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| **School District Name:** | PlcDistrictName | |
| **School District Address:** | PlcDistAddress | |
| **School District Contact Person/Phone #:** | | PlcDistrictContact |

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| Individualized Education Program |

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| IEP Dates: from | | PlcIEPDF | | to | | PlcIEPDT | |
| Student Name: | PlcStudentName | | DOB: | | plcDOB | | ID#: | | PlcID | | Grade/Level: | plcGrade |

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| Parent and/or Student Concerns What concern(s) does the parent and/or student want to see addressed in this IEP to enhance the student's education? |
| PlcIEP1S1 |

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| **Student Strengths and Key Evaluation Results Summary**  What are the student’s educational strengths, interest areas, significant personal attributes and personal accomplishments?  What is the student’s type of disability (ies), general education performance  including MCAS/district test results, achievement towards goals and lack of expected progress, if any? |
| PlcIEP1S2 |

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| **Vision Statement:** What is the vision for this student?  Consider the next 1 to 5 year period when developing this statement. Beginning no later than age 14, the statement should be based on the student’s preferences and interest, and should include desired outcomes in adult living, post-secondary and working environments. |
| PlcIEP1S3 |

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| Individualized Education Program | | | | | | | | | IEP Dates: from | | | PlcIEPDF | | to | | PlcIEPDT |
| Student Name: | | | | PlcStudentName | | | | | | DOB: | plcDOB | | ID#: | | PlcID | |
| Present Levels of Educational PerformanceA: General Curriculum | | | | | | | | | | | | | | | | |
| **Check all that apply.** | | | | |  | | | | | | | | | | |
|  | | | | | **General curriculum area(s) affected by this student’s disability(ies):** | | | | | | | | | | |
| 2Check0plc | English Language Arts | | | | Consider the language, composition, literature (including reading) and media strands. | | | | | | | | | | |
| 2Check1plc | History and Social Sciences | | | | Consider the history, geography, economic and civics and government strands. | | | | | | | | | | |
| 2Check2plc | Science and Technology | | | | Consider the inquiry, domains of science, technology and science, technology and human affairs strand. | | | | | | | | | | |
| 2Check3plc | Mathematics | | | | Consider the number sense, patterns, relations and functions, geometry and measurement and statistics and probability strands. | | | | | | | | | | |
| 2Check4plc | Other Curriculum Areas | | | | Specify: | | plcSpecifyP1 | | | | | | | | |
| How does the disability(ies) affect progress in the curriculum area(s)? | | | | | | | | | | | | | | | | |
| plcDisabilityP1 | | | | | | | | | | | | | | | | |
| What type(s) of accommodation, *if any*, is necessary for the student to make effective progress? | | | | | | | | | | | | | | | | |
| plcAccomodationP1 | | | | | | | | | | | | | | | | |
| What type(s) of specially designed instruction, *if any*, is necessary for the student to make effective progress? | | | | | | | | | | | | | | | | |
| Check the necessary instructional modification(s) and describe how such modification(s) will be made. | | | | | | | | | | | | | | | | |
| 2Check5plc Content: | | | plcContentP1 | | | | | | | | | | | | | |
| 2Check6plc Methodology/Delivery of Instruction: | | | | | | | PlcMethodologyP1 | | | | | | | | | |
| 2Check7plc Performance Criteria: | | | | | PlcPerformanceP1 | | | | | | | | | | | |

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| Individualized Education Program | | | | | | | | IEP Dates: from | | | | PlcIEPDF | | to | | PlcIEPDT |
| Student Name: | | | | PlcStudentName | | | | | DOB: | | plcDOB | | ID#: | | PlcID | |
| Present Levels of Educational PerformanceB: Other Educational Needs | | | | | | | | | | | | | | | | |
| **Check all that apply.** | | | | | General Considerations | | | |  | | | | | | |
| 3Check0plcAdapted physical education | | | | | 3Check1plcAssistive tech devices/services | | | | 3Check2plcBehavior | | | | | | |
| 3Check3plcBraille needs (blind/visually impaired) | | | | | 3Check4plcCommunication (all students) | | | | 3Check5plcCommunication (deaf/hard of hearing students) | | | | | | |
| 3Check6plcExtra curriculum activities | | | | | 3Check7plcLanguage needs (LEP students) | | | | 3Check8plcNonacademic activities | | | | | | |
| 3Check9plcSocial/emotional needs | | | | | 3Check10plcTravel training | | | | 3Check11plcSkill development related to vocational preparation or experience | | | | | | |
| 3Check12plc Other | plcOtherP2 | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 3Check13plcFor children ages 3 to 5 — participation in appropriate activities | | | | | | | | | | | | | | | |
| 3Check14plcFor children ages 14+ (or younger if appropriate) — student’s course of study | | | | | | | | | | | | | | | |
| 3Check15plcFor children ages 16 (or younger if appropriate) to 22 — transition to post-school activities including community experiences, employment objectives, other post school adult living and, if appropriate, daily living skills | | | | | | | | | | | | | | | |
| How does the disability (ies) affect progress in the indicated area (s) of other educational needs? | | | | | | | | | | | | | | | | |
| plcDisabilityP2 | | | | | | | | | | | | | | | | |
| What type (s) of accommodation, *if any*, is necessary for the student to make effective progress? | | | | | | | | | | | | | | | | |
| plcAccomodationP2 | | | | | | | | | | | | | | | | |
| What type(s) of specially designed instruction, *if any*, is necessary for the student to make effective progress? | | | | | | | | | | | | | | | | |
| Check the necessary instructional modification (s) and describe how such modification (s) will be made. | | | | | | | | | | | | | | | | |
| 3Check14plc Content: | | | plcContentP2 | | | | | | | | | | | | | |
| 3Check15plc Methodology/Delivery of Instruction: | | | | | | | PlcMethodologyP2 | | | | | | | | | |
| 3Check16plc Performance Criteria: | | | | | PlcPerformanceP2 | | | | | | | | | | | |

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| Individualized Education Program | | IEP Dates: from | | | PlcIEPDF | | to | | PlcIEPDT |
| Student Name: | PlcStudentName | | DOB: | plcDOB | | ID#: | | PlcID | |

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| plcGoalSession |

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| Progress Reports are required to be sent to parents at least as often as parents are informed of their non-disabled children’s progress. Each progress report must describe the student’s progress toward meeting each annual goal. |

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| Individualized Education Program | | | | | | | | | | | IEP Dates: from | | | | | | PlcIEPDF | | | | | to | PlcIEPDT | |
| Student Name: | | PlcStudentName | | | | | | | | | | | DOB: | | plcDOB | | | | | ID#: | PlcID | | | |
| **Service Delivery** | | | | | | | | | | | | | | | | | | | | | | | | |
| What are the total service delivery needs of this student? | | | | | | | | | | | | | | | | | | | | | | | | |
| plcServiceDelivery | | | | | | | | | | | | | | | | | | | | | | | | |
| School District Cycle: | | | 5Check0plc | 5 day cycle | | 5Check1plc | 6 day cycle | | 5Check2plc | 10 day cycle | | | | 5Check3plc | | other: | | plcSpecifycycle | | | | | | |
| **A. Consultation (Indirect Services to School Personnel and Parents)** | | | | | | | | | | | | | | | | | | | | | | | | |
| Focus on  Goal # | Type of Service | | | | Type of Personnel | | | Frequency and  Duration/Per Cycle | | | | Start Date | | | | | | | End Date | | | | |
| plcaG | plcaS | | | | plcaP | | | plcaC | | | | plcaDate | | | | | | | plcaaDate | | | | |
| plcbG | plcbS | | | | plcbP | | | plcbC | | | | plcabDate | | | | | | | plcbbDate | | | | |
| plccG | plccS | | | | plccP | | | plccC | | | | plcacDate | | | | | | | plcccDate | | | | |
| plcdG | plcdS | | | | plcdP | | | plcdC | | | | plcadDate | | | | | | | plcddDate | | | | |
| plceG | plceS | | | | plceP | | | plceC | | | | plcaeDate | | | | | | | plceeDate | | | | |
| **B. Special Education and Related Services in General Education Classroom (Direct Service)** | | | | | | | | | | | | | | | | | | | | | | | | |
| Focus on  Goal # | Type of Service | | | | Type of  Personnel | | | Frequency and  Duration/Per Cycle | | | | Start Date | | | | | | | End Date | | | | |
| plcfG | plfS | | | | plfP | | | plfC | | | | plcafDate | | | | | | | plcffDate | | | | |
| plcgG | plgS | | | | plgP | | | plgC | | | | plcagDate | | | | | | | plcggDate | | | | |
| plchG | plhS | | | | plhP | | | plhC | | | | plcahDate | | | | | | | plchhDate | | | | |
| plciG | pliS | | | | pliP | | | pliC | | | | plcaiDate | | | | | | | plciiDate | | | | |
| plcjG | pljS | | | | pljP | | | pljC | | | | PlcajDate | | | | | | | plcjjDate | | | | |
| plckG | plkS | | | | plkP | | | plkC | | | | plcakDate | | | | | | | plckkDate | | | | |
| **C. Special Education and Related Services in Other Settings (Direct Service)** | | | | | | | | | | | | | | | | | | | | | | | | |
| Focus on  Goal # | Type of Service | | | | Type of  Personnel | | | Frequency and  Duration/Per Cycle | | | | Start Date | | | | | | | End Date | | | | | |
| plclG | pllS | | | | pllP | | | pllC | | | | plcalDate | | | | | | | plcllDate | | | | | |
| plcmG | plmS | | | | plmP | | | plmC | | | | plcamDate | | | | | | | plcmmDate | | | | | |
| plcnG | plnS | | | | plnP | | | plnC | | | | plcanDate | | | | | | | plcnnDate | | | | | |
| plcoG | ploS | | | | ploP | | | ploC | | | | plcaoDate | | | | | | | PlcooDate | | | | | |
| plcpG | plpS | | | | plpP | | | plpC | | | | plcapDate | | | | | | | plcppDate | | | | | |
| plcqG | plqS | | | | plqP | | | plqC | | | | plcaqDate | | | | | | | plcqqDate | | | | | |
| plcrG | plrS | | | | plrP | | | plrC | | | | plcarDate | | | | | | | plcrrDate | | | | | |
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| Individualized Education Program | | | | | | | | IEP Dates: from | | | PlcIEPDF | | to | | PlcIEPDT |
| Student Name: | | | PlcStudentName | | | | | | DOB: | plcDOB | | ID#: | | PlcID | |
| **Nonparticipation Justification** | | | | | | | | | | | | | | | |
| Is the student removed from the general education classroom at any time? (Refer to IEP 5—Service Delivery, Section C.) | | | | | | | | | | | | | | | |
| 6Check0plcNo | 6Check1plcYes | | | If yes, why is removal considered critical to the student’s program? | | | | | | | | | | | |
| plcJustification | | | | | | | | | | | | | | | |
| IDEA ’97 Regulation §300.550(b)(2): “... removal of children with disabilities from the regular educational environment occurs ***only******if***the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.” (Emphasis added.) | | | | | | | | | | | | | | | |
| **Schedule Modification** | | | | | | | | | | | | | | | |
| **Shorter:** Does this student require a *shorter school day or shorter school year*? | | | | | | | | | | | | | | | |
| 6Check2plc No | | 6Check3plc Yes — shorter day | | | 6Check4plc Yes — shorter year | If yes, answer the questions below. | | | | | | | | | |
| **Longer:** Does this student require a longer school day or a longer school year to prevent substantial loss of previously learned skills and / or substantial difficulty in relearning skills? | | | | | | | | | | | | | | | |
| 6Check5plc No | | 6Check6plc Yes — longer day | | | 6Check7plc Yes — longer year | | If yes, answer the questions below. | | | | | | | | |
| How will the student’s schedule be modified? Why is this schedule modification being recommended? If a longer day or year is recommended, how will the school district coordinate services across program components? | | | | | | | | | | | | | | | |
| plcSchedule | | | | | | | | | | | | | | | |
| **Transportation Services** | | | | | | | | | | | | | | | |
| Does the student require transportation as a result of the disability (ies)? | | | | | | | | | | | | | | | |
| 6Check8plcNo | Regular transportation will be provided in the same manner as it would be provided for students without disabilities. If the child is placed away from the local school, transportation will be provided. | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| 6Check9plcYes | Special transportation will be provided in the following manner: | | | | | | | | | | | | | | |
|  | 6Check10plcon a regular transportation vehicle with the following modifications and/or specialized equipment and precautions: | | | | | | | | | | | | | | |
| PlcTrans1 | | | | | | | | | | | | | | |
|  | 6Check11plcon a special transportation vehicle with the following modifications and/or specialized equipment and precautions:  plcTrans2 | | | | | | | | | | | | | | |
| plcTrans2 | | | | | | | | | | | | | | |
| After the team makes a transportation decision and after a placement decision has been made, a parent may choose to provide transportation and may be eligible for reimbursement under certain circumstances. Any parent who plans to transport their child to school should notify the school district contact person. | | | | | | | | | | | | | | | |

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| Individualized Education Program | | | | | IEP Dates: from | | | PlcIEPDF | | | | to | | PlcIEPDT |
| Student Name: | PlcStudentName | | | | | DOB: | plcDOB | | | | ID#: | | PlcID | |
| **State or District-Wide Assessment** | | | | | | | | | | | | | | |
| Identify state or district-wide assessments planned during this IEP period:   |  | | --- | | PlcPeriod | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Fill out the table below. Consider any state or district-wide assessment to be administered during the time span covered by this IEP. For each content area, identify the student’s assessment participation status by putting an “X” in the corresponding box for column 1,2, or 3. | | | | | | | | | | | | | | |
|  | | 1. Assessment participation: Student participates in  on-demand testing under routine conditions in this content area. | 2. Assessment participation: Student participates in  on-demand testing with accommodations in this content area. (See ➊ below) | | | | | | 3. Assessment participation: Student participates in alternate assessment in this content area. (See ➋ below) | | | | | | |
| **CONTENT AREAS** | | **COLUMN 1** | | **COLUMN 2** | | | | | **COLUMN 3** | | | | | |
| English Language Arts | | 7Check0plc | 7Check1plc | | | | | | 7Check2plc | | | | | | |
| History and Social Sciences | | 7Check3plc | 7Check4plc | | | | | | 7Check5plc | | | | | | |
| Mathematics | | 7Check6plc | 7Check7plc | | | | | | 7Check8plc | | | | | | |
| Science and Technology | | 7Check9plc | 7Check10plc | | | | | | 7Check11plc | | | | | | |
| Reading | | 7Check12plc | 7Check13plc | | | | | | 7Check14plc | | | | | | |
| ➊For each content area identified by an X in the column 2 above: note in the space below, the content area and describe the accommodations necessary for participation in the on-demand testing. Any accommodations used for assessment purposes should be closely modeled on the accommodations that are provided to the student as part of his/her instructional program. | | | | | | | | | | | | | | |
| plcinfo1 | | | | | | | | | | | | | | |
| ➋For each content area identified by an X in column 3 above: note in the space below, the content area, why the on-demand assessment is not appropriate and how that content area will be alternately assessed. Make sure to include the learning standards that will be addressed in each content area, the recommended assessment method(s) and the recommended evaluation and reporting method(s) for the student’s performance on the alternate assessment. | | | | | | | | | | | | | | |
| plcinfo2 | | | | | | | | | | NOTE | | | | |
| When state model(s) for alternate assessment are adopted, the district may enter use of state model(s) for how content area(s) will be assessed. | | | | |
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| Individualized Education Program | | | IEP Dates: from | | | PlcIEPDF | | to | | PlcIEPDT |
| Student Name: | | PlcStudentName | | DOB: | plcDOB | | ID#: | | PlcID | |
| **Additional Information** | | | | | | | | | | |
| 8Check0plcInclude the following transition information: the anticipated graduation date; a statement of interagency responsibilities or needed linkages; the discussion of transfer of rights at least one year before age of majority; and a recommendation for Chapter 688 Referral. | | | | | | | | | | |
| 8Check1plc Document efforts to obtain participation if a parent and if student did not attend meeting or provide input. | | | | | | | | | | |
| 8Check2plcRecord other relevant IEP information not previously stated. | | | | | | | | | | |
| plcInfoCol3 | | | | | | | | | | |
|  |  | | | | | | | | | |

##### Placement Consent Form - PL1: 3-5 year olds

**Use either section 1, 2 or 3 as appropriate to the child’s educational placement.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. The child attends an inclusive early childhood program that includes children with and without disabilities.** | | | | | | | |
| The child attends an early childhood program and special education services are provided: | | |  | | In the early childhood program | | |
|  | | |  | | Separate from the early childhood program | | |
|  | | |  | | Both in and out of the early childhood program | | |
| Hours per week in the early childhood program plcEarlyChildPgm1 | | |  | | Enrolled by the parent | | |
|  | | |  | | Placed by the Team | | |
| All together the child will be participating in an inclusive environment (taking into account the early childhood program and special education services): | | |  | | 80% of the time or more | | |
|  | | |  | | 40 – 79% of the time | | |
|  | | |  | | 0 – 39% of the time | | |
| **2. The child does not attend an inclusive early childhood program.** | | | | | | | |
| The Team identified that the child should attend a special education class that only serves children with disabilities. | | | | | |  | Substantially Separate Class |
| The Team identified that the child should attend a full-day special education program in a public or private separate day school that only serves children with disabilities. | | | | | |  | Separate Day School  Public or Private |
| The Team identified that the child should attend a special education program in a residential facility that only serves children with disabilities. | | | | | |  | Residential Facility |
| The Team identified IEP services to be provided in a program in the home for a child who is 3 to 5 years of age. | | | | | |  | Home |
| The Team identified IEP services to be provided outside the home in a clinicians office, school office, hospital facility, or other community location. | | | | | |  | Service Provider Location |
| **3. Other Authority Required Placements**  **Note: These non-educational placements are not determined by the Team and therefore service delivery may be limited.** | | | | | | | |
| The placement has been made by a state agency to an institutionalized setting for non-educational reasons. | |  | | The Department of Mental Health has placed the child in a hospital psychiatric unit or residential treatment program. | | | |
|  | |  | | The Department of Public Health has placed the child in the Massachusetts Hospital School  Day or Residential | | | |
| A doctor has determined that the child must be served in a home setting. | |  | | Home-based Program | | | |
| A doctor has determined that the child must be served in a hospital setting. | |  | | Hospital-based Program | | | |
| **Placement Consent Form** | | | | | | | |
| Location(s) for Service Provision and Dates: | |  | | --- | | Plc1LocService | | | | | | | |
| **Parent Options / Responses** | | | | | | | |
| **It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district along with your response to the IEP. Thank you.** | | | | | | | |
| I consent to the placement.  I refuse the placement.  I request a meeting to discuss the refused placement.  Signature of Parent, Guardian, Educational Surrogate Parent:   |  | | --- | | plc1SignParent |   Date:   |  | | --- | | plc1ParentDate | | | | | | | | |

##### Placement Consent Form – PL1: 6-21 year olds

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| --- | --- | --- | --- |
| **Team Recommended Educational Placements** | **Corresponding Placement** | | |
| The Team identified that IEP services are provided outside the general education classroom less than 21% of the time (80% inclusion). | |  | Full Inclusion Program |
| The Team identified that IEP services are provided outside the general education classroom at least 21% of the time, but no more than 60% of the time. | |  | Partial Inclusion Program |
| The Team identified that IEP services are provided outside the general education classroom for more than 60% of the time. | |  | Substantially Separate Classroom |
| The Team identified that all IEP services should be provided outside the general education classroom and in a public or private separate school that only serves students with disabilities. | |  | Separate Day School  Public or Private |
| The Team identified that IEP services require a 24-hour special education program. | |  | Residential School |
| The Team has identified a mix of IEP services that are not provided in primarily school-based settings but are in a neutral or community-based setting. | |  | Other:   |  | | --- | | plcOtherDesc | |

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| --- | --- | --- | --- |
| **Other Authority Required Placements**  Note: These non-educational placements are not determined by the Team and therefore service delivery may be limited. | | |  |
| The placement has been made by a state agency to an institutionalized setting for non-educational reasons. |  | The Department of Youth Services has placed the student in a facility for committed or detained youth. | |
|  |  | The Department of Mental Health has placed the student in a hospital psychiatric unit or residential treatment program. | |
|  |  | The Department of Public Health has placed the child in the Massachusetts Hospital School  Day or Residential | |
|  |  | The student is incarcerated in the county house of corrections or in a department of corrections facility. | |
| A doctor has determined that the student must be served in a home setting. |  | Home-based Program | |
| A doctor has determined that the student must be served in a hospital setting. |  | Hospital-based Program | |

**Placement Consent Form**

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| --- | --- | --- |
| Location(s) for Service Provision and Dates: | |  | | --- | | plc2LocationServiceTwo | |

|  |
| --- |
| **Parent Options / Responses** |
| **It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district along with your response to the IEP. Thank you.** |
| I consent to the placement.  I refuse the placement.  I request a meeting to discuss the refused placement. |
| Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over\*:   |  | | --- | | plcUndefined |   Date :   |  | | --- | | PlcParentDatetwo |   \**Required signature once a student reaches 18 unless there is a court appointed guardian*. |

Bottom of Form

**Administrative Data Sheet**

Top of Form

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT INFORMATION:** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Full Name: | | |  | | --- | | PlcFullName | | | | | | | | | School ID#: | plcSchoolId | | | | SASID: | | | | plcSASID | | | | |
|  | Birth Date: | | plcDOB | | | | Place of Birth: | plcPlaceBirth | | | | | | | Age: | | | plcAge | | | Grade/Level: | | | plcGrade |
|  | Primary Language: | | | | plcPrimaryLang | | | | | | Language of Instruction: | | plcLangOf | | | | | | | | | | | |
|  | Address: | plcAddress | | | | | | | | | | | | | | | Sex: | |  | | Male |  | Female | |
|  | Home Telephone: | | | plcHomePhone | | | | | | | | | | | | | | | | | | | | |
|  | If 18 or older: | | |  | | Acting on Own Behalf | | |  | Court Appointed Guardian: | | | | plcCourtGuard | | | | | | | | | | |
|  |  | | |  | | Shared Decision-Making | | |  | Delegate Decision-Making | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **PARENT/GUARDIAN INFORMATION:** | | | | | | | |
| Name | | plcZpNameParent | | | Relationship to Student: | | plcErRelation |
| Address: | plcXAddressParent | | | | | | |
| Home Telephone: | | | plcYhHomeTele | | Other Telephone: | plcOpOtherPhoneGuard | |
| Primary Language of parent/guardian: | | | | plcLgLangGuard1 | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PARENT/GUARDIAN INFORMATION**: | | | | | | | |
| Name: | plc2NameParent2 | | | | Relationship to Student: | | plc2Relation2 |
| Address: | | plc2AddressParent2 | | | | | |
| Home Telephone: | | | plc2HomeTele2 | | Other Telephone: | plc2OtherPhoneGuard2 | |
| Primary Language of parent/guardian: | | | | plc2LangGuard2 | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MEETING INFORMATION:** | | | | | |
| Date of Meeting: | plcDateMeeting | | Type of Meeting: | plcTypeMeeting | |
| Next Scheduled Annual Review Meeting: | | plcNext | Next Scheduled Three Year Reevaluation Meeting: | | |  | | --- | | plc1NextSchedule | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ASSIGNED SCHOOL INFORMATION: (Complete after a placement has been made.)** | | | | | | | | | | | |
| School Name: | | plcsAssignedSchoolName | | | | | Telephone: | | plchAssignedHomePhone | | |
| Address: | plcaAssignedAddress | | | | | | | | | | |
| Contact Person: | | | plcAsAssignedContact | | Role: | plcrAssignedRole | | | | Telephone: | |  | | --- | | plc1pAssignedPhone | |
| Cost-Shared Placement: | | | | No , Yes If Yes, specify Agency | | | | plcSpecifyAgency | | | |

Bottom of Form

**After a meeting, attach to an IEP, an IEP Amendment or an Extended Evaluation Form.**

**Massachusetts DOE / Administrative Data Sheet ADM 1**

**Attendance Sheet**

Special Education Team Meeting

Top of Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **DATE:** | plcAttendanceDate | | | | | |  | | | |
| **Student Name:** | | | |  | | --- | | plcAttendanceName | | | | | **DOB:** | | |  | | --- | | plcAttendanceDOB | | | | **ID#:** | |  | | --- | | plcAttendanceID | | |
| **Purpose of Meeting:** Check all boxes that apply. | | | | | | | | | | | | | | |
|  | Eligibility Determination | | | | |  | IEP Development | | | | | |  | Placement |
|  |  | Initial Evaluation | | | | |  | Initial | | | | | | |
|  |  | Reevaluation | | | | |  | Annual Review | | | | | | |
|  |  |  | | | | |  | Other: | | plcAttendanceOther | | | | |

Bottom of Form

|  |  |  |
| --- | --- | --- |
| **Print Names of**  **Team Members** | **Print Roles of**  **Team Members** | **Initial**  **if in attendance** |
| plc1 | plc2 | plc3 |
| plc4 | plc5 | plc6 |
| plc7 | plc8 | plc9 |
| plca | plcb | plcc |
| plcd | plce | plcf |
| plcg | plch | Plc1i |
| plcj | plck | plcl |
| plcm | plcn | plco |
| plcp | plcq | plcr |
| plcs | plct | plcu |
| plcv | plcw | plcx |
| plcy | plcz | plc0 |
| plcA1 | plcB1 | plcC1 |
| plcD1 | plcE1 | plcF1 |
| plcG1 | plcH1 | plc1I1 |
| plcJ1 | plcK1 | plcL1 |

**Attachment to N3**

|  |
| --- |
| **Response Section** |
| **School Assurance** |
| I certify that the goals in this IEP are those recommended by the Team and that the indicated services will be provided. |
| Signature and Role of LEA Representative:     |  | | --- | | plcResponseSign |   Date:   |  | | --- | | plcResponseDate | |

Top of Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parent Options / Responses** | | | | |
| **It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district. Thank you**. | | | | |
|  | I accept the IEP as developed. | |  | I reject the IEP as developed. |
|  | I reject the following portions of the IEP with the understanding that any portion(s) that I do not reject will be considered accepted and implemented immediately. Rejected portions are as follows: | | | |
| plcResponseParent | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | I request a meeting to discuss the rejected IEP or rejected portion(s). | | |
|  | | | | |
| Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over\*:   |  | | --- | | PlcParentSign |   Date:     |  | | --- | | plcParentDate | | | | | |

Bottom of Form

|  |
| --- |
| \**Required signature once a student reaches 18 unless there is a court appointed guardian.* |
| Parent Comment: I would like to make the following comment(s) but realize any comment(s) made that suggest changes to the proposed IEP will not be implemented unless the IEP is amended. |
| plcParentComment |
|  |
|  |
|  |