

1. Review of Evaluation Data

Full And Individual Evaluation
CurrentDate
20-9-2019
Next Due Date
20-8-2019
Name
name
Needed By
needed by
Information Providers
<input checked="" type="checkbox"/> Parents
<input checked="" type="checkbox"/> School Personal
<input checked="" type="checkbox"/> Language Proficiency Assessment Committee
<input checked="" type="checkbox"/> Student
<input checked="" type="checkbox"/> Previous School District
<input checked="" type="checkbox"/> Other Agencies/Professionals

2. Determination of Eligibility

Eligibility Criteria
Based on Evaluation Data reviewed by the committee has been determined
<input type="checkbox"/> Does not meet specific federal eligibility criteria to recieve special educational services
<input checked="" type="checkbox"/> Meets specific federal eligibility criteria to recieve special educational services(has both a disability and educational need for special education service) based on following condition
Conditions
Condition
condition1
condition2
condition3
Specific Disabilities
Specific Learning Disabilities Types
learning disabilities
Other Health Impairment Types
health imparient
Speech Impairment Types
speech impairment
Indicators
<input type="checkbox"/> Medically Fragile <input checked="" type="checkbox"/> Multiple Disabilities

3. Present Academic Achievement and Functional Performance

Physical
Physical
physical
Personal Care Services
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Nursing
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Assistive Technology
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Dylexia
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Functional Performance
Behavioral
behavioural
Discipline
discipline
Functional
Academic
functional
Based on PLAAP statements above, the IEP Committee has determined the Student Disabilities effect his involment in the general education Curriculum
Based on PLAAP statements above, the IEP Committee has determined the Student Disabilities effect his involment in the general education Curriculum
<input checked="" type="checkbox"/> English
<input checked="" type="checkbox"/> Math
<input checked="" type="checkbox"/> Science
<input checked="" type="checkbox"/> Social Studies
<input checked="" type="checkbox"/> Electives
<input checked="" type="checkbox"/> Physical Education
<input checked="" type="checkbox"/> Other
Academic Achievement
The ARD committee reviewed achievement of the previous year's goals on the IEP. (Applicable to all but initial ARD meetings.)
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A

Empty Section

Reading:
reading

Speech/Related Services:
speech related services

Written Expression:
written expression

Math:
math

Other:

Required Assessments

STATE / DISTRICT REQUIRED ASSESSMENT RESULTS / CONSIDERATIONS

Year	Grade	Subject	Assessment Type	Results
1990	A	Fop	Good	A+
2023	C	Oop	Normal	Fail

Empty Section

Statement of Intensive Program (Accelerated Instruction Plan):

☒ If the student did not perform satisfactorily on the state or alternate assessment, he or she will be provided an accelerated instruction plan.

4. Transition

Eligible

TRANSITION SERVICES: Transition Services means a coordinated set of activities for a student with a disability that is designed to be within a results oriented process that is focused on improving the academic and functional achievement of the student with a disability to facilitate the student's movement from school to post-school activities, including: Post-secondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. It is based on the individual student's needs, taking into account the student's strengths, preferences and interests and includes: instruction, related services, community experiences, development of employment and other post-school adult living objectives and if appropriate, acquisition of daily living skills and provision of a functional vocational assessment.

The ARD committee has determined that transition services are age appropriate at this time?

☒ Yes ☐ No

Student Preferences

The student was invited to the meeting.

☒ Yes ☐ No

The student attended the meeting. If not, explain:

☒ Yes ☒ No

Section To Include/Sort Fields (Necessary)

student attended the meeting

Check one or more of the following methods that the committee used to obtain the student's preferences and interests.

☒ Informal assessments

☒ Parental input

☒ Teacher input

☒ Student input

Srengths and Needs

Training/Education and Employment

training

Independent Living Skills

living skills

Transition Strengths & Needs

Strength	Needs
Goods	No
Strength	No
good bad	No needs
1	3

Section Empty

Preferences/Interests

preferences

Behavioral Needs

Empty Section

Work-Related Behaviors Needs:

baby needs

Other Needs:

other needs

Community Experiences

☒ Does not need services in community due to access with family/friends or independently☒ Does need the services

Daily Living Skills

If appropriate, acquisition of Daily Living Skills

☒ None Needed

Annual IEP goal(s)

☐ Yes ☒ No

If the child is at least 18 years of age, the ARD committee considered the availability of age-appropriate instructional environments	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Does the ARD committee believe that circumstances exist for referring the student or the parents to a governmental agency for services?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Any agency responsible for providing transition services is invited to the ARD/IEP meeting (with consent of the parent/adult student)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
The ARD committee reconvenes to develop alternative strategies when participating agencies fail to provide transition services	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Empty Section	
Discussion	
<input checked="" type="checkbox"/> Degree to which student participated in this ARD meeting and in the development of the IEP.	
<input checked="" type="checkbox"/> The following materials and/or information were shared with the student:	
Behaviour	
Does child's behavior impede child's own learning or that of others?	
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Empty Section	
If yes, the following positive behavioral interventions, supports and other strategies address behavior: Use of reinforcement system to increase desired behavior Role play appropriate (classroom, hallway, school environment) behavior with (teacher, social worker, special education staff)	
Provide student with acceptable alternative behavior choice	
Behavior Intervention Plan:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Empty Section	
Statement of assurance with regard to discipline:	
statement of assurance	
Student Code of Conduct Statement:	
student code of conduct	
Language needs for second language learners as related to the Student's IEP	
<input checked="" type="checkbox"/> Student is NOT a second language learner	
Other Needs	
Communication needs of the Student	
<input type="checkbox"/> Student has communication needs that should be addressed through supplementary aids and services, IEP, Assistive Technology, and/or speech therapy	
<input checked="" type="checkbox"/> Student is affected by autism spectrum disorder	
Empty Section	
Physical Needs of the Student	
<input checked="" type="checkbox"/> This student exhibits limitations but does not require modifications.	
Assistive Technology needs of the student	
In reviewing the student's needs, the ARD committee considered assistive technology needs and determined that	
<input checked="" type="checkbox"/> The student will be able to participate in the educational program, accomplish expected tasks, and make reasonable progress toward mastery of his/her IEP goals and objectives with typically available supports and services. No assistive technology, devices and/or services are recommended at this time	
Explanation	
explanation	
Summary	
After reviewing the above mentioned competencies and present levels of educational performance, the ARD committee has determined that this student's disability affects his/her involvement and progress in the general education curriculum.	
Specify areas	
<input checked="" type="checkbox"/> Language Arts	
<input checked="" type="checkbox"/> Math	
<input checked="" type="checkbox"/> Social Studies	
<input checked="" type="checkbox"/> Science	
<input checked="" type="checkbox"/> Fine Arts	
<input checked="" type="checkbox"/> Physical Education	

5. Behavior Intervention Plan (B.I.P)

B.I.P	
Date of Plan	
20-8-2019	
List below each behavior, reinforcement, consequence and person responsible for administering the reinforcement or consequence. Appropriate intervention is based on assessment data, discipline history, social history, parent reports, and other data.	
Behaviors targeted for intervention	
Appropriate behavior interventions:	
Intervention	Description
1	no
1	no
2	yes
4	yes

Target Behaviour			
Comments			
c1			
comment 2			
Communicate behavioral progress or status with parents through			
behavioural progress status with parents through			
When a communication other than a tracking form is chosen, describe the frequency or required contact (when particular behaviors occur, every two weeks, etc.)			
communication			
When a targeted behavior occurs, the following occurs:			
Target Behavior	Reward for desired behavior	Consequence for undesired behavior	Position responsible for monitoring behavior
behavior	reward	behavior	position
behavior2	reward	behavior	position

6. STAAR Alternate 2 Participation Requirements

STAAR Alternate 2 Participation Requirements			
Name of Student			
student			
Grade			
grid			
Date			
20-8-2019			
Name of District Personnel Completing Form			
completing form			
Position			
Step I: Review the Eligibility Criteria for STAAR Alternate 2			
Section			
Prior to reviewing the eligibility criteria for STAAR Alternate 2, the admission, review, and dismissal (ARD) committee must understand all assessment options, including the characteristics of each assessment and the potential implications of each assessment choice.			
According to 19 Texas Administrative Code (TAC) §101.27(b), school districts are required to follow the procedures specified in the applicable test administration materials. As a result, the ARD committee must use this form to document its assessment decisions.			
If STAAR Alternate 2 is being considered, the ARD committee must review the four criteria below and check Yes or No if applicable to the student. To be eligible to participate in STAAR Alternate 2, the answer to all four of the questions below must be Yes If the answer to any of the questions is No , the student is not eligible to participate in STAAR Alternate 2 and must participate in one of the other statewide assessments. Each Yes answer requires a justification that contains evidence that the student meets the criterion.			
ELIGIBILITY CRITERIA			
1. Does the student have a significant cognitive disability?			
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Section			
A significant cognitive disability is determined by the ARD committee and must be based on evaluation information performed by a qualified evaluation team. The significant cognitive disability must affect the student's intellectual potential and be documented as such in the student's individualized education program (IEP). A student with a significant cognitive disability has limited potential to reach grade-level expectations; whereas, a student with a learning disability has the potential to reach grade-level expectations, but has difficulty doing so due to his or her disability.			
Justification			
justification			
2. Does the student require specialized supports to access the grade-level curriculum and environment?			
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Section			
Federal regulations mandate that all students have access to and be assessed on grade-level curriculum. To access the statemandated grade-level or course curriculum, the Texas Essential Knowledge and Skills or TEKS, a student with a significant cognitive disability needs specialized academic instruction as well as support throughout the day in areas such as expressing his or her needs, getting from place to place, eating lunch, negotiating social situations, and/or taking care of personal needs.			
Justification			
justification			
3. Does the student require intensive, individualized instruction in a variety of instructional settings?			
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Section			
The student needs specialized academic instruction and techniques over a period of time to ensure that he or she can learn, retain information, and transfer skills to other settings.			
Justification			
justification			
4. Does the student access and participate in the grade-level TEKS through prerequisite skills?			
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Section			
Access to the grade-level curriculum is mandated by the federal government. A student with a significant cognitive disability requires access to the TEKS through prerequisite skills that are linked to the grade-level curriculum.			
Justification			
justification			

Step II: Discuss Assurances

If Yes is indicated for all four eligibility criteria, the ARD committee must discuss the following assurances. All of these assurances must be initialed by district personnel in order for the student to participate in STAAR Alternate 2.

RM --- Under 34 Code of Federal Regulations (CFR) §300.320(a)(6) and 19 Texas Administrative Code (TAC)§89.1055, if the ARD committee determines that the student will take STAAR Alternate 2, the IEP must provide a statement of why the student cannot participate in the general assessment (STAAR) with or without allowable accommodations, and why the alternate assessment is appropriate for the student, including that all of the eligibility criteria are met.

RM --- The decision to administer STAAR Alternate 2 is based on multiple sources of measurable, objective evidence, including (but not limited to) current IEP PLAAFP statements, goals and/or objectives, report cards, progress reports, work samples, teacher observations, Full and Individual Evaluation (FIE), standardized achievement test results, and classroom, district, and statewide assessment results. This decision is not based solely on the student's previous performance on a statewide assessment.

RM --- The decision to administer STAAR Alternate 2 is made by the ARD committee, not administratively based on federal accountability requirements which limit the number of students taking an alternate assessment who can be counted as proficient in Adequate Yearly Progress (AYP) performance calculations. Although STAAR Alternate 2 is intended for a small number of students, the proficiency cap does not limit the number of students receiving special education services who may take the alternate assessment.

RM --- The decision to administer STAAR Alternate 2 is based on the student's educational need and the instruction the student is receiving. This decision is not based solely on the student's disability category and is not based on the student's racial or economic background, excessive or extended absences, or amount of time or location of service delivery.

Initial the one that applies:

RM --- For a student in elementary or middle school, the ARD committee understands that instructional and assessment decisions made now may impact a student's graduation options when he or she is in high school.

RM --- For a student taking end-of-course assessments, the student is enrolled in a course being considered for STAAR Alternate 2 that has a Public Education Information Management System (PEIMS) course number indicating that the coursework is accessed through prerequisite skills.

Indicate the alternate high school courses and PEIMS course numbers the student will be enrolled in this school year.

☒ English I Alternate 03220107

☒ Algebra I Alternate 03100507

☒ Biology Alternate 03010207

☒ U.S. History Alternate 03340107

☒ English II Alternate 03220207

Step III: Summarize Assessment Decisions

The ARD committee should indicate the subject(s) or course(s) in which the student is enrolled and for which STAAR Alternate 2 assessments will be given. The ARD committee must ensure the assessment decision and accommodations needed to measure the student's academic achievement have been documented in the student's IEP. Note: The student will take STAAR Alternate 2 for all required subjects or enrolled high school courses listed below. This form must be included in the IEP for students being assessed with STAAR Alternate 2.

Indicate the STAAR Alternate 2 tests the student will take this school year.

☒ Reading Grade

☒ Mathematics Grade

☒ Science Grade

☒ Social Studies 8

☒ Writing Grade

☒ Algebra I

☒ Biology

Physical Fitness Assessment Initiative

This student is/will be enrolled in a grade participating in the Physical Fitness Assessment Initiative TEC § 38.101. (Grades 3 - 12)

☒ Yes

☒ No

Section

The ARD committee has determined the following Health Classification for Physical Education:

☒ Restricted Permanent (excludes the more vigorous activities) A member of the healing arts licensed to practice in Texas has provided the school written documentation concerning the nature of the impairment and the expectations for physical activity for the student.

Describe:

describe

Is this a LEP student who is/will be in grades K-12?

☒ Yes

☐ No

District wide assessment is offered for this student's grade level?

☒ Yes

☒ No

7. LRE Service Alternatives

LRE Service Alternatives

Empty Section

The ARD committee must ensure that to the maximum extent appropriate students with disabilities are educated with students who are not disabled.

Efforts to Modify and Supplement the Student's Participation in the General Education Setting	Provided/Considered	Educational Benefit Provided? Academic	Educational Benefit Provided? Nonacademic
efforts	provide	benefit	provide
modified	consider	academic	nonacademic

Were these efforts to modify and supplement the student's participation in the general education setting sufficient?

☒ Yes

☒ No

Empty Section

Explanation:

explanation

Will the student receive an educational benefit from participation in the general education setting (including nonacademic benefit)?

☒ Yes

☒ No

Empty Section

Explanation:

The ARD Committee has considered the effect the presence of a child with a disability has on the general education classroom, and thus, on the education that the other children are receiving.
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Exmpty Section
Explanation:
explanation
Describe the student's overall educational experience in the general education setting, balancing the benefits of general and special education for the individual student:
description
Does the ARD determine additional staff training is required to implement student's IEP?
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please specify.
<input checked="" type="checkbox"/> The committee recommends that this student receive ALL instruction and services in the general education setting with supplementary aids and services.
<input type="checkbox"/> The committee recommends that this student receive part or all instruction in a special education setting.
LRE Removal
Section
LRE Removal from General Education
<input checked="" type="checkbox"/> The student is capable of achieving all goals/objectives in his/her IEP in the general education classroom with supports/services determined by the ARD committee.
After considering educating the student in a general education setting with supplementary aids and services, this option was rejected for the following reason(s):
<input checked="" type="checkbox"/> Placement in the general education classroom prohibits the student from achieving all goals/objectives in his/ her IEP, even though supplementary aids and services are used.
<input checked="" type="checkbox"/> TEKS objectives for the student's assigned grade level exceed his/her present level of educational performance; therefore, the student requires instruction based on present competencies which are significantly below current grade placement.
<input checked="" type="checkbox"/> The modifications required for the student to achieve the goals and objectives in the IEP cannot be implemented in the general education classroom without eliminating essential components of the general curriculum/activity.
<input checked="" type="checkbox"/> The student's behavior/needs are such that the student requires a structured/specialized environment for implementation of the IEP and BIP and/or that the student and/or other students would not benefit satisfactorily from instruction in the general education classroom.
<input checked="" type="checkbox"/> Speech therapy/ Instructional/Related Services goals and objectives contained in the IEP require a small group/individual setting with trained, licensed, or certified staff in a less distracting environment than the general education classroom.
<input checked="" type="checkbox"/> Services and/or therapies in the student's IEP cannot be provided on a general education campus.
Explain
<input checked="" type="checkbox"/> Positive behavioral supports and strategies contained in the student's IEP cannot be implemented on a general education campus.
<input checked="" type="checkbox"/> The student had a previously unsuccessful placement on a general education campus.
<input checked="" type="checkbox"/> The student's behavior is so dangerous that it can't be controlled without intense supervision in a highly structured environment off the education campus.
<input checked="" type="checkbox"/> The student has been confined to a home or hospital setting by physician or court order. Medical needs supersede educational needs at this time.
<input checked="" type="checkbox"/> Other:
LRE Consideration
Section
LRE Consideration of Potential Harmful Effects
<input checked="" type="checkbox"/> Student is not removed from general education.
If the student is removed from the general education classroom/campus, the following are potential harmful effects that may impact the student and/or the quality of services which the student needs such as:
Effects on the student:
<input checked="" type="checkbox"/> Lack of opportunity for appropriate role models
<input checked="" type="checkbox"/> Stigmatization
<input checked="" type="checkbox"/> Lack of opportunity for social interaction
<input checked="" type="checkbox"/> Decreased self-esteem
<input checked="" type="checkbox"/> Other
Effects on the quality of services:
<input checked="" type="checkbox"/> Diminished access to full range of curriculum
<input checked="" type="checkbox"/> Decreased access to instructional opportunities
<input checked="" type="checkbox"/> Significant differences in developmental levels causing social isolation
<input checked="" type="checkbox"/> Other
If Yes,
<input checked="" type="checkbox"/> Yes, but benefits outweigh anticipated harmful effects. <input checked="" type="checkbox"/> Yes, ARD committee will take anticipated harmful effects into account when determining placement.
LRE Opportunity
LRE Opportunity to Participate in Nonacademic Activities
Will the student have the opportunity to participate with students without disabilities in all nonacademic, extracurricular and other activities?
<input checked="" type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Meals
<input checked="" type="checkbox"/> Regular Transportation
<input checked="" type="checkbox"/> Recess Periods
<input checked="" type="checkbox"/> General Education Counseling Services
<input checked="" type="checkbox"/> Athletics/Fine Arts
<input checked="" type="checkbox"/> Health Services
<input checked="" type="checkbox"/> Recreational Activities
<input checked="" type="checkbox"/> Special interest groups/clubs sponsored by the LEA
<input checked="" type="checkbox"/> Field Trips
<input checked="" type="checkbox"/> Assemblies
<input checked="" type="checkbox"/> General education routines (homeroom assignments, lockers, study hall, class changes, social activities, fundraiser etc.)
<input checked="" type="checkbox"/> Other
If any of the above items are marked, explain why this student is unable to participate:
items are marked

8. Personal Care Services

Medical Necessity

Summarize the medical necessity for personal care services: (check all that apply)

- ☒ Physical limitation related to the student's disability that affects activities of daily living.
- ☒ Cognitive limitation related to the student's disability that affects activities of daily living.
- ☒ Behavioral limitation related to the student's disability that affects activities of daily living.
- ☒ Student requires monitoring while performing personal tasks.
- ☒ Student needs verbal reminders in order to perform personal tasks.
- ☒ Student needs physical assistance in performing personal tasks.
- ☒ Student needs to be supervised and re-directed to facilitate student's safety and the safety of others.
- ☒ Student needs assistance performing personal hygiene activities.
- ☒ Student needs a program that provides constant supervision throughout the day.

Personal Care Services

The following Personal Care Services are required by the student: (check all that apply)

- ☒ Eating
- ☒ Dressing
- ☒ Prompting/Cueing
- ☒ Diapering
- ☒ Toileting
- ☒ Redirection/Monitoring
- ☒ Bathing
- ☒ Meal Prep/Cooking
- ☒ Personal Hygiene
- ☒ Escort to and from bus or during transition times
- ☒ Light Housework/Chores/Laundry
- ☒ Vocational Activities
- ☒ Communication Assistance
- ☒ Nurse for Medication
- ☒ Nursing Services
- ☒ Grocery Shopping
- ☒ Social Skills
- ☒ Functional Reading
- ☒ Money Management
- ☒ Other

Personal Care Services During School

Personal care services are provided during the school day in the following settings:

- ☒ Recreation area (i.e. outside, courtyard, playground)
- ☒ Hallway
- ☒ Restroom
- ☒ Cafeteria
- ☒ Classroom
- ☒ Bus drop off and loading
- ☒ Community-based Environment
- ☒ Community Vocational Training
- ☒ Campus-based Vocational Training

Personal Care Service Assistance

Personal Care Service assistance is required for student throughout the day because the student exhibits one or more of the following eligibilities:

- ☒ Intellectual Disability
- ☒ Specific Learning Disability
- ☒ Traumatic Brain Injury
- ☒ Other Health Impairment
- ☒ Visual Impairment
- ☒ Deaf-blindness
- ☒ Speech Impairment
- ☒ Emotional Disturbance
- ☒ Autism
- ☒ Multiple Disabilities
- ☒ Orthopedic Impairment
- ☒ Hearing Impairment
- ☒ Non-Categorical Early Childhood (NCEC)

Failure To Provide Personal Care Services

Failure to provide personal care assistance may result with difficulties in any of the following:

- ☒ Elopement (Running away or other "escape" behaviors)
- ☒ Dressing
- ☒ Behavior
- ☒ Toileting
- ☒ Immobility
- ☒ Maneuvering throughout the school/community environments
- ☒ Attending to tasks
- ☒ Independently accessing school/community environment
- ☒ Impulsivity
- ☒ Communication
- ☒ Hearing
- ☒ Other

The IEP contains goals and objectives for life skill mastery

- ☐ Yes ☒ No

The student needs assistance transitioning throughout the school day as well as upon bus arrival, bus departure and bus escort.

- ☒ Yes ☒ No

Student requires a special education bus.

- ☒ Yes ☒ No

9. Consideration of Least Restrictive Environment

Service and Site Consideration Alternatives	
Service and site consideration alternatives provided, tried, or considered (p, t, c), including supplementary aids and services in general and compensatory education, for which the student is eligible and additional services needed are identified below. Consideration of the vocational training needs for students at or before entry into high school was discussed.	
General Education (GE) Only	
<input type="checkbox"/> Considered	<input checked="" type="checkbox"/> Provided
GE w/Accommodations	
<input type="checkbox"/> Considered	<input checked="" type="checkbox"/> Provided
GE w/Support Services	
<input type="checkbox"/> Considered	<input checked="" type="checkbox"/> Provided
Tutorials/Compensatory	
<input type="checkbox"/> Considered	<input checked="" type="checkbox"/> Provided
Multi-Tiered Interventions	
<input type="checkbox"/> Considered	<input checked="" type="checkbox"/> Provided
General Vocational Education	
<input type="checkbox"/> Considered	<input checked="" type="checkbox"/> Provided
Bilingual Classes/ESL	
<input checked="" type="checkbox"/> Considered	<input type="checkbox"/> Provided
Preschool/Pre-K	
<input checked="" type="checkbox"/> Considered	<input type="checkbox"/> Provided
School Health Services	
<input checked="" type="checkbox"/> Considered	<input type="checkbox"/> Provided
District AEP	
<input type="checkbox"/> Considered	<input checked="" type="checkbox"/> Provided
Accelerated Plan of Instruction	
<input checked="" type="checkbox"/> Considered	<input type="checkbox"/> Provided
Dyslexia Services	
<input checked="" type="checkbox"/> Considered	<input type="checkbox"/> Provided
Speech Therapy	
<input checked="" type="checkbox"/> Considered	<input type="checkbox"/> Provided
Resource Room	
<input type="checkbox"/> Considered	<input checked="" type="checkbox"/> Provided
Self-Contained Classroom	
<input type="checkbox"/> Considered	<input checked="" type="checkbox"/> Provided
Adaptive Equipment/AT	
<input type="checkbox"/> Considered	<input checked="" type="checkbox"/> Provided
Counseling	
<input type="checkbox"/> Considered	<input checked="" type="checkbox"/> Provided
Related Services	
<input checked="" type="checkbox"/> Considered	<input type="checkbox"/> Provided
VAC Class	
<input checked="" type="checkbox"/> Considered	<input type="checkbox"/> Provided
On The Job Training	
<input checked="" type="checkbox"/> Considered	<input type="checkbox"/> Provided
Homebound	
<input checked="" type="checkbox"/> Considered	<input type="checkbox"/> Provided
Hospital Class	
<input type="checkbox"/> Considered	<input checked="" type="checkbox"/> Provided
RDSPD	
<input type="checkbox"/> Considered	<input checked="" type="checkbox"/> Provided
Home Campus	
<input checked="" type="checkbox"/> Considered	<input type="checkbox"/> Provided

Results	
Result(s)	
result	
If efforts are not successful, provide reason(s)	
efforts are not successful	
Evidence that removal of students with disabilities from the general educational environmentcampus occurs only when the nature and severity of the disability is such that education in general education classescampus with the use of supplementbry aids and services cannot be achieved satisfactorily is based on the following	
evidence	
In selecting the least restrictive environment, consideration was given to any potential benefits or harmful effects on the student, the quality of services needed, and the effect this child's presence has on the education others are receiving.	
Benefits	
benefit	
Harmfull Effects	
Opportunities for student to participate in all nonacademic and extracurricular activities available to without disabilities to the maximum extent appropriate for the individual student.	
<input checked="" type="checkbox"/> Recess	
<input checked="" type="checkbox"/> Health Services	
<input checked="" type="checkbox"/> Athletics	
<input checked="" type="checkbox"/> Choral Groups	
<input checked="" type="checkbox"/> Lunch	
<input checked="" type="checkbox"/> Transportation	
<input checked="" type="checkbox"/> Band	
<input checked="" type="checkbox"/> Recreational Services	
<input checked="" type="checkbox"/> Assemblies	
<input checked="" type="checkbox"/> Counseling	
<input checked="" type="checkbox"/> Other Activities	
If Other	
other	
If any of the above items are not checked, document the IEP Committee's decision to exclude the student from the opportunity to participate.	
above	
Student is being educated with non-disabled students to the maximum extent appropriate to meet his needs and is unable to benefit from education with non-disabled students to any greater extent	
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ESY and Graduation	
Documentation has been provided and the Student is in need of the ESY Program	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ESY Transportation	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Empty Section	
ESY Program Name	
program name	
Expected Graduation Year	
1990	
The IEP document will serve as Aldo's Personal Graduation Plan (PGP).	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
See attached graduation supplement	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

10. Goals

Empty Section	
Goal Name	
Enter	
Goal No	
1	
Goal Description	
nothing to enter	
Goal Frequency	
Every Yearly	
Additional Notes	
additional notes	
Method of Evaluation	
evaluation	
Implementor	
Program Admin,parent,System Admin,teacher	
Goal Status	
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input checked="" type="checkbox"/> Draft	
Goal Type	
<input type="checkbox"/> Academic <input type="checkbox"/> ESY <input type="checkbox"/> Functional <input type="checkbox"/> Related Services <input checked="" type="checkbox"/> Transition Related Goals	
Empty Section	
Goal Objectives	
Objective No	Objective Description
1	No description
2	no

Empty Section

Goal Name

leave

Goal No

2

Goal Description

nothing

Goal Frequency

Every [Sunday] Weeks

Additional Notes

notes

Method of Evaluation

variation

Implementor

Program Admin,parent

Goal Status

☐ Approved ☐ Rejected ☒ Draft

Goal Type

☐ Academic ☐ ESY ☐ Functional ☐ Related Services ☒ Transition Related Goals

Empty Section

Goal Objectives

Objective No	Objective Description
1	no
2	yes

11. Determination of Services to Be Provided

Services									
Determination of Services to Be Provided									
Semester	Subject	Service Provider	Min Generation Time	Min Special Time	Frequency	Service Type	Start Date	End Date	Comments
1	Oop	Add Service Provider	6	6	Yes	Autism	19 5 2019	20 5 2019	No
1	Oop	Add Service Provider	6	6	Yes	Autism	19 5 2019	20 5 2019	No
1	Oop	Add Service Provider	6	6	Yes	Autism	19 5 2019	20 5 2019	No
1	Oop	Add Service Provider	6	6	Yes	Autism	19 5 2019	20 5 2019	No
1	Oop	Add Service Provider	6	6	Yes	Autism	19 5 2019	20 5 2019	No
1	Oop	Add Service Provider	6	6	Yes	Autism	19 5 2019	20 5 2019	No
1	Oop	Add Service Provider	6	6	Yes	Autism	19 5 2019	20 5 2019	No
1	Oop	Add Service Provider	6	6	Yes	Autism	19 5 2019	20 5 2019	No
1	Oop	Add Service Provider	6	6	Yes	Autism	19 5 2019	20 5 2019	No

Accommodations		
Accommodations		
Subject	Accommodations	Comments
1	no	no
1	vhkvk	cguguf

This is the campus which Student would attend if not in special education.

☐ Yes ☒ No

This is the campus that is as close as possible to Aldo's home which provides services the IEP committee has deemed necessary.

☒ Yes ☐ No

Empty Section

If no, the home campus is:
No

Reason:
Reason

State Assessments

State/District Assessment Decisions

State assessments for the school ear will be addressed during this IEP meeting.
☒ Yes ☒ No

The parent has been informed that an accelerated plan of instruction is required if Student does not pass one or more assessments.
☐ Yes ☒ No ☐ Not Eligible

Committee Members understand a!! of the assessment options, including the characteristics of each assessment and the potential implications of each assessment choice.
☒ Yes ☐ No

District Assessments
☐ N/A ☒ Will take all ☐ Will not Take all

Empty Section

Description
description

ERA
Ere

TEPLAS
description

If an accommodation requires the submission and approval of an Accommodation Request Form (ARF), the accommodation can only be implemented on a state assessment after receiving approval from the Texas Education Agency (TEA). If an ARF is submitted to the Agency, and TEA turns down the accommodation. there is no requirement to hold another meeting

12. Commitee Membership

Commitee Membership

These signatures indicates the participation of the individual member of IEP committee. A copy of this will be distributed to student's parents and committee mebbbers

Name of the Member	Position of the Member	Pariticipation Mode	Signature	Agrees/Disagree
qwe	qwe	qwe	<div></div>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
asd	asd	asd	<div></div>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Empty Section

Student participated in the following sections of the IEP Meeting
☒ Review of Evaluation Data
☒ Graduation
☒ Determination of Eligibility Criteria
☒ N/A due to Student Age
☒ Least Restrictive Environment
☒ N/A due to functioning
☒ PLAAFP
☒ Extended School Year Service
☒ Review/Development of Annual Goals
☒ Schedule of Services
☒ Transition

Prior Written Notice

Description of the action proposed or refused:
description

Explanation of why action was proposed or refused:
explanation

Description of other options considered:
consider

Why Options were Rejected:
dejected

Evaluation procedures, tests, records, or reports used as a basis for the proposal or refusal:
procedure

Other factors relevant to the proposal or refusal: Other factors relevant to the proposal or refusal: Other factors relevant to the proposal or refusal:
factors

Federal regulations require that parents and adult students be provided prior notice in their native language or other mode of communication each time the District proposes or refuses to initiate or change the identification, or educational placement of your child/you or the provision of a free appropriate public school education (FAPE) to your student/you, or upon conducting a manifestation determination.
☒ The notice was translated orally or by other means to the parent/adult student in his/her native language or other mode of communication on:
☒ Parent/adult student verified to the translator that he/she understands the content of this notice.

To obtain assistance in understanding this notice, you may call:

Name:
name

Position:
position

Phone:
phone

Mutual Agreements

Mutual Agreement of IEP Committee Members

☐ The parties mutually agree. ☐ The members of this IEP committee have not reached mutual agreement.

☒ The members of this IEP committee have not reached mutual agreement. The period of time for reconvening the ARD committee meeting must not exceed ten school dayst unless the parties mutually agree otherwise. During the recess the members shall consider alternatives, gather additional data, and/or obtain additional resource persons to enable them to reach mutual agreement. This recess does not apply if Aldo presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense, or an offense which may lead to a placement in an alternative education program (AEP). The committee will reconvene as stated below.

Empty Section

Procedural Safeguards Statement

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication at least once a year. Please contact Alida Suarez, at (956) 289-2305, Ext. 2052 if you have any questions or need names of other individuals to assist you in understanding this document.ISus derechos fueron explicados a usted cuando su niho(a) fue incialmente referido a la evaluación de la educación especial. Las Regulaciones Federales requieren que los padres y los estudiantes adultos son proveidos con una explicación completa de todos los procedimientos de salvaguardia, en su lenguaje natal o en otro modo de comunicación por los menos una vez por ano. Si usted tiene cualquier pregunta o necesita nombres de personas quienes te pueden ayudar entender este documento o sus procedimientos de salvaguardia, por favor de llamar a la