# Policies and Procedures for Special Education in Oklahoma Paperwork Technical Assistance Guide

OKLAHOMA STATE DEPARTMENT OF EDUCATION





June 2010

This document was developed as a result of the work of State Superintendent Sandy Garrett's Paperwork Reduction Taskforce

### OKLAHOMA STATE DEPARTMENT OF EDUCATION (OSDE) SPECIAL EDUCATION SERVICES (SES)

### PAPERWORK TECHNICAL ASSISTANCE GUIDE

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# Record of Access to Educational Records OSDE Form 1

### **Record of Access to Educational Records, OSDE Form 1**

The requirement as to who is authorized or unauthorized to access confidential and personally identifiable records is addressed by the Family Educational Rights and Privacy Act (FERPA) and the implementing regulation at 34 CFR § 99.31.

Unauthorized persons must have parental permission to access confidential records. Documentation of unauthorized persons who access records on what date and for what purpose must be maintained in the confidential record. The Record of Access to Educational Records (OSDE Form 1) may be used for this purpose.

If an education record contains information on more than one student, the parents must have access only to information concerning their students or be informed of that specific information. A confidential folder maintained for a student receiving special education and related services should contain only information on that individual student.

### **RECORD OF ACCESS TO EDUCATIONAL RECORDS**

| NAME OF CHILD:           |              |              | STUDENT ID: |       |     |
|--------------------------|--------------|--------------|-------------|-------|-----|
| FIRST                    | MIDDLE       | LAST         |             |       |     |
| BIRTHDATE:               | DISTRICT/AC  | GENCY:       |             |       |     |
| MONTH/DAY/YEA PARENT(S): | AR           |              |             |       |     |
| PHONE: (WORK)            |              |              | (OTHER)     |       |     |
| HOME ADDRESS:            |              |              |             |       |     |
| STREET ADDR              | ESS/P.O. BOX | CITY         |             | STATE | ZIP |
| SIGNATURE                | PURPOS       | E FOR ACCESS | ING RECORDS | DA    | TE  |
|                          |              |              |             |       |     |
|                          |              |              |             |       |     |
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# Record of Parent Contact OSDE Form 2

#### **Record of Parent Contact, OSDE Form 2**

#### **Enrollment of Previously Identified Students**

When a previously identified student enrolls in a new local educational agency (LEA) with a copy of a current Individualized Education Program (IEP), the LEA must contact the parent(s) to determine if they are satisfied with the current IEP. The LEA must document this contact and may use the Record of Parent Contact (OSDE Form 2) for this purpose. If the parent(s) are satisfied with the existing IEP, and the LEA determines that the current IEP is appropriate and can be implemented as written, the LEA must send Written Notice to Parents (OSDE Form 8) a reasonable time before the LEA proposes or refuses to initiate or change the identification, evaluation, or educational placement of the student or the provision of a free appropriate public education (FAPE) to the student.

However, if the current IEP is not available, or the LEA or parent(s) believes it is not appropriate, an IEP meeting must be conducted within ten school days. If additional information or new evaluations are necessary before a final placement decision can be made, an interim IEP may be written to ensure continued services for the eligible student. All requirements for notification of meeting and parent participation must be met. The LEA may document these steps through the use of Notification of Meeting (OSDE Form 6) and the IEP (OSDE Form 7). The LEA must ensure that the parent(s) receives a copy of *Parents Rights in Special Education: Notice of Procedural Safeguards*.

#### **Parent Participation**

One or both of the parents should be in attendance at the IEP meeting. If parent(s) are unable or choose not to attend, it is the responsibility of the LEA to ensure that parent(s) are given the opportunity to participate in the development of the IEP. Before initial placement of an eligible student can occur, written parental consent must be obtained. The LEA should document parent consent for initial placement on the IEP (OSDE Form 7).

The parent(s) must receive sufficient notice of IEP meetings, utilizing Notification of Meeting (OSDE Form 6). The notice is considered "prior" if enough time is allowed to make arrangements for participation of parent(s) and additional team members they wish to include. The notice provided to parent(s) must indicate the purpose, time, location, and expected participants at the meeting. For a student with a disability, beginning not later than the first IEP developed during the student's ninth grade year, or upon turning 16 years of age, whichever occurs first, or younger if determined appropriate by the IEP team, the notice must include that a purpose of the meeting will be the consideration of the postsecondary goals and transition services for the student. The LEA will also invite the student to attend, as well as identify any other agency that will be invited to attend. Written notice must be provided before proposing to initiate special education placement, which may be achieved through the parent's participation in the development of the initial or subsequent IEPs and documented by utilizing the Written Notice to Parents (OSDE Form 8). Parent(s) must receive a full explanation of their rights at this time and a copy of the IEP. The LEA must document on the IEP that this information has been provided to the parent(s).

If parent(s) choose not to participate in the development of the initial or subsequent IEPs, or are in disagreement with the IEP team's proposed or refused action, Written Notice to Parents (OSDE Form 8) must be provided.

Documentation of the efforts to contact the parent(s) to gain parent participation and attempts to arrange mutually agreed upon meetings should be maintained on the Record of Parent Contact (OSDE Form 2). It is required that a minimum of two different types of contacts are made: one of which is a personal contact (e.g., documented home visits, phone calls), and the other includes copies of correspondence. If neither parent can attend, a meeting may be conducted if the LEA documents parent participation obtained through other means, such as individual or conference telephone calls.

The meetings must be scheduled at a mutually agreed upon time and place, provided that the time and place indicated are reasonably convenient to the parent(s), student, LEA personnel, and others involved. Emphasis is placed on "mutually agreed upon," indicating that an LEA must make a good faith effort to reach an agreement with the parent(s) of a student with a disability regarding the scheduling of IEP meetings. The language of the regulations, however, does not preclude an LEA from considering its own scheduling needs.

The LEA must ensure that the parent(s) understand the proceedings at the IEP meeting. For parent(s) with deafness or whose native language is other than English, the LEA must arrange for an interpreter.

At an IEP meeting, it would be appropriate for LEA staff to come prepared with evaluation findings and proposed recommendations regarding IEP content and special education and related services to be provided. However, the LEA must make clear to the parent(s) from the beginning of the meeting that the services proposed by the LEA are only recommendations for review and discussion with the parent(s). If LEA staff brings a draft of the IEP to the IEP meeting, there must be a full discussion with the student's parent(s) before the IEP is finalized.

Parent(s) have the right to bring questions, concerns, and recommendations to an IEP meeting as part of the discussion of the student's needs and services to be addressed by the IEP team. Although parental participation and input is necessary in the development of the IEP, parental preference may not override an IEP team's determination of an appropriate placement and services for a student with a disability. However, it is permissible for the LEA to allow the parent(s) to choose between placements that the IEP team has determined to meet the least restrictive environment (LRE) and FAPE requirements for the student.

A copy of the student's IEP must be given to the parent(s) at no cost.

### **RECORD OF PARENT CONTACT**

| NAME OF CHILD: _ |                |            |           |      | STUDENT ID: |     |  |
|------------------|----------------|------------|-----------|------|-------------|-----|--|
| -                | FIRST          | MIDDLE     | LAST      |      |             |     |  |
| BIRTHDATE:       | TH/DAY/YEAR    | DISTRICT/  | AGENCY: _ |      |             |     |  |
| PARENT(S):       |                |            |           |      |             |     |  |
| PHONE: (WORK)    |                | (HOM       | E)        |      | (OTHER)     |     |  |
| HOME ADDRESS: _  |                |            |           |      |             |     |  |
|                  | STREET ADDRESS | S/P.O. BOX |           | CITY | STATE       | ZIP |  |
| SPECIAL INSTRUC  | TIONS:         |            |           |      |             |     |  |
|                  |                |            |           |      |             |     |  |

| Date (Month/Day/Year)<br>Method of Contact:<br>Mail Email Phone | Purpose of Contact: |
|---|---------------------|
| □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □                           | Results:            |
| Person Making Contact:  |                     |
| Date (Month/Day/Year)   | Purpose of Contact: |
| Method of Contact:<br>Mail Email Phone<br>Other                 |                     |
| Person Making Contact:  | Results:            |
| Date (Month/Day/Year)   | Purpose of Contact: |
| Method of Contact:<br>Mail Email Phone                          |                     |
| Other Person Making Contact:                                    | Results:            |

### **RECORD OF PARENT CONTACT**

| NAME OF CHILD: _ |       |        |      | STUDENT ID: |
|------------------|-------|--------|------|-------------|
|                  | FIRST | MIDDLE | LAST |             |

SPECIAL INSTRUCTIONS:

| Date (Month/Day/Year)                  | Purpose of Contact: |
|--|---------------------|
| Method of Contact:<br>Mail Email Phone |                     |
| Conther                                |                     |
| Person Making Contact:                 | Results:            |
| Date (Month/Day/Year)                  | Purpose of Contact: |
| Method of Contact:<br>Mail Email Phone |                     |
| Cher                                   |                     |
| Person Making Contact:                 | Results:            |
|  |                     |
| Date (Month/Day/Year)                  | Purpose of Contact: |
| Method of Contact:<br>Mail Email Phone |                     |
| □ Other                                |                     |
| Person Making Contact:                 | Results:            |
| Date (Month/Day/Year)                  | Purpose of Contact: |
| Method of Contact:<br>Mail Email Phone |                     |
| Other                                  |                     |
| Person Making Contact:                 | Results:            |

# Review of Existing Data (RED) OSDE Form 3

#### **Review of Existing Data (RED), OSDE Form 3**

The Review of Existing Data (RED; Oklahoma State Department of Education [OSDE] Form 3), Parent Consent (OSDE Form 4), *Parents Rights in Special Education: Notice of Procedural Safeguards*, and the Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS; OSDE Form 5) document the completion of steps for an initial evaluation and eligibility determination of a student with a disability prior to development and implementation of the initial IEP. A full and individual evaluation, as described by the Individuals with Disabilities Education Act (IDEA) and State requirements, must be conducted and eligibility established before special education and related services are initially provided.

### **Initial Evaluations: Review of Existing Data**

As part of an initial evaluation, a group of qualified professionals and the parent(s) must review existing evaluation data. This must be documented by utilizing the RED (OSDE Form 3), and, on the basis of that review and input from the student's parent(s), identify what additional data are needed 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 related services.

The LEA may use data from existing evaluations conducted by qualified individuals or agencies other than the LEA if the evaluations are less than one year old. 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. This review may be conducted by the group without a meeting.

In most circumstances for initial evaluations, this documentation to identify and determine what additional data, if any, are needed may be accomplished on pages one and two of the RED (OSDE Form 3); however, additional pages of the form are provided for optional use as needed. Signature and review dates may vary as this process does not require a meeting.

Based on review of this information to identify and determine necessary evaluations, Parent Consent (OSDE Form 4), will be completed and provided to the parents to obtain consent for the proposed initial evaluation. *Parents Rights in Special Education: Notice of Procedural Safeguards* must be provided to the parents at the time of obtaining consent for evaluation. Upon receiving written parental consent for any additional evaluations, the LEA must provide for the necessary evaluations and eligibility determination within 45 school days.

### **Reevaluation: Review of Existing Data**

As part of any reevaluation, a group of qualified professionals and the parent must review existing evaluation data, which includes:

- Existing assessments, information, and input provided by the parent(s).
- Current classroom-based, local, or State assessments (or other age appropriate settings for preschool students), and classroom-based observations.

• Observations by teachers and related service providers.

On the basis of the review of existing evaluation data, which may be documented by using the RED (OSDE Form 3), the team will determine what additional evaluation information and data, if any, are needed to determine:

- Whether the student continues to have such a disability and the educational needs of the student.
- Present levels of academic achievement and related developmental needs of the student.
- 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 meet the measurable annual goals of the IEP and to participate, as appropriate, in the general education curriculum.

In preparation for the IEP team meeting to address reevaluation, the group of qualified professionals and the parent must document their review of existing evaluation data and may utilize, as appropriate, relevant pages of the RED (OSDE Form 3). This review of existing evaluation data does not require a meeting, thus signing dates may vary on the RED (OSDE Form 3). The review of existing data and information will assist the LEA and the team, including the parents, in identifying other appropriate qualified professionals to invite to the IEP meeting to address the reevaluation process and, upon completion of the reevaluation, the student's continued eligibility as a student with a disability requiring special education and related services.

It is permissible to review existing data to determine needed evaluation data as part of the IEP meeting. If additional evaluations are needed, parental consent is obtained on the Parent Consent (OSDE Form 4). Parental consent may also be necessary to obtain additional information from outside sources. The State of Oklahoma Standard Form, Consent for Release of Confidential Information may be used.

NOTE: It is important to remember that the process of reviewing existing data is required for initial evaluations and reevaluations. However, the RED (OSDE Form 3) must be utilized for initial evaluations. The use of the RED (OSDE Form 3) is optional for reevaluations; however, the IEP team must in some way review existing data available to them prior to determining continued eligibility.

Parent consent is not required for a review of existing data; however, consent is required before additional individual assessments or evaluations are conducted.

| RE   | VIEW OF EX   | ISTING DA  | TA (RED)  |  |
|--|--|--|---|--|
| NAME OF CHILD:   |  | LAST   | STUDENT ID:   |  |
|  |  |  |   |  |
| BIRTHDATE:   | GRADE:   | AGE:   | DATE: _   | MONTH/DAY/YEAR   |
| PARENT(S):   |  |  |   |  |
| PHONE: (WORK)  | (HOME) _   |  | (OTHER)   |  |
| HOME ADDRESS:  |  |  | DISTRICT/A  | GENCY:   |
| HOME ADDRESS:  | SS/P.O. BOX CITY   | STATE  | ZIP   |  |
| BUILDING:  | SITE CODE:   | :IEP TE  | ACHER OF RECORD:  |  |
| If existing records, assessments, or<br>Transfer Education Records, Conse<br>Parental consent is required for whe<br>SPECIFY PRESENTING CON<br>Building/Site Level Review of Exi<br>Present Levels of Educational Perfor | ent for the Release of Content utilizing the Consent in CERN(S): | nfidential Information<br>for the Release of Co<br>on: | n, Medical Report, and/or V<br>nfidential Information form<br>DAT<br>(Cha<br>Consideration for Ini<br>Consideration for Re<br>Other (Explain) | ision Report, as appropriate.<br>A REVIEW<br>eck reasons)<br>itial Evaluation<br>eevaluation |
| Grades/Progress Reports<br>Work Samples<br>Assessments of Achievement  |  |  |   |  |
| Assessments of Achievement   |  |  |   |  |
| Attendance History   |  | Number of Days   | Absent This Year  |  |
| Behavior Concerns or Discipline Re   | eports   |  |   |  |
| Observations in Classroom or in Ag   | ge Appropriate Settings  |  |   |  |
| Describe Interventions, Instruction<br>homework assignment, bilingual in   | -  |  |   |  |
| Other Information:<br>Concerns/Special Considerations of   | f Parent(s) or other source                                      | ces  |   |  |
| What are the specific referral conce   | rns/questions to be answ   | vered?   |   |  |

NAME OF CHILD:

MIDDLE

LAST

\_STUDENT ID: \_

### Complete only the areas needed for this child.

FIRST

| AREA                             | EVALUATION<br>PROCEDURES | PERSON/AGENCY<br>QUALIFICATIONS | DATE<br>(of information) | COMMENTS, FINDINGS,<br>EDUCATIONAL NEEDS |
|----------------------------------|--------------------------|---------------------------------|--------------------------|--|
| PARENT INFORMATION               | TROCLECKED               | Quinnition                      | (or mornation)           |  |
| CONCERNS/COMMENTS                |                          |                                 |                          |  |
|                                  |                          |                                 |                          |  |
| New Information                  |                          |                                 |                          |  |
|                                  |                          |                                 |                          |  |
| <b>DEVELOPMENTAL</b><br>Existing |                          |                                 |                          |  |
| New Information                  |                          |                                 |                          |  |
|                                  |                          |                                 |                          |  |
|                                  |                          |                                 |                          |  |
| ADAPTIVE BEHAVIOR<br>HOMESCHOOL  |                          |                                 |                          |  |
| AGE APPROPRIATE SETTING          |                          |                                 |                          |  |
| Existing                         |                          |                                 |                          |  |
| New Information                  |                          |                                 |                          |  |
|                                  |                          |                                 |                          |  |
|                                  |                          |                                 |                          |  |
| Existing                         |                          |                                 |                          |  |
| New Information                  |                          |                                 |                          |  |
|                                  |                          |                                 |                          |  |
| HEALTH/MEDICAL                   |                          |                                 |                          |  |
| Existing                         |                          |                                 |                          |  |
| New Information                  |                          |                                 |                          |  |
|                                  |                          |                                 |                          |  |
| VISION                           |                          |                                 |                          |  |
| Existing                         |                          |                                 |                          |  |
| New Information                  |                          |                                 |                          |  |
|                                  |                          |                                 |                          |  |
| HEARING<br>Existing              |                          |                                 |                          |  |
|                                  |                          |                                 |                          |  |
| New Information                  |                          |                                 |                          |  |
| MOTOR                            |                          |                                 |                          |  |
| Existing                         |                          |                                 |                          |  |
|                                  |                          |                                 |                          |  |
| New Information                  |                          |                                 |                          |  |
| COMMUNICATION/SPEECH             |                          |                                 |                          |  |
| AND LANGUAGE                     |                          |                                 |                          |  |
| Existing                         |                          |                                 |                          |  |
| New Information                  |                          |                                 |                          |  |
|                                  |                          |                                 |                          |  |
|                                  |                          |                                 |                          |  |

NAME OF CHILD: \_\_\_\_\_

\_\_STUDENT ID: \_\_\_\_\_

| FIRST  | MIDDLE L                 | AST                             |                          |  |
|--|--------------------------|---------------------------------|--------------------------|--|
| AREA   | EVALUATION<br>PROCEDURES | PERSON/AGENCY<br>QUALIFICATIONS | DATE<br>(of information) | COMMENTS, FINDINGS,<br>EDUCATIONAL NEEDS |
| ACADEMIC:<br>LISTENING COMPREHENSION<br>Existing |                          |                                 |                          |  |
| New Information                                  |                          |                                 |                          |  |
| ORAL EXPRESSION<br>Existing                      |                          |                                 |                          |  |
| New Information                                  |                          |                                 |                          |  |
| BASIC READING SKILLS<br>Existing                 |                          |                                 |                          |  |
| New Information                                  |                          |                                 |                          |  |
| READING COMPREHENSION<br>Existing                |                          |                                 |                          |  |
| New Information                                  |                          |                                 |                          |  |
| READING FLUENCY Existing                         |                          |                                 |                          |  |
| New Information                                  |                          |                                 |                          |  |
| WRITTEN EXPRESSION                               |                          |                                 |                          |  |
| New Information                                  |                          |                                 |                          |  |
| MATHEMATICS CALCULATION                          |                          |                                 |                          |  |
| New Information                                  |                          |                                 |                          |  |
| MATHEMATICS PROBLEM SOLVING                      |                          |                                 |                          |  |
| New Information                                  |                          |                                 |                          |  |

NAME OF CHILD: \_\_\_\_\_\_STUDENT ID: \_\_\_\_\_

| FIRST  |                          | LAST                            |                          |  |
|--|--------------------------|---------------------------------|--------------------------|--|
| AREA   | EVALUATION<br>PROCEDURES | PERSON/AGENCY<br>QUALIFICATIONS | DATE<br>(of information) | COMMENTS, FINDINGS,<br>EDUCATIONAL NEEDS |
| ASSISTIVE TECHNOLOGY Existing                                |                          |                                 |                          |  |
| New Information  |                          |                                 |                          |  |
|  |                          |                                 |                          |  |
| PERCEPTUAL/PROCESSING Existing                               |                          |                                 |                          |  |
| New Information  |                          |                                 |                          |  |
| INTELLECTUAL/COGNITIVE                                       |                          |                                 |                          |  |
| Existing   |                          |                                 |                          |  |
| New Information  |                          |                                 |                          |  |
|  |                          |                                 |                          |  |
| FUNCTIONAL BEHAVIOR<br>ASSESSMENT<br>Existing                |                          |                                 |                          |  |
|  |                          |                                 |                          |  |
| New Information  |                          |                                 |                          |  |
| PSYCHOLOGICAL<br>SOCIAL/EMOTIONAL                            |                          |                                 |                          |  |
| Existing   |                          |                                 |                          |  |
| New Information  |                          |                                 |                          |  |
| VOCATIONAL   |                          |                                 |                          |  |
| Existing   |                          |                                 |                          |  |
| New Information  |                          |                                 |                          |  |
|  |                          |                                 |                          |  |
|  |                          |                                 |                          |  |
| OBSERVATION IN CLASSROOM<br>OR OTHER ENVIRONMENT<br>Existing |                          |                                 |                          |  |
| New Information  |                          |                                 |                          |  |
|  |                          |                                 |                          |  |
| OTHER D Existing   |                          |                                 |                          |  |
| New Information  |                          |                                 |                          |  |
|  | +                        |                                 |                          |  |
|  |                          |                                 |                          |  |

| NAME OF CHILD:   | STUDENT ID:   |
|--|---|
| FIRST MIDDLE LAST<br>Background Information:                             |   |
| Native Language/Mode of Communication                                    | Primary Language of Home  |
| List Schools Previously Attended   |   |
| List Grade(s) Repeated Remedial/Other S                                  |   |
|  |   |
| Previous Individualized Evaluation(s)/Date(s)                            |   |
| Special Education Services 🗌 None 🗌 Previous Disability                  | Category  |
| Student Received SoonerStart or Other Early Intervention Services:       | Yes No  |
| If Yes, Describe   |   |
| Pertinent Medical or Health Information                                  |   |
| List Medication Taken Regularly  |   |
| Describe Physical Limitations or Motor Impairments                       |   |
| Services Provided By Outside Professionals/Agencies 🗌 Yes 🗌 No           |   |
| Describe Services  |   |
| Screening Information:   |   |
| Date of Last Visual Test/Screening                                       | Results   |
| Describe Vision Problems   | Aids/Devices  |
| Date of Last Hearing Test/Screening                                      | Results   |
| Describe Hearing Problems  | Aids/Devices  |
| Date of Last Speech/Language Test/Screening                              |   |
| Describe Speech/Language Problems  | Aids/Devices  |
| Developmental Screening  | Results   |
| Describe Developmental Problems  |   |
| Other Screening  | Results   |
| Team/Group Recommended Action:   |   |
| Consultation Services  |   |
| Additional Assessments for Initial Evaluation                            |   |
| Additional Assessments for Reevaluation                                  |   |
| No Additional Assessments Needed   |   |
| SIGNATURES: (Sign and date when each person reviews. Dates may vary sind | ce a meeting is not required for review of existing data and informatio |
| Regular Education Teacher  | Date  |
| Special Education Teacher  | Date  |
| Administrative Representative  | Date  |
| Other/Qualified Professional   | Date  |
|  | Date  |
| Parent(s)  | Date  |

\_\_\_\_

| NAME OF CHILD:                     |          |          | STUDENT ID:     |  |
|------------------------------------|----------|----------|-----------------|--|
| FIRST                              |          | LAST     |                 |  |
|                                    | DOCUMENT | TATION O | F INTERVENTIONS |  |
| Targeted Behavior/Skill:           |          |          |                 |  |
|                                    |          |          |                 |  |
|                                    |          |          |                 |  |
|                                    |          |          |                 |  |
| Goal:                              |          |          |                 |  |
|                                    |          |          |                 |  |
|                                    |          |          |                 |  |
|                                    |          |          |                 |  |
|                                    |          |          |                 |  |
| Interventions Attempted:           |          |          |                 |  |
|                                    |          |          |                 |  |
|                                    |          |          |                 |  |
|                                    |          |          |                 |  |
| Frequency and Duration:            |          |          |                 |  |
|                                    |          |          |                 |  |
|                                    |          |          |                 |  |
|                                    |          |          |                 |  |
|                                    |          |          |                 |  |
| Treatment Integrity Data:          |          |          |                 |  |
|                                    |          |          |                 |  |
|                                    |          |          |                 |  |
|                                    |          |          |                 |  |
| Type of Measure Used to Define Out | come:    |          |                 |  |
|                                    |          |          |                 |  |
|                                    |          |          |                 |  |
|                                    |          |          |                 |  |
|                                    |          |          |                 |  |
| Was goal accomplished?             | s 🗌 No   |          |                 |  |
| Recommended Action:                |          |          |                 |  |
|                                    |          |          |                 |  |
|                                    |          |          |                 |  |
|                                    |          |          |                 |  |
|                                    |          |          |                 |  |
|                                    |          |          |                 |  |

# **Parent Consent**

## **OSDE Form 4**

### Parent Consent, OSDE Form 4

The Parent Consent (OSDE Form 4) is used to obtain parental consent when conducting an initial evaluation or reevaluation, and the initial provision of special education and related services to a student with a disability as required by federal regulation.

### **Consent means that the parent(s):**

- Has been fully informed of all information relevant to the activity for which consent is sought, in the parents' native language, or other mode of communication.
- Understands and agrees in writing to the implementation of the activity for which consent is sought, and the consent describes that activity and lists the records (if any) which will be leased and to whom.
- Understands that the granting of consent is voluntary on the part of the parent and may be revoked at any time, but the revocation of consent would not deny an action which occurred before the consent was revoked.

LEAs must provide Written Notice to Parents (OSDE Form 8) with the Parent Consent (OSDE Form 4) anytime consent is being sought. In other words, when Parent Consent (OSDE Form 4) is utilized the parent must also be provided the Written Notice to Parents (OSDE Form 8) to document an explanation of the proposed evaluation and the evaluation procedures to be utilized.

Any changes in a student's special education program, after the initial placement, are not subject to parental consent under the IDEA Part B but are subject to written notice to the parent(s). Parental consent is not required to review existing data as part of an evaluation, reevaluation, or administering tests or screening procedures applied to all students, such as State mandated tests, fluency tests, and benchmark tests.

In the event that a parent fails to respond to a request for reevaluation, the LEA may proceed with the reevaluation, if the LEA can demonstrate that it has taken reasonable measures to obtain parent consent. The LEA must maintain records of the attempts to obtain parent consent. Such record may include documentation of telephone calls made, or attempted, and the results; copies of correspondence sent to the parents and any responses received; and/or detailed records of visits made to the parent's home or place of employment and the results of those visits.

When a parent fails to respond to a consent request for reevaluation, the LEA must provide written notice to the parent regarding the action to be taken. The LEA must provide this notice through the use of Written Notice to Parent (OSDE Form 8).

The LEA need not obtain informed parent consent for the reevaluation if the LEA can demonstrate that it made reasonable efforts to obtain consent for the reevaluation, and the student's parent(s) has failed to respond to the request for such consent. Thus, under this regulation, a LEA may conduct a reevaluation of a student with a disability if the LEA can demonstrate that it made reasonable efforts to obtain parent consent for the reevaluation, and the student's parent(s) has failed to respond to the request for consent.

If the parent refuses to consent to the reevaluation, the LEA may, but is not required to, pursue the reevaluation by using the consent override procedures through the use of the procedural

safeguards including the mediation procedures or the due process procedures. However, the LEA does not violate its obligation under student find or procedures for evaluations/reevaluations if it declines to pursue the evaluation.

If the LEA chooses not to pursue the reevaluation by using the consent override procedures and the LEA believes based on existing data that the student does not continue to have a disability or does not continue to need special education and related services, the LEA may determine that it will not continue to provide special education and related services to the student. If the LEA determines that it will not continue to provide to provide special education and related services to the student, the LEA must provide the parent with written notice of its proposal to discontinue the provision of FAPE to the student.

The LEA and the parent(s) may agree that no additional data is needed to document the reevaluation. If such an agreement is reached, the three-year reevaluation may be documented by utilizing the MEEGS (OSDE Form 5); however, the LEA must continue to provide a FAPE to the student.

### Parent Refusal

Procedures where parent refuses consent:

- The LEA may use the due process complaint hearing or mediation procedures under the IDEA to determine if the student may be evaluated or reevaluated without parental consent.
- The IDEA does not permit LEAs to initiate a due process complaint hearing to determine if the student may be initially provided special education and related services without parental consent. However, an LEA may offer mediation and informal means of resolving these issues.
- A decision made by the hearing officer is final, except that any party involved in the hearing may appeal the decision under the provisions of 34 CFR §§ 300.514 and 300.516.

The standard in the regulations is that written notice to the parent(s) must be provided a reasonable time before the LEA proposes or refuses to initiate or change the identification, evaluation, or educational placement of the student or the provision of a FAPE to the student. Regardless of how a change to the above factors is suggested, it is the responsibility of the LEA to make a final decision and actually implement any determined change. Providing such notice following an IEP team meeting where such a change is proposed—or refused—allows the parent(s) time to fully consider the change and determine if he/she has additional suggestions, concerns, questions, and so forth. See Letter to Lieberman, (United States Department of Education, Office of Special Education Programs [August 15, 2008]).

### PARENT CONSENT

| NAME OF CHILD:   | MIDDLE  | LAST                    | STUI  | DENT ID:                                    |                                     |                                |
|--|---|-------------------------|---|---|-------------------------------------|--------------------------------|
| FIRST  |   |                         |   |   |                                     |                                |
| BIRTHDATE:   | GRADE:  |                         | AGE:  | DATE:                                       | MONTH/DAY/Y                         | FAR                            |
| PARENT(S):   |   |                         |   |   |                                     |                                |
| PHONE: (WORK)  | (HOME)  |                         |   |   |                                     |                                |
| HOME ADDRESS:  |   |                         | DIST  | FRICT/AGENC                                 | Y:                                  |                                |
| STREET ADDRI   | ESS/P.O. BOX CIT  | Y/STATE                 | ZIP   |   |                                     |                                |
| Consent is being requested   | for the following:  |                         |   |   |                                     |                                |
| □ Initial Evaluation   |   |                         |   |   |                                     |                                |
| □ Reevaluation   |   |                         |   |   |                                     |                                |
| Amendment/Modification   | s to the Individualized   | l Educat                | ion Program (IEI                                  | <b>P</b> )                                  |                                     |                                |
| Access Public Benefits or<br>voluntary on the part of t  | ,   | btained of              | each time the pub                                 | blic agency at                              | tempts to acce                      | ss; must be                    |
| □ IEP team attendance: Exc   | usal for an IEP team m  | nember,                 | in whole or in pa                                 | ırt   |                                     |                                |
| (Name of Member Excu   | used)   | (LE                     | A Representative)                                 |   | (Date)                              |                                |
| Members of outside agence     (Agence)   |   | roviding                | secondary transi                                  | tion services                               |                                     |                                |
| (Agenc   | <i>Y)</i>   |                         | (Date)  |   |                                     |                                |
| (Agenc   | y)  |                         | (Date)  | to  | (Date)                              |                                |
| PARENT(S):<br>Evaluation procedures to be utilize<br>8. I have received an explanation<br>provided under the procedural sa<br><i>Safeguards</i> .  | of the proposed evaluation<br>feguards. I have receive<br>(Parent Initials) | and the o<br>d a copy   | evaluation procedure<br>of Parents Rights         | es to be utilized.<br><i>in Special Edu</i> | I am aware of the cation: Notice of | ne protections<br>f Procedural |
| For additional resources contact y<br>Oklahoma State Department of Ed<br>Web site located at <www.sde.stat< td=""><td>ducation (OSDE), Special</td><td></td><td></td><td></td><td></td><td></td></www.sde.stat<> | ducation (OSDE), Special  |                         |   |   |                                     |                                |
| PARENT SIGNATURE   |   |                         |   |   |                                     | DATE                           |
| FROM:  |   |                         |   |   |                                     |                                |
| SIGNATURE OF DISTR   | ICT/PUBLIC AGENCY C   | OFFICIAI                | L DISTRIC   | T/ AGENCY                                   | TELEPHONE                           | DATE                           |
| STREET ADDRESS/PO  | ST OFFICE BOX   |                         | CITY  |   | STATE                               | ZIP                            |
| SCHOOL USE ONLY:   | Notice sent   | by: 🛛                   | U.S. Mail   | Date  | Mailed                              |                                |
|  |   |                         | Personal Delivery                                 |   | Delivered                           |                                |
| Translation/interpretation neede<br>School/public agency official's signatur<br>accommodate the parent(s) understandin   | e verifies that parent(s) have recei  | s, specify ived an expl | how and when provi<br>anation in their native lan | ded:<br>guage or other mode                 | e of communication t                | 0                              |

# Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS) OSDE Form 5

### Multidisciplinary Evaluation and Eligibility Group Summary (MEEGS), OSDE Form 5

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.

Upon completing the review of existing data and the administration of additional assessments and other evaluation materials, a group of qualified professionals and the parent(s) of the student must determine whether the student is, or continues to be, a student with a disability, as defined at 34 CFR § 300.8, and whether the student requires special education and related services. The MEEGS (OSDE Form 5) documents the full and individual evaluation of the educational functioning and needs of the student, utilizing various evaluation procedures which are selected and tailored to assess specific areas of educational need and not merely those that are designed to provide a single general intelligence quotient or cognitive score. The form documents evaluation information, evaluation procedures, and results as the information is received, culminating with the overall determination in the summary and conclusions section.

When conducting an evaluation, the LEA must ensure that the student is assessed in all areas related to the suspected disability including, as appropriate, health, vision, hearing, social and emotional status, general intelligence (or cognitive abilities), academic performance, communicative status, and motor abilities, as referenced in the components listed in this section. Review of existing data and information will assist the group in determining what evaluation information is needed. In evaluating a student with a disability and determining eligibility, under the evaluation procedures at 34 CFR §§ 300.304 through 300.311, the LEA must ensure that the evaluation is sufficiently comprehensive to identify all of the student's special education and related services needs, whether or not commonly linked to the disability category in which the student has been classified. In this assessment process, the LEA must use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors in addition to physical or developmental factors. Assessment tools and strategies must provide relevant information to assist in determining the educational needs of the student.

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. LEAs are required to utilize the following information, as appropriate, in determining needed assessments, assessment procedures, eligibility determinations, and placement decisions for all students with suspected disabilities: educational history (or developmental for preschool students) and academics; present levels of performance, including aptitude and achievement tests; observations (classroom or age appropriate setting); parent and teacher input; social or cultural background and adaptive behavior; and health information and physical condition (e.g., vision and hearing screening).

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. The IEP team will determine the content of the student's IEP including the student's current educational needs, present levels of performance, strengths, implications of the findings on the student's educational progress, and whether special education and related services are necessary. The MEEGS (OSDE Form 5) will facilitate interpretation of the comprehensive evaluation results to the parent(s) and the determination of whether the student has a disability which requires special education and related services. This interpretation of evaluation data and determination of eligibility for special education and related services are documented on the summary and conclusions section of the form by the group.

In reviewing the suspected disabilities, the evaluation and eligibility group must consider whether lack of appropriate instruction in reading, including the essential components of reading instruction, or mathematics, or limited English proficiency (LEP) are the determining factors and whether the student otherwise meets the eligibility requirements for a student with a disability under the IDEA.

Additional required components of a comprehensive evaluation are listed according to each disability area along with specific eligibility indicators (Refer to the <u>Policies and Procedures for</u> <u>Special Education in Oklahoma</u>, 2007).

Evaluation procedures, assessments, and associated materials must be selected and administered so as not to be discriminatory on a racial or cultural basis; provided and administered in the student's native language or other mode of communication, and in the form most likely to yield accurate information on what the student knows and can do academically, developmentally, and functionally, unless it is clearly not feasible to do so; validated for the specific purposes for which they are used; and administered by qualified professionals who are trained and knowledgeable in accordance with the instructions provided by the test producer and in conformity with State standards. In addition, assessments are selected and administered so as best to ensure that if an assessment is administered to a student with impaired sensory, manual, or speaking skills, the assessment results accurately reflect the student's aptitude or achievement level or other factors the test purports to measure, rather than reflecting the student's impaired sensory, manual, or speaking skills (unless those skills are the factors that the test purports to measure). No single procedure may be used as the sole criterion to determine whether a student is a student with a disability or to determine an appropriate educational program for a student.

In situations in which it is clearly not feasible to provide and administer assessments in the student's native language or mode of communication for a student determined LEP, the LEA must still obtain and consider accurate and reliable information that will enable the group to make an informed decision as to whether the student has a disability and the effects of the disability on the student's educational needs. 34 CFR § 300.304 requires that assessments of the student determined LEP must be selected and administered to ensure that they measure the extent to which a student has a disability and needs special education, and do not, instead, measure the student's limited English language skills.

If an assessment is not conducted under standard conditions, information about the extent to which the assessment varied from standard conditions, such as the qualifications of the person administering the test or the method of test administration, must be included in the evaluation report.

Assessments of students with disabilities who transfer from one LEA to another in the same school year must be coordinated between schools as expeditiously as possible to ensure prompt completion of full evaluations.

The LEA must ensure that: (1) the IEP team for each student with a disability has all of the evaluation information it needs to make required decisions regarding the educational program of the student, including the consideration of special factors required by 34 CFR §§ 300.320 through 300.324; and (2) the group determining a student's eligibility has all of the information it needs to ensure that the student is not determined to be a student with a disability if the determining factor is a lack of appropriate instruction in reading, including the essential components of reading instruction, or mathematics, or LEP as required by 34 CFR § 300.306, and the student is not otherwise eligible under the criteria at 34 CFR § 300.8.

### Additional Evaluation Considerations

### **Functional Assessments**

In determining the educational needs of the individual student, a full and comprehensive evaluation may require functional and relevant assessment techniques and strategies to obtain needed information. For example, evaluation procedures for students with sensory, motor, or communication impairments or severe levels of impairment may require functional assessment methods to adequately measure skills and abilities. Functional assessments may include observations, portfolios, and checklists.

### Functional Evaluations of Assistive Technology (AT) Needs

The evaluation of needs for AT services or devices and functional capabilities of the student in the customary environment may be a necessary component of the evaluation for individual students with disabilities.

### **Functional Behavioral Assessment**

In the case of a student whose behavior impedes his/her learning or the learning of others, a functional behavioral assessment (FBA) may be a necessary component of a comprehensive evaluation. However, in certain situations, an FBA may be done independently of a comprehensive evaluation. This FBA may be provided by a group of qualified professionals who are knowledgeable about the student and his/her behaviors. School psychologists, licensed psychologists (with appropriate specialty designation), and licensed social workers may provide related services and consultation for the FBA. The information gathered through this assessment, including parent information, may be used to develop a behavior intervention plan (BIP) for the student.

### **Procedures for Students with Specific Learning Disabilities**

Additional procedures for evaluations are required in determining whether a student suspected of having a specific learning disability is a student with a disability and requires special education and related services under the IDEA. These additional procedures must be in accordance with 34 CFR §§ 300.307 through 300.311.

### Adverse Effects on Educational Performance

Determination of adverse educational effects must reflect consideration of the effect of the student's disability on overall educational performance. It is not intended to imply that the student must be below grade level or must be failing in an academic area to be eligible for special education and related services. In addition, eligibility for and dismissal from special education and related services programs should not be based on a sole criterion of educational deficits in basic academic performance, or achievement scores (e.g., reading, mathematics, spelling). Consideration must be given to the factors and characteristics of the student's disability, as defined in the federal regulations.

### **Multidisciplinary Evaluation and Eligibility Group Meeting**

The LEA must schedule a meeting with the parents and provide the Notification of Meeting (OSDE Form 6) to review the information and to determine whether a student has a disability that requires special education and related services or other educational interventions and services.

The explanation to the parent(s) documented by the MEEGS (OSDE Form 5) provides the parent(s) with notice of the proposed identification of a disability which requires special education and related services or determination that the student is not a student with a disability. The LEA must document that the parents have received their rights regarding this process. If the parent(s) choose not to participate in the MEEGS meeting or are in disagreement with the group's determination regarding identification of a disability, Written Notice to Parents (OSDE Form 8), a copy of the MEEGS (OSDE Form 5), and the *Parents Rights in Special Education: Notice of Procedural Safeguards* must be provided by the LEA.

The parent(s) will be given a copy of the evaluation results and the MEEGS (OSDE Form 5).

The IEP team must convene within 30 calendar days after identifying a student as being eligible as a student with a disability who requires special education and related services. It is permissible for the IEP team to meet to develop the IEP at the same time the evaluation results and the MEEGS are reviewed by the team, with copies provided to the parent(s).

### **Team Participants and Examiner Qualifications**

### Multidisciplinary Evaluation and Eligibility Group Composition

A group of individuals, including the parent(s) of the student and other qualified professionals, must determine whether the student has a disability, as defined in 34 CFR § 300.8, and whether the student requires special education and related services.

Depending upon the needs of the student, the group must include the following qualified professionals:

• At least one regular education teacher of the student (if the student is, or may be, participating in the regular education environment); if the student does not have a regular education teacher, a regular education teacher qualified to teach that age student would

serve on this group. If the student is less than school age, an individual qualified by the OSDE to teach a nondisabled student of that age must serve on this group.

- At least one special education teacher certified in the area of the student's suspected and/or previously identified disability or one who meets registry requirements for those areas where no certification exists.
- A specific qualified examiner(s) who can interpret comprehensive evaluation results (e.g., a school psychologist, psychometrist, or other qualified professionals appropriate for the disability and concerns addressed in the evaluation process, in accordance with State standards and the Personnel Qualifications section of the manual).
- Other group members might include professionals with necessary qualifications to assess the student's functioning in the areas of suspected disability (e.g., speech language pathologist [SLP], occupational therapist [OT], physical therapist [PT]).

### **Specific Examiner Qualifications**

Assessments and other evaluation materials must be administered by qualified professionals in conformity with the instructions provided by their producer. Professionals, who provide special education and related services, including diagnostic evaluations, must hold appropriate credentials outlined in the Personnel Qualifications section of this manual and be qualified in accordance with the IDEA.

As members of the group, certified reading and special education teachers may administer those assessments and evaluation procedures which are specific to their area of expertise and training and are administered in conformity with the instructions provided by their producer. Use of many standardized assessment materials and assessment of some disabilities may require additional training or credentials.

SoonerStart professional staff may also administer developmental assessments for infants and toddlers (birth through two years of age) for early intervention (EI) services, in accordance with State policies and procedures under the IDEA Part C. Existing evaluation data and assessments conducted under these provisions for SoonerStart, and released with parental consent, will be helpful to LEAs in considering evaluation and eligibility of students referred for transition from Part C to Part B.

SLPs are professionals qualified to assess speech, language, and communication skills. Similarly, PTs, and OTs conduct evaluations within their scope of practice and the personnel standards and licensure laws of the State.

For students with sensory disabilities, special education teachers certified in the area of the disability (e.g., hearing impairment, including deafness, and visual impairment, including blindness) will be essential qualified members of the multidisciplinary evaluation and eligibility group. Information from other qualified professionals (e.g., audiologist, ophthalmologist), as appropriate, must also be considered. Special education teachers certified in the sensory disability areas may assist the group with educational implications of the data.

School nurses and special education teachers with registry training in other health impairments or with certification in mild/moderate or severe/profound/multiple disabilities may assist the

group with educational implications of the health-related data for students with other health impairments. The school nurse may provide relevant information for the group concerning health and medical data obtained from physicians and other sources. If a health condition involves neuropsychological or psychological/behavioral concerns (e.g., attention deficit hyperactivity disorder [ADHD], seizures, Tourette Syndrome), other qualified professionals will be needed to assist the group in addressing implications of the evaluation results and educational needs for the student.

### **Reevaluations**

The MEEGS (OSDE Form 5) will be used for initial evaluations; and, as appropriate, for reevaluations where it is determined that no additional evaluation information is needed to establish continued eligibility as a student with a disability. The group must document this decision by completing the gray areas of the form (OSDE Form 5).

The LEA must reevaluate a student with a disability in accordance with 34 CFR §§ 300.304 through 300.311 before determining that a student is no longer eligible as a student with a disability requiring special education and related services.

Reevaluation to determine that a student is no longer eligible is not required before the termination of a student's eligibility due to graduation with a standard high school diploma, or exceeding the age eligibility for a FAPE under Oklahoma State law.

### **<u>Role of the IEP Team in Reevaluations</u>**

A reevaluation will be conducted at least once every three years, or more often if conditions warrant the need for reevaluation, or if requested by the student's parent or teacher in accordance with the requirements of 34 CFR §§ 300.304 through 300.311.

A group of individuals, and qualified professionals, as appropriate, must review existing evaluation data and determine what, if any, additional evaluation data is needed to determine whether the student continues to have a disability. Data to consider during this review process must include the following:

- Evaluations and information provided by the parent(s) of the student.
- Current classroom-based assessments and observations.
- Observations by teachers and related service providers.
- Input from the student's parent(s).

It is permissible to review existing data without a meeting. Although parent consent is not required for a review of the existing data, consent is required before additional individual assessments or evaluations are conducted.

If, after reasonable attempts, the student's parent(s) do not respond to requests for any additional evaluations needed for the reevaluation process, the team may utilize the Written Notice to Parents (OSDE Form 8) to implement changes or additional evaluations.

The results of any reevaluations must be addressed by the student's IEP team under 34 CFR §§ 300.320 through 300.324. The IEP team will use the information in determining the present levels of performance and educational needs of the student, special education and related services, and whether any additions or modifications to the services are needed to meet the student's measurable annual goals in the IEP and to participate, as appropriate, in the general education curriculum. It is important that additional assessment data, including evaluations and information provided by the parent(s), be shared with the IEP team so that it may be used in reviewing and, as appropriate, revising the IEP.

### Parent Participation in Reevaluations

Parent(s) must be afforded the opportunity to participate as members of the IEP team in accordance with 34 CFR § 300.322, including review of existing data to determine any additional information needed for reevaluations. Review of existing data does not require a meeting or parent consent. If neither parent can attend scheduled meetings for the IEP meeting or the MEEGS meeting, other methods must be utilized to ensure parent participation, including individual or conference telephone calls. An IEP meeting, or MEEGS meeting may be conducted without a parent in attendance if the LEA is unable to convince the parent that they should attend and the LEA has a record of reasonable attempts to schedule meetings at a mutually agreed on time and place. In this case, Written Notice to Parents (OSDE Form 8) must be used to inform the parent's right to request an evaluation to determine whether the student continues to be a student with a disability and requires services under the IDEA.

### **Three-Year Reevaluations**

A reevaluation must be conducted if conditions indicate the need for a reevaluation, or if the student's parent(s) or teacher requests a reevaluation. A reevaluation may occur not more than once a year, unless the parent(s) and the LEA agree otherwise, and must occur at least once every three years, unless the parent(s) and the LEA agree otherwise. Review of existing data and information is used to determine whether any additional individual assessments or evaluations may be necessary. Areas of suspected disability that have been ruled out through the initial evaluation will **not** require reevaluation, unless conditions exist that warrant additional assessments for reevaluation. Reevaluation procedures to address specific areas of functioning related to the suspected disability(ies) are not necessarily required to be the same assessments or procedures as those administered for the initial evaluation.

The IEP team and other qualified professionals, as appropriate, must determine, based upon review of existing data, what reevaluation data is necessary:

- The present levels of performance and educational needs of the student.
- Whether the student needs special education and related services.
- Whether the student continues to have a disability, as defined in 34 CFR § 300.8.
- Whether any additions or modifications are needed to enable the student to meet the measurable annual goals set in the IEP of the student and to participate, as appropriate, in the general education curriculum.

If a parent requests additional assessments, the LEA must either: (1) conduct the assessments or (2) provide the parent(s) with written notice of the LEA's refusal to conduct the assessments utilizing Written Notice to Parents (OSDE Form 8). The parent(s) may challenge such a proposal or refusal by requesting a due process hearing. If the LEA and the group reviewing the existing evaluation data concludes that under 34 CFR § 300.305(a) no additional assessments are needed to determine whether the student continues to be a student with a disability, the LEA must provide parent(s) with the notice required by 34 CFR § 300.305(d)(1).

#### When Additional Reevaluation Data are Needed

An LEA must reevaluate a student before determining the student is no longer eligible for special education and related services as a student with a disability. Upon a review of existing data, if additional reevaluation data are needed, the team will provide the parent(s) the Parent Consent for Evaluation (OSDE Form 4). The LEA must also provide the parent(s) with the Written Notice to Parents (OSDE Form 8), in a reasonable amount of time, before the LEA proposes/refuses to initiate or make a change regarding reevaluation to determine disability as well as the nature and extent of special education and related services. Additional evaluation data for eligibility decisions will be documented on the MEEGS (OSDE Form 5), as appropriate to the purposes, issues, and data being considered by the team. The parent(s) will be given a copy of the evaluation results and the MEEGS (OSDE Form 5), when the additional data are compiled and considered by the team, which includes the parent(s).

The parent(s) must be provided a copy of the evaluation report and the documentation of the team decisions.

### When Additional Reevaluation Data are Not Needed

Upon a review of existing data, if additional reevaluation data are not needed to determine whether the student continues to be a student with a disability and to determine the student's educational needs, the LEA will document this on the MEEGS (OSDE Form 5), by completing the grayed areas of the form, for the three-year reevaluation, or more often for reevaluation consideration as needed. Documentation of the grayed areas of the MEEGS (OSDE Form 5) will document the three-year reevaluation process. The parent(s) will be provided with a copy of the MEEGS (OSDE Form 5) informing them of the team's decision and, as appropriate, the Review of Existing Data (OSDE Form 3). Parent(s) are to be informed of their right to request an assessment to determine whether their student continues to be a student with a disability. The LEA is not required to conduct the assessment if the team determines additional data are not needed, unless the parent(s) requests data to determine whether the student continues to be eligible as a student with a disability and to determine the student's educational needs under the IDEA (34 CFR § 300.8. Reevaluation is not required prior to a student's eligibility ending under the IDEA due to graduation with a standard high school diploma or exceeding age eligibility for a FAPE under Oklahoma State law and federal regulations.

The LEA must provide the student with a summary of the student's academic achievement and functional performance that includes recommendations on how to assist the student in meeting the student's postsecondary goals. This information will be documented on the Student Summary of Performance (SOP; OSDE Form 11).

### MULTIDISCIPLINARY EVALUATION AND ELIGIBILITY GROUP SUMMARY (MEEGS)

| NAN  | AME OF CHILD:STUDENT ID:<br>FIRST/MIDDLE/LAST  |  |   |  |  |
|--|--|--|---|--|--|
|  | THDATE:<br>MONTH/DAY/YEAR<br>ENT(S):   |  |   | DATE:<br>MONTH/DAY/YEAR  |  |
|  |  |  |   | (OTHER)  |  |
| HON  | ME ADDRESS:  | SS/P.O. BOX CITY   | STATE   | DISTRICT/AGENCY:   |  |
| BUI  | LDING:   | SITE CODE:   | IEP TEACHER (   | OF RECORD:   |  |
| On   | <ul> <li>consent for the evaluation.</li> <li>Reevaluation</li> <li>Reevaluation where no addition whe</li></ul> | <pre>I eligibility and educational ne<br/>Date of Parent Consent:<br/>litional data is needed-<i>Require</i><br/>ting data and parent(s) input<br/>alar disability, or in the case of<br/>suspected disability<br/>ing Deafness<br/>concomitant disabilities</pre> | eds must be completed<br>ed to only complete gra<br>at the following must b<br>f reevaluation, continue | within 45 school days of receiving parental y areas of form e addressed when conducting both initial es to have such a disability. |  |
| <ul> <li>Visual Impairment including Blindness</li> <li>Present levels of performance and educational needs of the child.</li> </ul> |  |  |   |  |  |
| 3.   | Whether the child needs spec services.   | ial education and related serv   | vices, or if a reevaluation   | on, whether the child continues to need those  |  |
|  | □ YES  | □ NO   |   |  |  |
| 4.   |  |  |   | re needed to meet the measurable annual goals opriate activities for preschool children).  |  |
|  | □ YES, additions or modification   | s are needed as follows:   |   |  |  |
|  | □ NO, additions or modification  | s are NOT needed at this time.   |   |  |  |

### MEEGS

| NAME OF CHILD:     |  |
|--------------------|--|
| initiation childe. |  |

\_STUDENT ID: \_\_\_\_\_

LAST

FIRST MIDDLE Complete only the areas needed for this child.

| AREA                                  | EVALUATION<br>PROCEDURES | PERSON/AGENCY<br>QUALIFICATIONS | DATE<br>(of information) | COMMENTS, FINDINGS,<br>EDUCATIONAL NEEDS |
|---------------------------------------|--------------------------|---------------------------------|--------------------------|--|
| PARENT INFORMATION                    |                          |                                 |                          |  |
| CONCERNS/COMMENTS                     |                          |                                 |                          |  |
| Existing                              |                          |                                 |                          |  |
| New Information                       |                          |                                 |                          |  |
|                                       |                          |                                 |                          |  |
| DEVELOPMENTAL                         |                          |                                 |                          |  |
| Existing                              |                          |                                 |                          |  |
| New Information                       |                          |                                 |                          |  |
|                                       |                          |                                 |                          |  |
|                                       |                          |                                 |                          |  |
| ADAPTIVE BEHAVIOR                     |                          |                                 |                          |  |
| HOMESCHOOL<br>AGE APPROPRIATE SETTING |                          |                                 |                          |  |
|                                       |                          |                                 |                          |  |
|                                       |                          |                                 |                          |  |
| New Information                       |                          |                                 |                          |  |
| SOCIOCULTURAL                         |                          |                                 |                          |  |
|                                       |                          |                                 |                          |  |
|                                       |                          |                                 |                          |  |
| New Information                       |                          |                                 |                          |  |
|                                       |                          |                                 |                          |  |
| HEALTH/MEDICAL                        |                          |                                 |                          |  |
| Existing                              |                          |                                 |                          |  |
| New Information                       |                          |                                 |                          |  |
|                                       |                          |                                 |                          |  |
| VISION                                |                          |                                 |                          |  |
| Existing                              |                          |                                 |                          |  |
|                                       |                          |                                 |                          |  |
| New Information                       |                          |                                 |                          |  |
| HEARING                               |                          |                                 |                          |  |
| Existing                              |                          |                                 |                          |  |
| New Information                       |                          |                                 |                          |  |
|                                       |                          |                                 |                          |  |
| MOTOR                                 |                          |                                 |                          |  |
| Existing                              |                          |                                 |                          |  |
| New Information                       |                          |                                 |                          |  |
|                                       |                          |                                 |                          |  |
| COMMUNICATION/SPEECH                  |                          |                                 |                          |  |
| AND LANGUAGE                          |                          |                                 |                          |  |
| Existing                              |                          |                                 |                          |  |
| New Information                       |                          |                                 |                          |  |
|                                       |                          |                                 |                          |  |
|                                       |                          |                                 |                          |  |

| MEEGS                                |                          |                                 |                          |  |  |
|--------------------------------------|--------------------------|---------------------------------|--------------------------|--|--|
| NAME OF CHILD:                       |                          | STUDENT ID:                     |                          |  |  |
| FIRST                                | MIDDLE                   | LAST                            |                          |  |  |
| AREA                                 | EVALUATION<br>PROCEDURES | PERSON/AGENCY<br>QUALIFICATIONS | DATE<br>(of information) | COMMENTS, FINDINGS,<br>EDUCATIONAL NEEDS |  |
| ACADEMIC:<br>LISTENING COMPREHENSION |                          |                                 |                          |  |  |
| New Information                      |                          |                                 |                          |  |  |
| ORAL EXPRESSION  Existing            |                          |                                 |                          |  |  |
| New Information                      |                          |                                 |                          |  |  |
| BASIC READING SKILLS                 |                          |                                 |                          |  |  |
| New Information                      |                          |                                 |                          |  |  |
| READING COMPREHENSION                |                          |                                 |                          |  |  |

| KEAL | JING COMPREHENSIO |
|------|-------------------|
| 🗌 E  | Existing          |

| 110 11 | mormation |
|--------|-----------|
|        |           |
|        |           |
|        |           |

Г

| REA | ADING FLUENCY |
|-----|---------------|
|     | Existing      |

New Information

### WRITTEN EXPRESSION Existing

### Existing

New Information

# New Information New Information MATHEMATICS CALCULATION MATHEMATICS PROBLEM SOLVING Existing New Information

### MEEGS

NAME OF CHILD: \_\_\_\_\_\_STUDENT ID: \_\_\_\_\_

| FIRST                           |                          | LAST                            |                          |  |
|---------------------------------|--------------------------|---------------------------------|--------------------------|--|
| AREA                            | EVALUATION<br>PROCEDURES | PERSON/AGENCY<br>QUALIFICATIONS | DATE<br>(of information) | COMMENTS, FINDINGS,<br>EDUCATIONAL NEEDS |
| ASSISTIVE TECHNOLOGY            |                          |                                 |                          |  |
| Existing                        |                          |                                 |                          |  |
| New Information                 |                          |                                 |                          |  |
|                                 |                          |                                 |                          |  |
|                                 |                          |                                 |                          |  |
| PERCEPTUAL/PROCESSING           |                          |                                 |                          |  |
|                                 |                          |                                 |                          |  |
|                                 |                          |                                 |                          |  |
| New Information                 |                          |                                 |                          |  |
|                                 |                          |                                 |                          |  |
|                                 |                          |                                 |                          |  |
| INTELLECTUAL/COGNITIVE          |                          |                                 |                          |  |
| Existing                        |                          |                                 |                          |  |
| New Information                 |                          |                                 |                          |  |
|                                 |                          |                                 |                          |  |
|                                 |                          |                                 |                          |  |
| FUNCTIONAL BEHAVIOR             |                          |                                 |                          |  |
| ASSESSMENT                      |                          |                                 |                          |  |
| Existing                        |                          |                                 |                          |  |
| New Information                 |                          |                                 |                          |  |
|                                 |                          |                                 |                          |  |
|                                 |                          |                                 |                          |  |
| PSYCHOLOGICAL                   |                          |                                 |                          |  |
| SOCIAL/EMOTIONAL                |                          |                                 |                          |  |
| Existing                        |                          |                                 |                          |  |
| New Information                 |                          |                                 |                          |  |
|                                 |                          |                                 |                          |  |
|                                 |                          |                                 |                          |  |
| VOCATIONAL                      |                          |                                 |                          |  |
| Existing                        |                          |                                 |                          |  |
| New Information                 | +                        |                                 |                          |  |
|                                 |                          |                                 |                          |  |
|                                 |                          |                                 |                          |  |
|                                 |                          |                                 |                          |  |
| <b>OBSERVATION IN CLASSROOM</b> |                          |                                 |                          |  |
| OR OTHER ENVIRONMENT            |                          |                                 |                          |  |
| Existing                        |                          |                                 |                          |  |
| New Information                 |                          |                                 |                          |  |
| New Information                 |                          |                                 |                          |  |
|                                 |                          |                                 |                          |  |
| OTHER                           |                          |                                 |                          |  |
| Existing                        |                          |                                 |                          |  |
|                                 |                          |                                 |                          |  |
| New Information                 |                          |                                 |                          |  |
|                                 |                          |                                 |                          |  |
|                                 |                          |                                 |                          |  |
|                                 | 1                        |                                 |                          |  |

# MEEGS – Additional Procedures and Requirements for Specific Learning Disabilities

| NAME OF CHILD:  |                     |  |            | STUDENT ID:   |  |  |  |
|---|---------------------|--|------------|---|--|--|--|
|   | FIRST               | MIDDLE L   | .AST       |   |  |  |  |
|   |                     | rements for Specific                               |            | ng Disabilities   |  |  |  |
| Describe Differentiate  | ed Instructional St | rategies Attempted (Tier                           | r 1):      |   |  |  |  |
|   |                     |  |            |   |  |  |  |
|   |                     |  |            |   |  |  |  |
|   |                     |  |            |   |  |  |  |
| Describe Intervention   | s (Tier 2):         |  |            |   |  |  |  |
|   |                     |  |            |   |  |  |  |
|   |                     |  |            |   |  |  |  |
|   |                     |  |            |   |  |  |  |
|   |                     |  |            |   |  |  |  |
| Summary of behavior   | (s) noted during th | e observation and the r                            | elationshi | p of that behavior to the child's academic functioning:   |  |  |  |
|   |                     |  |            |   |  |  |  |
|   |                     |  |            |   |  |  |  |
|   |                     |  |            |   |  |  |  |
|   |                     |  |            |   |  |  |  |
|   |                     | nces and instruction a<br>quately in the following |            | te for the child's age or State-approved grade-level<br>nent area(s):   |  |  |  |
| (Check all areas that a   |                     |  |            | _   |  |  |  |
|   | Oral Expression     | nension  |            | <ul> <li>Reading Comprehension</li> <li>Written Expression</li> </ul>   |  |  |  |
|   | Reading Fluency S   | kills  |            | Mathematics Calculation   |  |  |  |
|   | Basic Reading Ski   |  |            | Mathematics Problem Solving   |  |  |  |
| Ruled out as the prim   | ary cause of learni | ng problems:                                       |            |   |  |  |  |
| Physical/Sensory I  |                     |  |            | ironmental or Economic Disadvantage   |  |  |  |
| Intellectual Disabil  |                     |  |            | tural Factors   |  |  |  |
| Basis for making the d  |                     | lect one)  |            |   |  |  |  |
| <b>Response to scie</b><br>List child-centered da   | ntific, research-ba | sed intervention                                   |            | severe discrepancy between ability and achievement<br>repancy of at least 1.5 standard deviations between ability |  |  |  |
| List child-centered da  | ta conected:        |  |            | nievement exists in the following areas:  |  |  |  |
|   |                     |  |            |   |  |  |  |
|   |                     |  |            |   |  |  |  |
|   |                     |  |            |   |  |  |  |
|   |                     |  |            |   |  |  |  |
|   |                     |  |            |   |  |  |  |
| The parent(s) has been notified of their right to request an evaluation if using response to scientific, research-based intervention. DATE: |                     |  |            |   |  |  |  |
| Effective Strategies for increasing child's rate of learning (Tier 3):  |                     |  |            |   |  |  |  |

# MEEGS

| NAME OF CHILD:   |   | STUDENT ID:  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| FIRST  | MIDDLE LAST                                 |  |  |  |  |  |  |
| Ruled out as determining fa  | Limited English proficiency                 | ] Lack of instruction in Mathematics                               |  |  |  |  |  |
| Summer and Canalasian  | Lack of appropriate instruction in R        | Reading, including the essential components of reading instruction |  |  |  |  |  |
| Summary and Conclusions  | plinary evaluation and adverse effects on   | educational performance:   |  |  |  |  |  |
| Conclusions of the manualse.   | prinary evaluation and adverse effects on   | educational performance.   |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| If this child is not eligible for  | special education and related services, w   | hat are recommendations to address educational needs?              |  |  |  |  |  |
|  | 1   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| Evaluation and Eligibility (   | Group (Eligibility determination is made    | by a group of qualified professionals and the parent[s].)          |  |  |  |  |  |
| Parent   | Date  | Agree  |  |  |  |  |  |
| Parent   | Date  | Agree  |  |  |  |  |  |
| Special Education Teacher  | Date  | Agree 🔲 *Disagree  |  |  |  |  |  |
| Regular Education Teacher  | Date  | Agree  Agree  Sisagree   |  |  |  |  |  |
|  |   | Agree 🔲 *Disagree  |  |  |  |  |  |
| Administrative Representativ   |   | Agree 🔲 *Disagree  |  |  |  |  |  |
| Qualified Examiner   | Date  | Agree 🔲 *Disagree  |  |  |  |  |  |
| Other  | Date  | Agree  *Disagree   |  |  |  |  |  |
| Other  | Date  |  |  |  |  |  |  |
| *Group members who disa necessary.)  | gree must submit separate statements p      | presenting their conclusions. (Complete the Comment Form as        |  |  |  |  |  |
| An explanation of the evalua participants in the group.  | tion procedures, evaluation results, and th | ne eligibility determination has been provided to the parent(s) as |  |  |  |  |  |
| Parent(s) of a child with a disability have protection under the procedural safeguards of the IDEA.                          |   |  |  |  |  |  |  |
| Parent(s) have received <i>Parents Rights in Special Education: Notice of Procedural Safeguards</i> . Yes No Parent Initial: |   |  |  |  |  |  |  |
| Translation/Interpretation needed?  Yes No If yes, specify how and when provided:  |   |  |  |  |  |  |  |

# Notification of Meeting OSDE Form 6

#### Notification of Meeting, OSDE Form 6

The Notification of Meeting (OSDE Form 6) is used by the LEA to take steps to ensure that parent(s) are present at IEP meetings or afford parent(s) the opportunity to participate in the development of the IEP and its annual review. LEAs must notify parent(s) of the meeting early enough to ensure that they will have an opportunity to attend. The meeting must be scheduled at a mutually agreed upon time and place. The Notification of Meeting (OSDE Form 6) must indicate the purpose, time, location, and who will be in attendance. If neither parent can attend, the LEA must use other methods to ensure parent participation, including individual or conference telephone calls, or videoconferencing.

To ensure that parent(s) of a student with a disability receive required proper notice, the parent(s) may give permission to receive Notification of Meeting (OSDE Form 6), Written Notice to Parent(s) (OSDE Form 8), *Parents Rights in Special Education: Notice of Procedural Safeguards*, and due process complaint through electronic mail. This process is available only if the LEA chooses to offer this option to parent(s).

This meeting will provide an opportunity to discuss the student'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 beginning not later than the first IEP developed during the student's ninth grade year or upon turning 16 years of age, whichever comes first. The parent(s) will decide whether or not their minor student 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. This may be documented by utilizing the Parent Consent (OSDE Form 4). At the discretion of the parent(s), or the LEA, other individuals who have knowledge or special expertise regarding the student may also be a member of the IEP Team.

A meeting may be conducted without the involvement of a parent, if the LEA is unable to convince the parent(s) that they should attend. In this case the LEA must have a *record* of its attempts to ensure their involvement. This must include at least two of the following methods of contact:

- Detailed records of telephone calls made or attempted and the results of these calls.
- Copies of correspondence sent to the parent(s) and any responses received.
- Detailed records of visits made to the parents' home or place of employment and the results of those visits.

# **NOTIFICATION OF MEETING**

| NAME OF CHILD:  |  | NUTIFICA  | TION OF ME  | EIING   |   |
|---|--|---|---|---|---|
| FIRST       MIDDLE       LAST         BIRTHDATE:  | NAME OF CHILD:   |   | STUDENT ID:   |   |   |
| PARENT(\$):   | FIRST  | MIDDLE  | LAST  |   |   |
| PARENT(S):  | BIRTHDATE:   | GRADE:  | AGE:  | DATE  | :   |
| HOME ADDRESS:   |  |   |   |   | MONTH/DAY/YEAR  |
| TO:   | PHONE: (WORK)  | (HOME)  |   | (OTHER)   |   |
| TO:   | HOME ADDRESS.  |   |   | DISTRICT  | C/AGENCY:   |
| We would like to meet with you regarding the following:<br>Evaluation/eligibility/identification of disability requiring special education services<br>Placement/Individualized Education Program (IEP)<br>Transition from early intervention services to preschool<br>Review of placement/IEP<br>Reevaluation to determine disability and nature, extent of special education and related services needed<br>Consideration of needed transition services (beginning during the ninth grade year or upon turning 16 years of age, whichever occurs first)<br>Consideration of needed transition services (beginning during the ninth grade year or upon turning 16 years of age, whichever occurs first)<br>Consideration of needed transition services (beginning during the ninth grade year or upon turning 16 years of age, whichever occurs first)<br>Consideration of needed transition services (beginning during the ninth grade year or upon turning 16 years of age, whichever occurs first)<br>Consideration of needed transition services (beginning during the ninth grade year or upon turning 16 years of age, whichever occurs first)<br>Consideration of needed transition services (beginning during the ninth grade year or upon turning 16 years of age, whichever occurs first)<br>Not   | STREET ADDRESS.  | ESS/P.O. BOX CITY   | STATE   | ZIP   | /AOLINCI  |
| We would like to meet with you regarding the following:<br>Evaluation/eligibility/identification of disability requiring special education services<br>Placement/Individualized Education Program (IEP)<br>Transition from early intervention services to preschool<br>Review of placement/IEP<br>Reevaluation to determine disability and nature, extent of special education and related services needed<br>Consideration of needed transition services (beginning during the ninth grade year or upon turning 16 years of age, whichever occurs first)<br>Consideration of needed transition services (beginning during the ninth grade year or upon turning 16 years of age, whichever occurs first)<br>Consideration of needed transition services (beginning during the ninth grade year or upon turning 16 years of age, whichever occurs first)<br>Consideration of needed transition services (beginning during the ninth grade year or upon turning 16 years of age, whichever occurs first)<br>Consideration of needed transition services (beginning during the ninth grade year or upon turning 16 years of age, whichever occurs first)<br>Consideration of needed transition services (beginning during the ninth grade year or upon turning 16 years of age, whichever occurs first)<br>Not   | TO:  |   |   |   |   |
| Evaluation/eligibility/identification of disability requiring special education services             Placement/Individualized Education Program (IEP)              Transition from early intervention services to preschool              Reveauation to determine disability and nature, extent of special education and related services needed              Consideration of Textended School Year (ESY) services              Other options to be considered (if applicable):              LOCATION OF MEETING (Building/Room)           ADDRESS             on             DATE             This meeting will provide an opportunity to discuss your child's educational program and any changes that may be necessary for provision appropriate services. Students must be invited to attend meetings for the purpose of considering transition services beginning not later than the 1EP developed during the student's ninth grade year or upon turning 16 years of age, whichever occurs first. As the parent, you will decide whe your minor child will attend. Representative(s) from agencies that may be responsible for providing transition services shall be invited to attend:              Persons indicated below are required to attend:              Parent              Pearsons indicated below are required to attend:             Pearsons indicated below are required to attend:                      | P  | PARENT AND CHILD (IF TH   | RANSITION SERVICES ARE  | BEING CONSIDERED)   |   |
| on at   | <ul> <li>Placement/Individualized Educati</li> <li>Transition from early intervention</li> <li>Review of placement/IEP</li> <li>Reevaluation to determine disabil</li> <li>Consideration of needed transition</li> <li>Consideration of Extended School</li> </ul>       | on Program (IEP)<br>a services to preschool<br>ity and nature, extent of sp<br>n services (beginning durin<br>l Year (ESY) services   | becial education and related<br>ng the ninth grade year or u  | pon turning 16 years of ag  |   |
| on at   |  |   |   |   |   |
| DATE       TIME         This meeting will provide an opportunity to discuss your child's educational program and any changes that may be necessary for provision appropriate services. Students must be invited to attend meetings for the purpose of considering transition services beginning not later than the interpretent individual transition services beginning not later than the interpretent individual attend. Representative(s) from agencies that may be responsible for providing transition services shall be invited to meeting, with prior written parental consent. At your discretion or the agency's discretion, other individuals who have knowledge or spee expertise regarding the child may also be a member of the IEP Team.         The persons indicated below are required to attend:       The persons selected below are invited to attend:         Parent       Integrated Service Provider(s)       IntDEA Part C Representative         Regular Education Teacher       Student       Other  | LOCATION OF MEETI  | NG (Building/Room)  |   | ADDRES  | SS  |
| DATE       TIME         This meeting will provide an opportunity to discuss your child's educational program and any changes that may be necessary for provision appropriate services. Students must be invited to attend meetings for the purpose of considering transition services beginning not later than the interpretent services. Students must be invited to attend meetings for the purpose of considering transition services beginning not later than the interpretent services. Students must be invited to attend meetings for the purpose of considering transition services beginning not later than the interpretent services. Student's ninth grade year or upon turning 16 years of age, whichever occurs first. As the parent, you will decide whe your minor child will attend. Representative(s) from agencies that may be responsible for providing transition services shall be invited to meeting, with prior written parental consent. At your discretion or the agency's discretion, other individuals who have knowledge or spee expertise regarding the child may also be a member of the IEP Team.         The persons indicated below are required to attend:       The persons selected below are invited to attend:         Parent       Related Service Provider(s)       IIDEA Part C Representative         Regular Education Teacher       Vocational Rehabilitation Counselor       Other | on   |   | at  |   |   |
| appropriate services. Students must be invited to attend meetings for the purpose of considering transition services beginning not later than the inite developed during the student's ninth grade year or upon turning 16 years of age, whichever occurs first. As the parent, you will decide whe your minor child will attend. Representative(s) from agencies that may be responsible for providing transition services shall be invited to meeting, with prior written parental consent. At your discretion or the agency's discretion, other individuals who have knowledge or speetry expertise regarding the child may also be a member of the IEP Team.  The persons indicated below are required to attend: Parent Regular Education Teacher Special Education Teacher Administrative Representative Uvocational Rehabilitation Counselor Special Education Teacher Please contact the person at the address, phone number, or email address below by// as to whether you can meet at the mutu agreed upon time and place suggested or if other arrangements convenient for you should be made. If neither parent can attend, the agency's make other methods of participation available to the parent, including individual or conference telephone calls and copies of the IEP. Your chi  | DAT  | ГЕ  |   | TIME  |   |
| Special Education Teacher       Student       Other         Administrative 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 mutu agreed upon time and place suggested or if other arrangements convenient for you should be made. If neither parent can attend, the agency s make other methods of participation available to the parent, including individual or conference telephone calls and copies of the IEP. Your chi educational program and services will not be changed prior to the meeting to ensure your opportunity to participate. Translation/interpretation will   | appropriate services. Students must be<br>IEP developed during the student's nir<br>your minor child will attend. Represent<br>meeting, with prior written parental of<br>expertise regarding the child may also<br><u>The persons indicated below are rep</u><br>Parent | e invited to attend meeting<br>th grade year or upon turn<br>sentative(s) from agencies<br>consent. At your discret<br>be a member of the IEP To<br>equired to attend: The<br>DRe | as for the purpose of consid-<br>ning 16 years of age, which<br>is that may be responsible<br>ion or the agency's discre-<br>eam.<br><u>persons selected below a</u><br>elated Service Provider(s | lering transition services hever occurs first. As the for providing transition etion, other individuals were invited to attend: | beginning not later than the first<br>parent, you will decide whether<br>services shall be invited to the<br>who have knowledge or special<br>A Part C Representative |
| Administrative Representative  Qualified Examiner  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 mutu agreed upon time and place suggested or if other arrangements convenient for you should be made. If neither parent can attend, the agency s make other methods of participation available to the parent, including individual or conference telephone calls and copies of the IEP. Your chi educational program and services will not be changed prior to the meeting to ensure your opportunity to participate. Translation/interpretation will  |  |   |   | □Othe   | r   |
| agreed upon time and place suggested or if other arrangements convenient for you should be made. If neither parent can attend, the agency s make other methods of participation available to the parent, including individual or conference telephone calls and copies of the IEP. Your chi educational program and services will not be changed prior to the meeting to ensure your opportunity to participate. Translation/interpretation will  | Administrative Representative  | □Qi   | ualified Examiner   |   |   |
| Image: application request in a construct procedular surgations. In you have any questions regarding and notice of you right please contact the person listed on this form. Additional resources can be located within the Parents Rights in Special Education: Notice Procedural Safeguards. To obtain a copy, contact <autofill education="" special="" teacher="">.         FROM:      </autofill>   | agreed upon time and place suggested<br>make other methods of participation a<br>educational program and services will<br>arranged upon request. Parents have<br>please contact the person listed on th<br><i>Procedural Safeguards</i> . To obtain a co                 | l or if other arrangements<br>vailable to the parent, incl<br>not be changed prior to the<br>protection under the proc<br>his form. Additional res                                | convenient for you should<br>luding individual or confere<br>e meeting to ensure your op<br>redural safeguards. If you<br>ources can be located with  | l be made. If neither par<br>ence telephone calls and<br>oportunity to participate. The<br>have any questions regard            | ent can attend, the agency shall<br>copies of the IEP. Your child's<br>Granslation/interpretation will be<br>rding this notice or your rights,                        |
| STREET ADDRESS/P.O. BOX CITY STATE ZIP EMAIL ADDRESS  |  | UBLIC AGENCY OFFICIAL   | DISTRICT/AGENCY   | TELEPHONE   | DATE  |

| SCHOOL USE ONLY:                                       | Notice sent by: $\Box$        | U.S. Mail              | Date Mailed    |
|--|-------------------------------|------------------------|----------------|
|  |                               | Personal Delivery      | Date Delivered |
| Translation/interpretation needed?                     | Tes $\Box$ No If yes, specify | how and when provided: |                |
| School/public agency official's signature verifies the |                               |                        |                |
| accommodate the parent(s) understanding their right    | its.                          |                        |                |

# Individualized Education Program (IEP) OSDE Form 7

# Individualized Education Program (IEP), OSDE Form 7

The IEP should be considered to be the student's road map. This document is individual to each student and should meet their unique needs. The student's IEP should be in place at the beginning of each school year if the student has already been determined to be a student with a disability. After a student has been determined to be a student with a disability, the LEA must conduct a meeting to develop an IEP within 30 days of the eligibility determination. As soon as possible following the development of the IEP, special education and related services must be made available to the student. For students transitioning from Part C (SoonerStart) to Part B, their IEP must be in effect on or before their third birthday.

The IEP must be developed, reviewed, and revised periodically but not less than annually, to determine whether the annual goals for the student are being achieved. This would include revising the IEP as appropriate to address any of the following:

- Lack of expected progress toward the annual goals and in the general education curriculum, if appropriate.
- The results of any reevaluation.
- Information about the student provided to, or by, the parent.
- The student's anticipated needs.
- Other matters.

# **IEP Accountability**

It is the responsibility of the LEA to provide special education and related services to students with disabilities in accordance with an IEP. This does not require that the LEA, teachers, or others who implement the IEP are to be held accountable if a student does not achieve all of the stated annual goals and short-term objectives or benchmarks (for students who are taking alternate assessments aligned to alternate achievement of the standards) established on the IEP. However, teachers and responsible personnel of LEAs must make good faith efforts to implement the IEP and assist the student in achieving these annual goals and benchmarks or Short-Term Objectives. If a student's teacher feels that the IEP or placement is not appropriate for the student, steps should be taken to contact the parent(s) and to request an IEP team meeting to access the mediation, complaint, or due process complaint hearing procedures established under federal regulations if the parent(s) feels that these efforts are not being made.

A teacher cannot refuse to provide a service the LEA agrees to provide in the IEP. Teachers who refuse to perform an accommodation stated on the IEP may be found liable. *See, e.g., Doe v. Withers*, 20 IDELR 422 (W. VA. 1993) (a teacher was liable under Section 1983 for \$5,000 in compensatory damages and \$10,000 in punitive damages because he refused to provide oral testing for a student with a disability).

It is also the responsibility of the LEA to initiate and conduct meetings to develop, review, and revise the IEP for students with disabilities that are residents of the district (or as otherwise provided under Oklahoma State law for residency and transfers, including the Open Transfer Act). A meeting must be held periodically for this purpose, at least once a year, to determine whether the annual goals are being achieved and to revise the IEP, as appropriate.

If the parent(s) of a student with a disability believe that the student is not progressing satisfactorily or that there is a problem with the student's current IEP, it would be appropriate for the parent(s) to request an IEP meeting. The LEA should grant any reasonable request for such a meeting.

The LEA must revise the IEP, as appropriate, to address any lack of expected progress toward annual goals and in the general education curriculum, if appropriate; the results of any reevaluation(s); information about the student provided to, or by, the parent(s); the student's anticipated needs; or other matters. In conducting a review of the student's IEP, the IEP team must consider the special factors described in the IEP. A regular education teacher of the student, as a member of the IEP team, must participate in the review and the revision of the IEP of the student.

In making changes to the student's IEP after an annual IEP meeting, the parent of a student with a disability and the LEA may agree not to convene an IEP meeting for the purposes of making those changes, and instead may develop a written document to amend or modify the student's current IEP. If changes are made to the student's IEP, the LEA must ensure that the student's IEP team is informed of those changes. To the extent possible, the LEA must encourage the consolidation of reevaluation meetings and other IEP meetings for the student.

Changes to the IEP may be made either by the entire IEP team at the IEP team meeting, or by amending the IEP rather than by redrafting the entire IEP. Upon request, parent(s) must be provided with a revised copy of the IEP with the amendments incorporated.

The LEA is responsible for developing, implementing, reviewing, and revising IEPs for each eligible student with a disability served by that LEA, with the exception of students who are placed by their parent(s) in private schools. If the LEA places or refers an eligible student with a disability to a private school or facility, the LEA must ensure that an IEP is developed and implemented.

Responsibility for IEPs also applies to the Oklahoma School for the Deaf (OSD), the Oklahoma School for the Blind (OSB), and any other public agencies providing special education and related services, either by contract or through other arrangements. The Oklahoma Department of Corrections (DOC) has the responsibility for students with disabilities who are convicted as adults under Oklahoma State law and incarcerated in adult prisons.



# OKLAHOMA STATE DEPARTMENT OF EDUCATION

INSTRUCTIONS FOR COMPLETING THE INDIVIDUALIZED EDUCATION PROGRAM (IEP)

# FIRST PAGE OF THE IEP

1) Name of Student:

Indicate the student's full name.

2) Student ID:

Indicate the student's school ID number, as appropriate. This should be the student's student testing number (STN).

3) Birthdate:

Indicate the month, day, and year the student was born.

4) Grade:

Indicate the student's grade in school on the date of the IEP meeting.

5) <u>Age</u>:

Indicate the age of the student on the date of the IEP meeting.

6) Parent(s):

Indicate the parents' full name(s).

7) Phone:

Indicate a work, home, and other contact telephone number for the parent(s).

# 8) <u>Home Address</u>:

Indicate the mailing address of the parent(s).

# 9) <u>District/Agency</u>:

Indicate the school district or agency responsible for the student's education.

# 10) <u>Building</u>:

Indicate the name of the building/school in which the student receives special education and related services.

# 11) <u>Site Code</u>:

Indicate the site code number for the building in which the student receives special education or related services.

# 12) IEP Teacher of Record:

Indicate the first and last name of the special education teacher who is responsible for this student's IEP. This teacher is the one who carries this student on his or her caseload. The LEA shall ensure that IEPs are developed, reviewed, and revised by at least one properly qualified special education teacher.

#### 13) <u>IEP Type</u>:

Check only one: Initial, Interim, or Subsequent IEP. An initial IEP is developed upon first determination of eligibility and placement, regardless of a change in category (i.e., speech to learning disabilities). The purpose of an Interim IEP is to aid in determining the appropriate placement for a student who has been determined to be eligible for special education and related services. The Interim IEP must include specific conditions and timelines which shall **not** exceed 30 calendar days. Subsequent IEPs are developed annually.

#### 14) <u>Amended or Modified</u>:

When the IEP team convenes to amend or modify components of the IEP without developing a subsequent IEP, please indicate the date in which the team made the amendment. Amendments or modifications are intended to allow **minor** changes in the IEP; however, **amending or modifying an IEP does not extend the ending IEP date**. For example, if an IEP team develops a subsequent IEP for a student on January 15, 2010, and meets to amend or modify the IEP in July, the ending date for the IEP will continue to be January 15, 2011.

#### 15) Present Levels of Academic Achievement and Functional Performance:

The present levels of performance provide a starting point from which to measure progress toward the annual goals. The statement of present levels of academic achievement and functional

performance will be different for each student. Thus, the content of the statement for an individual student is determined by participants in the IEP team; however, the following points should be considered.

The statement should include current evaluation data (may include state mandated testing and classroom assessments) **and** objective statements accurately describing how the disability affects the student's involvement and progress in the general education curriculum, including academic areas (e.g., reading, math, communication), postsecondary transition, as appropriate, and participation in nonacademic areas (e.g., daily life activities and mobility).

For the preschool student, describe how the disability affects participation in developmentally and age-appropriate activities.

For students of transition age, document transition assessment results as they relate to the postsecondary goal(s).

Transition assessments may include, but are not limited to, vocational interests, broad-based transition assessments, self-determination assessments, interest inventories, life skills assessments, academic assessments, and social assessments. Assessment results should give an indication of where the student is on reaching his or her postsecondary goal(s). Assessment results shall be used to determine annual transition IEP goals necessary for the student to develop skills that will enable him or her to reach postsecondary goal(s). The type of assessment utilized for each student will vary based on the student's needs, strengths, preferences, and interests, and may change from year to year, depending on progress achieved each year.

Disability categories, such as mental retardation or deafness, may not be used as a substitute for the description of present levels of performance.

This information should be measurable and written in factual terms, to the extent possible. Data from the student's most recent evaluations would be a good source of information. Test scores that are pertinent to the student's eligibility might be included; however, the information listed should be self-explanatory and readily interpreted by participants without the use of test manuals or other aids, or an explanation should be included (raw scores would not usually be sufficient). Current classroom-based assessments and observations by teachers and service providers should be considered.

There should be a direct relationship between the present levels of educational performance, the annual goals, and the other components of the IEP.

# IEP-STRENTHS/NEEDS, SPECIAL FACTORS, AND PARENT CONCERNS PAGE:

#### 1) <u>Strengths and Anticipated Effects</u>:

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 attaining progress in the general curriculum (or for preschool-aged students, age-appropriate activities). For example, a student may be strong in the area of problem solving. This strength will enable the student to think through steps before taking action, and evaluate courses of action prior to making a final decision. The thought process behind the student's problem solving will provide a more thorough result.

# 2) <u>Educational Needs</u>:

Indicate areas of educational needs as a result of the student's disability which may require special education, related services, supplementary aids, and supports for school personnel, or modifications. These areas are to be considered in determining measurable annual goals and short-term objectives or benchmarks. Educational needs that may require certain services (e.g., transportation, transition, adapted physical education, core academic subjects, and related services) must be included.

# 3) Consideration of Special Factors:

If the IEP team considers a special factor to be relevant for the student, please mark the box "yes." If the IEP team did not consider a special factor to be relevant to the student, please mark the box "no." Each special factor must have a designated mark.

Special factors to be considered include:

- 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 student with LEP.
- Instruction and use of Braille if the student is blind or visually impaired, unless determined inappropriate based on evaluation.
- Communication needs, and for student who is deaf or hard of hearing, the language and communication needs and opportunities for communication and instruction in the student's native language and communication mode.
- Whether this student required assistive technology devices or services.

# For special factors checked "yes," the team must explain determinations as to whether services are required in the IEP. The team must document how these special factors will be addressed to meet the student's needs.

#### 4) Parent concerns:

Document any parent concerns for enhancing the education of the student. The team shall consider these concerns when addressing relevant components of the IEP. It is best practice not to leave this area blank. If parents have additional concerns or disagreements they may document these concerns on the Comment Form and attach to the IEP.

# **IEP-GOALS PAGE:**

For students who are being taught on grade level standards, including preschool students, the IEP team will use the IEP goals page to document annual IEP goals.

#### 1) Student's Name:

Please indicate the student's full name.

#### 2) <u>Student ID</u>:

Indicate the student's school ID number, as appropriate. This should be the student's student testing number (STN).

#### 3) <u>Annual Goal</u>:

For students who are taught to grade-level standards or grade-level modified achievement standards, including preschool students, utilize this page to document annual IEP goals. Provide measurable annual goals, including academic and functional goals, to enable the student to be involved in and make progress in the general education curriculum (for preschool students, in the appropriate activities), and to meet other educational needs that result from the disability.

#### 4) How will extent of progress toward annual goals be measured:

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).

#### 5) Informing parents of progress:

Parent(s) of students with disabilities are to be informed of their progress in annual goals, in additional to general education academic performance reports. Describe how often the parent(s) will be informed of progress on IEP goals and what methods will be utilized.

#### 6) Extent of progress toward achieving annual goals:

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 percent, number achieved, or other calculation method.

#### 7) <u>Comments</u>:

This box may be utilized if any IEP team member has additional comments about goals or progress.

#### EXAMPLES

"Elijah will demonstrate math skills at the 5<sup>th</sup> grade level as identified in the general curriculum with 70% accuracy or better."

"Christa will demonstrate appropriate behavior as defined by the student handbook with no more than 3 discipline referrals for a 9-week period."

"Jaden will sit and attend during circle time for 10 minutes independently 4 out of 5 times."

# **IEP-GOALS AND OBJECTIVES PAGE:**

For students who are being taught to grade level alternate achievement of the standard, the IEP team will use the IEP Goals and Objective page to document annual IEP goals and benchmarks or short-term objectives.

#### 1) <u>Student's Name</u>:

Please indicate the student's full name.

#### 2) <u>Student ID</u>:

Indicate the student's school ID number, as appropriate. This should be the student's student testing number (STN).

#### 3) <u>Annual Goal</u>:

For students who are taught to grade-level alternate achievement of the standard, utilize this page to document annual IEP goals and benchmarks or short-term objectives. Provide measurable annual goals, including academic and functional goals, to enable the student to be involved in and make progress in the general education curriculum and to meet other educational needs that result from the disability.

#### 4) Short-Term Objectives or Benchmarks:

For students who are being taught to grade-level alternate achievement of the standard, include benchmarks or short-term objectives for each annual goal. There must be at least two Short-Term Objectives/benchmarks per goal. However, it is up to each IEP team to determine the steps the student will need to take/master to achieve the annual IEP goal.

**Short-term Objectives or Benchmarks:** (Students who take alternate assessment aligned to grade-level alternate achievement of the standard.)

Short-term objectives generally break down the skills described in the annual goal into discrete components. Benchmarks describe the amount of progress the student is expected to make within specified segments of the year. Benchmarks establish expected performance levels that allow for regular checks of progress that coincide with the reporting periods for informing parents of their student's progress toward achieving the annual goals. The benchmarks or short-term objectives are measurable steps or criteria that reflect progress toward the annual goals and meet the student's educational needs resulting from the disability.

Each IEP annual goal should include at least two short-term objective/benchmarks or intermediate steps. The short-term objectives or benchmarks build on each other to determine progress toward the annual goal.

Short-Term Objectives or Benchmarks should be based upon the annual goal and state:

- Who: The person who will perform the behavior.
- Will do what: The specific, measurable, and observable behavior or skills to be performed, including a verb that tells what the learner will do.
- Under what conditions: This may indicate what specific assistance or help will be given to the student to accomplish the skill. Conditions also include settings or circumstances in which the student will perform the skill or additional criteria.
- **How well:** The student must successfully perform the skill listed in the benchmark or objective to accomplish the progress criteria, milestones, or steps for meeting the annual goal. This could be expressed in fractions, percentages, frequency rates, scores, or phrases.

The short-term objectives or benchmarks may include projected dates to accomplish the skill or behavior and/or certain times or circumstances when these will be demonstrated. Progress criteria, including specific evaluation procedures and schedules, will be reflected for short-term objectives or benchmarks.

The IEP is not intended to be a detailed instructional plan, but it serves as the basis for developing such plans by the teacher and persons responsible for the IEP. 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 modifications or 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 modifications or accommodations.

Additionally, the IEP, through its goals, sets the general direction to be taken for implementing the IEP and determining progress.

# 5) <u>Informing parent(s) of progress</u>:

Parent(s) of students with disabilities are to be informed of their progress in annual goals, in additional to general education academic performance reports. Describe how often the parent(s) will be informed of progress on IEP goals and what methods will be utilized.

#### 6) Extent of progress toward achieving annual goals:

Indicate and record the extent to which the student achieved his or her annual IEP goal(s) and the date of which you are reporting. Progress should be documented numerically using percent, number achieved, or other calculation method.

#### 7) How extent of progress toward annual goals will be measured:

Indicate how the student's progress on each of the annual IEP goals will be measured (e.g., a specific assessment tool, work product, observation or other data collection method).

#### 8) Comments:

This box may be utilized if any IEP team member has additional comments about goals or progress.

#### EXAMPLES

#### Annual Goal: (Alternate Achievement Standard)

"By the end of the school year, Kathie will tell time to the minute using an analog clock, 5 out of 6 times per week."

#### **Benchmarks:**

"By the end of the first nine weeks, Kathie will tell time to the half hour using an analog clock, 5 out of 6 times per week."

"By the end of the second nine weeks, Kathie will tell time to the quarter hour using an analog clock, 5 out of 6 times per week."

"By the end of the third nine weeks, Kathie will tell time to the 5-minute interval using an analog clock, 5 out of 6 times per week."

"By the end of the fourth nine weeks, Kathie will tell time to the minute using an analog clock, 5 out of 6 times per week."

#### **Annual Goal:** (Alternate Achievement Standards)

"Carlos will demonstrate mathematics skills utilizing patterns, number sense, spatial sense, and measurement in 4 out of 5 trials."

#### Short-term Objectives:

"Carlos will sort objects, group into a set, and tell what the objects have in common (e.g., color, size, shape) with 75% accuracy."

"Carlos will match sets of objects to numerals zero through ten in 2 out of 3 trials."

# TRANSITION SERVICES PLAN-GOALS AND ACTIVITIES PAGE:

Beginning not later than the first IEP developed during the student's ninth grade year, or upon turning 16 years of age, whichever occurs first, the IEP team may use the Transition Services Plan-Goals and Activities page.

### 1) <u>Student's Name</u>:

Please indicate the student's full name.

# 2) <u>Student ID</u>:

Indicate the student's school ID number, as appropriate. This should be the student's student testing number (STN).

#### 3) Postsecondary Goal(s):

Indicate postsecondary goal(s) as they relate to education/training, employment, and independent living skills, as needed.

#### 4) <u>Annual Transition Goal(s)</u>:

The postsecondary goal should drive further development of the transition plan, including annual transition IEP goals. Annual transition IEP goals must be developed to enable the student to work toward reaching his/her postsecondary goal(s). That does not mean that there must be a separate annual transition IEP goal for each postsecondary goal, as long as the annual transition IEP goal addresses and helps the student work toward achieving all components of the postsecondary goal. Annual transition IEP goals may change depending on the student's progress in reaching the goals and based on transition assessment results.

For students who are being taught to alternate achievement standards, include benchmarks or short-term objectives for each annual goal. There must be at least two short-term objectives or benchmarks per goal. However, it is up to each IEP team to determine the steps the student will need to take/master to achieve the annual transition IEP goal(s).

#### 5) How extent of progress toward annual transition goals will be measured:

Indicate how the student's progress on each of the annual transition IEP goals will be measured (e.g., a specific transition assessment tool, work product, observation, or other data collection method).

#### 6) Informing parents of progress:

Parent(s) of students with disabilities are to be informed of their progress in annual goals, in additional to general education academic performance reports. Describe how often the parent(s) will be informed of progress on IEP goals and what methods will be utilized.

### 7) Extent of progress toward achieving annual transition goals:

Indicate the extent to which the student achieved his or her annual transition IEP goal(s). Progress should be documented numerically using percent, number achieved, or other method of calculation.

### 9) <u>Coordinated activities</u>:

Coordinated activities include those activities that will enable the student to achieve his or her annual transition IEP goals. These activities may or may not require special education or related services. Responsible parties may include the LEA staff, including special education teachers, general education teachers, related service providers, counselors; other service providers; parents; and others who are involved in assisting the student with transition goals.

#### 10) <u>Responsible Party(ies)</u>:

Indicate each activity and the person responsible for providing that service. For example, a student working toward becoming a welder may learn job readiness skills (e.g., building a resume or job shadowing) at a technology center.

# EXAMPLES

#### **Postsecondary Goals:**

"Brookelyn would like to be a nurse's assistant and will obtain her training through Oklahoma City Community College."

"Larry would like to be a carpenter. Larry will attend the CareerTech to gain carpentry skills. Larry would like to build his own house on a lake in Oklahoma."

#### **Annual IEP Goals:**

"Jack will complete the college application process to two out of three colleges of his choice to identify the best institution to study history."

#### **Coordinated Activities:**

"Jack will complete the following activities to reach his annual transition IEP goals:

- Research colleges in Oklahoma that have history programs
- Visit colleges in Oklahoma with history programs
- Obtain college applications
- Study for the ACT
- Take the ACT
- Complete college applications
- Obtain financial aid applications
- Complete financial aid applications"

# TRANSITION SERVICES PLAN – TRANSITION GOALS/COURSE OF STUDY:

### 1) Student's Name:

Indicate the student's full name.

### 2) <u>Student ID</u>:

Indicate the student's school ID number, as appropriate. This should be the student's student testing number (STN).

#### 1) Course of Study:

For students beginning not later than the first IEP developed during the student's ninth grade year or upon turning 16 years of age, whichever occurs first, the IEP team will develop a course of study that will be updated annually to assist the student in reaching his or her postsecondary goal(s). The IEP team should work with the student to select courses that will assist the student in completing his or her secondary education.

Also, the course of study should be directly related to the student's long-range, postsecondary goals (i.e., related to education/training, employment, and independent living skills, when appropriate). The course of study must include specific course names, such as Algebra I, Welding II, and Creative Writing. It is not acceptable to put a statement, such as "All necessary courses for high school graduation."

The course of study is intended to be developed individually based on the student's needs and preferences. The course of study must not be left blank.

The CareerTech is moving toward using career clusters, and each course will be assigned a specific name and grade. Therefore, for students who enroll in CareerTech programs, the course of study must list the specific courses in which the student will be enrolled.

#### 2) Projected Date of Graduation/Program Completion:

Identify the student's intended result for his or her completion of a secondary education program (e.g., standard diploma, General Education Development [GED], or aging out). Identify the projected date (month and year) that the student is anticipated to graduate or otherwise complete a secondary education program. To earn a high school diploma, a student must earn all required credits for graduation. If the student is going to age out due to reaching maximum age for eligibility, please indicate the date on which this will occur.

The IEP team may decide if the student will cease receiving services upon his or her 22<sup>nd</sup> birthday, or complete the school year in which the student turns 22. This decision must be made during the course of transition planning and not be a last-minute decision.

Comment: Once a student graduates with a standard diploma, or ages out, the student is no longer eligible to receive special education and related services provided under the IDEA.

Students may not reenroll in public school after graduating or aging out; however, for a student who dropped out and earned a GED, this student may continue to enroll in the public school and is eligible to receive a FAPE through the age of 22.

# 3) Opportunities for Vocational Education:

In planning the course of study, if information regarding vocational educational opportunities is needed you must document the provision of the necessary information regarding vocational opportunities to the student and the parent(s). This information may include available high school vocational education courses, school-based training, work-based training, work-study programs, technology education, or area technology center programs that will support the student's course of study.

Indicate whether or not this information was discussed with the student and parent(s), and on which date, if applicable.

# 4) <u>Vocational Rehabilitation</u>:

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). If a copy of the referral form was not provided to the student or parent(s), please detail reasons why. If a copy of the referral form was provided to the student or parent(s), please detail how this form was provided (i.e., a copy was mailed to the home, a copy was provided at the IEP meeting, or a copy was provided electronically).

#### 5) <u>Transfer of Rights</u>:

By the age of 17, document that the student and the parent(s) have been informed of rights that will transfer to the student on reaching the age of majority.

When a student with a disability reaches the age of majority under State law (aged 18, except for an individual with a disability who has been determined to be incompetent under State law), all other rights assigned to parent(s) under the Individuals with Disabilities Education Act (IDEA) transfer to the student. The school shall notify the student and the parent(s) of the transfer of these rights. Refer to Parental Involvement and Participation, including surrogate parent information and Transition Planning and Services sections of the Policies and Procedures for Special Education in Oklahoma for further guidance.

# 6) Comments:

Additional information regarding transition planning and services may be documented here. The IEP team may utilize this space to document extracurricular activities, community involvement, volunteer opportunities, and other activities of relevance and of special interest to the student.

# **IEP- SERVICES PAGE:**

### 1) Student's Name:

Indicate the student's full name.

### 2) <u>Student ID</u>:

Indicate the student's school ID number, as appropriate. This should be the student's student testing number (STN).

#### 3) <u>Type of Service(s)</u>:

Indicate the type of special education service(s) provided to the student. Special education services include those service as described at 34 CFR § 300.39. The type of service may include consultation with monitoring, co-teaching, collaborative, direct instruction in a core academic subject or elective class, or, when provided as specially designed instruction, speech-language pathology services.

More than one service may be documented for a student (e.g., if services may change at semester, or if one class, English, is co-taught, and another class, American Literature, is provided in the special education classroom). Example, student A receives instruction in a co-taught classroom for English, attends the special education classroom for math and is in regular education classes for other subjects. Type of service for this student would be: co-taught class for English and direct instruction for math.

#### **Definitions:**

Special education teachers and regular education teachers are encouraged to consider the collaborative/co-teaching model as a service delivery option. Co-teaching can allow more individualized instruction in the general education classroom, increase access to the general education curriculum for special education students, and decrease the stigma for a student with special needs. Teachers benefit from the professional support and exchange of teaching practices as they collaboratively work together.

#### **Monitoring**

• The special education teacher monitors attendance, progress, grades, and behavior of the student in the general education classroom.

#### **Consultation**

- General education classroom teachers have primary instructional responsibility and special educators meet with them on a regular basis to discuss issues related to instruction or certain students and to demonstrate ways to approach students' specific instructional and behavior needs.
- Consultation today is often used as a bridge for students exiting from special education services or for a low-end service delivery.

- Consultation is less intense than a co-teacher arrangement.
- The special education teacher provides resources and assistance in implementing modifications and/or accommodations as needed.

Note: Consultation and Monitoring could be used simultaneously to meet the needs of the student.

# **Collaborative Teaching or Co-Teaching**

- Co-Teaching implies a partnership in the classroom or a teacher with general education credentials and a special education teacher with special education and/or content credentials. This partnership creates a <u>qualitatively different</u> classroom than one with only a single teacher. A <u>change of instructional intensity</u> is also often noted in descriptions of this type of classroom that is operated by two teachers and meets the instructional needs of **all** students in the classroom.
- Time may be split between general education classroom and other locations (i.e., a student could receive direct instruction in the general education classroom and receive assistance and support in the special education classroom). In this instance, the general education teacher maintains the responsibility of direct instruction and accountability and is the teacher of record for that core class.

Note: Consultative teaching and collaborative teaching or co-teaching each has a place and it will depend on student's need and a student's IEP to determine the **intensity of instruction** needed.

#### **Direct Instruction**

- The special education teacher provides direct instruction services in a resource room/lab in core or elective areas and is the teacher of record assigning the grade for that specific course.
- The special education teacher has responsibility for instruction/accountability.
- The special education teacher must be highly qualified in the core curriculum area being taught.

#### 4) <u>Amount of Services</u>:

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."

# 5) <u>Starting Date</u>:

Indicate the date in which each service will begin. The start date for each service may vary, depending on when the IEP team decides services are necessary, or if services change at the quarter or semester.

# 6) Ending Date:

Indicate the date in which each service will end. The ending date for each service may vary, depending on when the IEP team decides services may cease, or if services change at the quarter or semester. If a special education service is to be provided throughout the duration of the IEP, the ending date is the date in which the annual IEP is due (one year from the date in which the annual IEP was developed).

#### 7) <u>Person Responsible</u>:

Indicate the person responsible for providing the special education service. Generally, this will be the special education teacher. If speech-language services are provided as the primary type of service, the speech-language pathologist will be designated as the responsible person. Do not designate the parent, student, or other family member as the person responsible for providing the special education service. The **name** of an individual should **not** be indicated, only the title.

#### 8) <u>Related Service(s)—Type of Service</u>:

Indicate any related services that will be provided to the student. Related services are determined by the IEP team based on the student's needs and evaluation results. Related services may include:

- Speech-language pathology
- Audiology
- Psychological services
- Counseling
- Social work services in school
- Transportation
- Occupational therapy
- Physical therapy
- Recreation
- Assistive technology
- School health services
- Medical services
- Rehabilitation counseling
- Parent counseling and training
- Early identification and assessment of disabilities
- Other services needed to benefit from special education
- Orientation and mobility
- Other services needed to benefit from special education

Note: Do not include reevaluations as a related service.

### 9) <u>Location of Services</u>:

Indicate the location(s) in which related services will be provided to the student. Service locations may include, but are not limited to, regular classroom, special classroom, community, or other location.

### 10) Amount of Related Services:

The amount of services needed for the student should include the amount of time per session or per day and the frequency per week or per month (e.g., 30 minutes per day, five days a week, or 30 minutes one time per month).

# 11) <u>Starting Date</u>:

Indicate the date in which the services are projected to begin. Give the month, day, and year. The start date for each service may vary, depending on when the IEP team decides services are necessary, or if services change at the quarter or semester.

#### 12) Ending Date:

Indicate the date in which the services are anticipated to end. The end date for each service may vary, depending on when the IEP team decides services may cease, or if services change at the quarter or semester. If a special education service is to be provided throughout the duration of the IEP, the ending date is the date in which the annual IEP is due (one year from the date in which the annual IEP was developed).

#### 13) Person(s) Responsible:

The title of the professional person responsible should be designated (e.g., physical therapist, school psychologist). Do not designate the parent, student, or other family member as the person responsible for providing the special education service. The **name** of an individual should **not** be indicated only the title.

#### 14) Nonparticipation in General Education:

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. For example, a student may be in the general education class for math, band, computers, science and social studies, and receive direct instruction in a special education classroom for language arts. The student will not participate in the general education classroom for language arts.

# 15) <u>Continuum of Placements</u>:

Indicate the placement setting where special education services will be delivered (e.g., regular classes full-time, special classes part-time or full-time, special schools, home instruction, instruction in hospitals, instruction in other settings, and instruction in institutions or a residential facility).

The team must document the least restrictive environment (LRE) for the student, based upon the needs identified in the IEP. No local educational agency (LEA) may make a universal decision to mainstream all students with disabilities, to assign special transportation to groups of students identified with a specific disability, or place students with a specific disability in full-time special education, without holding individual IEP team meetings to discuss each student's individual program needs.

All team decisions must be made based on the needs and in the best interest of each student. **Indicate the placement to be utilized for the student.** 

Placements may include:

- Regular classes (full-time) inside the general class more than 80% of the school day (examples of services in this placement include modifications, consultations, supports for school personnel, supplementary aids and services).
- Special class (part-time) inside the regular class 40-80% of the school day.
- Special class (full-time) inside the general class less than 40% of the school day.
- Public/private, separate day schools.
- Public/private residential facility.
- Home instruction/hospital environment.
- Correctional facility.
- Parentally placed in private schools.
- Instruction in other settings.

Continuum of placements for Preschool Students (aged 3 through 5) might include:

- Early childhood setting (this includes preschoolers who receive all of their special education and related services in educational programs designed primarily for students without disabilities).
- Special education program.
- Residential facilities.
- Home.
- Service provider location.

# 16) <u>Amount of Time In General Education Setting</u>:

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 example, if a student is receiving special education services for 3 periods out of 7 daily, the team may document this amount of time in terms of general education class periods. However, a student may receive 30 minutes of special education services best daily, and the team may document this in terms of percent of instructional minutes per day.

The amount of time documented in this section must correlate to the "Amount of Services" designated in the Special Education Services section listed above on this same page.

If your school utilizes block scheduling, please describe the extent of time outside the general education classroom in the space provided.

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. For example, if a student is in school for three periods each day, two of which are in the general education classroom, this student would be in the general education classroom for two of three periods daily, or 67% of that student's instructional day.

#### 17) <u>Length of Instructional Day</u>:

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.

#### 18) <u>Physical Education (PE)</u>:

Indicate if the student is participating in regular PE (with nondisabled peers), specially designed adapted PE, movement education, or motor development instruction. 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.

If a student can participate fully in the regular PE program without special modifications, supports, or services to compensate for the student's disability, it would not be necessary to further describe PE in the IEP.

In the situation where PE is offered but not chosen by the student as an elective, the team could document that PE is not applicable due to the student not selecting it as an elective.

#### 19) Modifications Necessary for PE:

If modifications, supports, or services are necessary for the student to be able to participate in the PE program, those must be described in the IEP.

If a student with a disability needs a specially designed, adapted PE program, that program must be addressed in all applicable areas of the IEP (e.g., present levels of educational performance, goals and Short-Term Objectives, and services to be provided).

#### 20) Supplementary Aids and Services:

Supplementary aids and services are defined as: aids, services, and other supports that are provided in general education classes or other education-related settings to enable students with disabilities to be educated with nondisabled students to the maximum extent appropriate.

Supplementary aids and services for the student, or on behalf of the student, 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 (e.g., for a student with a hearing impairment, assistive technology, or the use of an interpreter). Accommodations, such as study carrels, highlighters, and colored overlays would be listed in this section.

#### 21) Location/Class/Setting:

Indicate the location, class, or setting in which the supplementary aids and services will be provided.

#### 22) Program Modifications:

Program modifications for the student, or on behalf of the student, must be described in the student's IEP if these modifications 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 activities with nondisabled students.

Program modifications include: 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.

#### 23) Location/Class/Setting:

Indicate the location, class, or setting in which the program modifications will be provided.

# 24) <u>Supports for Personnel</u>:

Supports for school personnel must be described in the student's IEP if these supports are necessary to assist the student to advance toward attaining annual IEP goals, to be involved and progress in the general curriculum, and to participate in activities with nondisabled students.

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.

# 25) Location/Class/Setting:

Indicate the location, class, or setting in which the supports for personnel will be provided.

# **IEP- SIGNATURE PAGE:**

# 1) <u>Student's Name</u>:

Indicate the student's full name.

#### 2) <u>Student ID</u>:

Indicate the student's school ID number, as appropriate. This should be the student's student testing number (STN).

#### 3) State and Districtwide Assessment Programs:

Assessment must be addressed by the IEP team for all students.

Indicate in which manner the student will participate in State/districtwide assessment. For any student taking the Oklahoma Core Curriculum Tests (OCCT), check the box indicating OCCT. For any student participating in Alternate Assessment, either the Oklahoma Modified Alternate Assessment Program (OMAAP) or the Oklahoma Alternate Assessment Program (OAAP) Portfolio, check the box indicating Alternate Assessment. Both boxes may be checked for students who will participate in both the OCCT and the OMAAP.

If the student will participate in an alternate assessment, check whether the IEP team considered the guidelines for the participation in alternate assessment by utilizing the "Criteria Checklist for Oklahoma's Alternate Assessments." If no, explain why not. All IEP teams must consider the "Criteria Checklist for Oklahoma's Alternate Assessments" when determining the appropriate assessment for students.

If the student is participating in alternate assessment, how will the student be assessed? Indicate if the student will participate in the OMAAP or the OAAP Portfolio. If the student is participating in OMAAP, list each subject for which the student will participate.

Specify state approved accommodations used in each test administration.

The State Approved Accommodations and Criteria Checklist for Oklahoma's Alternate Assessments can be accessed on the Special Education Services Web site, under the Assessment link at <www.sde.state.ok.us>.

# 4) Extended School Year (ESY) Services:

Each IEP team must address ESY services on an individual basis. For determination of ESY services, address whether or not the team needs additional data or information. If further data is needed, address in the comments section when the team will meet again to assess whether or not ESY services are needed. If further data is not needed, check whether or not extended school year services are or are not necessary for the student. If the team documents a date in which it will reconvene to determine the need for ESY services, the IEP team **must** reconvene on or before the date documented. Teams may utilize the ESY Checklist of the ESY technical assistance document provided by the OSDE-SES, which is located on the Web site.

#### 5) Documentation of LRE Placement Considerations:

The team must document the continuum of services considered and determined not appropriate for the student. Additionally, the team must indicate the reasons these services were rejected. For example, the team decided that the least restrictive environment for Anita would be special education part-time. Full-time special education for Anita would be too restrictive. Regular Education full-time would require more accommodations and modifications than could be provided within the general classroom setting for Anita to be academically successful.

#### 6) <u>Placement Closest to Home</u>:

All students must be given the opportunity to obtain a FAPE in the school in which they would normally attend, regardless of the disability. 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, please mark the box "no." If the student is not attending his or her home school, indicate whether the placement is as close as possible to the student's home. In the event that a placement is not as close as possible to the student's home, please explain why such an arrangement is required.

#### 7) Potential Harmful Effects:

In selecting the least restrictive environment, consideration is given to any potential harmful effect on the student or on the quality of services which are needed. There are always potential harmful effects. Various alternative placements must be considered on an individual basis to ensure appropriate educational programs are provided.

# 8) <u>Reason for Removal from the Regular Educational Environment:</u>

Removal of a student with a disability from the general education environment occurs only when the nature or severity of the disability is such that education in general classes cannot be achieved satisfactorily, even with the use of supplementary aids and services.

Statements should address unique factors and specific needs of the student which cannot be accomplished in the general education environment. The IEP team must consider whether supplementary aids and services in general education classrooms have been or might be attempted in order to address the student's needs and the results of any such implemented interventions. Factors to consider may include, but are not necessarily limited to: individual learning, social/behavioral and communication needs, medical conditions, and type/level of support needed.

#### 9) <u>Date of Next IEP</u>:

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.

#### 10) Date of Next Three-Year Reevaluation:

Indicate the due date of the next three-year reevaluation. Include the month, day, and year. A meeting for the consideration of a reevaluation must be scheduled no later than three years from the date of the last three year reevaluation; however, a reevaluation may occur more often as needed.

#### 11) Team Participant Signatures:

Appropriate team participation is documented on the IEP. Signatures indicate participation in the development of the IEP and attendance at the meeting. Students who require transition services and representatives of participating agencies must be invited to attend meetings for consideration of transition services needs.

The IEP team is composed of the following persons:

- The parent(s) of a student with a disability.
- At least one general education teacher of such student (if the student is, or may be, participating in the general education environment).
- At least one properly qualified special education teacher or, where appropriate, at least one special education provider of the student.
- An administrative representative of the local educational agency who is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of students with disabilities, is knowledgeable about the general curriculum, and is knowledgeable about the availability of resources of the local educational agency.

IEP team members may also include:

- An appropriately qualified professional who can interpret the instructional implications of evaluation results.
- At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the student, including related services personnel as appropriate.
- The student beginning not later than the first IEP developed during the student's ninth grade year or upon turning 16 years of age, whichever occurs first.

The general education teacher of the student, as a member of the IEP team, shall participate in the IEP development, including addressing positive behavioral interventions and strategies, supplementary aids and services, program modifications, and support for school personnel, as appropriate.

# 12) <u>Agreement</u>:

Each participant in the IEP meeting shall indicate their agreement or disagreement with the content of the IEP. If any participant disagrees with the IEP, they may submit in writing a separate statement presenting their conclusions. Disagreement does not indicate that 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. Documentation of such disagreement may be submitted on the Comment Form and attached to the IEP.

#### 13) Other Methods of Parent Participation or Student, as Appropriate:

When parents have been afforded adequate opportunity to attend the IEP meeting at a mutually agreeable date, time, and location, but choose not to attend or are not able to attend, other means of documenting their participation must be included. Such methods might include individual or conference telephone calls, written correspondence, home visits, etc.

When parents do not attend the meeting, the requirements for written notice must be fulfilled (i.e., provide parents with a copy of the IEP, Written Notice to Parents (OSDE Form 8) and Parents Rights in Special Education: Notice of Procedural Safeguards).

For transition purposes, beginning not later than the first IEP developed during the student's ninth grade year or upon turning 16 years of age, whichever occurs first, the student's strengths, preferences and interests must be considered and documented. Parents' rights transfer to the student at the age of 18; therefore, their participation must be documented when the student chooses not to attend. Other means of documenting his or her participation must be included. Methods such as teacher-student conferences, interviews, or meetings prior to the IEP meeting might occur, with results being appropriately documented.

# 14) Explanation of Parents' Rights, Translation or Interpretation:

Document parents' receipt of Parents Rights in Special Education: Notice of Procedural Safeguards and explanation of the procedural safeguards and rights available to them.

If translation/interpretation is necessary, specify how it is provided. Communication with the parent(s) should be in their native language.

Document the parents' receipt of the parent survey along with a business reply envelope. This is to be completed annually.

The parent(s) should initial this area as a means to document that each of these areas have been addressed.

#### 14) 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 and related services may not be provided to the student under IDEA. Consent is voluntary and may be revoked at any time.

# **INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

| NAME OF CHILD:STUDENT ID:   | - |
|---|---|
| BIRTHDATE:  |   |
| PHONE: (WORK) (HOME) (OTHER)  |   |
| HOME ADDRESS: DISTRICT/AGENCY:<br>STREET ADDRESS/P.O. BOX CITY STATE ZIP  |   |
| BUILDING:     SITE CODE:     IEP TEACHER OF RECORD:   | _ |
| INITIAL IEP:       INTERIM IEP:       SUBSEQUENT IEP:       AMENDED or MODIFIED:         DATE       DATE       DATE       DATE  |   |
| <b>Present Levels of Academic Achievement</b> and <b>Functional Performance:</b> 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  | - |
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# IEP – Strengths/Needs, Special Factors, and Parent Concerns Page

| List <b>strengths of the child</b> and a statement of the <b>anticipated</b><br><b>effects</b> on the child's participation in the general education<br>curriculum or appropriate activities. | List the <b>educational needs</b> resulting from the child's disability,<br>which may require special education, related services,<br>supplementary aids, supports for personnel, or modifications. |
|---|---|
| Strengths:  |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Anticipated Effects:  |   |
| Thildeputed Errotis.  |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Consideration of special factors: Check yes or no whether the II  | EP team considers each special factor to be relevant to this child.   |
| Yes No  |   |
| Strategies, positive behavior interventions and suppo   | rts, 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 visua   | ally impaired, unless determined inappropriate based on evaluation.   |
| Communication needs, and for child who is deaf opportunities for communication and instruction in the   | or hard of hearing, the language and communication needs and<br>ne child's native language and communication mode   |
| Whether this child requires assistive technology devi   | ces and service   |
| For special factors checked yes, explain determinations of the t  | team as to whether services are required in the IEP.  |
|   |   |
|   |   |
|   |   |
| Parent Concerns for Enhancing the Child's Education:  |   |
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|   |   |

| NAME OF CHILD:  |   |                                 | STUDEN         | T ID:          |              |               |
|---|---|---------------------------------|----------------|----------------|--------------|---------------|
| FIRST MIDDLE  | LAST  |                                 |                |                |              |               |
| Annual Goals:<br>Provide measurable annual goals, including academic and functional<br>ducation curriculum (for a preschool child in the appropriate activities   |   |                                 |                |                |              |               |
| GOAL #  |   |                                 |                |                |              |               |
| Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe <b>how often</b> his will occur and <b>what methods</b> will be utilized.   |   | extent of pro<br>(i.e., one-hal |                |                |              |               |
|   | DATE  | DATE                            | DATE           | DATE           | DATE         | DATE (ES      |
| How will the extent of progress toward annual goals be measured?  |   |                                 |                |                |              |               |
|   |   |                                 |                |                |              |               |
| Parents are to be informed of progress in annual goals, in addition to  |   | extent of pro                   |                |                |              |               |
| GOAL #<br>Parents are to be informed of progress in annual goals, in addition to<br>general education academic performance reports. Describe <b>how often</b><br>his will occur and <b>what methods</b> will be utilized.   |   | (i.e., one-hal                  |                |                |              | rades in gene |
| Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe <b>how often</b>  | of the year<br>curriculum)  | (i.e., one-hal                  | f, two-thirds, | , fifty percen | t, passing g |               |
| Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe <b>how often</b> his will occur and <b>what methods</b> will be utilized.   | of the year<br>curriculum)  | (i.e., one-hal                  | f, two-thirds, | , fifty percen | t, passing g | rades in gene |
| Parents are to be informed of progress in annual goals, in addition to<br>general education academic performance reports. Describe <b>how often</b><br>his will occur and <b>what methods</b> will be utilized.<br>How will the extent of progress toward annual goals be measured?     | of the year<br>curriculum)  | (i.e., one-hal                  | f, two-thirds, | , fifty percen | t, passing g | rades in gene |
| Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe <b>how often</b> his will occur and <b>what methods</b> will be utilized.<br>How will the extent of progress toward annual goals be measured?<br>GOAL # | of the year         curriculum)         DATE         Record the         of the year | extent of pro                   | DATE           | DATE           | t, passing g | DATE (ES      |
| Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe <b>how often</b> his will occur and <b>what methods</b> will be utilized.<br>How will the extent of progress toward annual goals be measured?<br>GOAL # | of the year         curriculum)         DATE         Record the                     | extent of pro                   | DATE           | DATE           | t, passing g | DATE (ES      |

# IEP – Goals and Short-Term Objective/Benchmark Page

| NAME OF CHILD:   |                             |               |               | T ID:        |              |                  |  |
|--|-----------------------------|---------------|---------------|--------------|--------------|------------------|--|
| FIRST MIDDLE   | LAST                        |               | _             |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |
| Annual Goals:<br>Provide measurable annual goals, including academic and functional goals to enable the child to be involved in and make progress in the general<br>education curriculum (for a preschool child in the appropriate activities), and to meet other educational needs that result from the disability. |                             |               |               |              |              |                  |  |
| <b>Short-term Objectives or Benchmarks:</b> In addition to Annual Goals, who take alternate assessments aligned to alternate achievement of the s  | provide at lea<br>tandards. | st two short- | term objectiv | ves or bench | marks per go | oal for children |  |
| GOAL #   |                             |               |               |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |
| SHORT-TERM OBJECTIVE/BENCHMARK #   |                             |               |               |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |
| SHORT-TERM OBJECTIVE/BENCHMARK #   |                             |               |               |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |
| SHORT-TERM OBJECTIVE/BENCHMARK #   |                             |               |               |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |
| SHORT-TERM OBJECTIVE/BENCHMARK #   |                             |               |               |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |
| Parents are to be informed of progress in annual goals, in addition to   |                             |               |               |              |              | bals by the end  |  |
| general education academic performance reports. Describe <b>how often</b> this will occur and <b>what methods</b> will be utilized.  | curriculum).                |               |               |              |              | ades in general  |  |
|  | DATE                        | DATE          | DATE          | DATE         | DATE         | DATE (ESY)       |  |
|  |                             |               |               |              |              |                  |  |
| How will the extent of progress toward annual goals be measured?   |                             |               |               |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |
| COMMENTS:  |                             |               |               |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |
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|  |                             |               |               |              |              |                  |  |
|  |                             |               |               |              |              |                  |  |

#### IEP – Transition Services Plan – Goals and Activities Page

(Beginning not later than the first IEP developed during the student's ninth grade year, or upon turning 16 years of age, whichever occurs first)

| NAME OF CHILD:     |       |        |      | STUDENT ID: |  |
|--------------------|-------|--------|------|-------------|--|
| _                  | FIRST | MIDDLE | LAST |             |  |
| Postsecondary Goal | (s):  |        |      |             |  |
|                    |       |        |      |             |  |
|                    |       |        |      |             |  |

#### **Annual Transition Goals**

Provide measurable annual transition goals to assist the young adult in working toward their postsecondary goal(s). The annual transition goal(s) must include academic and functional goals to enable the young adult to be involved in and make progress in the general education curriculum and in community experiences. For a young adult beginning with the first IEP developed during the student's ninth grade year or upon turning 16 years of age, whichever occurs first, postsecondary goal(s) based upon age appropriate transition assessments related to education/training, employment, and where appropriate, independent living skills, and to meet other educational needs that result from the disability. For young adults being taught to alternate achievement of the standards, include a minimum of two (2) short-term objectives or benchmarks for each annual goal.

| Education/Training Goal(s)   | Short-T   | erm Obje     | ectives/Be   | nchmark | s (as need | ded)                            |
|--|-----------|--------------|--------------|---------|------------|---------------------------------|
| Coordinated Activities   | Respons   | sible Part   | y(ies)       |         |            |                                 |
| Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe <b>how often</b> this will occur   | the end o | f the year ( | i.e., one-ha |         |            | sition goals by ercent, passing |
| and <b>what methods</b> will be utilized.  |           | general cu   |              | DATE    | DATE       |                                 |
|  | DATE      | DATE         | DATE         | DATE    | DATE       | DATE (ESY)                      |
|  |           |              |              |         |            |                                 |
| How will the extent of progress toward annual goals be measured?   |           |              |              |         |            |                                 |
| Employment Goal(s)   | Short-T   | erm Obje     | ectives/Be   | nchmark | s (as nee  | ded)                            |
| Coordinated Activities   |           | sible Part   |              |         |            |                                 |
| Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe <b>how often</b> this will occur and <b>what methods</b> will be utilized. | the end o |              | i.e., one-ha |         |            | sition goals by ercent, passing |
|  | DATE      | DATE         | DATE         | DATE    | DATE       | DATE (ESY)                      |
|  |           |              |              |         |            |                                 |
| How will the extent of progress toward annual goals be measured?   |           |              |              |         |            |                                 |

IEP – Transition Services Plan – Transition Goals/Course of Study (Beginning not later than the first IEP developed during the student's ninth grade year or upon turning 16 years of age, whichever occurs first.)

| NAME OF CHILD:   |       |             | STUDENT ID:                                  |  |                                   |                                      |  |
|--|-------|-------------|--|--|-----------------------------------|--------------------------------------|--|
| Independent Living Goal(s) (if appropriate)  |       |             | Short-Term Objectives/Benchmarks (as needed) |  |                                   |                                      |  |
| Coordinated Activities   |       |             | sible Par                                    | ty(ies)  |                                   |                                      |  |
| Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe <b>how often</b> this will occur and <b>what methods</b> will be utilized.   |       |             | f the year                                   | toward achi<br>(i.e., one-ha<br>urriculum).<br>DATE                        | eving the<br>alf, two-the<br>DATE | annual tran<br>irds, fifty p<br>DATE | sition goals by<br>ercent, passing<br>DATE (ESY) |
| How will the extent of progress toward annual goa  |       |             |  |  |                                   |                                      |  |
| Build a course of study, to be updated ann   |       | adult in ac | hieving 1                                    |  |                                   |                                      |  |
| Grade  | Grade |             |  | Grade _  |                                   |                                      |  |
|  |       |             |  |  |                                   |                                      |  |
|  |       |             |  |  |                                   |                                      |  |
|  |       |             |  |  |                                   |                                      |  |
|  |       |             |  |  |                                   |                                      |  |
|  |       |             |  |  |                                   |                                      |  |
| Grade  | Grade |             |  |  |                                   |                                      |  |
|  |       |             |  | Projected date of graduation/program<br>completion and type:               |                                   |                                      |  |
|  |       |             |  |  |                                   |                                      |  |
|  |       |             |  |  |                                   |                                      |  |
|  |       |             |  | Standard Diploma         General Education Development (GED)         Other |                                   |                                      |  |
|  |       |             |  |  |                                   |                                      |  |
| 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)?<br>Yes No<br>If yes, document date(s) when information was provided to young adult and parent(s). Date: |       |             |  |  |                                   |                                      |  |
| By age 16, the young adult has been referred to the vocational rehabilitation counselor in the young adult's school district.       Yes    No      Person responsible for the referral:  |       |             |  |  |                                   |                                      |  |
| Name of the Vocational Rehabilitation Counselor  |       |             | Dat  | ··   |                                   |                                      |  |
| Name of the Vocational Rehabilitation Counselor:   |       |             |  |  |                                   |                                      |  |
| If no, explain why   |       |             |  |  |                                   |                                      |  |
| By age 17, have young adult and parent(s) been informed of any transfer of rights at age of majority?       Yes       No         If no explain why:  |       |             |  |  |                                   |                                      |  |
|  |       |             |  |  |                                   |                                      |  |
|  |       |             |  |  |                                   |                                      |  |

#### **IEP – Services Page**

| NAME OF CHILD: |       |        |      | STUDENT ID: |
|----------------|-------|--------|------|-------------|
|                | FIRST | MIDDLE | LAST | _           |

| Special Education Services: List each special education service.  |  |  |                      |                    |                               |  |  |
|---|--|--|----------------------|--------------------|-------------------------------|--|--|
| Type of Service(s   | 1  | Amount of Services (Time<br>and Frequency)                             | Starting Date        | Ending Date        | Person Responsible<br>(Title) |  |  |
|   |  |  |                      |                    |                               |  |  |
|   |  |  |                      |                    |                               |  |  |
|   |  |  |                      |                    |                               |  |  |
| Related Services: List each rela  | ated service necess                              | ary for the child to benefit from                                      | m special educati    | ion.               |                               |  |  |
| Type of Service(s)  | Location of<br>Services                          | Amount of Services (Time<br>and Frequency)                             | Starting Date        | Ending Date        | Person Responsible<br>(Title) |  |  |
|   |  |  |                      |                    |                               |  |  |
|   |  |  |                      |                    |                               |  |  |
|   |  |  | ·                    | 1 1 1 1 1 1 1 1    |                               |  |  |
| Provide an explanation of the ex<br>curriculum or age-appropriate ac  | •  | ch the child will not participat                                       | e with nondisable    | ed children in th  | e general education           |  |  |
| The <b>continuum of placements</b> for the public/private separate day school far placed in private schools. For preserver residential facilities, home, service preserver the placement: | acility, public/private<br>hool children (aged 3 | residential facility, home instruc                                     | tion/hospital enviro | onment, correction | nal facility, or parentally   |  |  |
| Amount of time in general edu<br>If block schedule, describe:   | cation setting:                                  | of periods per day   | OR                   | % of instruction   | nal day.                      |  |  |
| Is this child's instructional day the If no, describe the reason(s) for a   |  |  | No                   |                    |                               |  |  |
| Regular PE     Adapted P     If not applicable provide justification  |  | nodifications necessary for this<br>ally designed adapted PE, if neede |                      |                    | E                             |  |  |
| Supplementary aids and services settings not otherwise addressed  |  |  |                      | education or oth   | ner education-related         |  |  |
| Supplementary aids and services:  |  |  |                      |                    | ss/Settings                   |  |  |
|   |  |  |                      |                    |                               |  |  |
| Program modifications:  |  |  |                      |                    | ss/Settings                   |  |  |
|   |  |  |                      |                    |                               |  |  |
|   |  |  |                      |                    |                               |  |  |
| Supports for personnel:   |  | Location/Clas  | ss/Settings          |                    |                               |  |  |
|   |  |  |                      |                    |                               |  |  |
|   |  |  |                      |                    |                               |  |  |

### IEP – Signature Page

| NAME OF CHILD:   | STUDENT ID:  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| FIRST MIDDLE   |  |  |  |  |  |  |  |
| State and Districtwide Assessment Programs   |  |  |  |  |  |  |  |
| Child will participate in: Oklahoma Core Curriculum Tests (OCCT) Alternate Assessment (OAAP or OMAAP)<br>If the child is participating in alternate assessment, has the IEP team considered the guidelines for participation in alternate assessment?<br>Yes No If no, explain why:<br>If the child is participating in an alternate assessment, how will the child be assessed? OAAP Portfolio OMAAP<br>If the child is participating in OMAAP, list each subject for which the child will participate. |  |  |  |  |  |  |  |
| Specify state approved accommodations used in each tes   | st administration.   |  |  |  |  |  |  |
| Extended School Year (ESY) Services  |  |  |  |  |  |  |  |
| ESY Services: Requires further data; will reconvene<br>If necessary, describe services provided:   | e by// are necessary are not necessary   |  |  |  |  |  |  |
| <b>Documentation of LRE Placement Consideration</b>  | ns   |  |  |  |  |  |  |
| Describe continuum of placements considered and reasons determined not appropriate:<br>Is this placement in the school the child would normally attend if nondisabled? Yes No<br>If no, is the placement as close as possible to the child's home? Yes No<br>If no, explain why the IEP requires other arrangements:<br>Explain considerations of potential harmful effects on the child or the quality of services needed:  |  |  |  |  |  |  |  |
| 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:   |  |  |  |  |  |  |  |
| Date of next IEP   | Date of next 3 year reevaluation   |  |  |  |  |  |  |
| FROM INITIAL FROM INTERIM  | FROM SUBSEQUENT  |  |  |  |  |  |  |
| Team Participant Signatures:   |  |  |  |  |  |  |  |
| Parent(s)  | Date Agree*Disagree  |  |  |  |  |  |  |
| Special Education Teacher  |  |  |  |  |  |  |  |
| Regular Education Teacher  |  |  |  |  |  |  |  |
| Administrative Representative  |  |  |  |  |  |  |  |
| Student  |  |  |  |  |  |  |  |
| Other  | Date Agree   |  |  |  |  |  |  |
|  | nents 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):<br>(e.g., conference call, videoconference, home visit)   |  |  |  |  |  |  |  |
| <b>Parent(s) have protection under the procedural safeg</b><br>Parent(s) received <i>Parents Rights in Special Education:</i><br><i>Notice of Procedural Safeguards</i>  | guards. Translation/Interpretation needed: Yes No<br>If yes, specify how provided: |  |  |  |  |  |  |
| Yes       No         Parent(s) received Parent Survey form and business repl         Yes       No  | <i>by</i> envelope: <b>Parent Initial:</b>   |  |  |  |  |  |  |
| Parent consent for initial placement (consent is voluntary and may be revoked at any time)   |  |  |  |  |  |  |  |
| Parent Signature:  | Date:  |  |  |  |  |  |  |

## Written Notice to Parents OSDE Form 8

#### Written Notice to Parents, OSDE Form 8

Parent(s) must be given written notice in a reasonable amount of time before the LEA proposes or refuses to initiate or change the following:

- Identification of the student 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.
- Provision of a FAPE.
- Parent revocation of consent.
- An option of "other" is also available to use as determined necessary.

#### **Content of Prior Written Notice**

The content of written notice must include:

- A description of the action proposed or refused by the LEA, an explanation of why the LEA proposes or refuses to take the action, and a description of any options the LEA considered and the reasons why those options were rejected.
- A description of each evaluation procedure, assessment, record, or report the LEA uses as a basis for the proposal or refusal.
- A description of any other factors which are relevant to the LEA's proposal or refusal.
- A statement that the parent(s) of a student with a disability have protection under the procedural safeguards of this part; and, if this notice is not an initial referral for evaluation, the means by which a copy of a description of the procedural safeguards can be obtained.
- Information regarding resources for parent(s) to contact to obtain assistance in understanding the provisions of prior notice by the LEA.

The notice must be written in a language understandable by the general public and provided in the native language of the parent(s) or other mode of communication used by the parent(s), unless it is clearly not feasible to do so.

If the native language or other mode of communication is not a written language, the LEA must take steps to ensure that the notice is translated orally or by other means to the parent(s). The LEA must take steps to ensure that the parent(s) understands the content of the notice. There must be written evidence that these requirements have been met.

The standard in the regulations is that a prior written notice must be provided a reasonable time before the LEA proposes or refuses to initiate or change the identification, evaluation, or educational placement of the student or the provision of a FAPE to the student. Regardless of how a change to the above factors is suggested, it is the responsibility of the LEA to make a final decision and actually implement any determined change. Providing such notice following an IEP team meeting where such a change is proposed—or refused—allows the parent time to fully consider the change and determine if he/she has additional suggestions, concerns, questions, and so forth. See Letter to Lieberman (United States Department of Education, Office of Special Education Programs [August 15, 2008]).

It is now a requirement to provide Written Notice to Parents (OSDE Form 8) with the Parent Consent (OSDE Form 4). In other words, when Parent Consent (OSDE Form 4) is utilized the parent must also be provided the Written Notice to Parents (OSDE Form 8) to document an explanation of the proposed evaluation and the evaluation procedures to be utilized. The Written Notice to Parent(s) (OSDE Form 8) will also be provided to the parent(s) after each IEP meeting in which the LEA proposes or refuses to initiate or change the identification, evaluation, or educational placement of the student or the provision of a FAPE to the student.

### WRITTEN NOTICE TO PARENTS

| NAME OF CH                                    | IILD:<br>FIRST                            | MIDE  | DLE               | LAST                                 | STU  | DENT ID:         |   |
|---|---|---|-------------------|--------------------------------------|--|------------------|---|
| BIRTHDATE:                                    |   |   | ADE               |                                      | GE   | DATE:            |   |
|   | MONTH/DAY/                                | YEAR  |                   |                                      |  |                  | MONTH/DAY/YEAR  |
| PHONE: (WO                                    | RK)                                       |   | _ (HOME)          |                                      |  | (OTHER)          |   |
| ADDRESS:                                      | TREET ADDRESS/P                           | .O. BOX CI  | ГҮ                | STATE                                | DIS  | STRICT/AGENO     | CY:   |
| То:   |   |   |                   |                                      |  |                  |   |
|   |   |   |                   |                                      | as reached age of 1                                | majority)        |   |
| DESCRIPTIO<br>To initiate<br>E<br>E<br>E<br>P | ducational placer<br>rovision of a Free   | PROPOSED<br>e following:<br>our child as hav<br>uation to deterr<br>nent<br>e and Appropria | D OR REF          | USED<br>which requir<br>nd nature, e | stent of special                                   |                  | elated services needed                                |
| Explanation of                                | arent Revocation<br>Other                 | refusal:  |                   |                                      |  |                  |   |
|   | any options cons<br>each evaluation p     |   |                   | used as a b                          | asis for the pro                                   | posed or refused | action:   |
| Description of                                | any other factors                         | s relevant to the   | proposal or refu  | ısal:                                |  |                  |   |
|   | protection under t<br>tice of Procedura   |   |                   |                                      |  |                  | e Parents Rights in Specia<br>>.                      |
|   | ressed in this noti<br>t this be consider |   |                   |                                      |  | as the local of  | educational agency has                                |
| FROM:   | TURE OF DISTRICT                          | T/PUBLIC AGENC  | CY OFFICIAL       | DISTRICT/A                           | GENCY  | TELEPHONE        | DATE  |
| STREE   | T ADDRESS/P.O. B                          | OX  |                   | CITY                                 |  | STATE            | ZIP   |
| School/publi                                  | interpretation nee                        | 's signature ver  | ifies that parent | Per<br>specify how<br>(s) have reco  | sonal Delivery<br>and when prov<br>vived an explan | Date             | e Mailed<br>e Delivered<br>ive language or other mode |

#### Written Notice to Parents

| NAME OF CHILD:  | STUDENT ID:   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| FIRSTMIDDLELASTEvaluation procedures to be utilized in assessing these areas of functioning are explained on this form. Qualified professionals will conduct<br>evaluation procedures to provide additional information, to the extent appropriate, on the basis of a review of existing evaluation data and input<br>from the parents. Additional information may be needed to determine whether a child has or continues to have a particular disability; present levels<br>of performance and educational needs; whether the child continues to need special education and related services; or whether any additions or<br>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<br>general curriculum. The appropriate extent of the reevaluation has been reviewed by the IEP team, with opportunity for parent participation and<br>input. |   |  |  |  |  |  |
| Descriptions of Evaluation Procedures (Check additio  | nal areas proposed for this child)  |  |  |  |  |  |
| <b>HEALTH/MEDICAL:</b> Health and medical history, info<br>evaluation to determine a medically related disability   | ormation about child's health and medical status or medical diagnostic  |  |  |  |  |  |
| <b>VISION:</b> Assessment of visual acuity, field of vision disability  | , and vision functioning as necessary to determine a vision-related   |  |  |  |  |  |
| <b>HEARING:</b> Assessment of hearing functioning and ext disability  | ent of hearing impairment as necessary to determine a hearing-related   |  |  |  |  |  |
| <b>MOTOR:</b> Assessment of gross and/or fine motor skills a  | nd abilities in relation to educational needs   |  |  |  |  |  |
|   | cluding articulation, voice, fluency, and oral-motor) and/or receptive onology, morphology, syntax, semantics, and pragmatics)                      |  |  |  |  |  |
|   | sure academic achievement in such areas as listening comprehension, asion, reading fluency, mathematics calculation, mathematics problem            |  |  |  |  |  |
| <b>INTELLECTUAL/COGNITIVE:</b> Individually administability and cognitive functioning   | stered assessment of child's ability to learn, including overall mental   |  |  |  |  |  |
| <b>PERCEPTUAL/PROCESSING:</b> Child's abilities to sensorimotor means   | perceive and/or process information through visual, auditory, and   |  |  |  |  |  |
| <b>DEVELOPMENTAL:</b> Assessment of child's developm age group  | ental history, skills, and abilities in relationship to expectations for the  |  |  |  |  |  |
|   | nation collected and assessments of the child's social skills/emotional<br>ide data collection, rating scales, behavioral observations, interviews, |  |  |  |  |  |
| <b>FUNCTIONAL BEHAVIOR:</b> Information collected a collection, rating scales, behavioral observations, intervie  | nd assessments of the child's functional behavior (may include data ews, and personal inventories)  |  |  |  |  |  |
| ADAPTIVE BEHAVIOR: Assessment of child's gene<br>behavior skills and activities in the community)   | eral behavior in the school and home settings (may include adaptive   |  |  |  |  |  |
| SOCIOCULTURAL: Collection of information and procultural, linguistic diversity  | ocedures to consider potential influence of sociocultural background or   |  |  |  |  |  |
| OBSERVATION IN CLASSROOM/OTHER ENVIRO   | <b>ONMENT:</b> Observations of child's performance and functioning in the   |  |  |  |  |  |
| <b>VOCATIONAL:</b> Assessment of vocational interests, apt  | itudes, and skills  |  |  |  |  |  |
| ASSISTIVE TECHNOLOGY  |   |  |  |  |  |  |
| OTHER CONCERNS AND ASSESSMENTS:   |   |  |  |  |  |  |

## Medical Report OSDE Form 9

#### Medical Report, OSDE Form 9

Medical information is a required key component for eligibility determination for the disability categories of Autism, Multiple Disabilities, Orthopedic Impairments, Other Health Impairments, and Traumatic Brain Injury.

The Medical Report (OSDE Form 9) may be used to document any relevant medical findings, health problems, medication, and any information deemed necessary for determining eligibility and/or planning the student's educational program. The parent must provide written permission for the release of confidential information.

Certain medical reports and information, utilized in evaluation procedures and maintained by the LEA, require additional confidentiality protections. As indicated by Oklahoma State law (63 O.S. § 1-502.2), all information and records that identify any person who has or may have any communicable or venereal disease that is required to be reported must be confidential. Disclosure of such information must be limited strictly in accordance with provisions of this State statute.

Any such information received by the LEA must also be protected under the confidentiality procedures outlined in the <u>Policies and Procedures for Special Education in Oklahoma</u>, 2007.

### MEDICAL DEDODT

|                              |   | AL KEPUKI                 |             |                         |
|------------------------------|---|---------------------------|-------------|-------------------------|
| NAME OF CHILD:               |   |                           | STUDENT ID: |                         |
| FIRS                         | T MIDDLE  | LAST                      |             |                         |
| BIRTHDATE:                   | GRADE   | AGE                       | DATE:       | MONTH/DAY/YEAR          |
|                              | AY/YEAR   |                           |             | MONTH/DAY/YEAR          |
| PHONE: (WORK)                | (HOME)  |                           | (OTHER)     |                         |
| HOME ADDRESS:                | ADDRESS/P.O. BOX CITY   | STATE                     | DISTRICT/A  | GENCY:                  |
|                              |   |                           |             |                         |
| TO BE COMPLETE               | D BY THE SCHOOL   |                           |             |                         |
| Referral Date                | School Contact Person   |                           | Phone       |                         |
| Medical concerns about this  | s child are as follows:   |                           |             |                         |
| At school                    |   |                           |             |                         |
|                              |   |                           |             |                         |
| At home                      |   |                           |             |                         |
|                              |   |                           |             |                         |
| NOTE: Consent for Releas     | se of Confidential Information w                                      | with parent signature, is | required.   |                         |
|                              |   |                           |             |                         |
|                              | D BY A LICENSED MEI<br>TERED NURSE PRACT                              |                           | ·           | IEOPATHY, OK            |
| Information in the following | g areas would be helpful to the s<br>luding any applicable medical di | school and parents in pl  |             | ucational needs. Please |
| General health:              |   |                           |             |                         |
|                              |   |                           |             |                         |
|                              |   |                           |             |                         |
| Motor functioning:           |   |                           |             |                         |
|                              |   |                           |             |                         |
|                              |   |                           |             |                         |
| Neurological findings:       |   |                           |             |                         |
|                              |   |                           |             |                         |
|                              |   |                           |             |                         |
|                              |   |                           |             |                         |

Allergies:

### **Medical Report**

| NAME OF CHILD:                                   |                          |                         |              | STUDENT ID:   |
|--|--------------------------|-------------------------|--------------|---|
| _  | FIRST                    | MIDDLE                  | LAST         |   |
| Dietary consideration                            | 15:                      |                         |              |   |
|  |                          |                         |              |   |
| Vision (attach eye re                            | port):                   |                         |              |   |
|  |                          |                         |              |   |
| Hearing:   |                          |                         |              |   |
| č  |                          |                         |              |   |
|  |                          |                         |              |   |
| Medications, includin                            | ng purpose:              |                         |              |   |
|  |                          |                         |              |   |
| Other pertinent infor                            | mation:                  |                         |              |   |
|  |                          |                         |              |   |
| Please indicate ways                             | in which any of t        | he above may adverse    | ly affect h  | ehavior   |
| Theuse indicate ways                             | iii winon any er .       | ne usove may auverse    | ny uncer c   |   |
|  |                          |                         |              |   |
| Is further medical eva                           | aluation or treatm       | ent planned for any sp  | pecific area | 1?  |
|  |                          |                         |              |   |
| In what ways may yo                              | our medical findir       | ngs affect the school's | education    | al or behavioral planning?                                |
|  |                          |                         |              |   |
| In what wave can sch                             | and personnel fac        | cilitate ongoing comm   | unication    | with you?   |
| III what ways can sen                            |                          | lillate ongoing comme   | unication    |   |
|  |                          |                         |              |   |
| If the child is involve                          | ed in the <b>Systems</b> | of Care program, plea   | ase descrit  |   |
| If the enders inverve                            | u in the systems         | of cure program, pro-   | ase accern   | ю.  |
|  | · · · · ·                |                         |              |   |
| This information will<br>Individuals with Disa   |                          |                         | Family Ed    | ucational Rights and Privacy Act (34 CFR Part 99) and     |
|  |                          |                         |              | person as having a communicable or venereal disease (such |
| as hepatitis, syphilis,<br>confidential pursuant |                          |                         | iciency vii  | us [also known as AIDS]) shall be strictly classified as  |
| Physician's or ARN<br>(typed or stamped)         | P's name addre           | ss, and telephone nun   | nber         |   |
| (typed of Stamper,                               |                          |                         |              |   |
|  |                          |                         |              | Physician's/ARNP's Signature                              |
|  |                          |                         |              |   |
|  |                          |                         |              | Date  |
|  |                          |                         |              | Duit  |

## Surrogate Parents Verification of Training OSDE Form 10

#### Surrogate Parents Verification of Training, OSDE Form 10

Surrogate Parents Verification of Training (OSDE Form 10) is used when no parent can be identified, the parent cannot be located, the student is an unaccompanied homeless youth, or the student is a ward of the State. The LEA providing educational services must ensure that the rights of the student with a disability are protected by assignment of a surrogate parent. It is permissible, although not required, for the LEA to reimburse surrogate parents for expenses involved in carrying out their responsibilities.

Upon determining the need for a surrogate parent to represent a student with a disability, the LEA providing educational services must assign a surrogate parent. The LEA must ensure that a person selected as a surrogate parent is not an employee of the SEA, the LEA, or any other agency that is involved in the education or care of the student and has no personal or professional interest that conflicts with the interest of the student.

A record of surrogate parents assigned to individual students with disabilities must be maintained by the LEA providing educational services. This record must be maintained in a confidential manner. In addition, a copy of the Surrogate Parents Verification of Training (OSDE Form 10) must be maintained in the student's confidential special education folder.

To ensure knowledge and skills, the training of surrogate parents should include:

- Information regarding State and federal requirements for education of students with disabilities.
- Parents rights and responsibilities.
- Procedural safeguards and due process.
- Step-by-step process for delivery of special education services.
- Structures, procedures, or forms of the LEA to document procedural safeguards.
- Information about the nature of the student's disability and needs.
- Other information deemed necessary by the LEA or surrogate parent.

Training of surrogate parents is to be provided by the LEA. When surrogate parents receive training from an LEA, written documentation verifying completion of training should be provided to the surrogate parent and maintained by the LEA.

Surrogate parents have the responsibility and rights to represent the student with disabilities in all matters relating to the identification, evaluation, and educational placement of the student, and provision of a FAPE for the student.

If an assigned surrogate parent no longer wishes to serve as a student's representative, this request will be honored by the LEA. A statement to this effect by the surrogate parent or notation on the Surrogate Parents Verification of Training (OSDE Form 10) could be made to document this action. Upon resignation by a surrogate parent, another trained surrogate parent must be assigned to the student and the prior assignment will no longer be applicable.

The LEA must ensure that surrogate parents perform their responsibilities, remain free from conflict of interest, and take no actions that might be harmful to the student. If an assigned surrogate parent fails to perform the necessary duties or no longer meets the criteria, the LEA may seek resignation or removal of assignment as surrogate parent. Disagreements about surrogate parent assignments may be subject to due process complaint hearing or mediation procedures, if necessary.

#### **Court Authority Regarding Custody and Guardianship**

Parent authority ceases upon appointment by a court of a guardian for a student. When the court has placed a student with a disability under legal guardianship of a State agency, the LEA should take steps to make surrogate parent representation available to the student.

#### **Students in Special Residential Facilities and Institutions**

When a student with a disability has been placed in a special facility or institution for residential treatment or full-time care, the LEA must ensure that the student has representation by parent(s) or surrogate parent(s). In some circumstances parent(s) may have agreed to voluntarily relinquish custody of a student for purposes of placement in a residential student care or treatment facility or State operated institution. Regardless of whether the parent(s) have placed the student on their own or have voluntarily relinquished custody, every effort should be made to continue the involvement and participation of the parent(s) in the special education process, unless parent rights have otherwise been limited or removed by the court or Oklahoma State law.

Although employees of the agency involved cannot serve as parent(s) or surrogate parent(s), because they do not meet the criteria outlined by State standards and the IDEA, LEAs are encouraged to invite relevant personnel from appropriate agencies to team meetings. In circumstances in which a parent's rights have been terminated and the court has made the State guardian of the student, a surrogate parent must be appointed. If the location of the parent(s) cannot be determined or no parent(s) can be identified, the LEA would then assign a surrogate parent on behalf of the student.

#### **Unaccompanied Homeless Youth**

In the case of a student who is an unaccompanied homeless youth, appropriate staff of emergency shelters, transitional shelters, independent living programs, and street outreach programs may be appointed as temporary surrogate parents until a surrogate parent can be appointed that meets all the requirements of this section.

In unique circumstances, natural parent(s) of a student with a disability may voluntarily request appointment of a surrogate parent. For example, a parent who is incarcerated may request appointment of a surrogate parent during the period of their incarceration. Such parent requests must be in writing, signed by the parent(s), and can be revoked by the parent(s) at any time. The natural parent(s) are still entitled to written notice of meetings and other actions, including provision of copies of the IEP.

Parent(s) must always be informed of their right to participate in the process through telephone conferences, videoconference, and written communication, which, if accessed, would not require the appointment of a surrogate parent.

#### **Emancipated Students/Age of Majority**

Oklahoma State law provides that a "student" is defined as any unmarried or unemancipated person under the age of 18 years. A "minor" means any person who has not attained the age of 18 years. When parent authority ceases at age 18 years or upon marriage of the student, the individual may give legal consent on his or her own behalf. However, under the IDEA, it could be permissible for parent(s) who still maintain guardianship responsibility for the individual to continue involvement on behalf of their student with a disability through aged 21, where necessary, or otherwise with agreement of the eligible student who has reached the age of majority.

Transfer of rights should be discussed at least one year prior to the student reaching the age of majority. This will allow families to consider their options and to prepare for this transition. In circumstances in which a student is no longer considered a "student" or "minor" and parent(s) are not available, surrogate parents might be assigned, with agreement of the student, to assist in representing the student's rights as a student with a disability. In circumstances where the student is unable to give consent, courts can appoint parent(s) or relatives as guardians to act on behalf of the student.

## SURROGATE PARENTS VERIFICATION OF TRAINING

has received training to act as a surrogate parent in accordance with the Individuals with Disabilities Education Act (IDEA). This training included:

- Information regarding Oklahoma State and federal requirements for the education of children with disabilities;
- Parents rights;
- Parent handbook;
- Due process procedures and procedural safeguards;
- Structures, procedures, and forms of the public agency educating the child;
- The step-by-step process for delivery of special education services;
- Information about the nature of the child's disability(ies) and needs; and
- Information regarding the IDEA Part B rights that transfer to the student at the age of majority (18).

#### The surrogate parent has the responsibility of representing the disabled child in all matters relating to:

- The identification, evaluation, and educational placement of the child; and
- The provision of a free appropriate public education of the child;

Written information and training for skill and knowledge as a surrogate parent have been provided by:

## Student Summary of Performance (SOP) OSDE Form 11

#### Student Summary of Performance, OSDE Form 11

The Summary of Performance (OSDE Form 11) is a tool LEAs provide to students prior to leaving high school. This document is required by federal law for students who are on IEPs and provided special education and related services in K-12 classrooms. LEAs must provide a Summary of Performance (SOP) for all students on an IEP who are going to exceed the age of eligibility or graduate with a standard high school diploma. The purpose of the SOP is to provide each student with a summary of his or her academic achievement and functional performance, as well as recommendations to assist the student in meeting postsecondary goal(s).

The SOP must be provided to a student before leaving school; however, there are no requirements for who must actually complete the document.

When completing the SOP, the team must consider pertinent information that will provide an overall picture of the student, such as academic performance, social skills, life skills and skills for employment. Recommendations stated on the SOP must include those that have and will continue to assist the student in achieving postsecondary goals. For example, if a student performs best in a setting with few distractions, this accommodation could be included as a recommendation on the SOP for consideration by higher education institutions or employment. Employers might consider this recommendation and assign the student tasks which he or she can complete individually; whereas, an institution of higher education disability service provider might provide an alternate setting (with limited distractions) for completing assignments or exams.

Upon students graduating with a standard diploma or exceeding the age of eligibility, the provisions under the IDEA end, and access to disability related services would be determined by the provisions under the Americans with Disabilities Act (ADA).

Students may write a letter to send with their SOP to adult service providers, including college or university disability service offices, state office of vocational rehabilitation, technology centers, employers, and independent living centers.

Whether a SOP will be used is a decision to be made by the individual student and/or parent(s). LEAs may assist the student in making this decision by incorporating when and how to use the SOP as a tool for disclosing disability and accessing services needed to achieve postsecondary goals. Students who have higher education as a postsecondary goal may use the SOP as one means of documenting a disability when approaching the disability service provider at an institute of higher education (IHE).

| NAME OF CHILD:   | AGE:                | _ |
|------------------|---------------------|---|
| FIRST/MIDDLE/L   | AST                 |   |
| BIRTHDATE:       | DATE OF GRADUATION: | - |
| DISTRICT/AGENCY: | DATE OF SUMMARY:    |   |

### STUDENT SUMMARY OF PERFORMANCE

**Summary of Academic Achievement and Functional Performance**: Provide the most recent evaluation data, current grades, GPA, levels of functioning, and progress made toward achieving postsecondary goals related to training, education, employment, and independent living skills.

**Recommendations for assisting the student in meeting his or her postsecondary goals:** Provide information about activities, modifications, accommodations, assistive technology, and strategies that enable the student to be successful in reaching their postsecondary goal(s).

## Physical Restraint Documentation OSDE Form 12

#### Guidelines for Minimizing the Use of Physical Restraint for Students with Disabilities in Oklahoma

Physical restraint shall not be used for the purposes of discipline or as a punishment, to force compliance, as a convenience for staff or to prevent property damage.

The use of chemical and/or mechanical restraint is prohibited.

Physical restraint to manage behavior must only be used under the following emergency circumstances and only if these elements exist:

- The student's actions pose an imminent risk of harm to him/herself or others.
- Less restrictive measures appropriate to the behavior exhibited by the child have not effectively de-escalated the risk of injury.
- The physical restraint lasts only as long as necessary to resolve the risk of danger or harm.
- The degree of limitation or restriction of another person's freedom of movement that is applied may not exceed what is necessary to protect the student or other persons from imminent bodily injury.

School personnel who use physical restraint must have training in:

- Conflict de-escalation.
- The crisis cycle and interventions at each stage.
- Possible effects of physical restraint.
- First Aid.
- Cardiopulmonary Resuscitation (CPR).

The trainings shall result in some form of certification or credential, be recurrent with annual updates, and be consistent with nationally recognized training programs. The training must also include methods for monitoring a student's well being during and following a restraint.

Prone restraints (restraints that position a student face down on his or her stomach or face up on the back) or any maneuver that places pressure or weight on the chest, sternum, lungs, diaphragm, neck, throat, or back must not be used. No restraint that prevents a student from speaking or breathing is allowed.

At least one witness who is not involved in the physical restraint should be present.

Parents must be notified immediately following each incident of a physical restraint, and be provided a copy of all documentation.

A building administrator should be informed immediately of any incident of a physical restraint and if unavailable, must be informed as soon as possible following each incident.

Each incident of physical restraint must be documented on OSDE Form #12 and include the following information:

- Name of the student.
- Name of the school personnel involved in the incident.
- Date of the incident and the time the physical restraint started and ended.
- Location of the restraint.
- A description of the physical restraint.
- A description of the student's activity and behavior immediately preceding the behavior that prompted the use of physical restraint.
- A description of school personnel efforts to de-escalate the situation and alternatives to physical restraint that were attempted.
- Information documenting parent and administrator notification and contact.

A copy of the documentation must be placed in the student's confidential file and provided to the parents.

A documented debriefing meeting shall occur within two school days following each physical restraint incident, and prior to any extended breaks from school. The debriefing meeting should include all individuals involved in the incident, a building administrator, the parents or guardians of the child with a disability, the child (if the child is able to participate), and the witness who was not involved in the physical restraint. See <u>Policies and Procedures for Special Education in</u> <u>Oklahoma</u>, 2007 manual for information regarding means for parent participation.

The debriefing should focus on alternatives to physical restraint and how to avoid future use of physical restraint, including antecedent events that led to the use of the physical restraint.

#### Relevant Definitions:

*Chemical Restraint* is defined as a drug or medication used to control behavior or restrict freedom of movement that is not prescribed by a licensed physician for standard treatment of the student's medical condition and administered for that purpose as prescribed (Public Health Service Act).

*Imminent risk of harm* is defined as the immediate and impending threat of a person causing serious bodily injury to self or others.

*Mechanical Restraint* is defined as the use of devices as a means of restricting a student's freedom of movement (Public Health Service Act).

*Physical restraint* is defined as any method of one or more persons limiting or restricting another person's freedom of movement, physical activity, or normal access to his/her body (International Society of Psychiatric and Mental Health Nurses, 1999). It is a means for managing that person's movement, reconstituting behavioral management, and establishing and maintaining safety for the student, other students, and staff.

#### **References:**

Council for Children with Behavior Disorders (2009). Position Summary on the Use of Physical Restraint Procedures in School Settings.

Council for Children with Behavior Disorders (2009). Position Summary on the Use of Seclusion in School Settings.

Kansas State Department of Education Special Education Services. (2008). *Functional Assessment Process*. Topeka, KS: Project STAY – Supporting Teachers and Youth.

School Association for Special Education in DuPage (SASED) Executive Committee (May 2002). *Procedures for Behavioral Interventions for Students with Disabilities*.

### PHYSICAL RESTRAINT DOCUMENTATION FORM

| BIRTHDATE:  | NAME OF CHILD:   | MIDDI F                             | S                       | TUDENT ID:   |
|---|--|-------------------------------------|-------------------------|--|
| PHONE: (WORK)   | BIRTHDATE:   | GRADE:                              | AGE:                    |  |
| Date of Incident:   |  |                                     |                         | (OTHER)  |
| Beginning Time:   | HOME ADDRESS:  | DRESS/P.O. BOX CITY                 | STATE                   | DISTRICT/AGENCY:                                     |
| School personnel involved in incident (additional documentation may be attached if determined necessary):   | Date of Incident:  | Location:                           |                         |  |
| Describe the student's activity and behavior immediately preceding the behavior that prompted the use of physical restraint:  Describe efforts of school personnel to de-escalate the situation, and alternatives to physical restraint that were utilized prior to the use of physical restraint:  Provide a description of the physical restraint utilized: |  |                                     |                         |  |
| Describe efforts of school personnel to de-escalate the situation, and alternatives to physical restraint that were utilized prior to the use of physical restraint:  |  |                                     |                         |  |
| Describe efforts of school personnel to de-escalate the situation, and alternatives to physical restraint that were utilized prior to the use of physical restraint:  |  |                                     |                         |  |
| of physical restraint:  | Describe the student's activity a                          | and behavior immediately preced     | ing the behavior that p | rompted the use of physical restraint:               |
| of physical restraint:  |  |                                     | -                       |  |
| of physical restraint:  |  |                                     |                         |  |
|   | Describe efforts of school perso<br>of physical restraint: | onnel to de-escalate the situation, | and alternatives to phy | ysical restraint that were utilized prior to the use |
|   |  |                                     |                         |  |
| Describe the actions of the student and school personnel that occurred during the physical restraint:   | Provide a description of the phy                           | vsical restraint utilized:          |                         |  |
| Describe the actions of the student and school personnel that occurred during the physical restraint:   |  |                                     |                         |  |
| Describe the actions of the student and school personnel that occurred during the physical restraint:   |  |                                     |                         |  |
|   | Describe the actions of the stud                           | ent and school personnel that occ   | curred during the physi | cal restraint:                                       |
|   |  |                                     |                         |  |
|   |  |                                     |                         |  |

OSDE Form 12

| Describe observed student and school employ      | e behaviors that followed the physical restraint: |
|--|---|
|  |   |
|  |   |
|  |   |
| Describe de-escalation techniques and interven   | tions utilized following the physical restraint:  |
|  |   |
|  |   |
|  |   |
| Describe any injuries to the student or school   | mplovees:   |
|  |   |
|  |   |
|  |   |
|  |   |
| Describe future alternatives to physical restrai | t that will be utilized:                          |
|  |   |
|  |   |
|  |   |
|  |   |
| Signatures:                                      |   |
|  |   |
| Person Completing Form:                          | Date:   |
| Witness:   | Date:   |
| Witness:   | Date:   |
|  |   |
| Witness:   | Date:   |
| Notification to Parent:                          |   |
|  |   |
| 1 ype: 1 ii                                      | By whom:  |
|  |   |
| Date Information Provided to Parent:             | By whom:  |
|  |   |
| Notification to Site Administrator:              |   |
| nouncation to site Administrator:                |   |
|  |   |
|  |   |
| Type: Tir  | e: By whom:                                       |

OSDE Form 12

| Findings of debriefing meeting:       |   |  |
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| Signature:                            | Date:   | Agree 🛛 *Disagree                          |
| Signature:                            | Date:   | Agree 🗌 *Disagree                          |
| lignature:                            | Date:   | Agree 2 *Disagree                          |
| Signature:                            | Date:   | Agree                                      |
| Signature:                            | Date:   | Agree                                      |
| lignature:                            | Date:   | Agree                                      |
| Individuals who disagree may submit   | separate statements presenting their conclusions. (       | Complete Comment Form as necessary).       |
| f parent(s) did not attend the meetin | ng, explain other methods to ensure parent part e visit): | icipation and/or child as appropriate (e.g |

OSDE Form 12

# Seclusion Documentation OSDE Form 13

#### Guidelines for Minimizing the Use of Seclusion for Students with Disabilities in Oklahoma

Seclusion shall not be used for the purposes of discipline or as a punishment, to force compliance, or as a convenience for staff.

Seclusion should not be used to manage behavior. It may only be used under the following emergency circumstances and only if these elements exist:

- A student's actions pose an imminent risk of harm to him/herself or others.
- Positive behavior intervention strategies and less restrictive measures appropriate to the behavior exhibited by the student and specified in the student's IEP or BIP, are currently being implemented but are not currently de-escalating the risk of injury.
- The seclusion lasts only as long as necessary to resolve the risk of danger or harm or while waiting for the arrival of law enforcement or crisis intervention personnel such as when the student has possessed a weapon or committed a crime.

School personnel may only utilize seclusion procedures if they have training in conflict deescalation, the crisis cycle and interventions at each stage, possible effects of seclusion, appropriate use of seclusion rooms, including escorting a student to a seclusion room, placing a student in a seclusion room, and supervising a student while in seclusion. The training should be recurrent with annual updates and result in some form of certification or credential, and shall be consistent with nationally recognized training programs.

Any student who is placed in seclusion based upon the previously established criteria must be:

- Continuously monitored visually and aurally by a school employee.
- The student must be allowed to go to the restroom upon request.
- The student must be permitted water to drink upon request.
- Immediate action must be taken if the student displays any signs of medical distress.

Parents must be informed immediately following each seclusion incident, and provided a copy of all documentation.

A building administrator should be informed immediately of any incident of seclusion and if unavailable, must be informed as soon as possible following each incident.

At least one witness who is not involved in the seclusion incident should be available.

Each incident of seclusion must be documented on OSDE Form #13 and include the following information:

- Name of the student.
- Name of the school personnel involved in the seclusion incident.
- Date of the incident and the time the seclusion started and ended.
- Location of the seclusion room.
- A description of the seclusion incident.
- A description of the student's behavior and activity immediately preceding the behavior that prompted the use of seclusion.

- A description of school personnel efforts to de-escalate the situation and alternatives to seclusion that were attempted.
- Information documenting parent and administrator notification and contact.

A copy of the documentation must be placed in the student's confidential file and provided to the parents.

A documented debriefing meeting shall occur within two school days after each seclusion incident and prior to any extended breaks from school. The debriefing meeting should include all individuals involved in the seclusion incident, a building administrator, the parents or guardians of the student, the student (if the student is able to participate), and the witness who was not involved in the seclusion procedure. The primary purpose of this meeting is to ensure that the use of seclusion is not used as an ongoing procedure for addressing a student's behavioral crisis. See <u>Policies and Procedures for Special Education in Oklahoma</u>, 2007 manual for information regarding means for parent participation.

• The debriefing should focus on alternatives to seclusion and how to avoid future use of seclusion, including discussion of antecedent events (what happened before the seclusion) that led to the use of seclusion.

#### Relevant Definitions:

*Imminent risk of harm:* an immediate and impending threat of a person causing serious bodily injury to self or others.

*Seclusion:* involuntary confinement of a student alone in a room or area from which the student is physically prevented from leaving. This includes situations where a door is locked as well as where the door is blocked by other objects or held by staff. Any time a student is involuntarily alone in a room and prevented from leaving should be considered seclusion regardless of the intended purpose or the name applied to this procedure or the name of the place where the student is secluded.

*Seclusion room:* a room or other confined area in which a student with a disability is placed in isolation from other persons from which the student is prevented from leaving. A seclusion room must meet the following criteria:

- It must be of adequate size permitting the student to sit or lie down.
- It must have adequate lighting.
- It must be equipped with heating, cooling, ventilation, and lighting systems that are comparable to those in other rooms throughout the building where the seclusion room is located.
- It must be free of any objects that pose a potential risk of harm to the student with a disability.
- It must be equipped with a door that locks, only if the lock is equipped with a device that automatically disengages the lock in case of an emergency, such as a fire or severe weather.
- It must allow continuous visual and auditory monitoring of the student with a disability.

#### References:

Council for Children with Behavior Disorders (2009). Position Summary on the Use of Physical Restraint Procedures in School Settings.

Council for Children with Behavior Disorders (2009). Position Summary on the Use of Seclusion in School Settings.

Kansas State Department of Education Special Education Services. (2008). *Functional Assessment Process*. Topeka, KS: Project STAY – Supporting Teachers and Youth.

School Association for Special Education in DuPage (SASED) Executive Committee (May 2002). *Procedures for Behavioral Interventions for Students with Disabilities*.

### SECLUSION DOCUMENTATION FORM

| NAME OF CHILD:                      | MIDDLE                          | LAST                      | STUDENT ID:               |                     |
|-------------------------------------|---------------------------------|---------------------------|---------------------------|---------------------|
| BIRTHDATE:                          | GRADE:                          | AGE:                      |                           | MONTH/DAY/YEAR      |
| PHONE: (WORK)                       |                                 |                           | (OTHER)                   |                     |
| HOME ADDRESS:                       | RESS/P.O. BOX CITY              | STATE                     | DISTRICT/A                | GENCY:              |
| Date of Incident:                   | Location:                       |                           |                           |                     |
| Beginning Time:                     |                                 | Ending Time:              |                           |                     |
| Describe the location utilized for  | this seclusion incident:        |                           |                           |                     |
|                                     |                                 |                           | ······                    |                     |
| School personnel involved in inci   | dent (additional documentati    | ion may be attached if c  | letermined necessary):    |                     |
|                                     |                                 |                           |                           |                     |
| Describe the student's activity and | d behavior immediately prec     | eding the behavior that   | prompted the use of sec   | lusion:             |
|                                     |                                 |                           |                           |                     |
| Describe efforts of school person   | nel to de-escalate the situatio | on, and alternatives that | were utilized prior to th | e use of seclusion: |
|                                     |                                 |                           |                           |                     |
| Provide a description of the seclu  | sion incident:                  |                           |                           |                     |
|                                     |                                 |                           |                           |                     |
|                                     |                                 |                           |                           |                     |
|                                     |                                 |                           |                           |                     |
| OSDE Form 13                        |                                 |                           |                           | Page of             |

| Describe the actions of the student and school personnel that occ    | urred during the use of seclusion: |  |  |
|--|------------------------------------|--|--|
|  |                                    |  |  |
|  |                                    |  |  |
|  |                                    |  |  |
| Describe observed student and school employee behaviors that for     | ollowed the use of seclusion:      |  |  |
|  |                                    |  |  |
| Describe de-escalation techniques and interventions utilized follo   | owing the use of seclusion:        |  |  |
|  |                                    |  |  |
|  |                                    |  |  |
| Describe any injuries to the student or school employees:            |                                    |  |  |
|  |                                    |  |  |
|  |                                    |  |  |
| Describe future alternatives to the use of seclusion that will be ut | ilized:                            |  |  |
|  |                                    |  |  |
|  |                                    |  |  |
|  |                                    |  |  |
| Signatures:  |                                    |  |  |
| Person Completing Form:  | Date:                              |  |  |
| Witness:   | Date:                              |  |  |
| Witness:   | Date:                              |  |  |
| Witness:   | Date:                              |  |  |
| Notification to Parent:  |                                    |  |  |
| Type: Time:  | By whom:                           |  |  |
| Date Information Provided to Parent:                                 | By whom:                           |  |  |
|  |                                    |  |  |

OSDE Form 13

| Notification to Site Adminis                                 | strator:  | -                             |                              |                      |
|--|---|-------------------------------|------------------------------|----------------------|
| Туре:  | Time:   | By whom                       | m:                           |                      |
| Findings of debriefing meet                                  | ting:   |                               |                              |                      |
|  |   |                               |                              |                      |
|  |   |                               |                              |                      |
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| <br>   |   |                               |                              |                      |
|  |   |                               |                              |                      |
|  |   |                               |                              |                      |
| Signature:   |   | Date:                         | Agre                         | e 🗌 *Disagree        |
| Signature:   |   | Date:                         |                              | e 🗌 *Disagree        |
| Signature:   |   | Date:                         | Agre                         | e 🗌 *Disagree        |
| Signature:   |   | Date:                         | Agre                         | e 🗌 *Disagree        |
| Signature:   |   | Date:                         | Agre                         | e 🗌 *Disagree        |
| Signature:   |   | Date:                         |                              | e 🗌 *Disagree        |
| *Individuals who disagree m                                  | ay submit separate statements                   | presenting their conclusions. | . (Complete Comment Form     | n as necessary).     |
| If parent(s) did not attend<br>conference call, videoconfere | the meeting, explain other n ence, home visit): | nethods to ensure parent pa   | articipation and/or child as | s appropriate (e.g., |

OSDE Form 13

## Parents Rights in Special Education: Notice of Procedural Safeguards

### Parents Rights in Special Education Notice of Procedural Safeguards

This notice must be provided to parent(s) only one time per school year, except that a copy must be given to the parent(s:

- Upon initial referral or parent(s) request for evaluation.
- Upon reevaluation of their student.
- Upon receipt of the first State complaint or a request for due process complaint hearing in a school year; In accordance with the discipline procedures in 34 CFR§ 300.530(h).
- Upon request by parent(s).

An LEA may place a current copy of the procedural safeguards notice on its Web site if a Web site exists.



## PARENTS RIGHTS IN SPECIAL EDUCATION: NOTICE OF PROCEDURAL SAFEGUARDS

As the parent(s) of a child who is receiving or may be eligible for special education and related services, you have certain rights according to State and federal laws. If you have questions about these rights and procedural safeguards, please contact your school district, or the Oklahoma State Department of Education (OSDE), Special Education Services (SES). These rights and procedural safeguards are in accordance with Federal Law, the Individuals with Disabilities Education Act (IDEA) 2004.

In general, a copy of the procedural safeguards must be given to you (or your young adult who has reached the age of majority—18 years of age unless a guardian has been appointed by a Court) only one time per year, except that a copy must also be given to you: upon initial referral or your request for evaluation; upon the filing of a State administrative complaint or due process hearing complaint; upon your request and if your student is subject to a disciplinary change of placement. Your school district may place a current copy of the procedural safeguards notice on its Web site if such Web site exists.

The procedural safeguards notice must include a full explanation of the procedural safeguards, written in a language understandable to the general public, and provided in your native language or other mode of communication you use, unless it is clearly not feasible to do so. If your native language or other mode of communication is not a written language, your school district must ensure that the notice is translated orally or by other means in your native language or other mode of communication; you understand the content of the notice; and that there is written evidence that these requirements have been met.

### PRIOR WRITTEN NOTICE TO PARENTS

Your school district must provide prior written notice to you each time it proposes or refuses to initiate or change the identification, evaluation, educational placement of your child or the provision of a free appropriate public education (FAPE) to your child.

The notice must include:

- A description of the action your school district proposes or refuses to take.
- An explanation of why your school district proposes or refuses to take the action.
- A description of any other options that the Individualized Education Program (IEP) Team considered and the reasons why those options were rejected.
- A description of each evaluation procedure, assessment, record, or report your school district used in

deciding to propose or refuse the action.

- A description of any other factors which are relevant to your school district's proposal or refusal.
- A statement that you have protection under the procedural safeguards under the IDEA and, if the notice is not a referral for an initial evaluation, the means by which a copy of a description of the safeguards procedural can be obtained, and include resources for vou to contact for help in understanding the provisions of the IDEA

The notice must be:

- Written in language understandable to the general public.
- Provided in your native language or other mode of communication you use, unless it is clearly not feasible to do so.

### NATIVE LANGUAGE

If your native language or other mode of communication is not a written language, your school district must ensure that the notice is translated for you orally or by other means in your native language or other mode of communication and that you understand the content of the notice. The school must have written documentation that this requirement has been met.

In the case of an individual who is limited English proficient (LEP), native language refers to the language normally used by that person. In the case of a child, it refers to the language normally used by your child's parents in all direct contact with your child. In all direct contact with your child, it refers to the language normally used by your child in the home or learning environment. For a person with deafness or blindness, or a person with no written language, the mode of communication is the language the person normally uses (such as sign language, Braille, or oral communication).

### ELECTRONIC MAIL (E-MAIL)

If your school district offers you the choice of receiving documents by e-mail, you may also choose to receive the following documents by e-mail:

- Procedural Safeguards Notice.
- Notices related to a due process complaint.

### PARENT CONSENT—DEFINITION

Consent means:

- You have been fully informed in your native language or other mode of communication of all information relevant to the activity for which you are asked to provide consent.
- You understand and agree in writing to the carrying out of the activity for which your consent is sought, and the consent describes the activity and lists the records (if any) which will be released and to whom.
- You understand that the granting of consent is voluntary and you may revoke or withdraw your consent at any time prior to carrying out the action. However, your revocation of consent is not retroactive which means that it does not negate the action that has already occurred after you gave consent and before you revoked consent.

## PARENTAL CONSENT FOR INITIAL EVALUATION

After providing you with written notice of the proposed evaluations for your child, your school district must obtain your consent before conducting an initial evaluation to determine whether your child is eligible under Part B of the IDEA to receive special education and related services. Your consent for an initial evaluation does not mean that you have given your consent for the school district to provide special education and related services to your child. Your school district must make reasonable efforts to obtain your informed consent for initial evaluation to decide whether your child is a child with a disability.

Your consent is not required before your school district may:

- Review existing data as part of your child's evaluation or reevaluation.
- Give your child a test or other assessment that is given to all children, unless, before that test or assessment, consent is required from all parents of all children.
- Screen your child by a teacher or specialist to determine strategies for curriculum implementation.

### WARDS OF THE STATE

For children that are wards of the state and are not living with his/her parent(s) the school district does not need consent from the parent for an initial evaluation to determine if your child is a child with a disability if:

• Despite reasonable efforts to do so, the school district cannot find the parent(s) of the child.

- The rights of the parent(s) have been terminated in accordance with State law.
- A judge has assigned the right to make educational decisions and to consent for an individual evaluation to an individual appointed by the judge to represent the child.

Ward of the state as used in the IDEA, means a child who, as determined by the state where the child lives, is:

- A foster child.
- Considered a ward of the state under Oklahoma State law.
- In the custody of a public child welfare agency.

The term does not include a foster child who has a foster parent who meets the definition of a parent.

### REFUSAL TO CONSENT

If you, the parent(s), refuse consent for evaluation, the school or school district may continue to pursue an evaluation by utilizing the mediation and due process complaint hearing procedures, except to the extent where State law is inconsistent with this provision related to parental consent. If you are home schooling your child or you have placed your child in a private school, the school cannot use the mediation or due process hearing procedures to pursue an evaluation.

Parental consent for evaluation must not be construed as consent to placement for provision of special education and related services.

If the local educational agency (LEA) pursues an evaluation by utilizing the due process complaint hearing procedures, and the hearing officer decides in favor of the

LEA/agency, the LEA/ agency may evaluate your child without your consent. This is subject to the parents' rights under provisions for administrative appeals, impartial reviews, civil actions, due process timelines, and status of your child during the proceedings under the IDEA. The LEA/agency must notify the parent(s) of its actions and that the parent(s) have appeal rights, as well as safeguards and rights at the hearing itself.

# TRANSFER OF PARENTAL RIGHTS AT AGE OF MAJORITY

When a young adult with a disability reaches the age of majority (18 years of age) or when a minor is married, under State law (except for a young adult with a disability who has been determined to be incompetent under State law):

- The school district must provide any notice required by the law to both the young adult and the parents.
- All other rights afforded to parents under the IDEA Part B transfer to the young adult.
- The school district must notify the individual and the parent(s) of transfer of rights at least one year before the transfer in your student's IEP.
- All rights afforded to parent(s) under this law transfer to young adults who are incarcerated in an adult or juvenile federal, State, or local correctional institution.

If, under State law, a young adult with a disability who has reached the age of majority has not been determined to be incompetent, but who is determined not to have the ability to provide informed consent with respect to his or her educational program, the State must establish procedures for appointing the parent(s) of the young

adult, or if the parent(s) are not available, another appropriate individual, to represent the educational interests of the young adult throughout the period of eligibility of the young adult under this part.

### **EVALUATION**

Either a parent or a school district may initiate a request for an initial evaluation to determine if your child is a child with a disability. If you believe your child is in need of a special education evaluation, you should contact your child's school.

Evaluation means a variety of assessment tools, including your input, your child's teachers and other service providers observations, strategies, technically sound instruments, and procedures used in accordance with IDEA to determine whether a child qualifies as a child with a disability as defined by IDEA and the educational needs of your child. The term means procedures used selectively with an individual child, and it does not include basic assessments administered to or procedures used with all children in a school, grade, or class.

### ELIGIBILITY

Upon completion of the determination of tests and other evaluation procedures. including information provided by you, the parent(s), the determination of whether your child is eligible as a child with a disability must be made by a group of qualified professionals and the parent(s). A copy of the evaluation report and the documentation of determination of eligibility must be given to you, the parent(s), at no cost. Your child will be eligible for special education services if it is determined that your child has one or more of the disabilities included under Oklahoma's special education

standards and your child is in need of special education (specially designed instruction) as a result.

An initial evaluation must be conducted in a 45-school-day timeframe from receipt of parental consent for the initial evaluation until the initial eligibility determination is completed.

This timeframe would not apply if you repeatedly fail or refuse to make your child available for the evaluation or your child enrolls in another school district while the evaluation is being conducted. Your child's new school district and you would then agree on a specific time when your child's evaluation would be promptly completed.

If your child has participated in a process that assesses your child's response to scientifically research-based intervention to determine if your child has a specific disability, learning the instructional strategies used and the student-centered data collected must include documentation that you, the parent(s), were notified about the State's policies regarding the amount and nature of student performance data that would be collected and the general education services that would be provided; strategies for increasing your child's rate of learning; and the your right to request an evaluation.

### PARENTAL CONSENT FOR SERVICES

Your school district must obtain your informed consent before providing special education and related services to your child for the first time.

Your school district must maintain documentation of reasonable efforts to obtain your informed consent.

The documentation must include a record of the school district's attempts in these areas, such as:

- Detailed records of telephone calls made or attempted and the results of those calls.
- Copies of correspondence sent to you and any responses received.
- Detailed records of visits made to your home or place of employment and the results of those visits.

If you refuse to give your consent for your child to receive special education and related services for the first time, or if you do not respond to a request to provide such consent, your school district cannot provide special education and related services to your child. Your refusal to provide consent for your child to first receive special education services cannot be challenged legally by your school district.

If you refuse to consent to the provision of special education and related services, or if you fail to respond to a request to provide such consent:

- The school district is not in violation of the requirement to make available a FAPE to your child for its failure to provide those services to your child.
- The school district is not required to have an IEP meeting or develop an IEP for your child for the special education and related services for which your consent was requested.

Except for an initial evaluation and initial placement of your child into special education, the IDEA provides that consent may not be required as a condition of any benefit to you or your child. Any changes in your child's special education program, after the initial placement, are not subject to your parental consent under the IDEA Part B, but are subject to the prior notice and IEP requirements.

Oklahoma procedures and the IDEA also require prior notice to parents and opportunity to participate in development or review of IEPs before conducting reevaluations.

# PARENTAL CONSENT FOR REEVALUATIONS

A reevaluation must be conducted at least every three years, or more often if conditions warrant. However, the IDEA does not require that a school conduct a reevaluation more than once per year unless you and the school agree. Also, the IDEA allows the school district and you to mutually agree to waive the reevaluation.

Your school district must obtain your informed consent before it reevaluates your child, unless your school district can demonstrate that:

- Your school district took reasonable measures to obtain your consent for your child's reevaluation.
- You failed to respond.
- No additional information is needed after a review of existing information.

Your school district may, but is not required to, pursue your child's reevaluation by using the mediation, due process complaint resolution meeting, and/or impartial due process complaint hearing procedures to override your refusal to consent to your child's reevaluation. However, as with initial evaluations, your school district does not violate its obligations under Part B of the IDEA if it declines to pursue the reevaluation in this manner.

# PARENTAL REVOCATION OF CONSENT

You have the right to revoke consent for the continued provision of special education and related services at any time.

You must submit in writing your request to revoke your consent for special education and related services. Services cannot be revoked in part; therefore, your request for revocation would forfeit all special education services, related services and any other supports included in your child's IEP. Within a reasonable time, your school district must respond to your revocation with a written notice, regarding the termination of the educational placement and special education and related services that will result from the revocation of consent. The written notice must include information on resources for you to contact to understand the requirements of Part B of the IDEA. If you revoke consent for special education, the school district:

- Is not in violation of the requirement to make available a FAPE to your child for its failure to provide services to your child.
- Your child will be treated as a nondisabled student for disciplinary purposes.
- Is not required to amend your child's education records to remove any references to your child's receipt of special education and related services.

You or the school district may at a later date, initiate a request for an initial evaluation to determine if your child is a child with a disability.

## INDEPENDENT EDUCATIONAL EVALUATION

You have the right to obtain an independent educational evaluation (IEE) for your child. If you request an IEE, the school district must provide you information about where an IEE may be obtained.

An independent educational evaluation means an evaluation conducted by a qualified examiner who is not employed by the school district responsible for the education of your child.

IEE at public expense means that the school district either pays for the full cost of the evaluation or ensures that the evaluation is otherwise provided at no cost to you. Whenever an IEE is at public expense, the criteria in which the evaluation is obtained, including the location of the evaluation and the qualifications of the examiner, must be the same as the criteria that the school district uses when it initiates an evaluation.

You have the right to an IEE at public expense if you disagree with an evaluation of your child obtained by your school district. However, the school district may initiate a due process complaint hearing to show that its evaluation is appropriate. If the final decision is that the evaluation is appropriate, you still have the right to an IEE, but not at public expense.

The school district may require you to provide them prior notice before you obtain an IEE at public expense; however, the school district may not fail to pay for an IEE if you do not notify the school district that an IEE is being sought.

If you obtain an IEE at private or public expense, the results of the evaluation must be considered by the school district in any decision made with respect to the provision of a FAPE to your child, and may be presented as evidence at a due process hearing regarding your child.

If a hearing officer requests an IEE as part of a hearing decision, the cost of the evaluation must be at public expense.

# EDUCATION RECORDS-PERSONALLY IDENTIFIABLE INFORMATION

An education record is information that the school maintains that contains personally identifiable information on your child.

Personally identifiable information includes: the name of your child, your name, or other family member names; the address of your child; a personal identifier, such as your child's social security number or student number; or a list of personal characteristics or other information that would make it possible to identify your child with reasonable certainty.

### ACCESS RIGHTS

Each school district must permit you to inspect and review any educational records which are collected, maintained, or used by your school district. The school district must comply with your request without unnecessary delay and before any meeting regarding your child's IEP, a resolution session or impartial due process hearing, and in no case, more than 45 days after the request has been made.

The right to inspect and review educational records under this section includes:

• Your right to a response from the school district to your reasonable requests for explanations and interpretations of the records.

- Your right to have your representative inspect and review the records.
- Your right to request that the school district provide copies of the records if you cannot effectively inspect and review the records, unless you receive those copies.

A school district may presume that you have authority to inspect and review records relating to your child unless the school district has been advised that you do not have the authority under applicable State law governing such matters as guardianship, separation, and divorce.

### **RECORD OF ACCESS**

Each school district must keep a record of parties obtaining access to education records collected, maintained, or used under this part, (except access by parents and authorized employees of the school district), including the name of the party, the date access was given, and the purpose for which the party is authorized to use the records.

## RECORDS ON MORE THAN ONE CHILD

If any educational record includes information on more than one child, the parent(s) of those children have the right to inspect and review only the information relating to their child or to be informed of that specific information.

# LISTS OF TYPES AND LOCATIONS OF INFORMATION

On request, each school district must provide you with a list of the types and locations of your child's education records collected, maintained, or used by the school district.

### FEES FOR SEARCHING, RETRIEVING, AND COPYING RECORDS

Each school district may not charge a fee to search for or to retrieve information under the IDEA Part B. Each school district may charge a fee for copies of records, which are made for you if the fee does not effectively prevent you from exercising your right to inspect and review those records.

# AMENDMENT OF RECORDS AT PARENT'S REQUEST

If you believe that information in education records collected, maintained, or used under this part is inaccurate, misleading, or violates the privacy or other rights of your child, you may request the school district that maintains the information change the information.

The school district must decide whether to change the information in accordance with your request within a reasonable period of time of receipt of this request. If the school district decides to refuse to change the information in accordance with your request, it must inform you of the refusal and advise you of your right to a hearing as set forth under the Family Education Rights and Privacy Act (FERPA).

### OPPORTUNITY FOR A HEARING

The school district must, on request, provide you an opportunity for a hearing to challenge information in educational records regarding your child to ensure that it is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of your child. If, as a result of the hearing, the school district decides that the information is inaccurate, misleading or otherwise in violation of the privacy or other rights of your child, it must change the information accordingly and inform you in writing.

### RESULTS OF A HEARING

If, as a result of the hearing, the school district decides that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of your child, it must inform you of your right to place in the records it maintains on your child your written statement commenting on the information or providing any reasons you disagree with the decision of the school district.

Such an explanation placed in the records of your child must be maintained by the school district as part of the records of your child as long as the record or contested portion is maintained by the school district. If the school district discloses the records of your child or the challenged portion to any party, the explanation must also be disclosed to the party.

### CONSENT FOR DISCLOSURE OF PERSONALLY IDENTIFIABLE INFORMATION

Unless the information is contained in education records, and the disclosure is authorized without your consent under FERPA, your consent must be obtained before personally identifiable information is disclosed to parties other than officials of participating agencies. Your consent is not required before personally identifiable information is released to officials to participating agencies for purposes of meeting a requirement of Part B of the IDEA.

Your consent must be obtained before personally identifiable information is

released to officials of participating agencies providing or paying for transition services.

If your child is in, or is going to attend, a private school that is not located in the same school district in which you reside, your consent must be obtained before any personally identifiable information about your child is released between officials in the school district where the private school is located and officials in the school district where you reside.

### SAFEGUARDS

Each school district must protect the confidentiality of personally identifiable information at collection, storage, disclosure, and destruction stages.

One official at each school district must assume responsibility for ensuring the confidentiality of any personally identifiable information.

All persons collecting or using personally identifiable information must receive training or instruction regarding your State's policies and procedures regarding confidentiality under Part B of the IDEA and FERPA.

Each school district must maintain, for public inspection, a current listing of the names and positions of those employees within the district that may have access to personally identifiable information.

### DESTRUCTION OF INFORMATION

Your school district must inform you when personally identifiable information collected, maintained, or used is no longer needed to provide educational services to your child. The information must be destroyed at your request; however, a permanent record of your child's name, address, and phone number, grades, attendance record, classes attended, grade level completed, and year completed, may be maintained without time limitation.

### MEDIATION

Mediation in special education is a free and effective process to assist parents and schools in resolving disagreements, at the earliest stage possible, regarding the education program of a student with disabilities. This occurs at a nonadversative meeting that is more structured than a parent-school conference but less formal than a due process hearing.

The Oklahoma State Department of Education or school district must make mediation available to allow you and the school district to resolve disagreements involving any matter under Part B of the IDEA, including matters arising prior to the filing of a due process complaint. Thus, mediation is available to resolve disputes under Part B of the IDEA, whether or not you have filed a due process hearing request. When a due process complaint is initiated under the IDEA, the school district must inform you of the availability of mediation as an alternative to resolving disputes.

The procedures must ensure that the mediation process:

- Is voluntary on your part and the school district's part.
- Is provided at no cost to you.
- Is not used to deny your right to a due process hearing, or deny any other rights you have under Part B of the IDEA.

• Is conducted by a qualified and impartial mediator who is trained in effective techniques.

For further information on Oklahoma's Mediation system, you may contact the Special Education Resolution Center (SERC) at 918-712-9632 or 888-267-0028. You may also contact the local Early Settlement Center at 877-521-6677 for the name and number of your local Early Settlement Center.

Opportunity to Meet with a Disinterested Party:

The state educational agency (SEA) or school district may establish procedures to offer you and school districts that choose not to use the mediation process an opportunity to meet with a disinterested party who is under contract with:

• An appropriate alternative dispute resolution entity (Early Settlement Centers of the Alternative Dispute Resolution System, under the direction of the Administrative Office of the Courts). а parent training and information center (Oklahoma Parent Training and Information Center), the Joint Oklahoma Information Network (JOIN), or a community parent resource center in the State.

• To encourage the use, and explain the benefits, of the mediation process to you.

The mediator:

- May not be an employee of the SEA or the school district that is involved in the education or care of your child.
- Must not have a personal or professional interest which conflicts with the mediator's objectivity.

A person who otherwise qualifies as a mediator is not an employee of a school district or State agency solely because he/she is paid by the agency or school district to serve as a mediator.

Trained, qualified, and impartial mediators are available, and may be requested from the Early Settlement Centers of the Alternative Dispute Resolution System, under the direction of the Administrative Office of the Courts. Information and referral may also be obtained at no cost through the OSDE-SES, the Oklahoma Areawide Services Information System (OASIS), the Oklahoma Parent Training Information Center, or the Oklahoma Disability Law Center (ODLC).

The OSDE-SES supports resolution of disputes, involving any matter subject to due process complaints, through mediation or other informal means between parents and school districts concerning the education of a child with a disability or purported to have disabilities. The State is responsible for the costs of the mediation process.

Each meeting in the mediation process must be scheduled in a timely manner and held in a location that is convenient for you and the school district. Mediation is not used to deny or delay your right to a due process hearing or to deny any other rights afforded under these requirements. Also, the mediation meeting does not alter the required timelines for due process hearings.

To resolve a dispute through the mediation process, both you and the school district must execute a legally binding agreement that sets forth such resolution, and:

• States that all discussions occurred during the mediation process will remain confidential and may not be used as evidence in any subsequent

due process hearing or civil proceedings.

• Is signed by both you and a representative of the school district who has the authority to bind the school district.

A written, signed mediation agreement is enforceable in any State court or competent jurisdiction or in a district court of the United States.

Mediation may be requested by you or the school district but must be attended and agreed upon by both parties. The parties involved may or may not have representatives at the mediation; however, those persons attending should be in a position of authority to make decisions.

Either party may refuse to participate in a conference without prejudice to any procedural safeguard afforded under any applicable State or federal law.

### FILING LOCAL OR STATE LEVEL ADMINISTRATIVE COMPLAINTS

A signed written complaint regarding alleged violations of the IDEA Part B may be filed with the local school district administrator or the SEA. The complaint may address your specific child and/or policy or practice of the school district that you allege is in violation of the IDEA.

If the complaint is filed with the local school district, the complainant may request that the State review the findings.

A written complaint must include:

- A statement that the school district has violated a requirement under the IDEA Part B.
- Facts on which the statement is based.

• The signature and contact information of the complainant.

If alleging violations regarding a specific child:

- The name of the child and the address of the residence of the child.
- The name of the school in which the child attends.
- In the case of a homeless child or youth, available contact information for the child and the name of the school in which the child attends.
- A description of how the school district has violated the requirements under the IDEA related to the allegation including the facts related to the problem.
- The proposed resolution of the problem to the extent known and available to the party following the complaint at the time the complaint is filed.

The complaint must allege the violation occurred not more than one year prior to the date the complaint is filed.

If you file an administrative complaint and a due process hearing complaint on the same issue, the investigation of the administrative complaint will be held in abeyance. The hearing officer assigned to hear your due process hearing complaint will conduct an impartial hearing.

Relevant information may be submitted orally and in writing regarding the alleged issue for consideration in determining if there is a violation of the IDEA Part B.

A form for this purpose is available from the OSDE-SES to assist you in filing a formal written complaint.

A written letter of findings will be issued by the OSDE-SES within 60 calendar days after receipt of a formal written complaint, unless exceptional circumstances exist which require lengthier involvement.

Mediation is also encouraged as an option to facilitate early resolution of complaint issues. Information to assist in requesting mediation or filing a complaint may be obtained by contacting the special education director or administrator of your school district or the OSDE-SES.

# FILING A DUE PROCESS HEARING COMPLAINT

You or the school district may file a due process complaint on any matter relating to a proposal or refusal to initiate or change the identification, evaluation, or educational placement of your child, or the provision of a FAPE.

The due process complaint must allege a violation that happened not more than two years before you or the school district knew or should have known about the alleged action that forms the basis of the due process complaint.

The above timeline does not apply to you if you could not file a due process complaint due to:

- The school district specifically misrepresented that it has resolved the issue forming the basis of the complaint.
- The school district withheld information from you that was required to be provided to you under Part B of the IDEA.

The school district must inform you of any free or low-cost legal or other relevant services available in your area if you request the information, or if you or the school district file a due process complaint.

### DUE PROCESS COMPLAINT

To request a hearing, you or the school district (or your attorney or the school district's attorney) must submit a due process complaint to the other party. That complaint must contain all of the content listed below and must be kept confidential.

You or the school district, whichever filed the complaint, must also provide the SEA with a copy of the complaint.

The due process complaint must be in writing, signed, and include:

- The name of your child.
- Your child's date of birth.
- The address of your child's residence.
- The name of the school your child is attending.
- If your child is a homeless child or youth, your child's contact information and the name of the school your child is attending.
- The current grade or current placement of your child.
- Your child's established or purported disability.
- A description of the nature of the problem of your child relating to the proposed or refused action, including facts relating to the problem.
- A proposed resolution of the problem to the extent known and available to you or the school district at the time.

• The reason for challenging the identification, evaluation, educational placement of your child, or the provision of a FAPE to your child.

A party may not have a due process hearing until the party, or the attorney representing the party, files a notice that meets the requirements.

A form for this purpose is available from the OSDE-SES to assist you in filing a due process complaint.

A copy of this request must be mailed by you, or the attorney representing you on behalf of your child, to the school district, and to the OSDE-SES, Attention: Due Process Hearing Requests, 2500 North Lincoln Boulevard, Room 412, Oklahoma City, Oklahoma 73105-4599.

An impartial due process hearing office will be appointed to the case. You or your attorney will be notified of the appointment.

The due process complaint will be considered sufficient unless the party receiving the due process complaint notifies the hearing officer and the other party, in writing, within 15 calendar days of receiving their complaint, that the complaint does not meet the requirements listed above. Within five calendar days of receiving the notification that the receiving party due process considers а complaint insufficient, the hearing officer must make a determination if the due process complaint meets the requirements listed above, and must immediately notify the parties in writing of such determination.

If the hearing officer determines that your due process hearing complaint is insufficient, you have the right to submit an amended complaint addressing the reason why it did not meet the criteria of a sufficient complaint.

You or the school district may make changes to the due process complaint only if:

- The other party approves of the changes in writing and is given the opportunity to resolve the due process complaint through resolution meeting.
- By no later than five days before the due process hearing begins, the hearing officer grants permission for the changes. If the complaining party makes changes to the due process complaint, the timeline for the resolution meeting, and the time period for the resolution start again on the date in which the amended complaint is filed.

Nothing in this section may be construed to preclude you from filing a separate request for a due process complaint on an issue separate from the complaint already filed.

If the school district has not sent a prior written notice to you regarding the subject matter contained in your due process complaint, the school district must, within ten calendar days of receiving the due process complaint, send to you a response that must include:

- An explanation of why the school district proposed or refused to take the action raised in the due process complaint.
- A description of other options that your child's IEP team considered and the reasons why those options were rejected.

- A description of each evaluation procedure, assessment, record or report the school district used as the basis for the proposed or refused actions.
- A description of the other factors that are relevant to the school district's proposed or refused actions.

Except as stated above, the party receiving a due process complaint must, within ten calendar days of receiving the due process complaint, send to the other party a response that specifically addresses the issues raised in the complaint.

## **RESOLUTION SESSIONS**

Within 15 calendar days of receiving notice of your due process hearing complaint, and before the due process hearing begins, the school district must convene a meeting with you and the relevant member(s) of the IEP team who have specific knowledge of the facts identified in your due process complaint.

The meeting:

- Must include a representative of the school district who has decision-making authority on behalf of the school district.
- May not include an attorney of the school district, unless you are accompanied by an attorney.

The purpose of the meeting is for you to discuss your due process complaint, and the facts that form the basis of the complaint.

The school district is provided the opportunity to resolve the complaint, unless you and the school district both agree in writing to waive the resolution meeting, or agree to use the mediation process. Unless both you and the school district waive the resolution meeting or agree to go to mediation, your failure to participate in the resolution meeting will delay the timelines for the resolution process and the due process hearing until the resolution meeting is held.

If the school district has not resolved the complaint to your satisfaction within 30 calendar days of the receipt of the due process complaint, the due process hearing may occur.

The 45 calendar day timeline for issuing a final decision begins at the expiration of the 30 calendar day resolution period, unless you and the school district have both agreed to waive the resolution process or to use mediation. In this case, the 45 calendar day timeline begins the next day.

If, after making reasonable efforts and documenting such efforts, the school district is not able to obtain your participation in the resolution meeting, the school district may, at the end of the 30 calendar day resolution period, request that a hearing officer dismiss your due process complaint.

If the school district fails to hold a mediation session within 15 days after receiving your due process hearing complaint or fails to participate in the resolution meeting, you may ask the hearing office to begin the due process hearing timeline.

If a resolution to the dispute is reached at the resolution meeting, you and the school district must execute a legally binding agreement that is:

- Signed by you and a representative of the school district who has the authority to bind the school district.
- Enforceable in any State court of competent jurisdiction or in a district court of the United States.

If you and the school district enter into an agreement as a result of a resolution meeting, either party may void the agreement within three business days of the time that both you and the school district signed the agreement.

### IMPARTIAL DUE PROCESS HEARING

At a minimum, a hearing officer must:

- Not be an employee of the SEA or the school district involved in the education or care of your child; however, a person is not an employee of the agency solely because he/she is paid by the agency to serve as a hearing officer.
- Not have personal or professional interest that conflicts with the hearing officer's objectivity in the hearing.
- Be knowledgeable of, and understand, the provisions of the IDEA, federal, and State regulations pertaining to the IDEA, and legal interpretations of the IDEA by federal and State courts.
- Have the knowledge and ability to conduct hearings, in accordance with appropriate standard legal practice.
- Have the knowledge and ability to render and write decisions in accordance with appropriate, standard legal practice.

The party that requests the due process hearing may not raise issues at the due process hearing that were not addressed in the due process complaint, unless the other party agrees.

The SEA maintains a list of qualified hearing officers. When a due process hearing is assigned, the SEA must provide the name of the hearing officer assigned and their qualifications to all parties involved.

### DUE PROCESS HEARING RIGHTS

Any party to a hearing or an appeal must be accorded the right to:

- Be accompanied and advised by a lawyer or person with special knowledge or training regarding the problems of children with disabilities.
- Present evidence and confront, crossexamine, and require the attendance of witnesses.
- Prohibit the introduction of any evidence at the hearing that has not been disclosed to the other party at least five business days prior to the hearing.
- Obtain a written, or, at your option, electronic, word-for-word record of the hearing.
- Obtain a written, or, at your option, electronic findings of the facts and decisions, which shall be made available to the public and transmitted to the State advisory panel.

A hearing officer may prevent any party that fails to disclose relevant evaluations or recommendations to the other party at least five business days before the hearing.

You must be given the right to have your child present, and the right to open the hearing to the public.

### HEARING DECISIONS

A hearing officer's decision on whether your child received a FAPE must be based on substantive grounds.

In matters alleging a procedural violation, a hearing officer may find that your child did not receive a FAPE, only if the procedural inadequacies:

- Impeded your child's right to a FAPE.
- Significantly impeded your opportunity to participate in the decision-making process regarding the provision of a FAPE to your child.
- Caused a deprivation of an educational benefit.

Nothing in the procedural safeguards section of the federal regulations under Part B of the IDEA can be interpreted to prevent you from filing a separate request for a due process hearing on an issue separate from a request already filed.

The SEA, after deleting any personally identifiable information, must:

- Provide the findings and decisions in the due process hearing or appeal to the State special education advisory panel.
- Make those findings and decisions available to the public.

# FINALITY OF DECISION, APPEAL, IMPARTIAL REVIEW

A decision made in a due process hearing is final, except that any party involved in the hearing may appeal the decision within 30 calendar days.

If a party is aggrieved by the findings and decision in the hearing, an appeal may be brought to the SEA.

If there is an appeal, the SEA appoints a state reviewing officer who conducts an impartial review of the findings and decisions appealed. The official conducting the review must:

• Examine the entire hearing record.

- Ensure that the procedures at the hearing were consistent with the requirements of due process.
- Seek additional evidence if necessary. If a hearing is held to receive additional evidence, the hearing rights described above apply.
- Give the parties an opportunity for oral or written argument, or both, at the discretion of the reviewing official.
- Make an independent decision on completion of the review.
- Give you and the school district a copy of written, or at your option, electronic, findings of fact and decisions.

The SEA, after deleting any personally identifiable information, must transmit the findings and decisions to the State special education advisory panel, and make the findings and decisions available to the public.

The decision made by the reviewing official is final, unless a party brings a civil action under the procedures described below.

### TIMELINES AND CONVENIENCE OF HEARINGS AND REVIEWS

The SEA must ensure that no later than 45 calendar days after the expiration of the 30 calendar day period for resolution meetings, or, no later than 45 calendar days after the expiration of the adjusted time period:

- A final decision is reached in a hearing.
- A copy of the decision is mailed to you and the school district.

If there is an appeal, the SEA must ensure that no later than 30 calendar days after the receipt of a request for a review:

- A final decision is reached in the review.
- A copy of the decision is mailed to you and the school district.

A hearing officer may grant specific extensions of time beyond the 45 day calendar time period, if you or the school district requests a specific extension of the timeline.

Each hearing must be conducted at a time and place that is reasonably convenient to you and your child.

Except in the case of a change in placement initiated by school personnel due to your child carrying or possession of a weapon, possession or use of illegal drugs, or the sale or soliciting the sale of a controlled substance, or inflicting serious bodily injury upon another person, (or a change in placement ordered by a hearing officer due to a determination that maintaining the current placement is substantially likely to result in injury to the child or others), if you request a hearing to challenge the manifestation determination review, your child must remain in the interim alternative educational setting pending the decision of the hearing officer, or until the expiration of the time period of the change of placement, whichever occurs first, unless the State or school district and you agree otherwise.

### RIGHT TO BRING A CIVIL ACTION

Any party who does not agree with the findings and decisions in the State level review has the right to bring a civil action with respect to the matter that was the subject of the due process complaint hearing. The action may be brought in any State court of competent jurisdiction or in a district court of the United States, without regard to the amount in dispute. The party bringing the civil action must have 90 calendar days from the date of the decision of the hearing officer to bring such an action.

In any civil action, the court:

- Receives the records of the administrative proceedings.
- Hears additional evidence at the request of a party.
- Bases its decision on the preponderance of the evidence, and grants the relief that the court determines to be appropriate.

### ATTORNEYS' FEES

In any action or proceeding brought under Part B of the IDEA, the court, in its discretion, may award reasonable attorneys' fees as part of the cost:

- To a prevailing party who is the parent of a child with a disability.
- To a prevailing party who is a school district against the attorney of a parent who files a request for a due process hearing or subsequent cause of action that is frivolous, unreasonable or without foundation, or against the attorney of a parent who continued to litigate after the litigation clearly became frivolous, unreasonable or without foundation.
- To a prevailing school district against the attorney of a parent, or against the parent, if the parent's complaint or subsequent cause of action was presented for any improper purpose, such as to harass, to cause unnecessary delay, or to needlessly increase the cost of the action or proceeding.

A court awards reasonable attorneys' fees based on rates prevailing in the community in which the action or hearing arose for the kind and quality of services furnished. No bonus or multiplier may be used in calculating fees awarded.

Funds under the IDEA Part B may not be used to pay attorney's fees or costs of a party related to an action or proceeding.

Attorneys' fees may not be awarded and related costs may not be reimbursed in any action or proceeding for services performed subsequent to the time of a written offer of settlement to you, if:

- The offer is made within the time prescribed by Rule 68 of the Federal Rules of Civil Procedure; or, in the case of an administrative proceeding, at any time more than ten calendar days before the proceeding begins.
- The offer is not accepted within ten calendar days.
- The court or administrative hearing officer finds that the relief finally obtained by you is not more favorable to you than the offer of settlement.

Attorneys' fees may not be awarded relating to any meeting of the IEP team unless such meeting is convened as a result of an administrative proceeding or court action, or, at the discretion of the State, for mediation.

### DISCIPLINE

### AUTHORITY OF SCHOOL PERSONNEL

School personnel may consider any unique circumstances on a case-by-case basis, when determining whether to order a change in placement for a child with a disability who violates a code of student conduct.

School personnel may remove a child with a disability who violates a code of student

conduct from their current placement to an appropriate interim alternative educational setting, another setting, or suspension, for not more than ten consecutive school days (to the extent such alternatives are applied to children without disabilities).

If school personnel seek to order a change in placement that would exceed ten school days, and the behavior that gave rise to the violation of the school code is determined not to be a manifestation of your child's disability, school personnel may apply the disciplinary procedures to your child in the same manner and for the same duration in which the procedures would be applied to children without disabilities, except the school must provide services to your child.

Your child's IEP team determines the interim alternative educational setting for such services.

These services that must be provided to your child if removed from his or her current placement may be provided in an interim alternative educational setting.

### SERVICES

Your child, if removed from his or her current placement for more than ten school days in the same school year must:

• Continue to receive educational services, so as to enable him or her participate in the to general education curriculum, although in another setting, and to progress toward meeting the goals identified in his or her IEP; and receive, as appropriate, an Functional Behavior Assessment (FBA), behavioral intervention services. and modifications that are designed to address the behavior violation so that it does not happen again.

### MANIFESTATION DETERMINATIONS

Must occur within ten school days of any decision to change the placement of your child because of a violation of a code of student conduct that results in ten or more consecutive school days, or more than ten cumulative schools days of suspension in the same school year that school officials have determined is a pattern of behavior.

A pattern of behavior may be determined because of the length of each removal, the total time that the student has been removed, the proximity of the removals to one another and whether or the behavior is substantially similar to the student's behavior in previous incidents that resulted in disciplinary removals.

The school district, you, and other relevant members of the IEP team (as determined by you and the school district) must review all relevant information in your child's file, including his or her IEP, any teacher observations, and any relevant information you have provided to determine if:

- The conduct in question was caused by, or was a direct and substantial relationship to, his or her disability.
- The conduct in question was the direct result of the school district's failure to implement his or her IEP.

If the school district, you, and other relevant members of the IEP team determine that either is applicable for your child, the conduct must be determined to be a manifestation of your child's disability.

### DETERMINATION THAT BEHAVIOR WAS A MANIFESTATION

If the school district, you, and other relevant members of the IEP team determine that the conduct was a manifestation of your child's disability, the IEP team must either:

- Conduct an FBA and implement a behavior intervention plan (BIP) for your child, unless the school district had conducted such assessment prior to such determination and the behavior that resulted in a change in placement.
- If a BIP already has been developed, the IEP team must meet to review the plan, and modify it, as necessary, to address the behavior.

Unless determined to be a special circumstance, the school district must return your child to the placement from which your child was removed, unless you and the school district agree to a change of placement as part of the modification of the BIP.

### DETERMINATION THAT BEHAVIOR WAS NOT A MANIFESTATION OF THE DISABILITY

If the result of the review is a determination that the behavior of your child was not a manifestation of your child's disability, the relevant disciplinary procedures applicable to children without disabilities may be applied to your child in the same manner in which they would be applied to children without disabilities, except that a FAPE must be provided to your child during the term of suspension.

You have the right to request mediation or an expedited due process hearing if you disagree with the manifestation determination.

### DISCIPLINARY RECORDS

If the school district initiates disciplinary procedures applicable to all children, the school district must ensure that the special education and disciplinary records of your child are transmitted for consideration by the person(s) making the final determination about the disciplinary action.

### INTERIM ALTERNATIVE EDUCATIONAL SETTINGS

Regardless of whether or not the behavior was a manifestation of your child's disability, school personnel may remove a student to an interim alternative educational setting for up to 45 school days if your child:

- Carries or possesses a weapon to school or has a weapon at school, on school premises, or at a school function under the jurisdiction of an SEA or a school district.
- Knowingly has or uses illegal drugs, or sells or solicits the sale of a controlled substance, while at school, on school premises, or at a school function under the jurisdiction of a SEA or school district.
- Has inflicted serious bodily injury upon another person while at school, on school premises, or at a school function under the jurisdiction of an SEA or a school district.

"Serious Bodily Injury" is defined to mean a bodily injury that involves a substantial risk of death; extreme physical pain; protracted and obvious disfigurement, or protracted loss or impairment of the function of a bodily member, organ or faculty.

The IEP Team will determine the appropriate services for your child in an Interim Alternative Educational Settings (IAES).

The school has the option of continuing the IAES into the next school year if there are

less than 45 school days remaining in the school year in which the incident takes place.

Not later than the date on which the decision to take disciplinary action is made, the school district must notify you of that decision, and provide you with a procedural safeguards notice.

### CHANGE OF PLACEMENT DUE TO DISCIPLINARY REMOVALS

The removal of your child from his or her current educational placement is a change of placement if:

- The removal is more than ten consecutive days.
- Your child has been subjected to a series of removals that constitute a pattern of removal because:
  - The series of removals totaled more than ten school days in a school year.
  - Your child's behavior is substantially similar to your child's behavior in previous incidents that resulted in the series of removals.
  - Of such additional factors as the length of each removal, the total amount of time your child has been removed, and the proximity of the removals to one another.
  - Whether a pattern of removals constitutes a change of placements is determined on a case-by-case basis by the school district, and, if challenged, is subject to review by judicial proceedings.

## APPEALS

You may file a due process complaint to request a due process hearing if you disagree with:

- Any decision regarding placement made under the discipline provision.
- The manifestation determination. The school district may file a due process complaint to request a due process hearing if it believes that maintaining the current placement of your child is substantially likely to result in injury to your child or to others.

### AUTHORITY OF HEARING OFFICER

A hearing officer must conduct the due process hearing and make a decision. The hearing officer may:

- Return your child to the placement from which your child was removed if the hearing officer determines that the removal was a violation of the requirements described under the heading **Authority of School Personnel**, or that your child's behavior was a manifestation of your child's disability.
- Order a change in the placement of your child to an appropriate interim alternative educational setting for not more than 45 school days if the hearing officer determines that maintaining the current placement of your child is substantially likely to result in injury to your child or to others.

These hearing procedures may be repeated, if the school district believes that returning your child to the original placement is substantially likely to result in injury to your child or to others. The SEA or school district must arrange for an expedited hearing when you request one. Whenever you or the school district file a due process complaint to request such a hearing, a hearing must be held that meets the requirements described under the headings **Due Process Complaint Procedures, Hearings on Due Process Complaints, and Appeal of Decisions; Impartial Review**, except as follows:

- The SEA or school district must arrange for an expedited due process hearing, which must occur within 20 school days of the date the hearing is requested and must result in a determination within ten school days after the hearing.
- Unless you and the school district agree in writing to waive the meeting, or agree to use mediation, a resolution meeting must occur within seven calendar days or upon receiving notice of the due process complaint.
- The hearing may proceed, unless the matter has been resolved to the satisfaction of both parties within 15 calendar days of receipt of the due process complaint.

A State may establish different procedural rules for expedited due process hearings than it has established for other due process hearings. Except for the timelines, those rules must be consistent with the rules in this document regarding due process hearings.

A party may appeal the decision in an expedited due process hearing in the same way as they may for decisions in other due process hearings.

### PLACEMENT DURING APPEALS

When you or the school district has filed a due process complaint related to disciplinary

matters, your child must (unless you and the SEA or school district agree otherwise) remain in the interim alternative educational setting pending the decision of the hearing officer or until the expiration of the time period of removal provided for and described under the heading **Authority of School Personnel**, whichever comes first.

### PROTECTIONS FOR CHILDREN NOT YET ELIGIBLE FOR SPECIAL EDUCATION AND RELATED SERVICES

If a child who has been determined to be eligible for special education and related services under IDEA Part B, violates a code of student conduct, but the school district had knowledge before the behavior that brought about the disciplinary action that your child was a child with a disability, then your child may assert any of the procedural safeguards described in this notice.

Basis of knowledge for disciplinary matters-A school district must be deemed to have knowledge that a child is a child with a disability if, before the behavior that brought about the disciplinary action occurred:

- You expressed concern in writing that your child is in need of special education and related services to supervisory or administrative personnel of the appropriate education agency, or a teacher of your child.
- You requested an evaluation related to eligibility for special education and related services under Part B of the IDEA.
- Your child's teacher, or other school district personnel, expressed specific concerns about a pattern of behavior demonstrated by your child, directly to the school district's director of special education or to other

supervisory personnel of the school district.

Exception-

A school district must not be deemed to have knowledge that your child is a child with a disability:

- If you have not allowed an evaluation of your child.
- If you have refused services for your child.
- Your child has been evaluated and determined not to be a child with a disability under the IDEA Part B.

# CONDITIONS THAT APPLY IF NO BASIS OF KNOWLEDGE

If prior to taking disciplinary measures against your child, a school district does not have knowledge that a child is a child with a disability, as described in **Basis of Knowledge for Disciplinary Matters and Exceptions**, your child may be subjected to the disciplinary measures applied to children without disabilities who engaged in comparable behaviors.

However, if a request is made for an evaluation of your child during the time period in which your child is subjected to disciplinary measures, the evaluation must be conducted in an expedited manner. Until the evaluation is completed, your child remains in the educational placement determined by school authorities, which include suspension or expulsion without educational services.

If your child is determined to be a child with a disability, taking into consideration information from the evaluation conducted by the school district and information provided by you, the school district must provide special education and related services in accordance with the provision under the IDEA Part B, including the disciplinary requirements described above.

REFERRAL TO AND ACTION BY LAW ENFORCEMENT AND JUDICIAL AUTHORITIES

The IDEA Part B does not:

- Prohibit a school district from reporting a crime committed by a child with a disability to appropriate authorities.
- Prevent Oklahoma State law enforcement and judicial authorities from exercising their responsibilities with regard to the application of federal and Oklahoma State law to crimes committed by a child with a disability.

Transmittal of records-

If a school district reports a crime committed by a child with a disability, the school district:

- Must ensure that copies of your child's special education and disciplinary records are transmitted for consideration by the appropriate authorities to whom the agency reports the crime.
- May transmit copies of your child's special education and disciplinary records only to the extent permitted by Family Education Rights and Privacy Act (FERPA).

REQUIREMENTS FOR UNILATERAL PLACEMENT BY PARENTS OF CHILDREN IN PRIVATE SCHOOLS AT PUBLIC EXPENSE

The IDEA Part B does not require a school district to pay for the cost of education, including special education and related services, of your child with a disability at a private school or facility if the school

district made a FAPE available to your child, and you chose to place your child in a private school or facility. However, the school district where the private school is located must include your child in the population whose needs are addressed under Part B provisions of the IDEA regarding children who have been placed by their parents in a private school at 34 CFR §§ 300.131 through 300.144.

Reimbursement for private school placement—

If your child previously received special education and related services under the authority of a school district, and you choose to enroll your child in a private elementary or secondary school without the consent of or referral by the school because you disagree that the IEP being offered your child, a court or a hearing officer may require the school district to reimburse you for the cost of that enrollment. The court or hearing officer must find that the school district had not made a FAPE available to your child in a timely manner prior to that enrollment, and that the private placement is appropriate.

A hearing officer or a court may find your placement to be appropriate, even if the placement does not meet the State standards that apply to education provided by the SEA and the school district.

Limitations on reimbursement-

The cost of reimbursement may be reduced or denied if:

• At the most recent IEP meeting that you attended prior to removal of your child from the public school, you did not inform the IEP team that you were rejecting the placement proposed by the school district to provide a FAPE to your child, including stating your concerns and your intent to enroll your child in a private school at public expense.

- Ten business days (including any holidays that occur on a business day) prior to the removal of your child from the public school, you did not give written notice to the school district of the information described above.
- Prior to the removal of your child from the public school, the school district provided prior written notice to you, of its intent to evaluate your child (including a statement of the purpose of the evaluation that was appropriate and reasonable), but you did not make your child available for such evaluation.
- Upon a court's finding that your actions were unreasonable.

However, the cost of reimbursement must not be reduced or denied for failure to provide notice if:

- The school district prevented you from providing the notice.
- You cannot read or write in English.
- You had not received notice of your responsibility to provide the notice described above.
- Compliance with the requirements above would likely result in physical harm to your child.

# **RESOURCES FOR PARENTS AND SCHOOLS**

Alternative Dispute Resolution Program (Mediation) Administrative Office of the Courts (877) 521-6677 or (405) 522-7876

Joint Oklahoma Information Network (JOIN) 500 North Broadway, Suite 300 Oklahoma City, Oklahoma 73102 Dial 2-1-1

Legal Aid of Western Oklahoma (405) 521-1302

Legal Services of Eastern Oklahoma (918) 584-3211 (918) 428-4357 (Hot Line) (888) 534-5243 (Hot Line)

Office of Juvenile Affairs (OJA) Educational Services (405) 962-6106

Oklahoma ABLE Tech 1514 West Hall of Fame Stillwater, Oklahoma 74078 (800) 257-1705

Oklahoma Advanced Practice Nurse Coalition (918) 660-3937

Oklahoma Areawide Services Information System (OASIS) (800) 426-2747

Oklahoma Assistive Technology Center (OATC) at the University of Oklahoma Health Sciences Center, Department of Rehabilitation Sciences—College of Allied Health 1600 North Phillips Oklahoma City, Oklahoma 73104 (405) 271-3625; (405) 271-1705 (TDD) (405) 271-1707 (Fax) (800) 700-OATC (6282)

Oklahoma Assistive Technology Center (OATC) at the University of Oklahoma— Tulsa Department of Rehabilitation Sciences—College of Allied Health 4502 East 41st Street Tulsa, Oklahoma 74135 (918) 660-3261 or (918) 660-3279 (918) 660-3297 (Fax)

Oklahoma Association of Clinical Nurse Specialists (405) 951-8214

Oklahoma Board of Nursing (405) 962-1800

Oklahoma Commission of Children and Youth (OCCY) (405) 606-4900

Oklahoma Department of Career and Technology Education (405) 377-2000 (405) 743-6816 TDD

Oklahoma Department of Corrections (405) 962-6139

Oklahoma Department of Health (405) 271-5600

Oklahoma Department of Human Services (DHS) (405) 521-2778

Oklahoma Department of Mental Health & Substance Abuse Services (ODMHSAS) (405) 522-3908 Oklahoma Department of Rehabilitation Services (DRS) Office of Disability Concerns (800) 522-8224 V/TDD (405) 521-3756 V/TDD (800) 845-8476 (405) 951-3400 V/TDD Oklahoma Disability Law Center (ODLC) (800) 226-5883 V/TDD Tulsa (918) 743-6220 V/TDD Oklahoma City (405) 525-7755 V/TDD

Oklahoma Indian Legal Services (800) 658-1497 or (405) 943-6457

Oklahoma Parent Training and Information Center (877) 553-4332

Oklahoma State Department of Education (OSDE)

Special Education Services 2500 North Lincoln Boulevard, Room 412 Oklahoma City, Oklahoma 73105-4599 (405) 522-3248 or (405) 521-4875 TTY

Project ECCO (Enriching Children's Communications Opportunities) (866) 514-9620

Special Education Resolution Center (SERC) 4825 South Peoria, Suite 2 Tulsa, Oklahoma 74105 (888) 267-0028 (918) 712-9632