability.
- ☐ **VISION:** Assessment of visual acuity, field of vision, and vision functioning as necessary to determine a vision-related disability.
- ☐ **HEARING:** Assessment of hearing functioning and extent of hearing impairment as necessary to determine a hearing-related disability.
- ☐ **MOTOR:** Assessment of gross and/or fine motor skills and abilities in relation to educational needs.
- ☐ **COMMUNICATION/LANGUAGE:** Speech skills (including articulation, voice, fluency, and oral-motor) and/or receptive and expressive language skills and abilities (including phonology, morphology, syntax, semantics, and pragmatics).
- ☐ **ACADEMIC ACHIEVEMENT:** Assessments to measure academic achievement in such areas as listening comprehension, oral expression, basic reading skills, reading comprehension, reading fluency, mathematics calculation, mathematics problem solving, and written expression skills.
- ☐ **INTELLECTUAL/COGNITIVE:** Individually administered assessment of child's ability to learn, including overall mental ability and cognitive functioning.
- ☐ **PERCEPTUAL/PROCESSING:** Child's abilities to perceive and/or process information through visual, auditory, and sensorimotor means.
- ☐ **DEVELOPMENTAL:** Assessment of child's developmental history, skills, and abilities in relationship to expectations for the age group.
- ☐ **PSYCHOLOGICAL, SOCIAL/EMOTIONAL:** Information collected and assessments of the child's social skills/emotional status, psychological concerns, and behavior (may include data collection, rating scales, behavioral observations, interviews, personal inventories, and projective tests).
- ☐ **FUNCTIONAL BEHAVIOR:** Information collected and assessments of the child's functional behavior (may include data collection, rating scales, behavioral observations, interviews, and personal inventories).
- ☐ **ADAPTIVE BEHAVIOR:** Assessment of child's general behavior in the school and home settings (may include adaptive behavior skills and activities in the community).
- ☐ **SOCIOCULTURAL:** Collection of information and procedures to consider potential influence of sociocultural background or cultural, linguistic diversity.
- ☐ **OBSERVATION IN CLASSROOM/OTHER ENVIRONMENT:** Observations of child's performance and functioning in the classroom and/or other appropriate settings.
- ☐ **VOCATIONAL:** Assessment of vocational interests, aptitudes, and skills.
- ☐ **ASSISTIVE TECHNOLOGY**
- ☐ **OTHER CONCERNS AND ASSESSMENTS:** _____

Local Education Agency Initials _____ Date: _____ Parent Initials _____ Date: _____

OSDE Form 4 Page 2 of 2

At the time the LEA requests parental consent for testing, they will also propose the needed evaluations and document them on the Parent Consent form.

The LEA and parent should initial the bottom of this page.

Form 5 Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS)

Evaluation procedures and determination of eligibility for the purpose of determining if a student has a disability under 34 CFR § 300.8, and the educational needs of the student, must be conducted in accordance with 34 CFR §§ 300.304 through 300.306.

The MEEGS (OSDE Form 5) documents the full comprehensive and individual evaluation of the educational functioning and needs of the student (including evaluation information, evaluation procedures, and results). It is also used to document the eligibility determination.

The multidisciplinary evaluation must include relevant and functional information from the home and school, or other age-appropriate settings, to provide a comprehensive perspective of the student's educational needs. Information provided by the parent, and information related to enabling the student to be involved in and progress in the general education curriculum (or for a preschool aged student, to participate in age-appropriate activities), will be compiled to assist the group in determining whether the student has a disability and requires special education services.

Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS): Page 1

Check "Initial Evaluation". Document the date the parent gives consent for additional assessments to determine initial eligibility.

Type of evaluation conducted:

☐ Initial Evaluation Date of Parent Consent: _____

The determination of initial eligibility and educational needs must be completed within 45 school days of receiving parental consent for the evaluation.

☐ Reevaluation with additional assessments Date of Parent Consent: _____

For Reevaluation with no additional assessments necessary and therefore no need for additional parent consent, complete only the Reevaluation/Continuation of Eligibility form (OSDE Form 5RC).

Include evaluation data using the RED/MEEGS Evaluation Data Form

This area is only utilized when Specific Learning Disability (SLD) is suspected disability. Areas of suspected difficulty (e.g. basic reading, reading comprehension, math problem solving…) should be identified. Identify the model used to determine SLD eligibility. If a Research-Based Intervention Model was used, describe the model utilized (including the intervention data gathered during the process).

ADDITIONAL PROCEDURES AND REQUIREMENTS FOR SPECIFIC LEARNING DISABILITIES

AREAS OF SUSPECTED DIFFICULTY:		
☐ Basic Reading	☐ Reading Comprehension	☐ Reading Fluency
☐ Written Comprehension	☐ Listening Comprehension	☐ Oral Expression
☐ Math Calculation	☐ Math Problem Solving	
IDENTIFY THE MODEL USED TO DETERMINE ELIGIBILITY:		
☐ DISCREPANCY MODEL (a discrepancy of at least 1.5 standard deviations between intellectual ability and achievement exists in the broad areas listed below)		
☐ SCIENTIFIC RESEARCHED-BASED INTERVENTION MODEL (describe child centered data below)		
Describe the method used and group findings (utilize "Documentation of Interventions" from OSDE Form 3 pg. 2):		

(The basis for consideration of a learning disability must be supported by data listed in this report)

Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS): Page 2

If any of the following are the PRIMARY factors affecting educational performance, the student cannot be considered a student with a disability. All boxes must be checked "Yes" for the student to be eligible for special education services.

Please see note at the bottom.

This section documents the conclusion of the group and describes the student's educational strengths and weaknesses. The details should provide a clear picture of the student's abilities.

ELIGIBILITY DETERMINATION (For Initial Evaluations and Reevaluations with Additional Data)

CONSIDERATIONS:	
☐ Yes ☐ No ☐ N/A	The team considered the following effect: environmental; cultural; or economic factors, as well as visual, hearing, intellectual, motor or emotional disability; or limited English proficiency, and has determined they are not the primary reason for the suspected disability. (Must be considered and ruled out for SLD)
☐ Yes ☐ No	Evaluation conducted in primary language or the student's other mode of communication. If "No" explain:
☐ Yes ☐ No	The student meets the criteria for one or more disabilities under the IDEA.
☐ Yes ☐ No	The disability adversely impacts the student's education.
☐ Yes ☐ No	Because of the disability and its adverse impact on the student's education, the student requires special education services.
☐ Yes ☐ No	The student's educational performance is not based primarily on a lack of appropriate instruction in (A) reading (including the essential components: phonemic awareness; phonics; vocabulary development; reading fluency, including oral reading skills; and reading comprehension strategies), (B) math, or (C) limited English proficiency.

Student is eligible for special education services and related services in the eligibility category identified. *(All boxes marked "Yes.")*

PRIMARY DISABILITY: _____

SUSPECTED DISABILITY (if Primary is Developmental Delay): _____

CONCOMITANT DISABILITIES (if Primary is Multiple Disabilities):

_____ _____ _____

SECONDARY DISABILITY: _____

SUMMARY OF ELIGIBILITY DETERMINATION (also address educational strengths and needs in this section):

Note: When a student meets eligibility requirements for more than one disability category, the evaluator/ eligibility team member must determine which category best describes the student's overall disability. This would be the primary disability. The secondary disability would be the remaining disability category where eligibility was met, but does not describe the overall student as well as the other disability category.

Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS): Page 3

The team must document how the students' needs will be met if the child is not eligible for special education services. Consider other programs the LEA offers that will assist the student as well as general education teachers.

All members must sign, date, and document agreement/disagree-ment with the conclusions of the evaluation.

An explanation of evaluation procedures and results must be given to parents. Parents must also be given a copy of their "Parents Rights in Special Education Procedural Safeguards" and a translator must be provided when needed.

MEEGS

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

EDUCATIONAL NEEDS (Must be completed if child is not eligible for special education and related services.)

EDUCATIONAL NEED(S) (Including recommendation(s) to fulfill the need(s))

PARTICIPANTS:

Eligibility determination is made by a group of qualified professionals and the parent(s).

MEMBER (PRINT NAME)	SIGNATURE	DATE	Report Reflects Member's Conclusion*	
Parent			☐ Agree	☐ Disagree
Student			☐ Agree	☐ Disagree
Special Education Teacher			☐ Agree	☐ Disagree
General Education Teacher			☐ Agree	☐ Disagree
Administrative Representative			☐ Agree	☐ Disagree
Qualified Examiner			☐ Agree	☐ Disagree
Other:			☐ Agree	☐ Disagree
Other:			☐ Agree	☐ Disagree

***Group members who disagree must submit separate statement(s) presenting their conclusions.** (Complete the Comment Form as necessary.)

☐ Yes ☐ No	An explanation of the evaluation procedures, evaluation results, and the eligibility determination has been provided to the parent(s) as participants in the group.
☐ Yes ☐ No	Parent(s) have received *Parent Rights in Special Education: Notice of Procedural Safeguards*. Parent Initial: _____
☐ Yes ☐ No	Translation/Interpretation needed? If yes, specify how and when provided: _____

OSDE Form 5 Page ___of ___

Form 6 Notification of Meeting

The Notification of Meeting (OSDE Form 6) is used by the LEA to take steps to ensure that parent(s) are afforded the opportunity to participate in the special education process. The parent(s) must receive sufficient notice of meetings.

Notification of Meeting must include purpose.

We would like to meet with you to discuss:

- ☐ Evaluation/eligibility/identification of disability requiring special education services
- ☐ Placement/Individualized Education Program (IEP)
- ☐ Transition from early intervention services to preschool
- ☐ Review of placement/IEP
- ☐ Reevaluation to determine disability and nature, extent of special education and related services needed
- ☐ Consideration of needed transition services
- ☐ Consideration of Extended School Year (ESY) services
- ☐ Other options to be considered (if applicable): _____

Time, date, and place indicated must be reasonably convenient to the parent(s), student, LEA personnel, and others involved.

_____
LOCATION OF MEETING (Building/Room) ADDRESS

on _____ at _____
DAY DATE TIME

This meeting will provide an opportunity to discuss your child's educational program and any changes that may be necessary for provision of appropriate services. Students must be invited to attend meetings for the purpose of considering transition services not later than the beginning of the student's ninth grade year or upon turning 16 years of age, whichever occurs first. As the parent, you will decide whether your minor child will attend. Representative(s) from agencies that may be responsible for providing transition services shall be invited to the meeting, with prior written parental consent. At your discretion or the agency's discretion, other individuals who have knowledge or special expertise regarding the child may also be a member of the IEP Team.

Students should be invited to attend meetings when appropriate and are required to be invited upon secondary transition age.

The persons indicated below are required to attend:	The persons selected below are invited to attend:	
Parent	☐ Speech Language Pathologist	☐ IDEA Part C Representative
Regular Education Teacher	☐ VocationalRehabilitationCounselor	☐ Physical Therapist
Special Education Teacher	☐ Student	☐ Occupational Therapist
Adminstrative Representative	☐ Qualified Examiner	☐ Other _____

Please contact the person at the address, phone number, or email address below by _____ as to whether you can meet at the mutually agreed upon time and place suggested or if other arrangements convenient for you should be made. If neither parent can attend, the agency shall make other methods of participation available to the parent, including individual or conference telephone calls and copies of the IEP. Your child's educational program and services will not be changed prior to the meeting to ensure your opportunity to participate. Translation/interpretation will be arranged upon request. Parents have protection under the procedural safeguards. If you have any questions regarding this notice or your rights, please contact the person listed on this form. Additional resources can be located within the *Parents Rights in Special Education:Notice of Procedural Safeguards*. To obtain a copy, contact _____.

FROM: _____
SIGNATURE OF DISTRICT/PUBLIC AGENCY OFFICIAL DISTRICT/AGENCY TELEPHONE DATE

_____
STREET ADDRESS/P.O. BOX CITY STATE ZIP EMAIL ADDRESS

Document how Notification of Meeting was delivered. Notice may be sent electronically with parent permission.

SCHOOL USE ONLY: NOTICE SENT BY: _____ Date Mailed _____
Date Delivered _____

Translation/interpretation needed? ☐Yes ☐No If yes, specify how and when provided: _____
School/public agency official's signature certifies that parent(s) have received an explanation in their native language or other mode of communication to accommodate the parent(s) understanding their rights. *Provide documentation of electronic delivery.

Form 8 Written Notice

The purpose of providing written notice to the parents is so they understand what action the LEA is proposing or refusing (in this case, to conduct an initial evaluation) and the basis used for determining the action.

Explain in clear, concise language the specific action(s) that was taken and the reasons why the action(s) was taken. All options considered must be documented and justify why some options were refused. Describe supporting evidence for the proposal/refusal. Any other factors discussed related to the proposal or refusal should be documented.

Upon a request for an initial evaluation, regardless of the source, the first action the LEA must take is to provide the parents a copy of the *Parents Rights in Special Education: Notice of Procedural Safeguards*.

WRITTEN NOTICE TO PARENTS

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE _____ AGE _____ DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S): _____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

ADDRESS: _____ DISTRICT/AGENCY: _____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

To: _____
PARENT or YOUNG ADULT (If young adult has reached age of majority)

This notice is to inform you of the school district's intent as follows:

DESCRIPTION OF ACTION: ☐ PROPOSED OR ☐ REFUSED
To ☐ initiate or ☐ change the following:

- ☐ Identification of your child as having a disability which requires special education services
- ☐ Evaluation/Reevaluation to determine disability and nature, extent of special education and related services needed
- ☐ Educational placement/Services
- ☐ Provision of a Free and Appropriate Public Education (FAPE)
- ☐ Parent Revocation of Consent
- ☐ Other _____

Explanation and Rationale of the proposal or refusal:

Description of any options considered and reasons refused:

Description of each evaluation procedure, test, record, or report used as a basis for the proposed or refused action:

Description of any other factors relevant to the proposal or refusal:

Parents have protection under the procedural safeguards. Additional resources can be located within the *Parents Rights in Special Education: Notice of Procedural Safeguards*. To obtain a copy, contact <autofill special education teacher>.

The issues addressed in this notice will go into effect on: _____ as the local educational agency has
Month/Day/Year
determined that this be considered a reasonable amount to provide the parent(s).

FROM: _____
SIGNATURE OF DISTRICT/PUBLIC AGENCY OFFICIAL DISTRICT/AGENCY TELEPHONE DATE

_____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

SCHOOL USE ONLY: **NOTICE SENT BY:** Electronic Delivery* **DATE:**_____

Translation/interpretation needed? ☐ Yes ☐ No If yes, specify how and when provided: _____

School/public agency official's signature verifies that parent(s) have received an explanation in their native language or other mode of communication to accommodate the parent(s) understanding their rights. *Provide documentation of Electronic Delivery.

OSDE Form 8

Form 15 Comment Form

The Comment form should be used to add any additional relevant information concerning the student or concerns about the conclusions reached by the group or an individual.

COMMENT FORM

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE _____ AGE _____ DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

Please complete this form to add necessary documentation or information concerning the above child. You may use this form as an attachment to other Oklahoma State Department of Education (OSDE) Forms (i.e., Individualized Education Plan [IEP], IEP Review, Multidisciplinary Evaluation and Eligibility Group Summary [MEEGS]) to supply comments, express disagreements or concerns, add interventions and/or additional information that may benefit a child or add a group/team member's input that cannot be present at the meeting.

This Comment Form must be attached to OSDE Form. _____ Form date: _____

PURPOSE: _____

Other Forms

Form 9 Medical Information

The Medical Report (OSDE Form 9) may be used to document any relevant medical findings, health problems, medication, and any other medical information relevant to determining eligibility. Most of the information on this form must be completed by a licensed medical doctor, doctor of osteopathy, or advanced registered nurse practitioner.

Handbook: Chapter 3, Section 6

Form 10 Surrogate Parents Verification of Training

The LEA will make a good faith effort and maintain records of attempts to locate a parent. The LEA cannot appoint a surrogate parent when the biological parent is available but chooses not to participate. When a surrogate parent is needed for a student, the LEA will appoint a surrogate who meets the conditions. The LEA will make reasonable efforts to assign a surrogate within 30 calendar days after it determines that the student needs a surrogate.

In the case of a student who is an unaccompanied homeless youth, a surrogate parent must be assigned for the purpose of making educational decisions. Appropriate staff of emergency shelters, transitional shelters, independent living programs, and street outreach programs may be appointed as temporary surrogate parents until a surrogate can be appointed that meets all of the requirements. The person conducting the surrogate parent training and the surrogate parent complete this form.

Handbook: Chapter 11, Section 2B

Consent for Release of Confidential Information

The parent must provide written permission for the release of confidential information.

Handbook: Chapter 11, Section 5

Individualized Education Program Process

The Individualized Education Program (IEP) is an important written record of the decisions reached by the team members at the IEP team meeting. The purpose of this guide is to provide administrators, teachers, students, parents, and other IEP team members with practical information about the development and implementation of an IEP that is effective and meets the requirements of the Individuals with Disabilities Education Act (IDEA) and the Oklahoma Special Education Policies.

Some things to consider when developing IEPs include:

- Each public school student who receives special education and related services under the IDEA must have an IEP.
- The IEP must be developed within thirty calendar days of a determination that a student is eligible for special education and related services.
- An IEP must be in effect for each student with a disability at the beginning of each school year.
- Special education and related services must be made available to the student as soon as possible following the development of the IEP.

This guide is designed for use in conjunction with the Oklahoma Special Education Policies Document and Handbook, specifically in conjunction with Chapter 4: Individualized Education Programs (IEP) in the Handbook.

Forms

The Individualized Education Program process requires the following forms:

Form 1: Record of Access
Form 2: Parent Contact
Form 6: Notification of Meeting
Form 7: Individualized Education Program
Form 8: Written Notice

Other forms may be necessary:

Form 9: Medical Information
Form 10: Surrogate Parents
Form 12: Criteria Checklist
Form 15: Comment
Consent for Release of Confidential Information

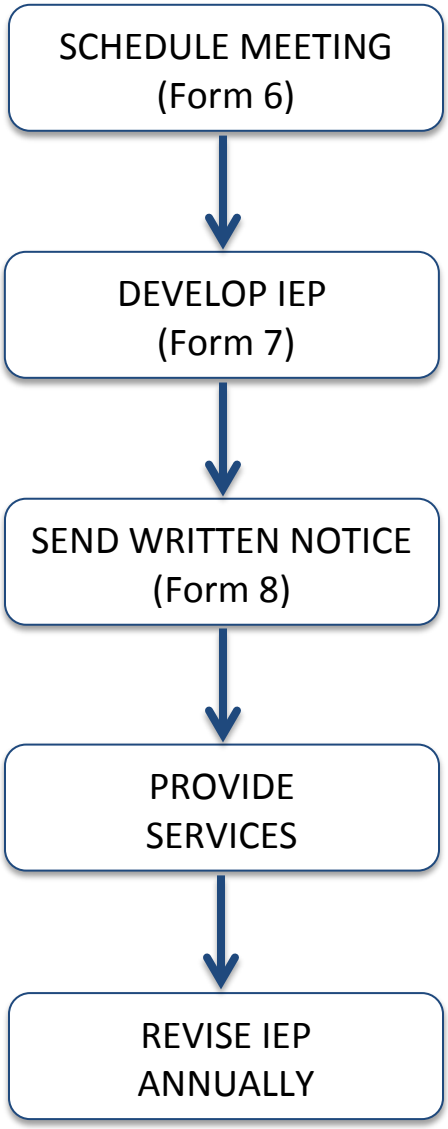
Documents that must be provided to parents:

Procedural Safeguards
LNH Scholarship Information
Parent Survey Brochure
School for the Deaf/School for the Blind Information

Timeline Overview

This section provides an overview regarding the process of developing an IEP. The flow chart is supplemented with brief descriptions. For more detailed information, consult the Special Education Handbook.

IEP Flow Chart



Throughout this process, Form 1 (Record of Access), Form 2 (Record of Parent Contact), Form 6 (Notification of Meeting), and Form 8 (Written Notice) should be used.

Overview

Schedule Meeting

The primary purpose of an IEP team meeting is to design an IEP that meets the unique needs of a student with a disability. The parent must be invited to the meeting in order to meaningfully participate. The parent should be informed of his or her role as a team member.

The parent, LEA personnel, and other IEP team members should come prepared to discuss specific information about the student's individual needs and the type of services to be provided to address those needs. The meeting format should invite open discussion that allows participants to identify and consider all the relevant needs of the student related to his or her disability.

Forms: Form 2 – Record of Parent Contact, Form 6 – Notification of Meeting
Handbook: Chapter 4, Section 1A

Develop IEP

The IEP team plans the special education services to enable the student to receive educational benefits in the least restrictive environment (LRE). Services and placement decisions should be based on the individual evaluation data collected, not on the category of disability. All members of the IEP team are expected to work toward consensus regarding the services and educational placement that will be included in the student's IEP to ensure that he or she receives a free appropriate public education (FAPE). Consensus means that all members are in general agreement regarding what is written.

There are three "types" of IEPs with specific requirements:

- Initial – must be developed within 30 calendar days of the date eligibility is established.
- Interim – may not exceed 30 calendar days (normally utilized when the IEP team is considering various options, services, and placement).
- Subsequent – developed annually and must be in place on or before the anniversary date of the current IEP.

In the case of move-in students, an IEP must be in effect within 10 school days. If the parent(s) and LEA are satisfied with the existing IEP, the existing IEP may be implemented as written. Any changes will require a new IEP.

Components of the IEP

- A statement of the student's present levels of academic achievement and functional performance
- Consideration of special factors
- A statement of concerns from the parent(s)
- A statement of measurable annual goals (benchmarks/objectives are required for students working toward alternate achievement of the standards)
- A description of progress toward goals

- A statement of special education, related services, and supplementary aids and services to be provided to the student
- A statement of how the student will participate in state and district-wide assessments
- Extended School Year Services
- An explanation of the extent, if any, to which the student will not participate in general education classes and activities (LRE)
- Consent for initial placement in special education
- Transition services for students at the beginning of their ninth grade year, or upon turning 16 years of age, whichever occurs first

Forms: Form 1 – Record of Access, Form 7 – Individualized Education Program
Handbook: Chapter 4, Sections 1A, 1B, 3, and 5

Send Written Notice

Written notice is intended to provide the parent and/or adult student with enough information so that he or she is able to fully understand the LEA's proposed action or refused action and to make informed decisions.

Forms: Form 8 – Written Notice
Handbook: Chapter 11, Section 4

Provide Services

Each general education teacher, special education teacher, and related service provider who is responsible for implementing any portion of the IEP must have access to the IEP and be informed of his or her specific responsibilities. This includes being informed of any specific accommodations, adaptations, or supports that will be provided to the student to ensure that the IEP is implemented appropriately. Progress toward goals should be documented according to the IEP.

Handbook: Chapter 4, Section 4B

Amend IEP

In making minor changes to a student's IEP after the annual IEP meeting, the parent and the LEA may agree not to convene an IEP meeting for the purposes of making such changes, and instead may develop a written document to amend the student's current IEP. Consult your LEA regarding what constitutes minor changes and amending IEPs outside of a meeting. A revised copy of the IEP with amendments must be provided to the parent. The annual review date remains the same and does not change with an IEP amendment.

Forms: Form 1 – Record of Access, Form 2 – Record of Parent Contact, Form 7 – Individualized Education Program, Form 8 – Written Notice
Handbook: Chapter 4, Section 4C

Annual IEP

Each student's IEP is reviewed at least annually and must be in effect at the beginning of the school year. The annual review date should be on or before the anniversary of the IEP. Written Notice (OSDE Form 8) must be provided prior to the implementation of changes to special education services, related services, or educational placement. In addition to the annual meeting, meetings may be held any time throughout the school year.

At each annual IEP meeting the LEA must provide the parents a copy of the *Parents Rights in Special Education: Notice of Procedural Safeguards*.

Forms: Form 1 – Record of Access, Form 2 – Record of Parent Contact, Form 6 – Notification of Meeting, Form 7 – Individualized Education Program, Form 8 – Written Notice
Handbook: Chapter 4, Section 4A

RESOURCES:

IEP Overview

Contents of the IEP

When the IEP Team Meets

Special Education for Preschoolers with Disabilities

Effective Practices: Understanding Universal Design

IEP Forms Walk-Thru

Form 1: Record of Access

The local education agency (LEA) must be able to document which individuals have accessed a student's educational records and the purpose for access.

RECORD OF ACCESS TO EDUCATIONAL RECORDS

NAME OF CHILD:_____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ DISTRICT/AGENCY: _____
MONTH/DAY/YEAR

PARENT(S):_____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

HOME ADDRESS: _____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

PRINT NAME	SIGNATURE	PURPOSE FOR ACCESSING RECORDS	DATE

Form 2: Record of Parent Contact

This form is intended to provide documentation of contact between the LEA and parent(s) of a student. The LEA must document the date, the method of contact, the person making the contact, as well as the purpose of contact and the results. Types of contact may include: detailed records of telephone calls made or attempted and the results, copies of written or electronic correspondence sent to the parents and their response if any, and visits made to the parents' home or place of employment.

RECORD OF PARENT CONTACT

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ DISTRICT/AGENCY: _____
MONTH/DAY/YEAR

PARENT(S):_____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

HOME ADDRESS: _____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

SPECIAL INSTRUCTIONS: _____

Date (Month/Day/Year)	Purpose of Contact:
Method of Contact: Mail ☐ Email ☐ Phone ☐ ☐ Other_____	Results:
Person Making Contact:	

Form 6: Notification of Meeting

The Notification of Meeting (OSDE Form 6) is used by the LEA to take steps to ensure that parent(s) are afforded the opportunity to participate in the special education process. The parent(s) must receive sufficient notice of meetings.

Notification of Meeting must include purpose.

We would like to meet with you to discuss:

- ☐ Evaluation/eligibility/identification of disability requiring special education services
- ☐ Placement/Individualized Education Program (IEP)
- ☐ Transition from early intervention services to preschool
- ☐ Review of placement/IEP
- ☐ Reevaluation to determine disability and nature, extent of special education and related services needed
- ☐ Consideration of needed transition services
- ☐ Consideration of Extended School Year (ESY) services
- ☐ Other options to be considered (if applicable): _____

Time, date, and place indicated must be reasonably convenient to the parent(s), student, LEA personnel, and others involved. If the parent is unable to attend the IEP meeting, the LEA must use other methods to ensure parent participation such as individual or conference telephone calls.

_____

LOCATION OF MEETING (Building/Room) ADDRESS

on _____ at _____

DAY DATE TIME

This meeting will provide an opportunity to discuss your child's educational program and any changes that may be necessary for provision of appropriate services. Students must be invited to attend meetings for the purpose of considering transition services not later than the beginning of the student's ninth grade year or upon turning 16 years of age, whichever occurs first. As the parent, you will decide whether your minor child will attend. Representative(s) from agencies that may be responsible for providing transition services shall be invited to the meeting, with prior written parental consent. At your discretion or the agency's discretion, other individuals who have knowledge or special expertise regarding the child may also be a member of the IEP Team.

Students should be invited to attend, especially when transition services are being considered. Also, document IEP team member non-attendance. Documentation of the parent's approval to excuse a team member is located on the first page of the IEP (Form 7).

The persons indicated below are required to attend:	The persons selected below are invited to attend:	
Parent	☐ Speech Language Pathologist	☐ IDEA Part C Representative
Regular Education Teacher	☐ VocationalRehabilitationCounselor	☐ Physical Therapist
Special Education Teacher	☐ Student	☐ Occupational Therapist
Adminstrative Representative	☐ Qualified Examiner	☐ Other _____

Please contact the person at the address, phone number, or email address below by _____ as to whether you can meet at the mutually agreed upon time and place suggested or if other arrangements convenient for you should be made. If neither parent can attend, the agency shall make other methods of participation available to the parent, including individual or conference telephone calls and copies of the IEP. Your child's educational program and services will not be changed prior to the meeting to ensure your opportunity to participate. Translation/interpretation will be arranged upon request. Parents have protection under the procedural safeguards. If you have any questions regarding this notice or your rights, please contact the person listed on this form. Additional resources can be located within the *Parents Rights in Special Education:Notice of Procedural Safeguards*. To obtain a copy, contact _____.

FROM: _____

SIGNATURE OF DISTRICT/PUBLIC AGENCY OFFICIAL DISTRICT/AGENCY TELEPHONE DATE

_____

STREET ADDRESS/P.O. BOX CITY STATE ZIP EMAIL ADDRESS

Document how the Notification of Meeting was delivered. Notice may be sent electronically with parent permission.

SCHOOL USE ONLY: NOTICE SENT BY: _____ Date Mailed _____ Date Delivered _____

Translation/interpretation needed? ☐Yes ☐No If yes, specify how and when provided: _____

School/public agency official's signature certifies that parent(s) have received an explanation in their native language or other mode of communication to accommodate the parent(s) understanding their rights. *Provide documentation of electronic delivery.

Form 7: Individualized Education Program

The purpose of this document is to help provide the IEP team, consisting of school administrators, teachers, and parents with the basic framework to write an effective IEP. This document contains the major components of the IEP.

IEP – Demographics/Present Levels

Demographic Information:

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE: _____ AGE: _____ DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S): _____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

HOME ADDRESS: _____ DISTRICT/AGENCY: _____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

BUILDING: _____ SITE CODE: _____ IEP TEACHER OF RECORD: _____

GUIDANCE:
While most computer-based IEP programs (SEAS) will have this information stored for data-management purposes, reviewing it on a yearly basis will enable the IEP team to verify the demographic information with the parent and help ensure accuracy of the data.

IEP Non-Attendance:

The following member of the IEP team is NOT required to attend, in whole or in part. Please describe the nature of in part:

I agree this listed member is not required to attend, in whole or in part. (Complete the Comment Form if needed.)

Parent Signature: _____ LEA Representative Signature: _____

GUIDANCE:
When an IEP team member's area of curriculum or related service is not being reviewed or revised at the meeting, the parent and the LEA may agree to excuse the member from all or part of the meeting with parent consent in writing.

When the IEP team member's area of curriculum or related services is being reviewed or revised at the meeting, the parent and the LEA may excuse the member from all or part of a meeting with parent consent in writing. The member must submit relevant, written input to the team prior to the meeting.

IEP Type:

☐ INITIAL IEP_____ ☐ INTERIM IEP_____ ☐ SUBSEQUENT IEP_____ DATE AMENDED or MODIFIED:_____

GUIDANCE: Check only one: **Initial**, **Interim**, or **Subsequent** IEP. An initial IEP is developed upon first determination of eligibility. The Interim IEP must include specific conditions and timelines which shall **not** exceed 30 calendar days. Subsequent IEPs are developed annually (on or before the anniversary date).

When the IEP team convenes to amend or modify components of the IEP without developing a subsequent IEP, please indicate the date on which the team made the amendment. Amendments or modifications are intended to allow changes in the IEP; however, **amending or modifying an IEP does not extend the ending IEP date**.

Present Levels of Academic Achievement and Functional Performance (PLAAFP):

Present Levels of Academic Achievement and **Functional Performance:** Document current evaluation data and write objective statements, (may include most recent statewide and districtwide assessments) to demonstrate how the child's disability affects the child's involvement, functional performance, and progress in the general education curriculum and postsecondary transition, as appropriate. For students of transition age, document transition assessment results as they relate to the postsecondary goal(s). For preschool children, describe how the disability affects the child's participation in age appropriate activities.	
Current Assessment Data	**Objective Statements**

GUIDANCE: This is a very important part of the IEP process because it lays the foundation for all of the other components. There should be a clear and direct correlation between the most recent evaluation and current assessment data, the educational needs identified, and the goals, services, and accommodations determined to be necessary for student achievement. In developing the PLAAFP statement, the IEP team should consider several aspects of the student's abilities and disabilities including:

- How the most recent evaluations relate to current functioning
- How the student is currently performing in his or her classes, including performance baseline data in areas of need
- How the student performed on recent statewide and district-wide assessments
- The student's skill level in nonacademic areas such as communication, fine and gross motor, behavior and socialization, including performance baseline data
- Documentation of transition assessment results

RESOURCES:

IRIS Resource Locator

Present Levels

IEP – Strengths/Needs, Special Factors, and Parent Concerns

Strengths/Needs:

IEP – Strengths/Needs, Special Factors, and Parent Concerns Page

List **strengths of the child** and a statement of the **anticipated effects** on the child's participation in the general education curriculum or appropriate activities.	List the **educational needs** resulting from the child's disability, which may require special education, related services, supplementary aids, supports for personnel, or modifications.
Strengths: A	B
Anticipated Effects:	

GUIDANCE:

A) **Strengths and Anticipated Effects:** The statements of strengths for initial placement would be identified through the student's multidisciplinary evaluation. For subsequent IEPs, sources of this information include the ongoing IEP data, any additional reevaluation data, and existing data. Indicate strengths of the student and describe the anticipated effects on the student's participation in the general curriculum. Include areas that will aid the student in progressing in the general curriculum (or for preschool-aged students, age-appropriate activities).

B) **Educational Need:** Indicate areas of educational need as a result of the student's disability which may require special education, related services, supplementary aids, and supports for school personnel, or program modifications. Services required to meet a student's educational need (e.g., transportation, transition, adapted physical education, core academic subjects, and related services) must be addressed through the IEP. Some of these areas may need, but are not required, to be considered in determining measurable annual goals and short-term objectives or benchmarks.

RESOURCES:

IRIS Resource Locator

National Center on RTI

Differentiated Instruction

Consideration of Special Factors:

Consideration of special factors: Check yes or no whether the IEP team considers each special factor to be relevant to this child.

Yes	No	
☐	☐	Strategies, positive behavior interventions and supports, as appropriate, if behavior impedes learning of self or others
☐	☐	Language needs as related to the IEP for a child with limited English proficiency (LEP)
☐	☐	Instruction and use of Braille if child is blind or visually impaired, unless determined inappropriate based on evaluation.
☐	☐	Communication needs, and for child who is deaf or hard of hearing, the language and communication needs and opportunities for communication and instruction in the child's native language and communication mode
☐	☐	Whether this child requires assistive technology devices and service

For special factors checked yes, explain determinations of the team as to whether services are required in the IEP.

GUIDANCE:

- **Behavior:** Consider how the student's behavior affects his or her learning or disrupts the learning environment of others. Develop and implement positive behavior interventions and supports that will address the behavior and identify how progress will be monitored.
- **Limited English Proficiency (LEP):** Consider what supports and strategies the student will need to address limited English proficiency. LEP supports can be addressed within the general education system or by direct instruction within the special education program.
- **Blind/Visually Impaired:** Provide instruction in Braille and in the use of Braille unless the IEP team determines that instruction in, or the use of, Braille is not appropriate for the student.
- **Communication Needs:** Consider the language and communication needs of the student. Include opportunities for direct communication with peers and professional personnel and how instruction can be designed to meet the student's needs.
- **Assistive Technology Devices and Services (AT):** Consider whether the student needs AT devices and services. AT can consist of low-tech, mid-tech, and high-tech devices ranging from pencil grips to computers to sophisticated communication devices.

RESOURCES:

AT Guide for Special Factors

IRIS Resource Locator

Oklahoma ABLE TECH

Oklahoma School for the Deaf

Oklahoma Tiered Intervention System Support

Liberty Braille

Oklahoma School for the Blind

Parent Concerns:

Parent Concerns for Enhancing the Child's Education:

GUIDANCE:
Document any parent suggestions for enhancing the education of the student. The team should consider these concerns when addressing relevant components of the IEP. This area should not be left blank. If parents have additional concerns or disagreements they may document these concerns on the Comment Form and attach to the IEP.

IEP – Goals

Measurable Annual Goals:

Annual Goals: Provide measurable annual goals, including academic and functional goals to enable the child to be involved in and make progress in the general education curriculum (for a preschool child in the appropriate activities), and to meet other educational needs that result from the disability.
GOAL # _____

GUIDANCE:

Measurable annual goals provide the basis for instruction, describing what a child needs related to his or her disability. There must be a direct relationship between the needs identified in the present levels of academic achievement and functional performance (PLAAFP) and the annual goals. Goals must be meaningful and measurable in order to be used for decision making.

- An annual goal is meaningful when the expectation is reasonable, the skill or knowledge the goal represents is necessary for success in school, and the family believes the accomplishment of the goal is important.
- A goal is measurable when it reflects a skill or behavior that can be observed and recorded in some manner. A goal should describe what a student can be reasonably expected to accomplish within a year.
- Each goal should align with the Oklahoma Academic Standards for the grade in which the student is enrolled.

The IEP, through its goals, sets the general direction to be taken for implementing the IEP and determining progress. The IEP goals focus on addressing the academic achievement and functional performance needs resulting from the student's disability that interfere with learning and educational performance.

An IEP is not required to include annual goals that relate to areas of the general education curriculum in which the student's disability does **not** affect the student's ability to be involved in and progress in the general curriculum. If a student with a disability needs only accommodations in order to progress in an area of the general curriculum, the IEP does not need to include a goal for that area; however, the IEP would need to specify those accommodations on the Services page.

RESOURCES:

Annual Goals

Oklahoma Academic Standards

Common Core State Standards

Measuring and Reporting Progress

Progress Reporting:

Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe **how often** this will occur and **what methods** will be utilized.	Record the extent of progress toward achieving the annual goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).					
	DATE	**DATE**	**DATE**	**DATE**	**DATE**	**DATE (ESY)**
A						
How will the extent of progress toward annual goals be measured? B	C					

GUIDANCE:

The IEP team must include a description of when periodic reports on progress will be provided to the parents and team. When making the report, it is important to provide the parents with the actual data from the progress monitoring instruments. This allows them to make their own determination as to whether the amount of progress will allow the student to achieve the goal within the period of the IEP.

- **A)** Describe how often the parent(s) will be informed of progress on IEP goals and what methods will be utilized.
- **B)** Indicate how the student's progress on each of the annual IEP goals will be measured (e.g., a specific assessment tool, work product or other data collection method).
- **C)** Indicate the extent to which the student achieved his or her annual IEP goal(s) and the date for which you are reporting. Progress should be documented numerically using a percentage, numerical value, or other calculation method.

RESOURCES:

Measuring and Reporting Progress

Iris Resource Locator

IEP – Goals and Short-Term Objectives/Benchmarks

Short-Term Objective/Benchmark:

Annual Goals: Provide measurable annual goals, including academic and functional goals to enable the child to be involved in and make progress in the general education curriculum (for a preschool child in the appropriate activities), and to meet other educational needs that result from the disability. **Short-term Objectives or Benchmarks:** In addition to Annual Goals, provide at least two short-term objectives or benchmarks per goal for children who take alternate assessments aligned to alternate achievement of the standards.
GOAL # _____
SHORT-TERM OBJECTIVE/BENCHMARK #_____

GUIDANCE:
Benchmarks or short-term objectives are the steps designed to assist the student in reaching the annual goal. Benchmarks or short-term objectives are required for students working toward alternate achievement standards, but may be used with other students.

RESOURCES:

Annual Goals

Benchmarks or Sort-Term Objectives

Social Skills and Academic Achievement

Social Skills Archive

IRIS Resource Locator

IEP - Transition Services Plan

Transition Services must be in effect no later than the beginning of the student's ninth grade year or upon turning 16 years of age, or younger if determined appropriate by the IEP team, and updated annually thereafter. The student must be invited to the IEP meeting.

Preferences, Strengths, Interests and Course of Study BASED ON Present Levels of Performance and Age Appropriate Transition Assessments (Areas for consideration include course of study, post-secondary education, vocational training, employment, continuing education, adult services and community participation) A
Desired Post-Secondary/Outcome Completion Goals (Appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and where appropriate, independent living skills and community participation.) B

GUIDANCE:

Secondary Transition Services should be designed to prepare the student in reaching his/her post-secondary goal. An assessment of the skills and interests related to education, employment, training, and independent living skills (as appropriate) should be conducted. Assessment tools that clearly describe a student's strengths and weaknesses and document a student's interests and perceptions about their skills should be utilized. Surveys and interviews work well for this type of assessment. Also, there are six characteristics that should be considered when conducting a transition assessment: the assessment should be student centered, continuous, occurring in many places, involving a variety of people, have understandable data, and be sensitive to cultural diversity.

A) The IEP team is responsible for developing transition services including courses of study that lead directly to the achievement of the measurable postsecondary goals documented in the IEP. It is important to identify courses (including electives) that the student requires to meet his or her postsecondary goals (specific course titles are not required to be listed). Multiple years of course work should be planned so that the student and family can picture how the student's high school education will lead to the attainment of the postsecondary goals. The student's strengths, interest, and present levels as related to secondary transition must also be included.

B) The postsecondary goals must address both training/education and employment. For some students, it may also be appropriate to include a goal related to independent living skills. Postsecondary goals are not annual goals. As the name indicates, they are the student's vision for life after high school. The post-secondary goal will drive the annual transition IEP goals and activities for the post-secondary areas.

RESOURCES:

National Secondary Transition Technical Assistance Center

Age Appropriate Transition Assessment

IRIS Resource Locator

Employment Connections

Transition to College and Careers

School Counselors: Facilitating Transitions

Advising Vocational Choices

Based on age appropriate transition assessments, in the spaces below, include measurable Transition IEP Goals and Transition Activities/Services appropriate for the student's post-secondary preferences, strengths and needs. Note: There must be a Transition IEP Goal to help the child reach each of the desired Post-Secondary/Outcome Completion Goals. For students assessed by alternate achievement standards, include short term objectives/benchmarks.

Education/Training (Goals based on academics, functional academics, life centered competencies or career/technical or agricultural training needs and job training.)			
Transition IEP Goal(s)	**Transition Activities/Services**	**Person/Agency Involved**	**Date of Completion**
A	B	C	

GUIDANCE:

A) **Measurable Transition IEP Goals -** (based on age appropriate transition assessment) including transition activities and services appropriate to attain the Post-Secondary Outcome/Completion Goals. This section should include measurable transition IEP goals that directly relate to the how, when, where, and what is needed to complete each postsecondary outcome/completion goal. This section is divided into Education/Training, Development of Employment, Community Participation, Adult Living Skills and Post School Options, and Daily Living Skills (as appropriate). There must be at least one measurable transition IEP goal for Education/Training and Employment. Measurable transition goals for Independent Living should be addressed as appropriate (under Adult Living Skills or Daily Living Skills).

B) **Transition Activities and Services** – Transition activities and services address how the student will attain each measurable goal.

C) **Persons and Agency Involved –** Specify who will assist the student in achieving each goal.

RESOURCES:

Transition Planning

Self-Determination

Transition Goals in the IEP

Community Mapping

Secondary Transition

Future Employment for Youth

Teaching Social Skills

Measuring Transition Success

Students with Disabilities Preparing for Postsecondary Education

Goals for Each Area:

Education and Training:
This goal is related to what the student will do to gain more education or training to reach their post-secondary goal, such as:

- Credit recovery to graduate on time
- Skill remediation
- Increasing study skills/organizational skills (increase executive function)
- Post-secondary institution awareness activities (entrance requirements/course offerings)

Development of Employment:
This goal is related to what the student will do to develop their employment skills or greater knowledge of a career(s), such as:

- Career awareness activities (interest inventories, jobs folder, research, etc.)
- Job acquisition skills (applications, interviews, etc.)
- Job shadowing

Community Participation
This goal is related to what the student will do to increase their involvement in the school or local community, and as a contributing citizen, such as:

- Transportation (knowing and accessing)
- Communication/Interaction (engaging with peers)
- Consumerism (making purchases, using post office)
- Activities/Volunteering (clubs and sports, etc.)
- Civic Duties (taxes, voting, selective service)

Adult Living Skills/Post School Options:
This goal related to knowledge needed to successfully participate in adult life, such as:

- Self-advocacy (knowing disability, speaking up for oneself, expressing strengths and weaknesses, making preferences known)
- Home Living Skills (independently caring for chores and other activities, following a schedule/calendar)
- Adult Responsibilities (making own appointments, keeping schedule of important dates)
- Finances (checking/savings account, paying bills)
- Meal Preparation (planning, shopping for, and preparing meals)

Daily Living Skills:
This goal is related to what the student will do to increase independence or appropriate behaviors, such as:

- Hygiene
- Toileting
- Cleaning

A

Curriculum Participation

Students entering the 9th grade are automatically enrolled in the College Preparatory/Work Ready Curriculum. To participate in the Core Curriculum the parent or legal guardian must complete an opt-out form provided by the school. The curriculum option marked below must match the student's educational records in their cumulative folder.

Select Curriculum: ☐ ACE College Preparatory/Work Ready ☐ Core Curriculum

B

Projected Date of Graduation/Program Completion and Type

Date _____

☐ Standard Diploma ☐ General Educational Development (GED) ☐ Other _____

C

Vocational Education/Rehabilitation

☐ Yes ☐ No	In planning the course of study, is information needed regarding opportunities for vocational education (e.g., high school vocational education courses, school-based training, work study programs, technology education, or area career technology center programs)? If yes, document date(s) when information was provided to young adult and parent(s). Date: _____
☐ Yes ☐ No	By age 16, the young adult has been referred to the vocational rehabilitation counselor in the young adult's school district and the parent(s) and young adult were provided a copy. Person responsible for the referral: _____ Date: _____ Name of the Vocational Rehabilitation Counselor: _____

D

Transfer of Rights/Age of Majority

☐ Yes ☐ No	By age 17, have young adult and parent(s) been informed of any transfer of rights at age of majority? If no explain why: _____ Comments: _____ _____

GUIDANCE:

A) **Curriculum Participation** – This must match the parent request in the student's cumulative file.

B) **Projected Date of Graduation/Program Completion and Type** – Identify the date of graduation and program type. To earn a high school diploma, a student must earn all required credits for graduation.

C) **Vocational Education/Rehabilitation** – Referral of the student to the vocational rehabilitation (VR) counselor for determination of possible eligibility for vocational rehabilitation services must be indicated. The referral must be made no later than the age of 16. Indicate the month, day, and year of the referral, and the person responsible for making the referral. Also indicate the name of the VR counselor to whom this student has been referred. Indicate if a copy of the referral form was provided to the student and parent(s).

D) **Transfer of Rights/Age of Majority** – By the age of 17, document that the student and the parent(s) have been informed of rights that will transfer to the student upon reaching the age of majority. See Handbook: Chapter 6.

IEP – Services Page

Special Education Services: List each special education service.				
Type of Service(s)	Amount of Services (Time and Frequency)	Starting Date	Ending Date	Person Responsible (Title)

Related Services: List each related service necessary for the child to benefit from special education.					
Type of Service(s)	Location of Services	Amount of Services (Time and Frequency)	Starting Date	Ending Date	Person Responsible (Title)

GUIDANCE:
Students must be educated in the least restrictive environment (LRE) with same age peers to the maximum extent possible.

Examples of Type of Service(s):	
Special Education Services	Related Services
• Co-Taught (general education) • Collaboration (general education) • Consultation (general education) • Lab/Resource classes (separate setting for at least part of the day)	• Speech/language • Occupational Therapy • Physical Therapy • Orientation and Mobility Training • Transportation

Type of Service(s)
Monitoring: The student receives primary instruction from a general education teacher. The special education teacher monitors the performance of the student in the LRE to ensure appropriate access to the curriculum and progress toward annual IEP goals.
Consultation: The student receives primary instruction from a general education teacher. The special education teacher consults with general education teachers on a regular basis to provide input on student's specific needs related to accommodations.
Collaboration: The student receives primary instruction from a general education teacher and the special education teacher reinforces the direct instruction of the general education curriculum. This may occur inside or outside of the general education classroom.
Co-teaching: The student receives primary instruction from both a general education teacher and a special education teacher within the general education classroom. Teachers have an equal partnership in the responsibility.
Direct Instruction: The student receives primary instruction from a highly qualified special education teacher outside of the general education classroom.

Amount: Indicate the amount of special education services the student will receive for each type of service that will be provided. For example, if a student is receiving direct instruction in the special education classroom for social studies every day for one period, the team could document services as "one period daily," or "60 minutes daily."
Starting Date/Ending Date: Indicate the date in which each service will begin and end.
Person Responsible: Indicate the person responsible for providing the special education service.
Location of Services: Indicate the location(s) in which services will be provided to the student.

A	Provide an explanation of the extent, if any, to which the child will not participate with nondisabled children in the general education curriculum or age-appropriate activities:	
B	The **continuum of placements** for the least restrictive environment (LRE) includes regular classes full-time, special classes part-time or full-time, public/private separate day school facility, public/private residential facility, home instruction/hospital environment, correctional facility, or parentally placed in private schools. For preschool children (aged 3 through 5), the continuum includes early childhood program, special education program, residential facilities, home, service provider location. **Continuum of Placement: drop down box**	
C	**Amount of time in general education setting:** _____ of _____ periods per day **OR** _____ % of instructional day. If block schedule, describe:	
D	Is this child's instructional day the same length as nondisabled peers? ☐ Yes ☐ No If no, describe the reason(s) for a shortened school day:	
E	☐ Regular PE ☐ Adapted PE ☐ NA If not applicable provide justification:	List modifications necessary for this child to participate in regular PE (specially designed adapted PE, if needed, must be addressed on the IEP):

GUIDANCE:

A) Explain the extent, if any, to which the student will not participate with nondisabled students in the general education curriculum (e.g., extracurricular, and nonacademic) or in age-appropriate activities. Please indicate what classes or activities the student will not participate in while receiving special education and related services. This section is intended to document when the student will not interact with students without disabilities.

B) Examples of continuum of placement:

- More than 80% of the day in general education (this could be co taught for most, or all of the day, collaboration for most or all of the day, consultation only – general education all day with no supports)
- Between 40%-79% of the day in general education (co taught for part of the day and in lab for part of the day, lab classes for at least 40% of the day)
- Less than 40% of the day in general education
- Full time class (special education setting 100% of the school day)
- Separate school (OSB/OSD)
- Residential placement
- Correctional facility
- Hospital/homebound
- Home-based

C) Indicate the instructional periods per day **or** the percent of instructional day that the student is participating in the general education classroom. The team may determine to document time to best fit their school schedule. For students on a shortened school day, their participation in the general education classroom would be determined by documenting their amount of time in a general education classroom compared to the total instructional time offered to that student.

D) Indicate if the student's instructional day is the same length as nondisabled peers. If the length of instructional day is not the same as that of nondisabled peers, document the team's reason(s) that a shortened instructional day is viewed as necessary for the student. Transportation, scheduling, or administrative conveniences are not acceptable reasons for students to have shortened instructional days.

E) Indicate if the student is participating in regular PE or specially designed adapted PE. Provide justification if the student is not participating in any PE program. Each student with a disability must be afforded the opportunity to participate in the regular PE program available to nondisabled students.

Supplementary aids and services, accommodations, program modifications and/or supports for personnel in general education or other education-related settings not otherwise addressed as special education or related services:

GUIDANCE:

Supplementary aids, services, accommodations, and program modifications must be described in the student's IEP if these services are necessary to assist the student to advance toward attaining annual goals, to be involved and progress in the general curriculum, and to participate in extracurricular and other nonacademic activities or education-related settings with nondisabled students.

Accommodations may include, but are not limited to: changes in setting, timing, schedule, methods of response, and presentation of material/curriculum. These changes enhance access to the general education curriculum and do not decrease learning expectations.

Supplementary aids may include, but are not limited to: materials and tools to enhance the core curriculum.

Program modifications may include, but are not limited to, modifications in the administration of assignments and/or tests (e.g., provide word banks for tests, reduce the reading level of tests, or take tests orally). Program modifications must be specific to the area of need for the student.

Supports for personnel may include, but are not limited to: specific training to ensure effective provision of appropriate services in the least restrictive environment, consultation between special education and general education personnel, adequate planning and preparation time, teacher assistants, and paraprofessionals.

RESOURCES:

IRIS Resource Locator

OSDE LRE Placement

Addressing Gen. Ed. Curriculum

Co-Teaching: General and Special Educators Working Together

IEP – Assessment Page

State and Districtwide Assessment Programs

Assessment decisions must be addressed on an annual basis. Participation in the OAAP must be determined utilizing the Criteria Checklist for Assessing Students with Disabilities on Alternate Assessments (attach OSDE Form 12).

☐ Oklahoma Core Curriculum Test (**OCCT**) ☐ Alternate Assessment **OMAAP** **(EOI retesters only)** ☐ Alternate Assessment **OAAP**

If the student will be participating in an alternate assessment, please explain why the child cannot participate in the regular assessment._____

GUIDANCE:
The IEP team selects the appropriate assessments the student will participate in. An explanation of why the student cannot participate in the regular assessment is then required and the IEP team must include OSDE Form 12: Criteria Checklist for Assessing Students on Alternate Assessments.

Select an appropriate assessment for each content area, and if appropriate, specify state approved accommodations:

Language Arts/Writing	Setting/Timing/Schedule	Response/Presentation
Not Applicable		
Not Applicable		
Not Applicable		
Not Applicable		
Not Applicable		
Not Applicable		
A	B	

GUIDANCE:

A) Select the assessment type and testing window from the dropdown menu.

B) Accommodations that are necessary to measure the academic achievement and functional performance of the student on State and district-wide assessments must be included. Assessment accommodations must be State approved. These correspond with the setting, timing, schedule, response, and presentation of the assessment. Accommodations may be selected via the dropdown menus in each area.

RESOURCES:

Assessment and Accommodations **Accommodations in Assessment**

IEP – Extended School Year

Extended School Year (ESY) Services		
ESY Services: Requires further data; will reconvene by ___/____/___	☐ are necessary	☐ are not necessary
If necessary, describe services provided:		

GUIDANCE:
ESY services must be considered and addressed on an individual basis. The team may reconvene at a later date to determine the need for ESY services. See ESY Technical Assistance Document for additional guidance.

	Documentation of LRE Placement Considerations
A	Describe continuum of placements considered and reasons determined not appropriate:
B	Is this placement in the school the child would normally attend if nondisabled? ☐ Yes ☐ No If no, is the placement as close as possible to the child's home? ☐ Yes ☐ No If no, explain why the IEP requires other arrangements:
C	Explain considerations of potential harmful effects on the child or the quality of services needed:
D	When special classes, separate schools/facilities, or other removal from the general education environment occurs, describe how the nature and severity of the disability is such that education in general education classes, with the use of supplementary aids and services, cannot be achieved satisfactorily:

GUIDANCE:

A) Provide a description of the options the team considered and why certain options did not meet the needs of the student. Teams must consider access to the general education curriculum when making placement decisions.

B) If the student is attending his or her home school, please mark the box yes. If the student is not attending his or her home school, mark the box no, indicate whether the placement is as close as possible to the student's home, and explain why such an arrangement is required.

C) Consider the consequences of removing the student from the general education environment.

D) When discussing separate class/facilities, describe in detail how the nature/severity of the disability has led to this decision as best placement for the student.

IEP – Signature

Team Participant Signatures:			
Parent(s)_____	Date _____	☐Agree	☐*Disagree
Special Education Teacher_____	Date _____	☐Agree	☐*Disagree
Regular Education Teacher _____	Date _____	☐Agree	☐*Disagree
Administrative Representative_____	Date _____	☐Agree	☐*Disagree
Student _____	Date _____	☐Agree	☐*Disagree
Other_____	Date _____	☐Agree	☐*Disagree
***Team members who disagree may submit separate statements presenting their conclusions. (Complete Comment Form as necessary.)**			
If parent(s) did not attend the IEP meeting, explain other methods to ensure parent participation (and/or child as appropriate): (e.g., conference call, videoconference, home visit)			

GUIDANCE:

Dates: Indicate the month, day, and year of the projected date for the next IEP meeting. A meeting to review the IEP must be scheduled no later than one year from the date in which the IEP was written, but may occur more often as needed. Indicate the due date of the next three-year reevaluation.

Team Participant Signatures: Signatures indicate participation in the development of the IEP and attendance at the meeting. If parent(s) were unable to attend the meeting, document the methods used to ensure parent participation (below the signature lines). See Handbook for additional team member requirements.

Agreement: Each participant in the IEP meeting must indicate his or her agreement or disagreement with the content of the IEP. If any participant disagrees with the IEP, they may submit a written statement on the Comment Form presenting their conclusions. Disagreement does not indicate FAPE will not be provided. The IEP will be implemented as written; however, upon disagreement, the LEA may provide parent(s) with Written Notice to Parents (OSDE Form 8) to document the proposal or refusal of services. In this instance, the LEA must wait a reasonable amount of time prior to implementation.

If parent(s) did not attend the IEP meeting, explain other methods to ensure parent participation (and/or child as appropriate): (e.g., conference call, videoconference, home visit)

Parent(s) received *Parents Rights in Special Education: Notice of Procedural Safeguards*
☐ Yes ☐ No

Translation/Interpretation needed: ☐ Yes ☐ No

If yes, specify how provided: _____

Parent(s) received *Parent Survey* form and *business reply* envelope:
☐ Yes ☐ No

Parent(s) have received information regarding the ***Lindsey Nicole Henry Scholarship***:
☐ Yes ☐ No

Parent(s) of children with an auditory or visual impairment have received written information concerning the availability of programs at the Oklahoma School for the Deaf and the Oklahoma School for the Blind:
☐ Yes ☐ No ☐ N/A

Parent Initial: _____

Parent consent for initial placement (consent is voluntary and may be revoked at any time) ☐ Yes ☐ No

Parent Signature: _____ Date: _____

GUIDANCE:

Parent Rights and Notices: Document the parents' receipt of Parents Rights in Special Education: Notice of Procedural Safeguards. Specify if translation/interpretation is necessary; if so, specify how it is provided. Documentation of the receipt of the Parent Survey form and business reply envelope, information regarding the Lindsey Nicole Henry Scholarship and, if applicable, written information concerning the availability of programs at the Oklahoma School for the Deaf and the Oklahoma School for the Blind is required.

Parent Consent for Initial Placement: Parent signature giving consent is required for initial placement in special education. Parent(s) must sign and date this area in order for a student to receive special education and related services. If parents do not give consent for placement, special education services may not be provided to the student under IDEA.

Form 8 Written Notice

The purpose of providing written notice to the parents is so they understand what action the LEA is proposing or refusing and the basis used for determining the action.

Explain in clear, concise language the specific action(s) that was taken and the reasons why the action(s) was taken.
All options considered must be documented and justify why some options were refused. Describe supporting evidence for the proposal/refusal.

Upon a request for an initial evaluation, regardless of the source, the first action the LEA must take is to provide the parents a copy of the *Parents Rights in Special Education: Notice of Procedural Safeguards*.

WRITTEN NOTICE TO PARENTS

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE _____ AGE _____ DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S): _____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

ADDRESS: _____ DISTRICT/AGENCY: _____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

To: _____
PARENT or YOUNG ADULT (If young adult has reached age of majority)

This notice is to inform you of the school district's intent as follows:

DESCRIPTION OF ACTION: ☐ PROPOSED OR ☐ REFUSED
To ☐ initiate or ☐ change the following:

- ☐ Identification of your child as having a disability which requires special education services
- ☐ Evaluation/Reevaluation to determine disability and nature, extent of special education and related services needed
- ☐ Educational placement/Services
- ☐ Provision of a Free and Appropriate Public Education (FAPE)
- ☐ Parent Revocation of Consent
- ☐ Other _____

Explanation and Rationale of the proposal or refusal:
_____
_____
_____

Description of any options considered and reasons refused:
_____
_____
_____

Description of each evaluation procedure, test, record, or report used as a basis for the proposed or refused action:
_____
_____
_____

Description of any other factors relevant to the proposal or refusal:
_____
_____
_____

Parents have protection under the procedural safeguards. Additional resources can be located within the *Parents Rights in Special Education: Notice of Procedural Safeguards*. To obtain a copy, contact <autofill special education teacher>.

The issues addressed in this notice will go into effect on: _____ as the local educational agency has
Month/Day/Year
determined that this be considered a reasonable amount to provide the parent(s).

FROM: _____
SIGNATURE OF DISTRICT/PUBLIC AGENCY OFFICIAL DISTRICT/AGENCY TELEPHONE DATE

_____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

SCHOOL USE ONLY: **NOTICE SENT BY:** Electronic Delivery* **DATE:**_____

Translation/interpretation needed? ☐Yes ☐No If yes, specify how and when provided: _____

School/public agency official's signature verifies that parent(s) have received an explanation in their native language or other mode of communication to accommodate the parent(s) understanding their rights. *Provide documentation of Electronic Delivery.

OSDE Form 8

Form 15 Comment Form

The Comment form should be used to add any additional relevant information concerning the student or concerns about the conclusions reached by the group. This form is available in Spanish and Vietnamese.

COMMENT FORM

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE _____ AGE _____ DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

Please complete this form to add necessary documentation or information concerning the above child. You may use this form as an attachment to other Oklahoma State Department of Education (OSDE) Forms (i.e., Individualized Education Plan [IEP], IEP Review, Multidisciplinary Evaluation and Eligibility Group Summary [MEEGS]) to supply comments, express disagreements or concerns, add interventions and/or additional information that may benefit a child or add a group/team member's input that cannot be present at the meeting.

This Comment Form must be attached to OSDE Form. _____ Form date: _____

PURPOSE: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Other Forms

Form 9 Medical Information

The Medical Report (OSDE Form 9) may be used to document any relevant medical findings, health problems, medication, and any other medical information relevant to determining eligibility. Most of the information on this form must be completed by a licensed medical doctor, doctor of osteopathy, or advanced registered nurse practitioner.

Handbook: Chapter 3, Section 6

Form 10 Surrogate Parents Verification of Training

In the case of a student who is an unaccompanied homeless youth, a surrogate parent must be assigned for the purpose of making educational decisions. Appropriate staff of emergency shelters, transitional shelters, independent living programs, and street outreach programs may be appointed as temporary surrogate parents until a surrogate can be appointed that meets all of the requirements. The person conducting the surrogate parent training and the surrogate parent complete this form.

Handbook: Chapter 11, Section 2B

Consent for Release of Confidential Information

The parent must provide written permission for the release of confidential information.

Handbook: Chapter 3, Section 7C

Reevaluation Process

The process of reevaluation and the determination of continued eligibility of a student with a disability require evaluation data in all areas related to the suspected disability of the student. This section describes the procedures and processes involved in conducting a reevaluation and determining eligibility for special education services. Throughout this process, it is the responsibility of the LEA to ensure that the parent(s) of a student are given the opportunity to fully participate.

The reevaluation process is required every 3 years, or more often, if needed, to determine:

- If the student continues to be a student with a disability;
- The educational needs of the student;
- The present levels of academic achievement and functional performance (related developmental needs) of the student;
- Whether the student continues to need special education and related services; and
- Whether any additions or modifications to the special education and related services are needed to enable the student to meet the measurable annual goals set out in the IEP and to participate, as appropriate, in the general education curriculum.

This guide is designed for use in conjunction with the Oklahoma Special Education Policies Document and Handbook, specifically in conjunction with Chapter 7: Reevaluations.

Forms

The reevaluation and continuation of eligibility process requires the following forms:

Form 1: Record of Access
Form 2: Parent Contact
Form 3: RED
Form 4: Parent Consent
Form 5: MEEGS
Form 5RC: Reevaluation/Continuation of Eligibility (Additional Data not Necessary)
Form 6: Notification of Meeting
Form 8: Written Notice

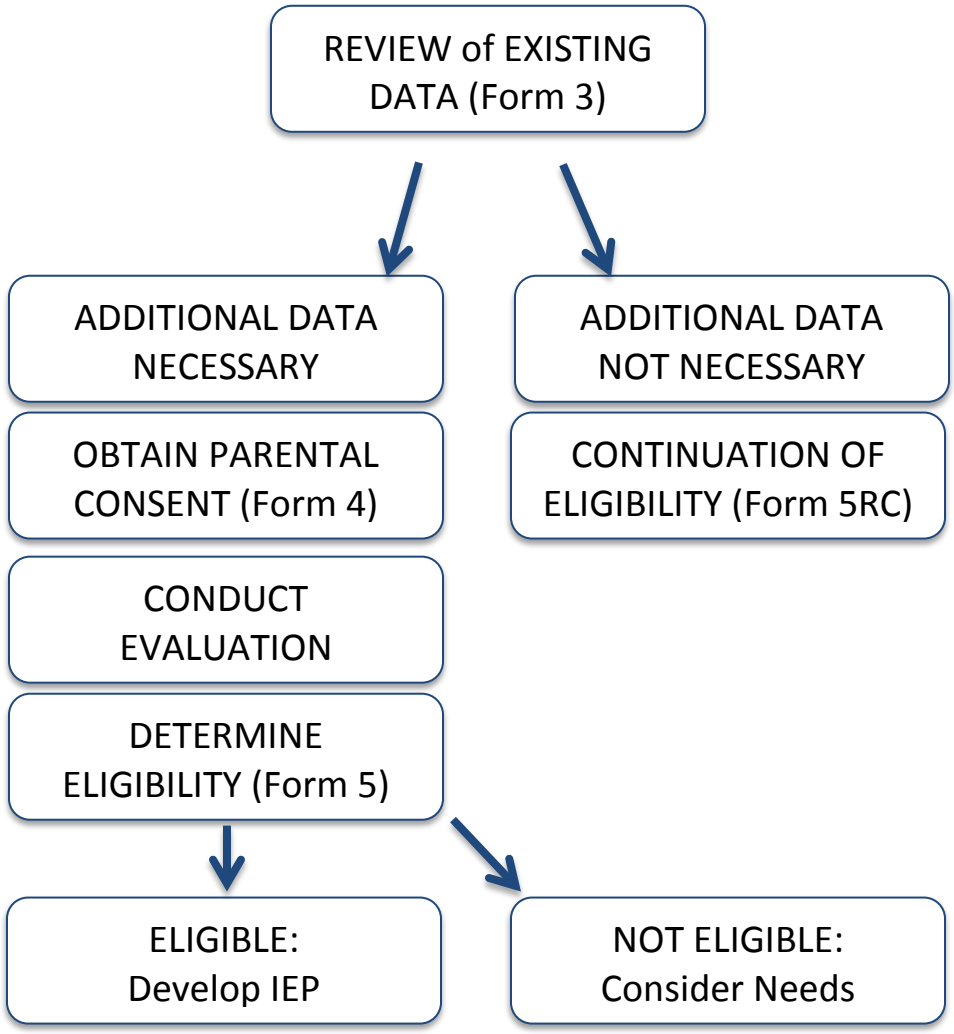
Other forms may be necessary:

Form 9: Medical Information
Form 10: Surrogate Parents
Form 15: Comment
Consent for Release of Confidential Information

Timeline Overview

This section provides an overview regarding the reevaluation process. The flow chart is supplemented with brief descriptions. For more detailed information, consult the Special Education Handbook.

Reevaluation Flow Chart



Throughout this process, Form 1 (Record of Access), Form 2 (Record of Parent Contact), Form 6 (Notification of Meeting), and Form 8 (Written Notice) should be used.

Overview

Parental Rights

Upon a request for a reevaluation, the LEA must provide the parents a copy of the *Parents Rights in Special Education: Notice of Procedural Safeguards*.

Handbook: Chapter 7, Section 2

Review of Existing Data

Before gathering new data for a reevaluation of a student, the LEA staff must conduct a Review of Existing Data (RED, OSDE Form 3). On the basis of the RED, there must be a determination of whether or not additional data will be needed in order to determine:

- Whether the student continues to need special education and related services.
- Whether any additions or modifications to the special education and related services are needed to enable the student to meet the measurable annual goals set out in the IEP and enables the student to participate, as appropriate, in the general education curriculum.

This review may be conducted by the group without a meeting. However, it is advisable to complete the review with the group.

Forms: Form 3 – Review of Existing Data (including RED/MEEGS Evaluation Data Form)
Handbook: Chapter 7, Section 3

When Additional Data is Not Necessary

After the review of existing data, the group may determine that no additional data are needed to determine whether the student continues to be a student with a disability, and to determine the student's educational needs.

If the parent(s) requests additional assessments of the student, the LEA may refuse to do so, but must provide the parent(s) with Written Notice of the refusal to conduct the assessments and the reasons for the refusal. The parent(s) may request mediation or due process if they dispute the refusal to conduct an evaluation.

- If no additional assessments are needed, but the group suspects the student continues to have a disability, move to Reevaluation/Continuation of Eligibility.

Forms: Form 8 – Written Notice, Form 5RC – Reevaluation/Continuation of Eligibility
Handbook: Chapter 7, Section 3A and Section 4

When Additional Data is Necessary

After a review of existing data, the team/group should determine which areas need to be assessed in order to continue eligibility and to determine if placement/services are still appropriate.

Parental Consent

Parental consent must be obtained prior to gathering new data for a reevaluation. The LEA must make reasonable attempts to obtain the informed consent of the parent in order to collect any additional evaluation information after the review of existing data.

If the parent fails to respond to a request to provide consent to gather new data for a reevaluation, the LEA may proceed with the reevaluation process but must provide written notice.

If the parent does not provide consent to gather new data for a reevaluation, the LEA may, but is not required to, pursue the reevaluation procedures by utilizing mediation or requesting a due process hearing.

- Any area where parental consent has been given for new evaluation data, the new data must be documented on the MEEGS form.

Forms: Form 4 - Parent Consent, Form 2 – Record of Parent Contact
Handbook: Chapter 7, Section 3B and Section 4

Conducting the Evaluation

Every reevaluation must be approached and designed individually based on the specific concerns and the selection of assessment tools needed to determine the continuation of eligibility (34 CFR 300.303-305). If the student is deemed eligible, the evaluation results translate into his/her present levels of academic achievement and functional performance on the IEP.

Forms: Form 5 – MEEGS (including RED/MEEGS Evaluation Data Form)
Handbook: Chapter 7, Section 5C

Determining Eligibility

Upon completion of the reevaluation, a group of qualified professionals and the parent(s) of the student should have enough information to determine whether the student continues to be a student with a disability and whether the student continues to require special education services. The group should be able to describe where the student is currently performing as well as describe how (or if) the student's unique learning characteristics are impacting his/her ability to access and make progress in the general education curriculum (or for early childhood, to participate in appropriate activities). Regardless of eligibility, this information should assist the LEA in determining other appropriate instruction and supports for the student.

When additional assessments are necessary to determine continued eligibility, the MEEGS (OSDE Form 5) documents the variety of assessment tools and strategies, results, conclusions, and the determination of the group. When additional assessments are not necessary to determine continued eligibility, the Reevaluation/Continuation of Eligibility (OSDE Form 5RC) documents the determination of the group.

Forms: Form 5 – MEEGS (including the RED/MEEGS Evaluation Data Form)

⇦ Back to Table of Contents

-or-
Form 5RC – Reevaluation/Continuation of Eligibility
Handbook: Chapter 7, Sections 6

When a Student is Eligible

- If a student continues to be eligible for special education services, the IEP team will determine the present levels of performance and whether any additional services and/or program modifications are needed. The present levels of performance may warrant revisions to the current IEP or development of a new IEP.

When a Student is No Longer Eligible

- If a student meets the definition of a disability category but no longer needs special education services, she/he will not be determined eligible for special education.
- If the student has a need for special education services but no longer meets the definition of a disability category, she/he will not be determined eligible.
- When a student is no longer eligible under IDEA, a referral for Section 504 of the Rehabilitation Act evaluation should be considered.

Handbook: Chapter 3, Section 7C & Chapter 7, Section 6

Written Notice

The LEA must provide Written Notice to the parent(s) that describes any action the LEA proposes/refuses. The purpose of providing written notice to the parents is so they understand what action the LEA is proposing or refusing and the basis used for determining the action.

Forms: Form 8 – Written Notice
Handbook: Chapter 11, Section 4

Reevaluation Forms Walk-Thru

Form 1: Record of Access

The local education agency (LEA) must be able to document which individuals have accessed the students' educational records and the purpose for access.

RECORD OF ACCESS TO EDUCATIONAL RECORDS

NAME OF CHILD:_____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ DISTRICT/AGENCY: _____
MONTH/DAY/YEAR

PARENT(S):_____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

HOME ADDRESS: _____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

PRINT NAME	SIGNATURE	PURPOSE FOR ACCESSING RECORDS	DATE

Form 2: Record of Parent Contact

This form is intended to provide documentation of contact between the LEA and parent(s) of a student receiving special education services. The LEA must document the date, the method of contact, the person making the contact, as well as the purpose of contact and the results. Types of contact may include: detailed records of telephone calls made or attempted and the results, copies of written or electronic correspondence sent to the parents and their response if any, and visits made to the parents' home or place of employment.

RECORD OF PARENT CONTACT

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ DISTRICT/AGENCY: _____
MONTH/DAY/YEAR

PARENT(S):_____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

HOME ADDRESS: _____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

SPECIAL INSTRUCTIONS: _____

Date (Month/Day/Year)	Purpose of Contact:
Method of Contact: Mail ☐ Email ☐ Phone ☐ ☐ Other_____	Results:
Person Making Contact:	

Form 3: Review of Existing Data

A LEA must initiate the review of existing data at the beginning of the reevaluation process. As part of a reevaluation, the IEP team reviews all relevant existing information about a student. Parent consent is not needed to conduct a review of existing data. When reviewing existing data, the IEP team must consider the validity and reliability of the information and the resulting interpretations. This includes evaluations and information provided by the parent(s), current classroom-based, local, or State assessments, and observations by teachers and other qualified related services personnel.

While the team may conduct its review without a meeting, input and decision making by all members is essential. If the team determines that additional information is needed, parent consent to collect the additional information must be obtained. The additional information may be in the form of assessment(s), observations, medical reports, or other types of information.

Review of Existing Data (RED): Page 1

REVIEW OF EXISTING DATA (RED)

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE: _____ AGE: _____ DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S): _____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

HOME ADDRESS: _____ DISTRICT/AGENCY: _____
STREET ADDRESS/PO. BOX CITY STATE ZIP

BUILDING: _____ SITE CODE: _____ IEP TEACHER OF RECORD: _____

Review by a group of qualified professionals and parent(s) does not require a meeting (34 CFR § 300.305).

SPECIFY PRESENTING CONCERNS:	**DATA REVIEW:** (Check Reason)
	☐ Consideration for Initial Evaluation ☐ Consideration for Reevaluation ☐ Other (Explain) _____ _____ Include evaluation data using the RED/MEEGS Evaluation Data Form

Background Information:

Native Language/Mode of Communication _____ Primary Language of Home _____

List Schools Previously Attended _____

List Grade(s) Repeated _____ Remedial/Other School Services _____

Previous Individualized Evaluation(s)/Date(s) _____

☐ Currently Receives Special Education Services; Eligible Under: _____ Disability Category

☐ Previously Received Special Education Services; Eligible Under: _____ Disability Category

Student Received SoonerStart: ☐ Yes ☐ No or Other Early Intervention Services: ☐ Yes ☐ No

If Other, Describe _____

Service(s) Provided By Outside Professional/Agency: ☐ Yes ☐ No ☐ Previously ☐ Currently

Describe Service(s): _____

OSDE Form 3 Page __ of __

Document concerns related to student's academic performance and functional behavior. These concerns should come from a variety of resources, including parents, teachers, counselors, and others who have a vested interest in the student.

Check "Consideration for Reevaluation". The RED/MEEGS Evaluation Data form is used to document existing information.

Insert relevant background information. This may be gathered from the student's cumulative file, parents, or other educational records.

Review of Existing Data (RED): Page 2

This page is required for students suspected of having a specific learning disability (SLD). However, it is best practice to utilize this page for all students regardless of suspected disability category.

RED

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

DOCUMENTATION OF INTERVENTIONS

Targeted Behavior/Skill:
Goal:
Interventions Attempted:
Frequency and Duration:
Treatment Integrity Plan:
Type of Measure Used to Define Outcome:
Was goal accomplished? ☐ Yes ☐ No **Recommended Action:**

OSDE Form 3 Page __ of __

When determining the continuation of eligibility, the documentation on this page must include information that documents the results of the differentiated instruction and interventions the student is receiving. The resulting data should be used to support the continued need for special education services.

Review of Existing Data (RED): Page 3

Check here if additional assessments are necessary for a reevaluation. The additional comments area may be utilized to document the additional information needed to determine continued eligibility.

Check here if no additional assessments are needed for a reevaluation.
Under justification/ recommendations, describe the reason(s) that no additional assessments are needed and indicate any educational needs of the student.
Written Notice must be provided to the parent. Additionally, parents may request further assessment.

RED

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

Team/Group Recommended Action Based on the Review of Existing Data:

☐ Consultation Services

Additional Comments:
_____
_____
_____

☐ Additional Assessments are Necessary for Initial Evaluation

Additional Comments:
_____
_____
_____

☐ Additional Assessments are Necessary for Reevaluation

Additional Comments:
_____
_____
_____

☐ No Additional Assessments Needed

Justification/ Recommendations:
_____
_____
_____

Suspected Primary Disability Category(ies)

_____
_____
_____

SIGNATURES:

General Education Teacher _____ Date _____

Special Education Teacher _____ Date _____

Administrative Representative _____ Date _____

Other/Qualified Professional _____ Date _____

Other/Qualified Professional _____ Date _____

Parent(s) _____ Date _____

Comments/Concerns: _____
_____

OSDE Form 3 Page __ of __

This page documents the group's recommended action based on the review of existing data.

Form 4 Parent Consent

The LEA must obtain informed consent from the parent of the student before gathering new data for a reevaluation. Based on the Review of Existing Data (OSDE Form 3), the evaluation group will identify and determine necessary evaluations for the student. The Parent Consent (OSDE Form 4) will be completed by the evaluation group and provided to the parent(s) to obtain informed consent for the proposed evaluations. For a full description of informed consent, see Chapter 11, Section 3 of the Handbook.

PARENT CONSENT

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE: _____ AGE: _____ DATE: _____
Month/Date/Year MONTH/DAY/YEAR

PARENT(S): _____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

HOME ADDRESS: _____ DISTRICT/AGENCY: _____
STREET ADDRESS/PO. BOX CITY/STATE ZIP

Consent is being requested for the following:

☐ Initial Evaluation (See page 2 for descriptions of evaluation procedures)

☐ Reevaluation (See page 2 for descriptions of evaluation procedures)

☐ Amendment/Modifications to the Individualized Education Program (IEP)

☐ Access Public Benefits or Insurance (must be annually).

☐ Other: _____

☐ Members of outside agency(ies) paying for or providing secondary transition services to attend IEP meetings

_____ _____ to _____
(Agency) (Date) (Date)

PARENT(S):
Evaluation procedures to be utilized in assessing these areas of functioning are explained on page 2 of this form. I have received an explanation of the proposed evaluation and the evaluation procedures to be utilized. I am aware of the protections provided under the procedural safeguards. I have received a copy of *Parents Rights in Special Education: Notice of Procedural Safeguards*.
_____ (Parent Initials)

For additional resources contact your local educational agency (LEA) at the telephone number listed below. You may also contact the Oklahoma State Department of Education (OSDE), Special Education Services (SES) at (405) 521-3351 or by visiting the OSDE-SES Web site located at <www.ok.gov/SDE>.

_____
PARENT SIGNATURE DATE

FROM: _____
SIGNATURE OF DISTRICT/PUBLIC AGENCY OFFICIAL DISTRICT/AGENCY TELEPHONE DATE

_____
STREET ADDRESS/POST OFFICE BOX CITY STATE ZIP

SCHOOL USE ONLY: **NOTICE SENT BY:** **DATE:**_____

Translation/interpretation needed? ☐ Yes ☐ No If yes, specify how and when provided: _____

School/public agency official's signature verifies that parent(s) have received an explanation in their native language or other mode of communication to accommodate the parent(s) understanding their rights.

OSDE Form 4 Page 1 of 2

Check the box marked "Reevaluation".

The LEA representative documents school contact information and signs page 1.

Parent Consent: Page 2

Parent Consent

NAME OF CHILD: _____ _____ _____ STUDENT ID: _____
FIRST MIDDLE LAST

Evaluation procedures to be utilized in assessing these areas of functioning are explained on this form. Qualified professionals will conduct evaluation procedures to provide additional information, to the extent appropriate, on the basis of a review of existing evaluation data and input from the parents. Additional information may be needed to determine whether a child has or continues to have a particular disability; present levels of performance and educational needs; whether the child continues to need special education and related services; or whether any additions or modifications to the special education and related services are needed to meet the annual goals in the IEP and to participate as appropriate in the general curriculum. The appropriate extent of the reevaluation has been reviewed by the IEP team, with opportunity for parent participation and input.

Descriptions of Evaluation Procedures (Check additional areas proposed for this child)

- ☐ **HEALTH/MEDICAL:** Health and medical history, information about child's health and medical status or medical diagnostic evaluation to determine a medically related disability.
- ☐ **VISION:** Assessment of visual acuity, field of vision, and vision functioning as necessary to determine a vision-related disability.
- ☐ **HEARING:** Assessment of hearing functioning and extent of hearing impairment as necessary to determine a hearing-related disability.
- ☐ **MOTOR:** Assessment of gross and/or fine motor skills and abilities in relation to educational needs.
- ☐ **COMMUNICATION/LANGUAGE:** Speech skills (including articulation, voice, fluency, and oral-motor) and/or receptive and expressive language skills and abilities (including phonology, morphology, syntax, semantics, and pragmatics).
- ☐ **ACADEMIC ACHIEVEMENT:** Assessments to measure academic achievement in such areas as listening comprehension, oral expression, basic reading skills, reading comprehension, reading fluency, mathematics calculation, mathematics problem solving, and written expression skills.
- ☐ **INTELLECTUAL/COGNITIVE:** Individually administered assessment of child's ability to learn, including overall mental ability and cognitive functioning.
- ☐ **PERCEPTUAL/PROCESSING:** Child's abilities to perceive and/or process information through visual, auditory, and sensorimotor means.
- ☐ **DEVELOPMENTAL:** Assessment of child's developmental history, skills, and abilities in relationship to expectations for the age group.
- ☐ **PSYCHOLOGICAL, SOCIAL/EMOTIONAL:** Information collected and assessments of the child's social skills/emotional status, psychological concerns, and behavior (may include data collection, rating scales, behavioral observations, interviews, personal inventories, and projective tests).
- ☐ **FUNCTIONAL BEHAVIOR:** Information collected and assessments of the child's functional behavior (may include data collection, rating scales, behavioral observations, interviews, and personal inventories).
- ☐ **ADAPTIVE BEHAVIOR:** Assessment of child's general behavior in the school and home settings (may include adaptive behavior skills and activities in the community).
- ☐ **SOCIOCULTURAL:** Collection of information and procedures to consider potential influence of sociocultural background or cultural, linguistic diversity.
- ☐ **OBSERVATION IN CLASSROOM/OTHER ENVIRONMENT:** Observations of child's performance and functioning in the classroom and/or other appropriate settings.
- ☐ **VOCATIONAL:** Assessment of vocational interests, aptitudes, and skills.
- ☐ **ASSISTIVE TECHNOLOGY**
- ☐ **OTHER CONCERNS AND ASSESSMENTS:** _____

Local Education Agency Initials _____ Date: _____ Parent Initials _____ Date: _____

OSDE Form 4 Page 2 of 2

At the time the LEA requests parental consent for testing; they will also propose the needed evaluations and document them on the Parent Consent form.

The LEA and parent should initial the bottom of this page.

Form 5 Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS)

Evaluation procedures and determination of eligibility for the purpose of determining if a student continues to have a disability under 34 CFR § 300.8, and the educational needs of the student, must be conducted in accordance with 34 CFR §§ 300.304 through 300.306.

The MEEGS (OSDE Form 5) documents the full comprehensive and individual evaluation of the educational functioning and needs of the student (including evaluation information, evaluation procedures, and results). It is also used to document the eligibility determination.

The multidisciplinary evaluation must include relevant and functional information from the home and school, or other age-appropriate settings, to provide a comprehensive perspective of the student's educational needs. Information provided by the parent, and information related to enabling the student to be involved in and progress in the general education curriculum (or for a preschool aged student, to participate in age-appropriate activities), will be compiled to assist the group in determining whether the student continues to have a disability and requires special education services.

Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS): Page 1

Check the box "Reevaluation". Document the date of parent consent for additional assessments for the purpose reevaluation. This date should match the date on the parent consent form.

Type of evaluation conducted:

☐ Initial Evaluation Date of Parent Consent: _____

The determination of initial eligibility and educational needs must be completed within 45 school days of receiving parental consent for the evaluation.

☐ Reevaluation with additional assessments Date of Parent Consent: _____

For Reevaluation with no additional assessments necessary and therefore no need for additional parent consent, complete only the Reevaluation/Continuation of Eligibility form (OSDE Form 5RC).

Include evaluation data using the RED/MEEGS Evaluation Data Form

This area is only utilized when Specific Learning Disability (SLD) is the suspected disability. Areas of suspected difficulty (e.g. basic reading, reading comprehension, math problem solving…) should be identified. Identify the model used to determine SLD eligibility. If a Research-Based Intervention Model was used, describe the model utilized (including the intervention data gathered during the process).

ADDITIONAL PROCEDURES AND REQUIREMENTS FOR SPECIFIC LEARNING DISABILITIES

AREAS OF SUSPECTED DIFFICULTY:		
☐ Basic Reading	☐ Reading Comprehension	☐ Reading Fluency
☐ Written Comprehension	☐ Listening Comprehension	☐ Oral Expression
☐ Math Calculation	☐ Math Problem Solving	
IDENTIFY THE MODEL USED TO DETERMINE ELIGIBILITY:		
☐ DISCREPANCY MODEL (a discrepancy of at least 1.5 standard deviations between intellectual ability and achievement exists in the broad areas listed below)		
☐ SCIENTIFIC RESEARCHED-BASED INTERVENTION MODEL (describe child centered data below)		
Describe the method used and group findings (utilize "Documentation of Interventions" from OSDE Form 3 pg. 2):		
(The basis for consideration of a learning disability must be supported by data listed in this report)		

Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS): Page 2

If any of the following are the PRIMARY factors affecting educational performance, the student cannot be considered a student with a disability. All boxes must be checked "Yes" for the student to continue to be eligible for special education services.

Please see note at the bottom.

The summary of eligibility determination should document the conclusions of the group and should describe the student's educational strengths and weaknesses.

ELIGIBILITY DETERMINATION (For Initial Evaluations and Reevaluations with Additional Data)

CONSIDERATIONS:	
☐ Yes ☐ No ☐ N/A	The team considered the following effect: environmental; cultural; or economic factors, as well as visual, hearing, intellectual, motor or emotional disability; or limited English proficiency, and has determined they are not the primary reason for the suspected disability. (Must be considered and ruled out for SLD)
☐ Yes ☐ No	Evaluation conducted in primary language or the student's other mode of communication. If "No" explain:
☐ Yes ☐ No	The student meets the criteria for one or more disabilities under the IDEA.
☐ Yes ☐ No	The disability adversely impacts the student's education.
☐ Yes ☐ No	Because of the disability and its adverse impact on the student's education, the student requires special education services.
☐ Yes ☐ No	The student's educational performance is not based primarily on a lack of appropriate instruction in (A) reading (including the essential components: phonemic awareness; phonics; vocabulary development; reading fluency, including oral reading skills; and reading comprehension strategies), (B) math, or (C) limited English proficiency.

Student is eligible for special education services and related services in the eligibility category identified. *(All boxes marked "Yes.")*

PRIMARY DISABILITY: _____

SUSPECTED DISABILITY (if Primary is Developmental Delay): _____

CONCOMITANT DISABILITIES (if Primary is Multiple Disabilities):

_____ _____ _____

SECONDARY DISABILITY: _____

SUMMARY OF ELIGIBILITY DETERMINATION (also address educational strengths and needs in this section):

Note: When a student continues to meet eligibility requirements for more than one disability category, the evaluator/ eligibility team member must determine which category best describes the student's overall disability. This would be the primary disability. The secondary disability would be the remaining disability category where eligibility was met, but does not describe the overall student as well as the other disability category.

Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS): Page 3

The team must document how the students' needs will be met if the child is no longer eligible for Special Education services.

All members must sign , date, and document agreement/disagreement with the conclusions of the evaluation.

An explanation of evaluation procedures and results must be given to parents. Parents must also be given a copy of their "Parents Rights in Special Education Procedural Safeguards," and a translator must be provided when needed.

MEEGS

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

EDUCATIONAL NEEDS (Must be completed if child is not eligible for special education and related services.)

EDUCATIONAL NEED(S) (Including recommendation(s) to fulfill the need(s))

PARTICIPANTS:

Eligibility determination is made by a group of qualified professionals and the parent(s).

MEMBER (PRINT NAME)	SIGNATURE	DATE	Report Reflects Member's Conclusion*	
Parent			☐ Agree	☐ Disagree
Student			☐ Agree	☐ Disagree
Special Education Teacher			☐ Agree	☐ Disagree
General Education Teacher			☐ Agree	☐ Disagree
Administrative Representative			☐ Agree	☐ Disagree
Qualified Examiner			☐ Agree	☐ Disagree
Other:			☐ Agree	☐ Disagree
Other:			☐ Agree	☐ Disagree

***Group members who disagree must submit separate statement(s) presenting their conclusions**. (Complete the Comment Form as necessary.)

☐ Yes ☐ No	An explanation of the evaluation procedures, evaluation results, and the eligibility determination has been provided to the parent(s) as participants in the group.
☐ Yes ☐ No	Parent(s) have received *Parent Rights in Special Education: Notice of Procedural Safeguards*. Parent Initial: _____
☐ Yes ☐ No	Translation/Interpretation needed? If yes, specify how and when provided: _____

OSDE Form 5 Page ___of ___

Form 5RC Reevaluation/Continuation of Eligibility

This form is to be completed to document continued eligibility when no further data is necessary.

These five questions must be answered.

All members must sign, date, and document agreement/disagreement with the conclusions of the evaluation.

REEVALUATION/CONTINUATION OF ELIGIBILITY

NAME OF CHILD: _____ STUDENT ID: _____
First, Middle, Last

BIRTHDATE: _____ GRADE: _____ AGE: _____ DATE: _____
Month/Day/Year Month/Day/Year

PARENT(S): _____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

HOME ADDRESS: _____ DISTRICT/AGENCY _____
Street Address/P.O. Box, City, State, Zip

BUILDING: _____ SITE CODE: _____ IEP TEACHER OF RECORD: _____

Current Reevaluation Date: _____ Three Year Reevaluation Date: _____

COMPLETE THIS FORM ONLY FOR REEVALUATION WITH NO ADDITIONAL DATA NEEDED.

Continuation of Eligibility [The following is based on the Review of Existing Data (OSDE Form 3)]:

☐ Yes ☐ No	The current identification of _____ (primary disability category) and _____ (second disability category) continue to be appropriate and sufficient information exists on which to base educational decision. (Must be checked "Yes".)
☐ Yes ☐ No	The student continues to demonstrate an educational need that requires specially designed instruction. (Must be checked "Yes."
☐ Yes ☐ No	Are any additions or modifications to special education and related services needed to meet the measurable annual goals in the and to participate, as appropriate, in the general curriculum (or age appropriate activities for preschool children)? If yes, describe:
☐ Yes ☐ No	Are there any significant changes in the special education and related services which are needed by the child, as a result of reviewing existing data for reevaluation? If yes, explain the anticipated changes from previous services:
	*If responses are yes, the group should consider if a reevaluation is appropriate.
☐ Yes ☐ No	Have parent(s) requested additional data to determine whether the child continues to be a child with a disability?
	*Parent(s) have the right to request an assessment IF the purpose of conducting the assessment is to determine continued eligibility and to determine the educational needs of the child. If the parent requests additional assessments for any other reason (e.g., additional disability identification, updated test results, the LEA would consider the request for reevaluation and provide appropriate Written Notice. Parent(s) must be notified of their right to further assessment, the decision, and the reason for the decision.

MEMBER (PRINT NAME)	SIGNATURE	DATE	Report Reflects Member's Conclusions*	
Parent			☐ Agree	☐ Disagree
Student			☐ Agree	☐ Disagree
Special Education Teacher			☐ Agree	☐ Disagree
General Education Teacher			☐ Agree	☐ Disagree
LEA Representative			☐ Agree	☐ Disagree
Other:			☐ Agree	☐ Disagree
Other:			☐ Agree	☐ Disagree

*Group members who disagree must submit separate statement(s) presenting their conclusions. (Complete the Comment Form as necessary.)

OSDE Form 5RC (1 of 1) Page ____ of ____

Form 6 Notification of Meeting

The Notification of Meeting (OSDE Form 6) is used by the LEA to take steps to ensure that parent(s) are afforded the opportunity to participate in the special education process. The parent(s) must receive sufficient notice of meetings.

Notification of Meeting must include purpose.

We would like to meet with you to discuss:

- ☐ Evaluation/eligibility/identification of disability requiring special education services
- ☐ Placement/Individualized Education Program (IEP)
- ☐ Transition from early intervention services to preschool
- ☐ Review of placement/IEP
- ☐ Reevaluation to determine disability and nature, extent of special education and related services needed
- ☐ Consideration of needed transition services
- ☐ Consideration of Extended School Year (ESY) services
- ☐ Other options to be considered (if applicable): _____

Time and place indicated must be reasonably convenient to the parent(s), student, LEA personnel, and others involved.

_____

LOCATION OF MEETING (Building/Room) ADDRESS

on _____ at _____

DAY DATE TIME

This meeting will provide an opportunity to discuss your child's educational program and any changes that may be necessary for provision of appropriate services. Students must be invited to attend meetings for the purpose of considering transition services not later than the beginning of the student's ninth grade year or upon turning 16 years of age, whichever occurs first. As the parent, you will decide whether your minor child will attend. Representative(s) from agencies that may be responsible for providing transition services shall be invited to the meeting, with prior written parental consent. At your discretion or the agency's discretion, other individuals who have knowledge or special expertise regarding the child may also be a member of the IEP Team.

Students should be invited to attend meetings when appropriate and are required to be invited upon secondary transition age.

The persons indicated below are required to attend:	The persons selected below are invited to attend:	
Parent	☐ Speech Language Pathologist	☐ IDEA Part C Representative
Regular Education Teacher	☐ VocationalRehabilitationCounselor	☐ Physical Therapist
Special Education Teacher	☐ Student	☐ Occupational Therapist
Adminstrative Representative	☐ Qualified Examiner	☐ Other _____

Please contact the person at the address, phone number, or email address below by _____ as to whether you can meet at the mutually agreed upon time and place suggested or if other arrangements convenient for you should be made. If neither parent can attend, the agency shall make other methods of participation available to the parent, including individual or conference telephone calls and copies of the IEP. Your child's educational program and services will not be changed prior to the meeting to ensure your opportunity to participate. Translation/interpretation will be arranged upon request. Parents have protection under the procedural safeguards. If you have any questions regarding this notice or your rights, please contact the person listed on this form. Additional resources can be located within the *Parents Rights in Special Education:Notice of Procedural Safeguards*. To obtain a copy, contact _____.

FROM: _____

SIGNATURE OF DISTRICT/PUBLIC AGENCY OFFICIAL DISTRICT/AGENCY TELEPHONE DATE

_____

STREET ADDRESS/P.O. BOX CITY STATE ZIP EMAIL ADDRESS

Document how Notification of Meeting was delivered. Notice may be sent electronically with parent permission.

SCHOOL USE ONLY: NOTICE SENT BY: _____ Date Mailed _____ Date Delivered _____

Translation/interpretation needed? ☐Yes ☐No If yes, specify how and when provided: _____

School/public agency official's signature certifies that parent(s) have received an explanation in their native language or other mode of communication to accommodate the parent(s) understanding their rights. *Provide documentation of electronic delivery.

Form 8 Written Notice

The purpose of providing written notice to the parents is so they understand what action the LEA is proposing or refusing (in this case, to conduct a reevaluation) and the basis used for determining the action.

Explain in clear, concise language the specific action(s) that was taken and the reasons why the action(s) was taken.
All options considered must be documented and justify why some options were refused.
Describe supporting evidence for the proposal/refusal.
Any other factors discussed related to the proposal or refusal should be documented.

Upon a request for a reevaluation, regardless of the source, the first action the LEA must take is to provide the parents a copy of the *Parents Rights in Special Education: Notice of Procedural Safeguards*.

WRITTEN NOTICE TO PARENTS

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE _____ AGE _____ DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S): _____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

ADDRESS: _____ DISTRICT/AGENCY: _____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

To: _____
PARENT or YOUNG ADULT (If young adult has reached age of majority)

This notice is to inform you of the school district's intent as follows:

DESCRIPTION OF ACTION: ☐ PROPOSED OR ☐ REFUSED
To ☐ initiate or ☐ change the following:

- ☐ Identification of your child as having a disability which requires special education services
- ☐ Evaluation/Reevaluation to determine disability and nature, extent of special education and related services needed
- ☐ Educational placement/Services
- ☐ Provision of a Free and Appropriate Public Education (FAPE)
- ☐ Parent Revocation of Consent
- ☐ Other _____

Explanation and Rationale of the proposal or refusal:

Description of any options considered and reasons refused:

Description of each evaluation procedure, test, record, or report used as a basis for the proposed or refused action:

Description of any other factors relevant to the proposal or refusal:

Parents have protection under the procedural safeguards. Additional resources can be located within the *Parents Rights in Special Education: Notice of Procedural Safeguards*. To obtain a copy, contact <autofill special education teacher>.

The issues addressed in this notice will go into effect on: _____ as the local educational agency has
Month/Day/Year
determined that this be considered a reasonable amount to provide the parent(s).

FROM: _____
SIGNATURE OF DISTRICT/PUBLIC AGENCY OFFICIAL DISTRICT/AGENCY TELEPHONE DATE

_____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

SCHOOL USE ONLY: **NOTICE SENT BY:** Electronic Delivery* **DATE:**_____

Translation/interpretation needed? ☐ Yes ☐ No If yes, specify how and when provided: _____

School/public agency official's signature verifies that parent(s) have received an explanation in their native language or other mode of communication to accommodate the parent(s) understanding their rights. *Provide documentation of Electronic Delivery.

OSDE Form 8

Form 15 Comment Form

The Comment form should be used to add any additional relevant information concerning the student or concerns about the conclusions reached by the group.

COMMENT FORM

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE _____ AGE _____ DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

Please complete this form to add necessary documentation or information concerning the above child. You may use this form as an attachment to other Oklahoma State Department of Education (OSDE) Forms (i.e., Individualized Education Plan [IEP], IEP Review, Multidisciplinary Evaluation and Eligibility Group Summary [MEEGS]) to supply comments, express disagreements or concerns, add interventions and/or additional information that may benefit a child or add a group/team member's input that cannot be present at the meeting.

This Comment Form must be attached to OSDE Form. _____ Form date: _____

PURPOSE: _____

_____

_____

_____

_____

_____

_____

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_____

Other Forms

Form 9 Medical Information

The Medical Report (OSDE Form 9) may be used to document any relevant medical findings, health problems, medication, and any other medical information relevant to determining eligibility. Most of the information on this form must be completed by a licensed medical doctor, doctor of osteopathy, or advanced registered nurse practitioner.

Handbook: Chapter 3, Section 6

Form 10 Surrogate Parents Verification of Training

In the case of a student who is an unaccompanied homeless youth, a surrogate parent must be assigned for the purpose of making educational decisions. Appropriate staff of emergency shelters, transitional shelters, independent living programs, and street outreach programs may be appointed as temporary surrogate parents until a surrogate can be appointed that meets all the requirements. The person conducting the surrogate parent training and the surrogate parent complete this form.

Handbook: Chapter 11, Section 5

Consent for Release of Confidential Information

The parent must provide written permission for the release of confidential information.

Handbook: Chapter 3, Section 7C