

School District Name: Hanover Public Schools
School District Address: 188 Broadway, Hanover, MA 02339
School District Contact: Keri Morrison, Special Education Coordinator, High

Student: Christopher Sellier **Grade:** 12 **DOB:** 12/05/1998 **LASID#:** H000352 **SASID#:** 1016575019

To: John Sellier
152 Cedar Street
Hanover, MA 02339

Subject: **The school district proposes the following:**

- ☐ An Evaluation
- ☒ An IEP
- ☐ An Amendment
- ☒ A Placement
- ☒ Other: Transitional Planning

Notice Date: March 2, 2017

The school district has recently discussed this student and, with your input, has developed a proposal. We have described our actions and our reasons for these actions in this memo.

As you know, special education regulations provide protection to you and your child. You will find specific information about your legal rights in the *Parent's Notice of Procedural Safeguards*, including sources that you may contact for help in understanding your rights. This notice is enclosed for initial evaluations. You should have received your *Parent's Notice of Procedural Safeguards* if you will be attending an IEP/Amendment or Placement meeting during the school year. We will also disseminate the notice at your request and upon disciplinary removal to an interim alternative education setting. You should carefully review this brochure and the enclosed material before making any decisions.

The school district staff is available to speak to you or meet with you about your rights and the school district's proposal. We strongly encourage you to call us if you have any questions. Please contact us through the district contact person listed below. Thank you.

An Evaluation Consent Form, an IEP or an IEP Amendment must be signed and returned, as we are required by law to have a signed copy on file regardless of your decision. Please return a copy as soon as possible but no later than the date listed below. Thank you.

Document Return Date: Saturday, March 26, 2016
Procedural Safeguards Sent: March 2, 2017
District Contact Person: Leanne Tarkanian / Special Education Teacher / 781-878-5450
Contact Information: Hanover High School 287 Cedar Street Hanover, MA 02339
ltarkanian@hanoverschools.org

Enclosures:

- ☒ *Parent's Notice of Procedural Safeguards*
- ☒ Other: 2 Copies of IEP, N1, TPF

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Directions to School Staff:

This notice must be sent to parents in their native language or other mode of communication used by the parent. School districts must ensure that parents understand the content of this notice. (Federal Regulation §300.503)

Describe one or more of the following actions: Initial Evaluation, Reevaluation, Emergency Evaluation, Extended Evaluation Period, IEP, IEP Amendment, Placement (include the specific placement location and transportation requirements, if any), Graduation or any other proposal used to initiate or change the identification, evaluation, educational placement or the provision of special education services by answering the following questions:

- 1. What action is the school district proposing to take?*
- 2. Why is the school district proposing to act?*
- 3. What rejected options were considered and why was each option rejected?*
- 4. What evaluation procedure, test, record or report was used as a basis for the proposed action?*
- 5. What other factors were relevant to the school district's decision.*
- 6. What next steps, if any, are recommended?*

Narrative Description of School District Proposal

The school district is proposing an IEP for Chris Sellier as a result of an annual review meeting held 02/28/2017. The proposed IEP includes goals within the areas of Independent Learning/Transition. Direct services will be provided by a Special Education Teacher in Academic Support.

No options were rejected during this meeting. The following areas of input were used as a basis for the proposed action: classroom and special education teacher input, and observations. The Team considered State and District as well as classroom Accommodations during this meeting.

The services proposed within this IEP will begin once consent has been received by Chris's parents. Please direct any questions or concerns to Leanne Tarkanian, Special Education Teacher, at 781-878-5450 or ltarkanian@hanoverschools.org.

Enclosures:

- ☒ *Parent's Notice of Procedural Safeguards*
- ☒ **Other:** 2 Copies of IEP, N1, TPF

School District Name: Hanover Public Schools
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Administrative Data Sheet

Student Information:

Full Name: Christopher Frank Sellier LASID#: H000352 SASID#: 1016575019
Birth Date: 12/05/1998 Age (as of Meeting): 18 Grade/Level: 12
Primary Language: English Language of Instruction: English
Address: 152 Cedar Street, Hanover, MA 02339
Telephone: 781-878-7765 Place of Birth: Weymouth
If 18 or older: ☐ Acting on Own Behalf ☐ Shared Decision-Making ☐ Delegate Decision-Making ☐ Court Appointed Guardian
Name of Shared / Delegated / Appointed Person: _____

Parent/Guardian Information:

Name: John Sellier Relationship to Student: Father
Address: 152 Cedar Street, Hanover, MA 02339 Legal Guardian: Yes
Telephone: 781-878-7765 Telephone: _____
Telephone: _____ Primary Language: English
email Address: jsellier@cscserviceworks.com Secondary Language: _____

Parent/Guardian Information:

Name: _____ Relationship to Student: _____
Address: _____ Legal Guardian: _____
Telephone: _____ Telephone: _____
Telephone: _____ Primary Language: _____
email Address: _____ Secondary Language: _____

Meeting Information:

Date of Meeting: 02/28/2017
Type of Meeting: ☐ Eligibility Determination: ☒ Placement
☒ IEP Development: IEP Annual Review ☒ Transition
☒ Other: Team Meeting
Next Scheduled Annual Review Meeting: 02/27/2018
Next Scheduled Three Year Reevaluation Meeting: 03/18/2018

Assigned School Information: (Complete after a placement has been made.)

School Name: Hanover High School - Hanover High School Telephone: 781-878-5450
Address: 287 Cedar Street, Hanover, MA 02339 Fax: 781-871-0590
Contact Person: Leanne Tarkanian Telephone: 781-878-5450
Role: Special Education Teacher
Cost-Shared Placement: ☒ No ☐ Yes
If yes, specify agency: _____

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

Student: Christopher Frank SellierGrade: 12 DOB: 12/05/1998 LASID#: H000352 SASID#: 1016575019

Parent and/or Student Concerns

What concern(s) does the parent and/or student want to see addressed to enhance the student's education?

Chris' parents continue to be concerned that he is not working to his full potential. They are concerned with his inability to focus in class and his organization skills. They know his full potential and want him to get the support he needs in order to demonstrate what he is capable of.

Student Strengths and Key Evaluation Results Summary

What are 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?

Chris is a senior at Hanover High who gets along well with his peers. Chris has a great sense of humor, is extremely polite and kind and is always seen around the school smiling. Chris is easily distracted from the task at hand (which impacts his classwork and homework completion) and requires prompting to focus back on what he is doing. In his spare time Chris enjoys hanging out with his friends and playing basketball. Chris is currently working at La Trattoria in Norwell as a bus boy.

Chris completed a psycho-educational evaluation in March of 2015. Chris's cognitive ability was assessed using the WISC-IV. Average scores are between 85 and 115. His results are as follows:

Verbal Comprehension (VCI)-93

Perceptual Reasoning (PRI)-96

Working Memory (WMI)-105

Processing Speed (PSI)-68

Full Scale IQ (FSIQ)-89

Chris was given the Wechsler Individual Achievement Test (WIAT-III) in February of 2015 as part of his initial evaluation for Special Education services. Average scores are between 85 and 115. His Composite scores are as follows:

Total Reading-104

Basic Reading-102

Reading Comprehension and Fluency-107

Written Expression-105

Mathematics-101

Math Fluency-124

Chris has a diagnosis of ADHD and qualifies for Special Education services under the category of Health.

At this time Chris has met all MCAS requirements in order to graduate with his current class.

Primary Disability: Health

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 interests, and should include desired outcomes in adult living, post-secondary and working environments.

The Team would like to see Chris become more invested in his education by completing homework, utilizing learned strategies for studying and being able to be remained focused. Chris has stated that he would like to attend college after high school, however at this time he does not fully understand all of the expectations and/or requirements in order for him to be considered eligible to attend potential post-secondary opportunities that fit his needs. Upon completing post-secondary course work Chris would like to be living independently and working full

Individualized Education Program

IEP Dates 02/28/2017 to 02/27/2018

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time.

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Present Levels of Educational Performance

A: General Curriculum

Check all that apply.

- ☒ English Language Arts
- ☒ History and Social Sciences
- ☒ Science and Technology
- ☒ Mathematics
- ☒ Other Curriculum Area

General curriculum area(s) affected by this student's disability(ies):

Consider the language, composition, literature (including reading) and media strands.

Consider the history, geography, economic and civics and government strands.

Consider the inquiry, domains of science, technology and science, technology and human affairs strand.

Consider the number sense, patterns, relations and functions, geometry and measurement and statistics and probability strands.

Specify: Electives

How does the disability(ies) affect progress in the curriculum area(s)?

Chris has been diagnosed with ADHD. His difficulties with attention and organization impact his learning in all areas of the curriculum. He has a hard time staying focused and often times can be easily distracted by his surroundings and/or classmates which can impact the learning process.

What type(s) of accommodation, if any, is necessary for the student to make effective progress?

*provide models of completed work (when possible) when presenting an assignment

*prompts to stay focused and on task

*frequent check-ins to ensure understanding of content and classwork

*preferential seating in the area with the least distractions; this could be the front, middle, or back of the class

*provide math reference sheet for quizzes and/or tests; per student request

*small group setting for quizzes and tests; per student request when necessary and as determined by special education teacher

*frequent breaks as determined by the teacher and limited to four minutes; if longer than four minutes then Chris may be subject to discipline

What type(s) of specially designed instruction, if any, is necessary for the student to make effective progress?

Small group instruction that focuses on the following:

- active learning strategies to assist with processing and retention in the content areas
- reinforcement of learned time management and organizational skills for the breakdown of long term assignments, projects, etc.
- breaking down the instructions for a written assignment into a simple step-by-step checklist with emphasis on finding the starting point

Check the necessary instructional modification(s) and describe how such modification(s) will be made.

☒ Content:

N/A

☒ Methodology/Delivery of Instruction:

N/A

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☒ **Performance Criteria:**

N/A

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Present Levels of Educational Performance

B: Other Educational Needs

Check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Adapted physical education | <input type="checkbox"/> Assistive tech devices/ services | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Braille needs (blind/visually impaired) | <input type="checkbox"/> Communication (all students) | <input type="checkbox"/> Communication (deaf/hard of hearing students) |
| <input type="checkbox"/> Extra curriculum activities | <input type="checkbox"/> Language needs (LEP students) | <input type="checkbox"/> Nonacademic activities |
| <input type="checkbox"/> Social/emotional needs | <input type="checkbox"/> Travel training | <input type="checkbox"/> Skill development related to vocational preparation or experience |
| <input type="checkbox"/> Other: _____ | | |

General Considerations

Age-Specific Considerations

- ☐ For children ages 3 to 5 - participation in appropriate activities
- ☒ For students ages 14+ (or younger if appropriate) - student's course of study
- ☒ For students ages 16 (or younger if appropriate) to 22 -transition to post-school activities including community experiences, employment objectives, other post school adult living objectives and, if appropriate, daily living skills.

How does the disability(ies) affect progress in the indicated area(s) of other educational needs?

N/A

What type(s) of accommodation, if any, is necessary for the student to make effective progress?

N/A

What type(s) of specially designed instruction, if any, is necessary for the student to make effective progress?

N/A

Check the necessary instructional modification(s) and describe how such modification(s) will be made.

☒ **Content:**

N/A

☒ **Methodology/Delivery of Instruction:**

N/A

☒ **Performance Criteria:**

N/A

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Current Performance Levels/Measurable Annual Goals

Goal #: 1	Specific Goal Focus: Independent Learning/Transition
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Current Performance Level: What can the student currently do?

Chris has difficulty staying organized and ensuring that he completes all required work that is assigned to him. In addition, Chris has difficulty maintaining focus when in class and often gets lost during class. Chris needs reminders to initiate task completion, participate in class, and/or even copy down his homework accurately on a regular basis. He has mentioned how he wants to attend college (Massasoit) after graduating from high school, but is unsure as to what he wants to do.

Measurable Annual Goal: What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period?

With support from his Guidance Counselor, and/or Special Education teacher, Chris will complete the necessary requirements needed for him to transition from high school to a post-secondary opportunity on time and with less than 2 teacher cues in 4 out of 5 opportunities.

How will we know that the student has reached this goal?

We will know that Chris has met this goal when he has attained the following objectives:

Benchmark/Objectives: What will the student need to do to complete this goal?

1. Chris will take responsibility for his learning when he misses instruction he will reach out to his teachers and/or classmates to get the notes, worksheets, concepts, etc. for four out of five opportunities by the end of this IEP period.
2. Chris will begin to gather all necessary information for the opportunities that he is interested in and review the required steps and paperwork with his Special Education teacher, and/or Guidance Counselor, to ensure that he understands all that is required of him in order to be considered eligible to attend a post-secondary opportunity that he is interested in.

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

Individualized Education Program

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Service Delivery

What are the total service delivery needs of this student?

Include services, related services, program modifications and supports (including positive behavioral supports, school personnel and/or parent training/supports). Services should assist the student in reaching IEP goals, to be involved and progress in the general curriculum, to participate in extracurricular/nonacademic activities and to allow the student to participate with nondisabled students while working towards IEP goals.

School District Cycle: 6 days

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
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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
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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
1	Academic Support	Special Education Teacher	3 X 30	02/28/2017	06/02/2017
1	Transition	Special Education Teacher	3 X 20	02/28/2017	06/02/2017

I-Individual , SG-Small Group (2-4), G-Group (5-8)

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Nonparticipation Justification

Is the student removed from the general education classroom at any time? (Refer to IEP5 -- Service Delivery, Section C.)

☐ No ☒ Yes If yes, why is removal considered critical to the student's program?

Chris presently qualifies for special education services based on his diagnosis of ADHD. In order to make sufficient progress he requires direct instruction in many aspects of organization and study skills. Chris is removed from the general education classroom and is provided with academic support as well as transitional planning in a quiet, small group setting.

IDEA 2004 Regulation 20 U.S.C. §612 (a) (5).550:"... removal of children with disabilities from the regular educational environment occurs only when the nature or severity 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?

☒ No ☐ Yes -- shorter day ☐ Yes -- shorter year If yes, answer the questions below.

LONGER: Does this student require a longer school day or longer school year to prevent substantial loss of previously learned skills and / or substantial difficulty in relearning skills?

☒ No ☐ Yes -- longer day ☐ 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?

Transportation Services

Does the student require transportation as a result of the disability(ies)?

- ☒ No 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.
- ☐ Yes Special transportation will be provided in the following manner:
- ☐ on a regular transportation vehicle with the following modifications and/or specialized equipment and precautions:
 - ☐ on a special transportation vehicle with the following modifications and/or specialized equipment and precautions:

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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State or District-Wide Assessment

Identify state or district-wide assessments planned during this IEP period:

N/A

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, 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 conditions in this content area. (See ❶ below)	3. Assessment participation: Student participates in alternate assessment in this content area. (See ❷ below)
CONTENT AREAS	COLUMN 1	COLUMN 2	COLUMN 3
English Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History and Social Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science and Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ❶ For each content area identified by an "X" in column 2 above: note in 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.
- ❷ For each content area identified by an "X" in column 3 above: note in 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 alternative assessment.

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Additional Information

- ☒ Include 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.

Anticipated Graduation Date: 06/02/2017

Statement of Interagency Responsibilities or Needed Linkages:

Transfer of Rights Discussed: (at least one year before age of majority): ☒ Yes ☐ No ☐ N/A

Chapter 688 Referral: ☐ Recommended ☐ Not Recommended ☒ N/A

- ☒ Document efforts to obtain participation if a parent and/or student did not attend meeting or provide input.

This meeting was previously schedule for February 22, 2016 however due to Team miscommunication it was rescheduled for February 24, 2016.

- ☒ Record other relevant IEP information not previously stated.

According to the MA legislation (M.G.L. c. 71 B 3, as amended by Chapter 92 of the Acts of 2010, (Bullying Law), the bullying act was discussed at the meeting and the Team does not feel this matter is an issue for Chris at this time.

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

Date

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:

- ☐ I request a meeting to discuss the rejected IEP or rejected portion(s).

Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over*

Date

**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.

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School District Address: 188 Broadway, Hanover, MA 02339
School District Contact: Keri Morrison, Special Education Coordinator, High

Student: Christopher Frank Sellier **Grade:** 12 **DOB:** 12/05/1998 **LASID#:** H000352 **SASID#:** 1016575019

Placement Consent Form - PL1: 6-21 year olds

IEP Dates 02/28/2017 to 02/27/2018

Team Recommended Educational Placement	Corresponding Placement
The team identified that IEP services are provided outside the general education classroom less than 21% of the time (80% inclusion).	<input checked="" type="checkbox"/> 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.	<input type="checkbox"/> Partial Inclusion Program
The team identified that IEP services are provided outside the general education classroom for more than 60% of the time.	<input type="checkbox"/> Substantially Separate Class
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 student with disabilities.	Separate Day School <input type="checkbox"/> <input type="checkbox"/> Public or <input type="checkbox"/> Private
The team identified that IEP services require a 24-hour educational program.	<input type="checkbox"/> 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.	<input type="checkbox"/>

Other Authority Required Placements (Non-Educational)

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.	<input type="checkbox"/> The Department of Youth Services has placed the student in a facility for committed or detained youth.
	<input type="checkbox"/> The Department of Mental Health has placed the child in a hospital psychiatric unit or residential treatment program.
	<input type="checkbox"/> The Department of Public Health has placed the child in the Massachusetts Hospital School. <input type="checkbox"/> Day or <input type="checkbox"/> Residential
	<input type="checkbox"/> The student is incarcerated in the county house of corrections or in a department of correctional facility.
A medical doctor has determined that the student must be served in a home setting.	<input type="checkbox"/> Home-based Program
A medical doctor has determined that the student must be served in a hospital setting.	<input type="checkbox"/> Hospital-based Program

Placement Consent Form

Location(s) for Service Provision and Dates: 02/28/2017 to 02/27/2018: Hanover High School

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*

Date

**Required signature once a student reaches 18 unless there is a court appointed guardian.*

Transition Planning Form (TPF)

Massachusetts requires that beginning when the eligible student is 14 for the IEP developed that year, the school district must plan for the student's need for transition services and the school district must document this discussion annually. This form is to be maintained with the IEP and revisited each year.

Student: Christopher Sellier **Date form Completed:** 03/02/2017
SASID#: 1016575019 **Age (as of Meeting):** 18
LASID#: H000352 **Current IEP dates from:** 02/28/2017 to 02/27/2018
Anticipated Graduation Date: 06/02/2017 **Anticipated date of 688 referral, if applicable:** _____

POST-SECONDARY VISION

Write the student's **POST-SECONDARY VISION** in the box below. In collaboration with the family, consider the student's preferences and interests, and the desired outcomes for post-secondary education/ training, employment, and adult living. This section should correspond with the vision statement on IEP 1.

The Team would like to see Chris become more invested in his education by completing homework, utilizing learned strategies for studying and being able to be remained focused. Chris has stated that he would like to attend college after high school, however at this time he does not fully understand all of the expectations and/or requirements in order for him to be considered eligible to attend potential post-secondary opportunities that fit his needs. Upon completing post-secondary course work Chris would like to be living independently and working full time.

DISABILITY RELATED NEEDS

Write the skills (disability related) that require IEP goals and/or related services in the box below. Consider all skills (disability related) necessary for the student to achieve his/her post-secondary vision.

Chris has been diagnosed with ADHD. His difficulties with attention and organization impact his learning in all areas of the curriculum. He has a hard time staying focused and often times can be easily distracted by his surroundings and/or classmates which can impact the learning process.

ACTION PLAN

The **ACTION PLAN** should outline how the student can develop self-determination skills and be prepared both academically and functionally to transition to post-school activities in order to achieve his/her post-secondary vision. Indicate how Special Education/General Education, family members, adult service providers or others in the community will help the student develop the necessary skills. **Disability related needs must also be stated on page 1.**

Develop the **ACTION PLAN** needed to achieve the **POST-SECONDARY VISION** by outlining the skills the student needs to develop and the courses, training, and activities in which the student will participate. Include information on who will help the student implement specific steps listed below in the Action Plan.

- **Instruction:** Is there a course of study or specific courses needed that will help the student reach his/her post-secondary vision? Consider the learning opportunities or skills that the student may need. This could include specific general education courses and/or special education instruction, career and technical education, and/or preparation for post-secondary outcomes such as vocational training or community college.
- **Employment:** Are there employment opportunities and/or specific skills that will help the student reach his/her post-secondary vision? Consider options such as part-time employment, supported job placement, service learning projects, participation in work experience program, job shadowing, internships, practice in resume writing/ interviewing skills, the use of a one-stop resource center and job specific skills in areas such as customer service, technology, etc.
- **Community Experiences/ Post School Adult Living:** Are there certain types of community and/or adult living

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School District Contact: Keri Morrison High

experiences that will help the student reach his/her post-secondary vision? *Consider options such as participation in community based experiences, learning how to independently access community resources, building social relationships, managing money, understanding health care needs, utilizing transportation options and organizational skills.*

During Chris' senior year he is taking all college level and college level two courses. He is taking Physical Education, Personal Wellness, Science Seminar, Humanities, Consumer Math, Marketing & Management, and School to Work. These courses may help Chris identify what field he would like to pursue at the post-secondary educational setting. At this time Chris has a job and is working at La Trattoria in Norwell. He is learning valuable skills such as organizational, time management, and socialization skills through interacting with people. Also, through working part time Chris will learn how to manage a bank account and the money that he will be earning and will continue to earn. By participating in these activities he has learned how to be an active and responsible individual inside and outside of the classroom. Chris' Team will continue to work with him on his transition from Hanover High School to a post-secondary opportunity.