



School: _____

Case Conference Committee Report

Case Conference Committee Report

Date of Report: _____

Individual Education Program

Effective Dates: _____ File Date: _____

Student: _____ **STN:** _____

Date of Birth: _____ Age: _____ Current Grade: _____ Gender: _____

Guardian Information

Relation:
Name:
Business Phone:
Home Phone:
Mobile Phone:
Address:

Relation:
Name:
Business Phone:
Home Phone:
Mobile Phone:
Address:

Purposes of Conference

Case Conference Meeting Scheduled

Date: _____ Time: _____ Place: _____

Evaluation Information and Student Data

Strengths of the student: _____

Response to instructional strategies and research-based interventions:

Progress Monitoring Data:

Educational Evaluation Report:

Present Level of academic and functional performance:

Student Name: _____

Conference Date: _____

Reevaluation:

- ☐ Reestablish eligibility for special education and related services.
☐ Determine that the student is eligible for special education under a different or additional eligibility category.
☐ Inform the student's case conference committee of the student's special education and related service needs.
☐ There is no need for reevaluation information.

Evaluation Notes: _____

Concerns of the Parent

Eligibility

Student ____ is ____ is not eligible for Special Education Services.

Primary Disability: _____

Secondary Disability(ies): _____

Reasons of Eligibility Consideration:

Special Considerations

- ☐ There are language needs related to limited English Proficiency
☐ The behavior of the student impedes his or her learning or that of others.
 Behaviors of Concern: _____
 Factors Affecting Behaviors: _____
 Strategies/Instructional Experiences: _____

☐ An annual goal designed to address behavioral skill development is included in this IEP.
☐ The Behavior Intervention Plan requires the provision of special education services.
☐ The Behavior Intervention Plan does not require the provision of related services.
☐ There are considerations regarding the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode.
☐ There are considerations regarding instruction in Braille and the user of Braille.

Outcomes**Summary of findings from Age Appropriate Transition:**

Student Name: _____

Conference Date: _____

Post Secondary Goals

- Regarding employment after high school I will: _____
- Regarding education and training after high school I will _____
- Regarding independent living after high school I will _____

Anticipated date of Graduation: _____ Certificate _____ Diploma

Participation in Testing

_____ Student will be assessed using iStar for: _____ Academic Competence
 _____ Independent Functioning

_____ Student will be assessed using _____ ISTEP+ _____ End of Course Assessments

_____ Math
 _____ Accommodations: _____
 _____ Language Arts
 _____ Accommodations: _____
 _____ Science
 _____ Accommodations: _____
 _____ Social Studies
 _____ Accommodations: _____

Reasons for the determination of participation in testing:

Plan for participation in district-wide, national or international assessments:

Goals

Needs that will be addressed through IEP Goals: _____

Goal Title	Annual Goal Statement (with criteria):	To Support	Method/Instrumentation for Measuring Progress:	Progress Monitoring Design:
		_____ Employment Skills _____ Education/Training _____ Independent Living		
		_____ Employment Skills _____ Education/Training _____ Independent Living		
		_____ Employment Skills _____ Education/Training _____ Independent Living		
		_____ Employment Skills _____ Education/Training _____ Independent Living		
		_____ Employment Skills _____ Education/Training _____ Independent Living		

Accommodations

The following accommodations have been selected for state assessment purposes and must be provided on a regular basis: _____

Student Name: _____

Conference Date: _____

Services and Other Provisions

Service*	Description	Initiation	Frequency	Length	Duration	Location	Total

Transportation: The transit time and the transportation needs ____ are ____ are not the same as that of non-disabled peers.

Health Plan: ____ The student has a medical condition that requires school health services or school nurse.

Accessible Materials: The student ____ needs ____ does not need instructional materials to be provided in an accessible format.

The environments, tasks, tools and services related to the provision of accessible instructional materials include:

Assistive Technology: The student ____ needs ____ does not need assistive technology.

Extended School Year

It was determined that extended school year services _____ are _____ are not necessary in order to provide a free and appropriate education. If yes, this is due to:

- _____ The student is expected to regress to a lower level of academic or behavioral functioning -- evidenced by a measurable decrease in the level of behaviors or skills-- that cannot be recovered within a reasonable amount of time after the interruption of educational services.
- _____ The student is at a critical point of skill acquisition or readiness that would be lost or greatly reduced as a result of an interruption of services.
- _____ There are special circumstances that make extended school year services necessary to the provision of a free appropriate public education.
- _____ None

Technical Assistance

Support _____ is _____ is not necessary to provide public agency personnel with the knowledge and skills necessary to implement the student's individualized education program.

Program Modifications

Program modifications _____ are _____ are not needed to enable the student to advance appropriately toward attaining the annual goals, to be involved in and make progress in the general education curriculum, to participate in extracurricular and other nonacademic activities or to be educated or participate with other students with disabilities nondisabled students.

Periodic reports on the student's progress toward goals will be provided: _____

Reasons for provision and reasons for rejecting other options:**Least Restrictive Environment and Program**

School of Legal Settlement: _____

School of Service: _____

Additional information regarding school of service: _____

Courses of Study focused on improving academic and functional achievement of the student in order to support the attainment of post-secondary goals: _____

LRE Placement Category based on Federal Program Types

1. 50: Regular class 80% or more (In a regular class room for 80% or more of the day).
2. 51: Resource room (In a regular class room for 40% to 79% of the day).
3. 52: Separate class (In a regular class room for less than 40% of the day).

Student Name: _____

Conference Date: _____

General Considerations

Student will be able to participate in all educational programs and activities that are made available to non-disabled students.

☐ Yes ☐ No If No, please state the exceptions and describe the reasoning for these exceptions:

Student will be able to participate in all non-educational and extracurricular activities that are made available to non disabled students.

☐ Yes ☐ No If No, please state the exceptions and describe the reasoning for these exceptions:

Student will participate in the general physical education program that is available to non disabled students.

☐ Yes ☐ No If No, please state the exceptions and describe the reasoning for these exceptions:

Student will be educated in the school (he/she) would attend if not disabled.

☐ Yes ☐ No If No, please state the exceptions and describe the reasoning for these exceptions:

The length of the instructional day will be the same as the instructional day for non-disabled peers.

☐ Yes ☐ No If No, please state the exceptions and describe the reasoning for these exceptions:

Participants**Written Notes and Other Relevant Factors****Acknowledgement of Adult Services Information**

I have been orally advised and provided with written materials that describe the array of vocation rehabilitation services that may be available and the processes to access those services. If appropriate, I was presented with written information regarding available adult services provided through state and local agencies and other organizations to facilitate student movement to adult life.

Parent Initials _____

This IEP has been developed as a DRAFT. The finalized copy will be generated using the iStart 7 Online program, and will then be sent home to parents.

Student Name: _____

Conference Date: _____