CONNECTING THE PIECES

DEVELOPING STANDARDS-BASED INDIVIDUALIZED EDUCATION PROGRAMS
Learner Objective

Given specific examples in the process of IEP development participants will enhance their knowledge in developing standards-based IEP’s that are meaningful and individualized to ensure services for students scoring 100% accuracy on Q & A after each section.
IDEA 2004

- Present level of Academic Achievement
- Present level of Functional Performance
- How the Child’s disability Affects involvement in general education curriculum
- Measurable annual goals
- Benchmarks required for Alternate Achievement Standards
Monitor Progress

Continual assessment and collection of data to measure student progress. Monitoring progress also includes periodic analysis of student progress to determine if a change in instruction is needed.
Send Notice of Proposed Meeting/Consent for Agency Participation.

was provided should be documented.

Complete the form Persons Responsible for IEP Implementation to document that person(s) responsible for implementing the IEP have been informed of their specific responsibilities and have access to the IEP.

Implement IEP.

Develop Annual Goal Progress Report.

Consent is not required for the evaluations listed on the IEP that will measure the progress in attaining the goals and/or benchmarks. Assessments used to document progress toward annual goals should be included in the Type(s) of Evaluation for Annual Goal on the Annual Goal Page of the IEP.
The IEP Team is composed of the following:

- The Parent of the student with a disability
- Not less than one regular education teacher of the student
- Not less than one special education teacher of the student
- A representative of the public agency
- At the discretion of the parent or agency individuals who have knowledge or expertise regarding the student
- An individual who can interpret the instructional implications of evaluation results
- Whenever appropriate, the student with a disability
- Secondary Transition Services Participants
- Early Intervention Representatives
**NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION**

**STUDENT'S NAME:** Student Name

**DATE:** 05/26/14

**TIME:** 10:00 AM

**LOCATION:** Classroom 210 at Elementary School

The following people will be invited to meet with us:
- Local Education Agency (LEA) Representative
- Parents Who Can Interpret The Instructional Implications Of The Evaluation Results
- General Education Teacher
- Special Education Teacher
- Parent
- Student
- Career/Tech Representative
- Other Agency Representative(s), For Transition

<table>
<thead>
<tr>
<th>Agency Name</th>
</tr>
</thead>
</table>

**Signature of Education Agency Official**

**First Name - Last Name**

123-456-7890

(Telephone)

**FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19 or older) for the IEP Team meeting.**

**Date Notice Sent** 05/09/2014

**Results of 1st Attempt** Parent unable to attend—need to reschedule

**2nd Attempt Date** 05/09/2014 **Action**

**Results of 2nd Attempt** Parent unable to attend—need to reschedule

**Agency was notified on** 05/09/2014 **via**

**Student was notified on** 05/09/2014 **via**

**ALSDA Approved 3rd Feb 2016**
New Meeting Notice

Please check one of the boxes below

[ ] I WILL BE ABLE TO MEET WITH YOU.
[ ] I CANNOT meet at the date and time indicated. Please contact me to arrange another time.
[ ] I WILL NOT BE ABLE TO MEET WITH YOU. I will contact you if I learn more information.

Please check one of the following boxes if agencies are indicated above:

[ ] I GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.
EXCLUDING the following agencies: ____________________________
[ ] I DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Signature of Parent or Student (Age 10 or older) ____________________________ Date

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 10 or older) for the IEP Team Meeting.

Date Notice Sent: ____________________________
Results of 1st Attempt: ____________________________
2nd Attempt Date: ____________________________ Action: ____________________________
Results of 2nd Attempt: ____________________________
Documented attempts to contact student/agency for IEP Team meeting including transition services.

Student was notified on ____________________________
Agency was notified on ____________________________
NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: Student Name
DATE: 05/23/14 TIME: 3:00 PM LOCATION: Classroom 210 at Elementary School

The purpose of this meeting is to:

[ ] Describe Measurable Educational Progression
[ ] Discuss The Need For Additional Data Collection
[ ] Determine Initial On Continued Eligibility
[ ] Develop Initial IEP Or Review Service IEP
[ ] Conduct Manifestation Determination
[ ] Develop Functional Behavioral Assessment Plan
[ ] Develop Service Behavioral Intervention Plan
[ ] Review Transition Plan/Transition Services
[ ] Conduct a Resolution Session

The following people will be invited to meet with us:

Local Education Agency (LEA) Representative
School Psychologist
Teacher
Special Education Teacher
Parent
Counselor/Technical Representative
Other Agency Representative(s), For Transition
Agency Name

*Enclosure: Special Education Rights

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the phone number listed below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the initial IEP Team meeting. Please contact the individual below if you would like to invite a member from the Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, this LEA agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the Special Education Rights document. If you want another copy of your rights, have any questions, or wish to arrange a conference please contact:

First Name – Last Name
Signature of Education Agency Official
Signature of Education Agency Official

PARENT – STUDENT (Age 19 or older)

Phone call to parent- second notice sent

05/09/14
05/13/2014
05/16/14
05/09/2014
05/13/2014

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting.

Date Notice Sent Parent unable to attend-need to reschedule
Results of 1st Attempt Parent unable to attend-need to reschedule
2nd Attempt Date 05/13/2014 Action Phone call to parent- second notice sent
Results of 2nd Attempt Parent attended- meeting held

Documented attempts to contact student agency for an IEP Team meeting including transition services.

Student was notified on 05/09/2014 Parent unable to attend-need to reschedule
Agency was notified on 05/09/2014 Parent unable to attend-need to reschedule

ALSDA Approved Feb. 2013
The purpose of this meeting is to:

[ ] Determine If Referral Requires Evaluation*
[ ] Discuss The Need For Additional Data Collection
[ ] Determine Initial Or Continued Eligibility
[ ] Develop Initial IEP Or Review/Revise IEP
[ ] Conduct Manifestation Determination
[ ] Develop Functional Behavioral Assessment Plan
[ ] Develop/Revise Behavioral Intervention Plan
[ ] Discuss Transition/Postsecondary Services
[ ] Conduct a Resolution Session

*Enclosure: Special Education Rights

The following people will be invited to meet with us:

[ ] Local Education Agency (LEA) Representative
[ ] Someone Who Can Interpret The Instructional Implications Of The Evaluation Results
[ ] General Education Teacher
[ ] Special Education Teacher
[ ] Parent
[ ] Student
[ ] Career/Technical Representative
[ ] Other Agency Representative(s) For Transition**

Agency Name

123-456-7890

Please contact me to arrange a time to meet. I will contact you if I need more information.

[ ] GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

[ ] DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Signature of Parent or Student (Age 19)

Date

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting:

Date Notice Sent

Results of 1st Attempt

2nd Attempt Date

Results of 2nd Attempt

Documented attempts to contact student/agency for an IEP Team meeting including transition services:

Student was notified on ___________ via ___________

Agency was notified on ___________ via ___________

ALIDE Approved March 2013
NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION

STUDENT'S NAME: [Student Name]  
DATE: 05/26/14  TIME: 10:00 AM
LOCATION: Classroom 110 at High School

The following people will be invited to meet with us:
- Local Education Agency (LEA) Representative
- Student
- Parent
- Agency Name

The purpose of this meeting is to:
[ ] Discuss the Need for Additional Data Collection
[ ] Develop Initial or Conditional Eligibility
[ ] Develop Initial IEP Or Re-evaluation IEP
[ ] Conduct Manifestation Determination
[ ] Conduct a Resolution Session

*Disclosure: Special Education Rights

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the phone number below to make arrangements. You may bring other people whom you feel will be helpful to you in this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the initial IEP Team meeting. Please contact the individual below if you would like to receive a meeting date and time. The Early Intervention Program.

My signature below verifies that if you require notice and an explanation of your rights in your native language, the LEA agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the IDEA.

[Signature]
05/16/14

PARENT – STUDENT (Age 19 or older)

Please check one of the following boxes if agencies** are indicated above:

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting.

Date Notice Sent 05/09/2014
Results of 1st Attempt Parent attended – meeting held
2nd Attempt Date 05/09/2014 Action
Results of 2nd Attempt

Documented attempts to contact student/agency for an IEP Team meeting including transition services.

Student was notified on 05/09/2014 via Personal invitation
Agency was notified on 05/12/2014 via Mail invitation

ALSDA Approved Feb 2013
The purpose of this meeting is to:

- Determine If Referral Requires Evaluation *
- Discuss The Need For Additional Data Collection
- Determine Initial Or Continued Eligibility
- Develop Initial IEP Or Review/Revise IEP
- Conduct Manifestation Determination
- Develop Functional Behavioral Assessment Plan
- Develop/Revise Behavioral Intervention Plan
- Discuss Transition/Postsecondary Services
- Conduct a Resolution Session

* Enclosure: Special Education Rights

The following people will be invited to meet with us:

- Local Education Agency (LEA) Representative
- Someone Who Can Interpret The Instructional Implications Of The Evaluation Results
- General Education Teacher
- Special Education Teacher
- Parent
- Student
- Career/Technical Representative
- Other Agency Representative(s) For Transition**

Agency Name

123-456-7890

Agency Name

Please contact me to arrange a time that is convenient for YOU. I will contact you if I need more information.

* as indicated above:

[ ] GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

(EXCLUDING the following agencies:

[ ] DO NOT GIVE CONSENT for representatives from other transition agencies indicated above to attend the meeting.

Signature of Parent or Student (Age 19) ___________________________ Date __________

FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting

Date

Notice Sent

Results of 1st Attempt: ___________________________ Action ___________________________

2nd Attempt Date ___________________________

Results of 2nd Attempt ___________________________

Documented attempts to contact student/agency for an IEP Team meeting including transition services.

Student was notified on ___________________________ via ___________________________

Agency was notified on ___________________________ via ___________________________

ALDOA Approved Feb. 2013
**NOTICE OF PROPOSED MEETING/CONSENT FOR AGENCY PARTICIPATION**

**STUDENT’S NAME:** Student Name  
**DATE:** 05/26/14  
**TIME:** 10:00 AM  
**LOCATION:** Classroom 110 at High School

The purpose of this meeting is to:

- Discuss IDEA Requirements
- Discuss The Need For Additional Data Collection
- Determine Initial Or Continued Eligibility
- Develop Initial IEP Or Re-Evaluate IEP
- Conduct Manifestation Determination
- Develop Functional Behavioral Assessment Plan
- Develop Service Behavioral Intervention Plan
- Dismiss Transition/Preparatory Services
- Conduct a Resolution Session

The following people will be invited to meet with us:
- Local Education Agency (LEA) Representative
- Parent
- Student
- Other Agency Representative
- Agency Name
- **Agency Name**

*Enclosure Special Education Rights*

Because your input is important to us, we encourage you to make every effort to attend this meeting. If you would like to participate by phone, please call the person below to make arrangements. You may bring other people whom you feel will be helpful to you at this process. If your child is transitioning from Early Intervention, you may request that an invitation be sent to the Early Intervention Program for the initial IEP Team meeting. Please contact the individual below if you would like to receive information from the Early Intervention Program.

My signature below verifies that if you receive notice and an explanation of your rights, as written in your native language, the LEA agency has accommodated you to ensure your understanding. You are fully protected under the rights addressed in your copy of the

**PARENT – STUDENT (Age 19 or older)**

Please check one of the following boxes, sign, date, and return this form to **Full Name of Case Manager**

Please check one of the following boxes if agencies** are indicated above:

- [ ] FOR SCHOOL PERSONNEL - Documented attempts to contact parent/student (age 19) for the IEP Team meeting.  
  
  **05/09/2014**

  Date Notice Sent

  Results of 1st Attempt Parent waived right to attend – meeting held as scheduled

  2nd Attempt Date Action

  Results of 2nd Attempt

- Documented attempts to contact student/agency for an IEP Team meeting including transition services.

  **05/09/2014** via Personal invitation

  Student was notified on

  Agency was notified on
Notice of Proposed Meeting Consent for Agency Participation is used to inform parents of the purpose of the meeting.

Parents do not have to receive prior written notice.

Notice of Proposed Meeting Consent for Agency Participation form is used to give parents prior written notice of a meeting.

Notice of Proposed Meeting Consent for Agency Participation is used to document that all required persons were invited to the meeting.
Students who will be age 16 do not have to be invited to the IEP meeting. **FALSE**

Notice of Proposed Meeting Consent for Agency Participation form is used to document attempts to contact the parent or student (age 19 or older). **TRUE**

Consent must be obtained from the parent or student (age 19 or older) for other agency representatives who may be providing or paying for transition services to attend the meeting. **TRUE**
Process Chart 4

ANNUAL IEP TEAM MEETING TO DEVELOP THE IEP

Convene the IEP Team to develop the IEP.

Complete the form Person(s) Responsible for IEP Implementation to document that person(s) responsible for implementing the IEP have been informed of his/her specific responsibilities and have access to the IEP.

Implement IEP.

Develop Annual Goal Progress Report.

Consent is not required for the evaluations listed on the IEP that will measure the progress in attaining the goals and/or benchmarks. Assessments used to document progress toward annual goals should be included in the Type(s) of Evaluation for Annual Goal on the Annual Goal Page of the IEP.
**Strengths of the student:**

**Parental concerns for enhancing the education:**

**Student Preferences and/or Interests:**

**Results of the most recent evaluations:**

Include all information concerning evaluation results. This information should be written in meaningful terms so that parent and service providers can address specific concerns. Include all information concerning how the student’s disability affects his/her involvement and progress in the general education curriculum and for preschool children in age-appropriate activities.

For the child transitioning from IDEA Pre-school, if a IEP was not implemented on the child’s third birthday; include in the student profile on the child’s third birthday:

* Sally’s IEP will be implemented on Monday, March 31, 2014, because her third birthday is on Sunday March 30.
* Robbie is turning three during the Christmas holidays. His IEP will be implemented on January 2.
INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME:

DOB	SCHOOL YEAR	GRADE

IEP INITIATION/DURATION DATES FROM TO

This IEP will be implemented during the regular school term unless noted in extended school year services.

STUDENT PROFILE - WILL INCLUDE GENERAL STATEMENTS REGARDING:

Strengths of the student:

Student has good social etiquette as evidenced from a recent teacher observations where he greeted both adults and peers with appropriate greetings and offered to shake hands. He has excellent memory skills as evidenced by his knowledge of everyone’s name and their birthday as he greeted them. He can be generous and will offer to help his classmates and share with them, as often observed by his bringing candy to school to share. He is very friendly and wants to please both adults and peers, however, his mood can change quickly, without warning. He is compliant with most requests, especially if it is presented to be a positive thing or in written format. He is agreeable to most schedule changes but will respond more positively if the change is presented prior to occurrence. His academic strengths are in the areas of reading text and math computation.

Parental concerns for enhancing the education:

His parents have expressed their concerns for student to develop functional math skills, especially in the area of money management. They have noticed improvement in the area of his social skills and would like for him to continue working on this area, especially waiting his turn in a conversation and not interrupting others. They also want him to practice safety skills while out in the community as he does not seem to notice the dangers that surround him.

Student Preferences and/or Interests:

Student enjoys physical activities, especially running. When provided options for a reward he will select running on the track or jumping on the mini trampoline in the classroom. He also enjoys looking at books and art activities such as drawing on paper. While using the student computer in the classroom he enjoys using google earth or researching a particular subject on which he is fixated. He likes to have a daily schedule provided for him and if there are to be changes be notified of those in advance. A transition planning assessment for senior high school was completed with input from student, his teacher, and his mom. Based upon the results he needs to continue working toward financial and personal management.
INDIVIDUALIZED EDUCATION PROGRAM

STUDENT’S NAME: ____________________________________________

SPECIAL INSTRUCTIONAL FACTORS

Items checked “YES” will be addressed in this IEP:

SPECIAL INSTRUCTIONAL FACTORS

Items checked “YES” will be addressed in this IEP:

TRANSPORTATION

Student’s mode of transportation:

[ ] Regular bus  [ ] Bus for special needs  [ ] Parent contract  [ ] Other:

NONACADEMIC and EXTRACURRICULAR ACTIVITIES

Will the student have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers?

[ ] YES.

[ ] YES, with supports. Describe:

[ ] NO. Explanation must be provided:

METHOD/FREQUENCY FOR REPORTING PROGRESS OF ATTAINING GOALS TO PARENTS

Annual Goal Progress reports will be sent to parents each time report cards are issued (every _______ weeks).
Transition information should be documented within the other category on the profile page.

The student profile is the result of the IEP Team’s review of assessment data and other information to develop a descriptive summary of the student’s performance, strengths, and needs.
Any Special Instructional Factor checked YES, MUST be addressed in the IEP.  TRUE

Student’s mode of transportation does not have to be addressed in every IEP.  FALSE

Nonacademic and Extracurricular Activities must have at least one item checked.  TRUE
# ALABAMA HIGH SCHOOL DIPLOMA

## SUBSTITUTE COURSES FOR STUDENTS WITH DISABILITIES

<table>
<thead>
<tr>
<th>AREAS OF STUDY</th>
<th>REQUIREMENTS</th>
<th>CREDITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>English Language Arts</td>
<td>English 9, 10, 11, and 12 or any AP/IB/postsecondary equivalent courses.&lt;br&gt;*English Essentials 9, 10, 11, and 12.&lt;br&gt;**AAS English 9, 10, 11, and 12.</td>
<td>4</td>
</tr>
<tr>
<td>Mathematics</td>
<td>Algebra I, Geometry, and Algebra II with Trig or Algebra II or CTE/IB/postsecondary equivalent courses.&lt;br&gt;Additional course(s) to complete the four credits in mathematics must be chosen from the Alabama Course of Study/Algebra or CTE/IB/postsecondary equivalent courses.&lt;br&gt;*Algebraic Essentials A &amp; B and Geometry Essentials A &amp; B (students taking Algebraic Concepts in Grade 9 are not required to take Geometry B).&lt;br&gt;**AAS Mathematics 9, 10, 11, and 12.</td>
<td>4</td>
</tr>
<tr>
<td>Science</td>
<td>Biology and a physical science.&lt;br&gt;The third and fourth science credits may be used to meet both the science and CTE requirement and must be chosen from the Alabama Course of Study: Science or CTE/IB/postsecondary equivalent courses.&lt;br&gt;*Life Skills Science I, II, III, and IV.&lt;br&gt;**AAS Science 9, 10, 11, and 12.</td>
<td>4</td>
</tr>
<tr>
<td>Physical Education</td>
<td>LIFE (Personal Fitness)&lt;br&gt;One JROTC credit may be used to meet this requirement.&lt;br&gt;Adapted Physical Education.</td>
<td>1</td>
</tr>
<tr>
<td>Health Education</td>
<td>Alabama Course of Study: Health Education.&lt;br&gt;**AAS Pre-Vocational, AAS Vocational, AAS Community-Based Instruction, and/or AAS Elective Course.</td>
<td>0.5</td>
</tr>
<tr>
<td>Career Preparedness</td>
<td>Career Preparedness Course (Career and Academic Planning, Computer Applications, Financial Literacy).&lt;br&gt;**AAS Life Skills.</td>
<td>1</td>
</tr>
<tr>
<td>CTE and/or Foreign Language and/or Arts Education</td>
<td>Students choosing CTE, Arts Education, and/or Foreign Language are encouraged to complete two courses in sequence.&lt;br&gt;*Two CTE courses and Workforce Essentials (or Transition Services II in school systems that do not offer Workforce Essentials).&lt;br&gt;**AAS Life Skills.</td>
<td>3</td>
</tr>
<tr>
<td>Electives</td>
<td>*Students earning core credit through the Essentials/Life Skills courses are required to take Cooperative Education Seminar/Work-Based Experience (or CTE Occupational Preparation in school systems that do not have a Cooperative Education Program).&lt;br&gt;**AAS Pre-Vocational, AAS Vocational, AAS Community Based Instruction, and/or AAS Elective Course.</td>
<td>2.5</td>
</tr>
</tbody>
</table>

**Total Credits Required for Graduation: 24**

---

*Course sequence for students with disabilities earning core credit through the Essentials/Life Skills courses. Students pursuing an Alabama High School Diploma through this pathway must participate in Community-Based Work Training or have documentation of previous work experience in addition to the course requirements described above.

**Course sequence for students with significant cognitive disabilities earning core credit through Alternate Achievement Standards (AAS) courses.
**Community/Independent Living Goal (Select or write the most appropriate goal for the student):**

- Student will be prepared to participate in community activities and live independently based on independent living skill level achieved and identification of community/living options.
- Student **with time-limited support** will be prepared to participate in both community activities and live independently based on independent living skill level achieved and identification of community/living options.

**Transition Services:** Based on the student's strengths, preferences, and interests, the following coordinated transition services will reasonably enable the student to meet the postsecondary goals. Consider these service areas: Vocational Evaluations (VE), Community Experiences (CE), Personal Management (PM), Transportation (T), Employment Development (ED), Medical (M), Postsecondary Education (PE), Living Arrangements (LA), Linkages to Agencies (LTA), Advocacy/Guardianship (AG), Financial Management (FM), and if appropriate Functional Vocational Evaluation (FVE).

<table>
<thead>
<tr>
<th>Transition Strands</th>
<th>Academics/Post Secondary Education/Training</th>
<th>Employment/Occupations/Careers</th>
<th>Personal/Social</th>
<th>Daily Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Transition IEP for Students that will be in grades 6-8.

**Goals for Postsecondary Transition:**

**Postsecondary Education/Training Goal**

If Other is selected, specify

**Transition Services:** Based on the student's strengths, preferences, and interests, the following coordinated transition services will reasonably enable the student to meet the postsecondary goals. Consider these service areas: Vocational Evaluations (VE), Community Experiences (CE), Personal Management (PM), Transportation (T), Employment Development (ED), Medical (M), Postsecondary Education (PE), Living Arrangements (LA), Linkages to Agencies (LTA), Advocacy/Guardianship (AG), Financial Management (FM), and if appropriate Functional Vocational Evaluation (FVE).

<table>
<thead>
<tr>
<th>Transition Strands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academics/Post Secondary Education/Training</td>
</tr>
<tr>
<td>Service(s)</td>
</tr>
</tbody>
</table>
**Transition IEP for Students that will be in grades 9-12.**

**PROGRAM CREDIT TO BE EARNED (Complete for students in grades 9-12)**

<table>
<thead>
<tr>
<th>For each course taken, indicate</th>
<th>ENGLISH</th>
<th>MATH</th>
<th>SCIENCE</th>
<th>SOCIAL</th>
</tr>
</thead>
</table>

**Goals for Postsecondary Transition:**

Postsecondary Education/Training Goal

If Other is selected, specify

Employment/Occupation/Career Goal

**Transition Services:** Based on the student's strengths, preferences, and interests, the following coordinated transition services will reasonably enable the student to meet the postsecondary goals. Consider these service areas: Vocational Evaluations (VE), Community Experiences (CE), Personal Management (PM), Transportation (T), Employment Development (ED), Medical (M), Postsecondary Education (PE), Living Arrangements (LA), Linkages to Agencies (LTA), Advocacy/Guardianship (AG), Financial Management (FM), and if appropriate Functional Vocational Evaluation (FVE).

### Transition Strands

<table>
<thead>
<tr>
<th>Service(s)</th>
<th>Academics/Post Secondary Education/Training</th>
<th>Employment/Occupations/Careers</th>
<th>Personal/Social</th>
<th>Daily Living</th>
</tr>
</thead>
</table>

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Page _ of _

ALIDE Approved Feb. 2012
Transition must be addressed for all students entering the 9th grade, regardless of their age.

If a student is 14 years old and in middle school, you must address transition.

If an outside agency is responsible for providing transition services, consent of the parent or student (age 19 or older) must be obtained prior to inviting the agency representative.

It is an IEP Team decision to address transition for a student in middle school, if the student is younger than age 16.
The new Alabama High School Diploma will apply to all students beginning with the 9\textsuperscript{th} grade class cohort of 2010-2011.

The Alabama Transition Standards are organized into FOUR strands.

FALSE

The Alabama Transition Standards are organized into three strands.

TRUE
Speaking Whale

http://www.youtube.com/watch?v=cKwttKHoA2o
Special Education Services (SES)

Special Education Services (SES) provides technical assistance to all education agencies serving Alabama’s children with disabilities as well as gifted children. SES is also responsible for ensuring that education agencies providing services are in compliance with all federal and state laws and regulations and for processing all complaints and requests for due process hearings and mediation regarding special education issues.

Step 2: Accommodations Online Training
NCLB...
When NCLB was signed into law in 2002, it ushered in some of the most sweeping changes the American educational system has seen in decades. New requirements introduced in NCLB were intended to increase the quality and effectiveness not only of the Title I program, but of the entire elementary and secondary education system — raising the achievement of all students, particularly those with the lowest achievement levels.

IDEA...
In updating IDEA in 2004, Congress found that the education of students with disabilities has been impeded by "low expectations and an insufficient focus on applying replicable research on proven methods of teaching and learning...." Significant changes to IDEA as well as a close alignment to NCLB are designed to provide students with disabilities access to high expectations and to the general education curriculum in the regular classroom, to the maximum extent possible, in order to "meet developmental goals and, to the extent possible, the challenging expectations that have been established for all children...." (NCEO, August 2006)
Welcome to “TNT” – Training iN Transition

What will I learn?

Module I: Foundations of Transition | Module II: Assessment for Transition Planning |
Module III: My Plan for Transition Series | Module IV: Alabama Transition Standards and the IEP Series |
Module V: Transition Partners in Alabama Series | About Taking This Online Training |
Continuing Education Units | Computer Compatibility | TNT Flyer & Organizer | TNT Webinar FAQs |
Submit Webinar FAQ | Coming Soon...

The Alabama Department of Education and ATLI initiated development of the series in 2007, and in the first two years presented onsite educator workshops in ten areas of Alabama. In Summer 2009, the first two workshop courses were put online, accessed through the Auburn University ATLI Web site.

Expansion of the series continues each year, with updates and additions reflecting the progression of state and national transition policies and practices.

Click here to take the modules.

auburn.edu/atli
Standard M. 3.10
Use place value understanding to round whole numbers to the nearest 10 or 100. [3-NBT1]

- M. 3.10.1: Define rounding.
- M. 3.10.2: Round whole numbers from 100 to 999 using whole numbers from 10 to 99.
- M. 3.10.3: Model rounding whole numbers to the nearest 100.
ANNUAL GOAL:

- WHO (The Student):
- BEHAVIOR (will do what):
- CONDITIONS (under what conditions):
- CRITERION (to what level):
- TIME FRAME (in what length of time):
Student

- 3rd grade
- Multiple Disabilities
- Extended Standards
- Dependent on school staff for all basic needs
- Non-verbal; non-ambulatory
- Related service: Physical Therapy

- Assessments:
  - AAA Reading ES 2.1 (1)
  - AAA Reading ES 2.3 (1)
- Classroom Observation:
  - Non-responsive
- Parent concerns:
  - Interactions with peers
<table>
<thead>
<tr>
<th>General Education Standard 3.3</th>
<th>R. ES 3.2</th>
<th>(4) Identify the actions of a character in a story.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe characters in a story (e.g., their traits, motivations, or feelings) and explain how their actions contribute to the sequence of events. [RL.3.3]</td>
<td>Identify the character in a story read aloud.</td>
<td>(3) Identify the character in a story read aloud.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(1) Answer <em>who is this story about</em> in a story read aloud.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Example: Eye gaze or touch the picture or tactile representation for the character in a story read aloud when shown the character from that story and another character</td>
</tr>
</tbody>
</table>
Based upon teacher observations she is participating in class primarily using her eye-gaze and blink to communicate. However, she needs to increase her participation during reading by identifying a character read from a story read aloud to her. *(R. ES 3.2 (1)).* She will need to use her eye-gaze to select the correct picture representation of the main character. Based upon recent Alabama Alternate Assessment data student demonstrated recognition of letters by sound through her eye-gaze at the teacher while listening to songs about the letter B (R. ES 2.3 (1)). However, she needs to increase her eye-gaze affects her performance in the general education curriculum in the area of reading. Student’s limited communication skills through eye-gaze affects her performance in the general education curriculum in the area of reading.
Who: Student

Given a choice of two illustrations, student will use her eye gaze to identify the main character from a story (R. ES 3.2 (1)). After it is read aloud to her, scoring 80% accuracy on teacher made data collection form that records daily response or non response each month by the end of the fourth nine weeks.

Behavior: will use her eye gaze to identify the main character from a story (R. ES 3.2 (1))

Condition: Given a choice of two illustrations; after it (story) is read aloud to her,

Criterion: scoring 80% accuracy on teacher made data collection form that records daily response or non response each month by the end of the fourth nine weeks.

Time Frame: by the end of the fourth nine weeks.
Student

- 7th grade
- Specific Learning Disability
- General Education Curriculum
- Assessments:
  - Reading text – 7th grade
  - Reading Comprehension- 2nd grade
  - Math – 7th grade
- Classroom Observation:
  - Struggles with comprehension of assigned reading
Range of Reading and Level of Text Complexity

9. By the end of the year, read and comprehend literature, including stories, dramas, and poetry, at the high end of the Grades 4-5 text complexity band independently and proficiently. [RL.5.10]

Objectives:

ELA 5.9.1: Read and comprehend literature, including stories, dramas, and poetry, in the Grades 4-5 text complexity band proficiently, with scaffolding as needed at the high end of the range.

ELA 5.9.2: Read and comprehend literature, including stories, dramas, and poetry, at the high end of the Grades 2-3 text complexity band independently and proficiently.
10. By the end of the year, read and comprehend literature, including stories, dramas, and poems, in the Grades 6-8 text complexity band proficiently, with scaffolding as needed at the high end of the range. [RL.6.10]

Objectives:
ELA 6.10.1: Read and comprehend text complexity band Grades 5-7.
ELA 6.10.2: Read and comprehend text complexity band Grades 4-6.
ELA 6.10.3: Read and comprehend text complexity band Grades 3-5.
Based upon recent achievement testing student is reading text at a level that is consistent with a student in the 7th grade. He is comprehending text that is consistent with a student in the 2nd grade, text complexity band 2-3 (ELA 5.9.2). Teacher observations reveal that he has excellent memory skills, which seem to contribute to his ability to read text on grade level. He needs to increase his comprehension to close the gap toward the level of text that he is able to read by increasing his ability to understand and recall facts within assigned reading from his core academics.

Student’s comprehension being below grade level affects his performance within the general education curriculum in recalling facts from assigned reading.
Through participation in an evidence-based reading intervention program student will increase his reading comprehension to the grades 3-5 complexity band (ELA 6.10.3) scoring 90% proficiency on progress monitoring by the end of the fourth nine weeks.
...but I don’t know what you’re saying
Student

- 9th grade
- Autism
- Essentials/Life Skills Pathway
- Assessments:
  - Reading text – 10th grade
  - Reading Comprehension – 8th grade
  - Math – 7th grade
- Classroom Observation:
  - Estimation and mental calculations
- Transition goals:
  - Technical – criminal justice/law enforcement
  - Competitive Employment
  - Live independently
- Parent Concerns:
  - Meeting requirements for postsecondary education
Solve real-life and mathematical problems using numerical and algebraic expressions and equations.

9. Solve multistep real-life and mathematical problems posed with positive and negative rational numbers in any form (whole numbers, fractions, and decimals), using tools strategically. Apply properties of operations to calculate with numbers in any form, convert between forms as appropriate, and assess the reasonableness of answers using mental computation and estimation strategies. [7-EE3]

Examples: If a woman making $25 an hour gets a 10% raise, she will make an additional \(\frac{1}{10}\) of her salary an hour, or $2.50, for a new salary of $27.50. If you want to place a towel bar 9 \(\frac{3}{4}\) inches long in the center of a door that is 27 \(\frac{1}{2}\) inches wide, you will need to place the bar about 9 inches from each edge; this estimate can be used as a check on the exact computation.

Objectives:
M. 7.9.1: Define estimation, rational numbers, and reasonable.
M. 7.9.2: Analyze the given word problem to set up a mathematical problem.
M. 7.9.3: Recognize the mathematical operations of rational numbers in any form, including converting between forms. (Ex. 0.25=1/4 =25%)
M. 7.9.4: Recall problem solving methods.
M. 7.9.5: Recognize the rules of operations of positive and negative numbers.
M. 7.9.6: Recognize properties of numbers (Distributive, Associative, Commutative).
M. 7.9.7: Recall mental calculation strategies.
M. 7.9.8: Recall estimation strategies.
<table>
<thead>
<tr>
<th>Standard 3:</th>
<th>Develop strategies for postsecondary education or training completion (e.g., maintaining and updating disability documentation, learning and study strategies, organizational skills, and seeking and obtaining support).</th>
</tr>
</thead>
<tbody>
<tr>
<td>TS.AT12.3.B</td>
<td>Schedule and implement strategies for postsecondary education/training completion, monitor success, and revise individualized plan accordingly.</td>
</tr>
<tr>
<td>TS.AT11.3.B</td>
<td>Analyze three potential barriers for postsecondary education or training completion and develop a plan or schedule for the best package of strategies to address those barriers.</td>
</tr>
<tr>
<td>TS.AT10.3.B</td>
<td>Acquire and practice at least three strategies to support secondary learning that will also be useful at the postsecondary level.</td>
</tr>
<tr>
<td>TS.AT9.3.B</td>
<td>Identify at least one strategy for enhancing secondary learning that will also support postsecondary education/training completion (e.g., learning and studying strategies, organizational strategies, and self-advocacy strategies).</td>
</tr>
</tbody>
</table>
Strengths: Based upon recent achievement testing, student is reading text at a level that is consistent with a student in the 10th grade. He is comprehending text that is consistent with a student in the 8th grade in the area of math. He is comprehending text that is consistent with a student in the 10th grade, text complexity band 7-8 (ELA 9.9.1). His strengths in these areas will benefit him as he prepares for entrance to technical school pursuing criminal justice/law enforcement.

Needs: How students’ disability affects performance in the general education curriculum: Student’s inability to recall problem solving strategies affects his participation in the general education curriculum in the area of math.

Based upon recent achievement testing, student is reading text at a level that is consistent with a student in the 10th grade. He is comprehending text that is consistent with a student in the 8th grade in the area of math. Based upon recent achievement testing, student is reading text at a level that is consistent with a student in the 10th grade. He is comprehending text that is consistent with a student in the 8th grade in the area of math. However, classroom observations reveal his difficulty recalling mental calculation strategies which hinder his math problem solving. He needs to develop strategies to assist him in recalling mental calculations which will enhance his learning at the postsecondary level (TS.AT10.3B). Student’s inability to recall problem solving strategies affects his participation in the general education curriculum in the area of math.
Who: student

Behavior: will develop strategies to recall mental calculations that will increase his understanding of algebraic equations (M. 7.9.7) and enhance his learning at the postsecondary level (TS. AT10.3B) through teacher led instruction and practice of mental math activities with 90% accuracy by the end of the fourth nine weeks.

Criterion: with 90% accuracy

Time Frame: by the end of the fourth nine weeks.
Based upon recent achievement testing student is reading text at a level that is consistent with a student in the 10th grade. He is comprehending text that is consistent with a student in the 8th grade, text complexity band 7-8 (ELA 9.9.1). His math computation skills are equivalent to a student in the 7th grade. His strengths in these areas will benefit him as he prepares for entrance to technical school pursuing criminal justice/law enforcement. However, classroom observations reveal his difficulty recalling mental calculation strategies which hinder his ability to solve math problems using algebraic expressions and equations (M. 7.9.7). He needs to develop strategies to assist him in recalling mental calculations which will enhance his learning at the postsecondary level (TS.AT10.3B). Student’s inability to recall problem solving strategies affects his participation in the general education curriculum in the area of math.

Through teacher led instruction and practice of mental math activities student will develop strategies to recall mental calculations that will increase his understanding of algebraic equations (M. 7.9.7) and enhance his learning at the postsecondary level (TS. AT10.3B) with 90% accuracy by the end of the fourth nine weeks.
Goals should be individualized. Copying and pasting standards into the goal is acceptable. Referencing course of study, curriculum guide objectives, and extended standards in the goal is required.
Measurable Goal:

Given an automobile with an empty gas tank, Cynthia will drive to the nearest gas station and fill the tank to 100% capacity in the next 10 minutes.
Just Keep Swimming

http://www.youtube.com/watch?v=AsemWIZUk4k
Sample template to use for developing Standards Based IEP's

SPECIALIZED DESIGNED INSTRUCTION:

- PROVIDER (Who will deliver the service(s)):
- CONTENT (In what skill)
- METHODOLOGY (What teaching strategy/method will be used)
- DELIVERY (How or When)
INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME:

TRANSFER OF RIGHTS
(Effective not later than the IEP that will be in effect when the student reaches 18 years of age)

EXTENDED SCHOOL YEAR SERVICES (ESY)
LEAST RESTRICTIVE ENVIRONMENT

Does this student receive all special education services with nondisabled peers? [ ] Yes [ ] No

[ ] 6-21 YEARS OF AGE [ ] 3-5 YEARS OF AGE

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP:

<table>
<thead>
<tr>
<th>Position</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>First Name – Last Name</td>
<td></td>
</tr>
<tr>
<td>Parent</td>
<td>First Name – Last Name</td>
<td></td>
</tr>
<tr>
<td>General Education Teacher</td>
<td>First Name – Last Name</td>
<td></td>
</tr>
<tr>
<td>Special Education Teacher</td>
<td>First Name – Last Name</td>
<td></td>
</tr>
<tr>
<td>LEA Representative</td>
<td>First Name – Last Name</td>
<td></td>
</tr>
<tr>
<td>Someone Who Can Interpret The Instructional</td>
<td>First Name – Last Name</td>
<td></td>
</tr>
<tr>
<td>Implications Of The Evaluation Results</td>
<td>First Name – Last Name</td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Career/Technical Education Representative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Agency Representative</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

INFORMATION FROM PEOPLE NOT IN ATTENDANCE

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
Specially designed instruction means adapting, as appropriate, the content, methodology, and delivery of instruction. When deciding on specially designed instruction, there does not have to be a direct connection to the student's PLAAFP and measurable annual goal.
The date the student was first informed of the transfer of rights is the date that should be recorded in any subsequent IEP’s. **TRUE**

Extended School Year Services does not have to be considered for every student. **FALSE**
Process Chart 4

ANNUAL IEP TEAM MEETING TO DEVELOP THE IEP

Send Notice of Proposed Meeting/Consent for Agency Participation.

Provide the parent a copy of the IEP and a copy of the Special Education Rights (if a copy was not provided within the past year). If a copy was provided, the date it was provided should be documented.

Implement IEP.

Develop Annual Goal Progress Report.

Consent is not required for the evaluations listed on the IEP that will measure the progress in attaining the goals and/or benchmarks. Assessments used to document progress toward annual goals should be included in the Type(s) of Evaluation for Annual Goal on the Annual Goal Page of the IEP.
Process Chart 4

ANNUAL IEP TEAM MEETING TO DEVELOP THE IEP

Send Notice of Proposed Meeting/Consent for Agency Participation.

Complete the form Persons Responsible for IEP Implementation to document that person(s) responsible for implementing the IEP have been informed of his/her specific responsibilities and have access to the IEP.

Implement IEP.

Develop Annual Goal Progress Report.

Consent is not required for the evaluations listed on the IEP that will measure the progress in attaining the goals and/or benchmarks. Assessments used to document progress toward annual goals should be included in the Type(s) of Evaluation for Annual Goal on the Annual Goal Page of the IEP.
The following school personnel have access to the IEP and have been informed of their responsibility in implementing the IEP, and of the specific accommodations, modifications, and supports that must be provided for ____________________________
(student's name) for the _____________ school year.

__________________________  ____________________________
DATE                     SIGNATURE                  POSITION

________________________________________
Signature and position of person responsible for informing school personnel of their responsibility.
Process Chart 4

ANNUAL IEP TEAM MEETING TO DEVELOP THE IEP

Send Notice of Proposed Meeting/Consent for Agency Participation.

Convene the IEP Team to develop the IEP.

Provide the parent a copy of the IEP and a copy of the Special Education Rights (if a copy was not provided within the past year). If a copy was provided, the date it was provided should be documented.

Implement IEP.

Develop Annual Goal Progress Report.

Consent is not required for the evaluations listed on the IEP that will measure the progress in attaining the goals and/or benchmarks. Assessments used to document progress toward annual goals should be included in the Type(s) of Evaluation for Annual Goal on the Annual Goal Page of the IEP.
Process Chart 4

ANNUAL IEP TEAM MEETING TO DEPLOY THE IEP

- Send Notice of Proposed Meeting/Consent for Agency Participation.

- Convene the IEP Team to develop the IEP.

- Develop Annual Goal Progress Report.

Consent is not required for the evaluations listed on the IEP that will measure the progress in attaining the goals and/or benchmarks. Assessments used to document progress toward annual goals should be included in the Type(s) of Evaluation for Annual Goal on the Annual Goal Page of the IEP.
COMPLIANCE VERIFICATION FORM
Use this form to document the IEP Process

Date of Review: 
Reviewer: 

Disability: 
Race: 
DOB: 
Age: 
Grade: 

Reevaluation for IEP Changes Process (IEP Team must discuss the need for formal data collection and reevaluation to determine if changes need to be made to the IEP. This does not have to be completed every time an IEP is developed.)

DATE: REEVALUATION FOR IEP CHANGES PROCESS

A. Date of Proposed Meeting for Agency Participation—When the proposed meeting date (8/2/99) was sent
Parent: [Signature of Parent] [Date] [Comments]

B. Notice of IEP Team Meeting—Reevaluation for IEP
[Signature of Parent] [Date] [Comments]

C. Approaches for Team Membership—Reevaluation for IEP Changes
[Signature of Parent] [Date] [Comments]

D. Notice that consent is necessary or that documentation attempted
[Signature of Parent] [Date] [Comments]

COMMENTS

DATA: IEP PROCESS

A. Date of Proposed Meeting for Agency Participation—IEP (8/2/99) was sent Parent: [Signature of Parent] [Date] [Comments]

B. Special Education Students

C. Individual Education Plan (IEP)

D. Parent Contact

E. Transition Planning

F. Progress of Student

G. Goals and Objectives

H. Transition Planning

I. Transition Services

J. Parental Involvement

K. Student Progress

L. Progress Report

M. Parent Contact

N. Transition Services

O. Special Education Services

P. Evaluation Services

Q. Evaluation Services

R. Evaluation Services

S. Evaluation Services

T. Evaluation Services

U. Evaluation Services

V. Evaluation Services

W. Evaluation Services

X. Evaluation Services

Y. Evaluation Services

Z. Evaluation Services

AA. Evaluation Services

BB. Evaluation Services

CC. Evaluation Services

DD. Evaluation Services

EE. Evaluation Services

FF. Evaluation Services

GG. Evaluation Services

HH. Evaluation Services

II. Evaluation Services

COMMENTS

Updated: 10-22

Updated: 10-22
Give/send parent a copy of the amended IEP along with the Notice of Intent Regarding Special Education Services explaining the changes that were made to the IEP; and update the form Persons Responsible for IEP Implementation (if appropriate) to ensure that each person responsible for IEP implementation is informed of his/her responsibilities and that they have access to the IEP.

Amend the current IEP.

Report before the next reporting period.

Consent is not required for the evaluation listed on the IEP that will measure the progress in attaining the goals and/or benchmarks. Assessments used to document progress toward annual goals should be included in the Type(s) of Evaluation for Annual Goal(s) on the Annual Goal Page of the IEP.
• Crystal Richardson  crystalr@alsde.edu
• Alicia Hodge  ahodge@alsde.edu
• Curtis Gage  cgage@alsde.edu
• Kemeche Green  kgreen@alsde.edu
• Cynthia Mayo  cmayo@alsde.edu