

**School District Name:** Harvard Public Schools  
**School District Address:** 39 Massachusetts Avenue Harvard, MA 01451  
**School District Contact:** Pam DeGregorio, Director of Special Education, 978-456-4143

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**Student:** test- Tommy Transition test **Grade:**    **DOB:** 12/28/1997 **LASID#:** 999999999 **SASID#:**   

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**To:**

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

- An Evaluation
- An IEP
- An Amendment
- A Placement
- Other:

**Notice Date:**

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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:** Not Applicable

**District Contact Person:**

**Contact Information:**

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**Enclosures:**

- Parent's Notice of Procedural Safeguards*
- Other:



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## Administrative Data Sheet

### Student Information:

Full Name: test- Tommy Transition test LASID#: 999999999 SASID#: \_\_\_\_\_  
Birth Date: 12/28/1997 Age (as of Meeting): 0 Sex:  Female  Male Grade/Level: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ Language of Instruction: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
If 18 or older:  Acting on Own Behalf  Shared Decision-Making  Delegate Decision-Making  
 Court Appointed Guardian: \_\_\_\_\_

### Parent/Guardian Information:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_ Legal Guardian: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ email Address: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

### Parent/Guardian Information:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Address: \_\_\_\_\_ Legal Guardian: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ email Address: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

### Meeting Information:

Date of Meeting: \_\_\_\_\_  
Type of Meeting:  Eligibility Determination:  Placement  
 IEP Development:  Transition  
 Other:  
Next Scheduled Annual Review Meeting: \_\_\_\_\_  
Next Scheduled Three Year Reevaluation Meeting: \_\_\_\_\_

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

School Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Role: \_\_\_\_\_  
Cost-Shared Placement:  No  Yes  
If yes, specify agency: \_\_\_\_\_

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

# Individualized Education Program

IEP Dates \_\_ to \_\_

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Grade: \_\_ DOB: 12/28/1997 LASID#: 999999999 SASID#: \_\_

## Parent and/or Student Concerns

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

This section of the IEP is for the parent/s and/or student to document their concerns that they would like to see addressed.

## 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?*

Disability/ies: The disability that is written here must be one of the disabilities that is recognized by the state. Only a team can determine if a disability exists.

Key Indicators: Describes what a teacher might see in the classroom as a result of this disability.

Educational Strengths: Summary of relevant information regarding a student's strengths from all assessments, classroom observations, teachers, and parents.

Areas of Concern/Weakness: Describes areas of concern/challenges that were evident from all observations and assessments conducted.

Student's Areas of Interest:

Significant Personal Attributes and Accomplishments:

General Education Performance: Current summaries of performance.

Testing: Includes summaries of any relevant test results from the past three years. MCAS scores should also be included.

Achievement Towards Goals and Lack of Suspected Progress, if any:

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

The "Vision" should drive the IEP goals and benchmarks. The vision should be attainable, based on student's profile, and should be based on the student's preferences and interest, to the extent possible, beginning at age 14.

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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:

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

This section includes an explanation of how the student's disability affects progress in the curriculum. This information will guide/drive the accommodations and services that will be necessary to allow the student to access and make progress in the curriculum.

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

Accommodations occur in general education classrooms and do not modify the content material. The accommodations must be necessary in order for the student to access the general education curriculum. The accommodations are not meant to be a lengthy list of "best teaching practices" that generally benefit all students.

Accommodations may include changes in the physical arrangement of a general education classroom, how lessons are organized, test-taking practices, and ways to help a student organize his/her materials.

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

"Specially designed instruction" refers to special education.

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

This box should only be checked off if the content of the curriculum is being modified, versus having accommodations in place to allow the student to access the general education curriculum.

 **Methodology/Delivery of Instruction:**

This box should only be checked if the methodology/delivery of instruction is different for this student. If, for example, in order to make effective progress, a student needs instruction in a small-group setting, it will be noted here.

 **Performance Criteria:**

This box should only be checked if the student is to be graded/assessed differently than other students. For

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example, if the team determines that due to a student's disability/individual profile, he/she should have tests taken orally or that tests should not count more than a specified percentage of student's grade, that information would be noted here.

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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?**

This section summarizes how the disability affects progress in areas of other educational need.

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

Accommodations are made by the general education teacher in the general education environment. They should be directly related to the student's disability/individual profile and should assist the student in accessing the lessons.

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

"Specially designed instruction" is special education and is designed to meet the unique needs of the eligible student or related services necessary to access the general curriculum.

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

Same as PLEP A.

 **Methodology/Delivery of Instruction:**

Same as PLEP A.

 **Performance Criteria:**

Same as PLEP A.

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## Current Performance Levels/Measurable Annual Goals

Goal #: 1	Specific Goal Focus:
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**Current Performance Level:** What can the student currently do?

The Current Performance Level should be very specific and provide a baseline of current functioning from which future progress, or lack thereof, can be measured. Specific skills should be identified in measurable terms, so that any school district would be able to understand exactly what a student can do. There should be evidence that the measurable postsecondary goals were based on age appropriate transition assessment (e.g. Naviance, Brigance Assessment of Transition Skills) that provides information on student's needs, strengths, preferences, and interests regarding the postsecondary goal. The postsecondary goals needs to be updated annually..

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

It is helpful when the annual goal relates directly to a measurable baseline that is identified in the "Current Performance" section of the IEP.

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

Attainment of the goal links directly to the measurability of the current performance and annual goal.

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

Benchmarks are used to "chunk" the annual goal into smaller sub-goals to be achieved within a specified time period.

Objectives are individual and specific, observable, short-term statements that fall "under the umbrella" of the broader, general goal for the year.

Goals, benchmarks, and objectives need to be measurable. The method used to measure progress needs to be indicated in the goal itself. Goals should reflect back to the Current Performance Statement, where a baseline should be identified.

Any district should be able to implement a student's IEP because it should be clearly written and skill-based.

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.

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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:  5 day cycle  6 day cycle  10 day cycle  Other: \_\_\_\_\_

### 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
	Consultation				

### 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
	Supported Class: Language Arts				
	Supported Classroom: Math				

### 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
	Reading				
	Math Lab				

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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?

An explanation is provided here regarding the benefits/necessity of providing specialized instruction in a separate setting. Some potential reasons may be: to provide an environment where the student is more able to make effective progress on IEP goals and/or receive specialized, explicit instruction to improve his/her skills.

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?

### EXTENDED SCHOOL YEAR

On an annual basis, the Team will discuss whether or not an eligible student meets the criteria for "Extended School Year" (ESY) services.

Below are relevant excerpts from the Massachusetts Special Education Regulations:

28.05: The Team Process and Development of the IEP

(4)(d)1. An extended year program may be identified if the student has demonstrated or is likely to demonstrate substantial regression in his or her learning skills and/or substantial difficulty in relearning such skills if an extended program is not provided.

(4)(d)3. If a longer program is required, the student's IEP must specify why a longer program is necessary.

(4)(d)4. Camping or recreation programs provided solely for recreational purposes and with no corresponding IEP goals or specially designed instruction shall not be considered extended year programs.

Harvard Public Schools Special Education Department  
Policy for Determination of Extended School Year

#### Process:

There is a thoughtful process of data collection (i.e. quantitative and qualitative) and analysis of a student's performance over time that takes place in order for one of our service providers to make a recommendation for extended year services.

#### Documentation:

Our individual special education service providers will be required to provide written documentation regarding the reasons for their recommendation for extended year services, based on data that they have collected regarding substantial regression during school vacation breaks, substantial difficulty in relearning skills after a break, and about the student's reduced/limited rate of learning, in general.

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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If there is a lack of documentation regarding a child's substantial regression after a break in service, but the child has made little or no progress over the school year, the Team should consider ESY programming.

#### Extended School Year Services:

If recommended, the ESY services should be consistent with the child's IEP goals and objectives addressed throughout the regular school year; however, they do not necessarily have to be the same services delivered at the same frequency as provided during the school year.

The goal of extended school year services is to maintain current skills - not to acquire new skills.

## 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:

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.

The Department of Elementary and Secondary Education has established MCAS "Student Participation Guidelines", which identify eligibility criteria for specific standard and non-standard accommodations for students with disabilities.

- 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.
- Document efforts to obtain participation if a parent and/or student did not attend meeting or provide input.
- Record other relevant IEP information not previously stated.

## 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

\_\_\_\_\_  
Director of Special Education Services

\_\_\_\_\_  
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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## Placement Consent Form - PL1: 6-21 year olds

IEP Dates    to   

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 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.	<input type="checkbox"/> Separate Day School <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:

### 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

\_\_\_\_\_  
 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:** test- Tommy Transition test      **Date form Completed:** \_\_\_\_\_  
**SASID#:** \_\_\_\_\_      **Age (as of Meeting):** 0  
**LASID#:** 999999999      **Current IEP dates from:** \_\_\_\_\_ **to** \_\_\_\_\_  
**Anticipated Graduation Date:** \_\_\_\_\_      **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.

### 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.

### 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 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.