Name:

Student Information

INDIVIDUALIZED EDUCATION PROGRAM (IEP) Student Inform MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

Agency:

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STUDENT AND SCHOOL INFORMATION						
First Name:Middle Name:Last Name:						
Address:	First Name: MI: Last Name:					
City: State: Zip Code:						
Grade:	Email:					
Unique Student Identification Number (State):						
Student Identification Number (local):	Interpreter needed? \bigcirc YES \bigcirc NO					
Date of Birth:• (MM•DD•YYYY)	PARENT/GUARDIAN 2					
Age: Gender: 🔿 MALE 🔿 FEMALE	First Name: MI: Last Name:					
	Home Phone: <u>(</u> Cell: <u>(</u>					
RACE CODES	Email:					
Ethnicity: Hispanic or Latino 🗆 Yes 🗆 No	Parent native language, if not English:					
American Indian or Alaskan Native Native Hawaiian or other Pacific Islander	Interpreter needed? VES NO					
Asian Black or African American White	Case Manager:					
	IEP Team Meeting Date(s):					
Student identified as an English Learner: \bigcirc YES \bigcirc NO	IEP Annual Review Date:					
Student's native language:						
Residence County:	Parent was provided a copy of the Procedural Safeguards Parental Rights document.					
Residence School:	O The parents were provided a verbal and written explanation of the parents' rights and responsibilities in the IEP team process. O Parents were provided verbal and written information about access to habilitative services, including a copy of the Maryland					
Service County:	Insurance Administration's Parents' Guide to Habilitative Services.					
Service School:	- Native Language Translation: Parent informed \bigcirc YES \bigcirc NO \bigcirc N/A Parent requested \bigcirc YES \bigcirc NO					
Does the student requires a specific accommodation for an emergency evacuation? \bigcirc YES \bigcirc NO						
If yes, state the evacuation accommodation(s) here:	Projected Annual Review Date:					
Which jurisdiction is financially responsible?	Most Recent Evaluation Date:					
Is the student currently under the care and custody of a state agency? \bigcirc YES \bigcirc NO	Projected Evaluation Date:					
If yes, name of state agency:	Primary Disability:					
Does the student require a parent surrogate? \bigcirc YES \bigcirc NO	Areas affected by Disability:					
Parent Surrogate Name:Surrogate Phone:						
EXIT INFORMATION						
Exit date: • • (MM•DD•YYYY)						
Exit category: OA - Returned to general education (Is this student home schooled?	\bigcirc YES \bigcirc NO) \bigcirc B - Graduated with a Maryland High School Diploma					
	on \bigcirc D - Reached 21 years of age \bigcirc E - Deceased \bigcirc F - Moved, known to be continuing					
○ H - Dropped Out ○ I - Special Case ○ J - Parent revokes cons	ent for services					
IEP TEAM PARTICIPANTS						
IEP Case Manager: Principal/Designee:	School Psychologist: Agency Representative:					
IEP Chair: General Educator:	Social Worker: Others in attendance:					
Parent/Guardian: Special Educator:	Speech/Language Pathologist: Others in attendance:					
Parent/Guardian: Guidance Counselor:						
	Page 1					

INDIVIDUALIZED EDUCATION PROGRAM (IEP)
MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

Name:	Agency:		IEP T	eam Meeting Date:	/ /
INITIAL EVALUATION ELIGIBILITY DATA (Only r	equired for student's initial evaluation to d	etermine eligibility)			
Identify area(s) impacted by the student's suspecte Discussion to support decision:	d disability:				
Is a determinant factor for the student's lack of aca a) a lack of appropriate instruction in reading, inc b) a lack of instruction in math? C) a lack of English proficiency? YES NO (If yes to any of the above, the student must other Does the student require specially designed instruct	cluding essential components of reading instruction	n identified disability.)			
Initial Eligibility (Prior to Age 3)					
Date of parent consent for initial evaluation Date of initial evaluation: Child is eligible for preschool special education and	(MM • DD • YYYY) • • • • • • • • • • • • • • • • • • •				
Indicate primary disability AUTISM DEVELOPMENTAL DELAY DEAF DEAF DEAF - BLINDNESS HEARING IMPAIRMENT Document basis for decision(s):	O ORTHOPEDIC IMPAIRMENT O Dyslexia	Dysgraphia OTI	PEECH OR LANGUAGE IMPAIRMENT RAUMATIC BRAIN INJURY	 VISUAL IMPAIRMENT MULTIPLE DISABILITIES Cognitive (specify) Sensory (specify Physical (specify) 	
 Reason(s) for delay of initial evaluation: Eligibility not determined due to withdrawal of of Initial evaluation If evaluation for child was delayed, indicate reas Parent repeatedly failed or refused to make th Parent refusal to provide consent caused delay Parent requested delay - Parent and IEP team Date of Parent Consent-Continue Early Intervention Services through an IFSP at age 3. Date of parent consent for initiation of services: Date of parent consent for initiation of services: Date initial IEP is in effect: Is this student transitioning from Infants and Toddle Reason(s) for delay of IEP in effect by age 3 Eligibility not determined due to withdrawal of consent in the field by age 3. If IEP not in effect by age 3, indicate reason(s) for Oparent repeatedly failed or refused to make the theorem in the field by and the field by and	son(s) for delay: the child available y in evaluation or initial services extend the timeframe by mutual written agreemen (MM+DD+YYYY) (MM+DD+YYYY) (MM+DD+YYYY) (MM+DD+YYYY) (MM+DD+YYYY) (MM+DD+YYYY) (MM+DD+YYYY) (Sonsent, moved from district, child unavailable as a pr delay:	 School/facility closure Inclement weather Other Staffing issues Inconclusive testing Other, please specif 	○ Paperwork error results 'y:		
○ Parent refusal to provide consent caused delay	y in evaluation or initial services extend the timeframe by mutual written agreemer	 Inclement weather Other Staffing issues Inconclusive testing Other, please specifier 	íy:	nn and related services to the	e student and
will not be considered in violation of the requirement			and hot provide special codeation		Page 2

INDIVIDUALIZED EDUCATION PROGRAM (IEP)
MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES
(Form approved by MSDE for use July 1, 2019)

Name:	Agency:	IEP Team Meeting Date: / /
Initial Eligibility (Student Ages 3-21)		
Date of parent consent for initial evaluation Date of initial evaluation:	(MM•DD•YYYY)	
Child is eligible as a student with a disability for spec Indicate primary disability AUTISM DEVELOPMENTAL DELAY DEAF EMOTIONAL DISABILITY DEAF - BLINDNESS HEARING IMPAIRMENT	cial education and related services. Yes No INTELLECTUAL DISABILITY SPECIFIC LEARNING DISABILITY ORTHOPEDIC IMPAIRMENT Dyslexia O Dysgraphia OTHER HEALTH IMPAIRMENT Dyscalculia O Other	SPEECH OR LANGUAGE IMPAIRMENT O VISUAL IMPAIRMENT O TRAUMATIC BRAIN INJURY O MULTIPLE DISABILITIES O Cognitive (specify) O Sensory (specify
Document basis for decision(s):		O Physical (specify)
Reason(s) for delay of initial evaluation Eligibility not determined due to withdrawal, i.e., Initial evaluation If evaluation was delayed, indicate reason(s) for de Parent repeatedly failed or refused to make the Student is enrolled after 60-day timeframe bega made sufficient progress to complete the evaluation complete the evaluation (All conditions must be m	elay: child available in and prior to determination by LSS. Receiving LSS on and parent and LSS agreed to a specific time to net) Other Paperwor Oncluse	ather
Date of Parent Consent-Continue Early Intervention Services through an IFSP at age 3:	• • • • • • • • • • • • • • • • • • •	
Date local school system was notified of parent decision to request services through an IEP: Date extended IFSP services ended: Date of initial IEP development: Date of parent consent for initiation of services: Date initial IEP is in effect:	• • • (MM • DD • YYYY) • • • (MM • DD • YYYY)	
Is this student transitioning from Infants and Toddlers	6 (Part C) to Preschool (Part B) and receiving services through an IEP?	
CONTINUED ELIGIBILITY DATA (Required for re	evaluation at least once every three years)	
Specify the area(s) identified for reevaluation:	Discussion to support dec	
Evaluation Date: • • (MM•DD•	YYYY) (This is the most recent date on which the IEP team completed	d a full and comprehensive review of all assessment materials.)
Does the student continue to have a disability and su	ch educational needs that require the continued provision of special e	education and related services? \bigcirc YES \bigcirc NO
Are any additions or modifications to special education in the general education curriculum? () YES () NO	on and related services needed to enable the student to meet the me	easurable annual goals set out in the student's IEP and to participate, as appropriate,
Eligible as a student with a disability? O Yes	O No Document basis for decision(s):	
Indicate primary disability AUTISM DEVELOPMENTAL DELAY DEAF EMOTIONAL DISABILITY DEAF - BLINDNESS HEARING IMPAIRMENT	 INTELLECTUAL DISABILITY ORTHOPEDIC IMPAIRMENT OTHER HEALTH IMPAIRMENT Dyscalculia () Other 	 SPEECH OR LANGUAGE IMPAIRMENT TRAUMATIC BRAIN INJURY VISUAL IMPAIRMENT Sensory (specify

INDIVIDUALIZED EDUCATION PROGRAM (IEP)
MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

Name:

Agency:

STUDENT PARTICIPATION ON DISTRICT/STATEWIDE ASSESSMENTS AND GRADUATION INFORMATION
Graduation requirements explained to parents O YES O NO State graduation requirements can be found at <u>www.marylandpublicschools.org</u> . Record any additional local graduation requirements:
PLAN FOR PARTICIPATION IN THE MARYLAND COMPREHENSIVE ASSESSMENT PROGRAM (MCAP) TO BE ADMINISTERED DURING THE TERM OF THE CURRENT IEP
The student will participate in the Maryland Comprehensive Assessment Program (MCAP) Assessments for grades 3 through 8 English Language Arts/Literacy YES NO Social Studies (Grade 8 only) YES NO
The student will participate in the Maryland Comprehensive Assessment Program (MCAP) Assessments for high school English Language Arts/Literacy YES NO Algebra I YES NO Algebra II YES NO
The student will participate in the Maryland Integrated Science Assessment (MISA) aligned with Next Generation Science Standards (NGSS) in assessed grade - (Grades 5, 8) OYES ONO
The student will participate in the High School Maryland Integrated Science Assessment (MISA) aligned with Next Generation Science Standards (NGSS) in assessed grade OYES ONO
The student will participate in the Maryland High School Assessment (HSA) in assessed course - Government OYES ONO
Has the IEP team determined that the student should participate in an alternate assessment based on alternate academic achievement standards? (Complete the required Appendix A of the <i>Guidance for IEP Teams: Participation Decisions for the Alternate Assessments and Instruction Using Alternate Standards</i> document annually and file in the student's electronic IEP folder.) () YES () NO Does the parent consent to the student participating in an alternate assessment based on alternate academic achievement standards in assessed grade in •English Language Arts (Grades 3-8, 11) •Mathematics (Grades 3-8, 11) •Science (Grades 5, 8, 11 only) ? () YES - Date of written consent: () • () • () • () • () • () • () • ()
PLAN FOR PARTICIPATION IN INSTRUCTION USING ALTERNATE STANDARDS
Has the IEP team determined that the student will be instructed using alternate standards , which, if continued, will result in not earning credits toward a Maryland High School Diploma? (Complete the required Appendix A of the <i>Guidance for IEP Teams: Participation Decisions for the Alternate Assessments and Instruction Using Alternate Standards</i> document annually and file in the student's electronic IEP folder.) O YES O NO Does the parent consent to the student being instructed using alternate standards? O YES - Date of written consent: O NO - Date of written refusal: O NO - Date of written refusal: O NO response received within 15 business days of the IEP team meeting date
Document basis for assessment decision(s): :
Student is pursuing a: 🔿 Maryland High School Diploma 🔹 🔿 Maryland High School Certificate of Program Completion
PLEASE NOTE: A STUDENT MAY BE ASKED TO PARTICIPATE IN NATIONAL OR INTERNATIONAL ASSESSMENTS. ONLY ALLOWABLE ACCOMMODATIONS ON NATIONAL/INTERNATIONAL ASSESSMENTS ARE PERMITTED.
Complete for high school seniors that may be eligible for an HSA waiver
IEP team has discussed the criteria of the waiver decision-making process for the student and supports an HSA waiver recommendation to the local superintendent. YES (If yes, specify date recommended) ONO

INDIVIDUALIZED EDUCATION PROGRAM (IEP)
MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

Name:									A	gency:							IEF	P Team I	Meeting [Date:	' /
ENGLISH LANGUAGE PROFICIENCY SUMMARY																					
	Is the student an English Learner? OYES ONO What was the student's performance on the English language proficiency assessment? OR What was the student's performance on the alternate English language proficiency assessment?																				
	Assessment Date (MM+DD+YYYY) Assessment Date (MM+DD+YYYY)																				
Overall C	Overall Composite Proficiency Level Overall Composite Proficiency Level ENTERING EMERGING DEVELOPING BRIDGING REACHING INITIATING ENTERING DEVELOPING EMERGING																				
				DLVLLO						REACTION					•			<u> </u>			
	STATEWIDE MARYLAND COMPREHENSIVE ASSESSMENT PROGRAM (MCAP) PERFORMANCE SUMMARY																				
What was	What was the student's performance, if applicable on the Kindergarten Readiness Assessment (KRA) as of																				
c	Overall	Perforr	nance		GING (ROACHI	NG ()	DEMONSTRA	ATING			Dor	main Level Perform	nance			S	core	Range	
									tems not ac	cessible d	ue to disa	ability,		nguage and Literacy						202-298	
			C					e rating) (some o) r all items v	vere not o	complete))		thematics						202-298	
		_												cial Foundations						202-298	
	Overall	-				Range: 2		,					Phy	/sical Well-Being and A	Motor Develo	pment				202-293	
What wa as of	is the st	tudent's	performa	ance on ?	the Gra	ides 3-8	8 MCAF	o assessr	nents			Wha	t was	the student's perfo	ormance, i	applicabl	e, on HSA	s as of	•	•]?
		Curr Scor	ent Scale e		t Year' le Scor		Mo	ost Curr	ent Proficie	ency Leve	els	-			Passing Score	Student's 1st Score	Student's 2nd Score	Student's Highest Score	Meets Standard	Bridge Plan Participant	Substitute Assessment
MC	CAP	Grad	e Scale Score	Grad	e Sca Sco		vel 1	Level 2	2 Level 3	Level 4	Level 5	Alg	Algebra/ Data Analysis 🗆 Mod		od 412				OYON	OYON	OYON
English Language	e Arts						0	0	0	0	0	Bio	logy		od 400				OYON	OYON	OYON
Mathema	atics						0	0	0	0	0	Eng	glish		od 396				$\bigcirc Y \bigcirc N$	$\bigcirc Y \bigcirc N$	$\bigcirc Y \bigcirc N$
Algebra I as applic							0	0	0	0	0		vernm								
Social St (Grade 8)														ed Score with Gov't	1602 't 1208				OYON		
M	SA	Grad	e Scale Score	Grad	e Sca Sco			Level 2	2 Level 3	Level 4	Level 5	1		ool MISA	-					OYON	
Science			5010	-	500			0	0	0	0	'				•		•	•	-	
(Grades 5,	, 8 only)							0	\cup		\cup										
What wa as of	is the st	tudent's	performa	ance on ?	the Hig	h Scho	ol MCA	P assess	sments					What was the stud	ent's perfo	ormance, i	f applicab	ole, on alt	ernate asso	essments	
		Most	Previous	Most	Curren	t Profi	ciency	Level									м	ost Curre	ent Proficie	ncy Levels	
MCA	٩P	Current Scale	Scale Score	Level	Level	Level	Level	Level	Meets Standard	Bridge P Particip		stitute ssment		MSAA	Scale Sco	re Le	evel 1	Level	2 Le	evel 3	Level 4
		Score	5000	1	2	3	4	5						English Language Arts			0	0		0	0
ELA/Lite (Grade 10				0	0	0	0	0	$\bigcirc Y \bigcirc N$	OYC	N OY	\bigcirc N		5 5							
Algebra	1			0	0	0	0	0	$\bigcirc Y \bigcirc N$	OYC	N OY	ΟN		Mathematics			0		hing	0	0
Geometr	ry			0	0	0	0	0	OYON	ΟΥΟ		ΟN		ALT-MISA	Scale Sco	re Em	erging	the Tar		arget	Advanced
	-				-									Science (Grades 5, 8, 11 only)			0	0		0	0
Algebra	11			0	0	\circ	0	\circ	OY ON	OYC	NOY	$\bigcirc N$									Page 5

Name:	Agency:	IEP Team Meeting Date: / /
EARLY LEARNING SKILLS: Social Foundations Language and literacy Mathematics Science Social studies Physical well-being an Fine arts		Document child's educational and functional performance levels in areas, as appropriate.
Source(s):		Summary of Assessment Findings (including dates of administration):
Level of Educational and Functional Performance: (Consider privesystem, and classroom based assessments, as applicable.)		Does this area impact the child's educational and/or functional performance? () YES () NO

Name:	Agency:	IEP Team Meeting Date: / /
ACADEMIC Do	ocument student's academi	c achievement and functional performance levels in academic areas, as appropriate.
Source(s): Instructional Grade Level Performance:		Summary of Assessment Findings (including dates of administration):
(Consider private, state, local school system, and classroom based a	assessments, as applicable.)	Does this area impact the student's academic achievement and/or functional performance? \bigcirc YES \bigcirc NO
HEALTH		
Source(s): Level of Performance:		Summary of Assessment Findings (including dates of administration):
(Consider private, state, local school system, and classroom based a	assessments, as applicable.)	Does this area impact the student's academic achievement and/or functional performance? \bigcirc YES \bigcirc NO
PHYSICAL		
Source(s):		Summary of Assessment Findings (including dates of administration):
Level of Performance: (Consider private, state, local school system, and classroom based a		
(Consider private, state, local school system, and classi dom based a	assessments, as applicable.)	Does this area impact the student's academic achievement and/or functional performance? \bigcirc YES \bigcirc NO
BEHAVIORAL		
Source(s):		Summary of Assessment Findings (including dates of administration):
(Consider private, state, local school system, and classroom based a	· · · · · · · · · · · · · · · · · · ·	
		Does this area impact the student's academic achievement and/or functional performance? \bigcirc YES \bigcirc NO

Name:		Agency:		IEP Team Meeting Date: / /				
PRESCHOOL AGED - PRESENT	LEVEL OF EDUCA	TIONAL AND FUN	CTIONAL PERFORMANCE					
Where does the child spend time?								
Child care center	□ Family Support Cer	nter	□ Parent's place of employment	Public Pre-K program				
□ Child's home	☐ Home of family me		□ Parks and Recreation program or activities	Religious setting				
Early Head Start/Head Start	□ Judy Center		Preschool playgroup					
☐ Family Child Care	Library		Private Pre-K/Nursery school	□ Other:				
What are parent's concerns and priorities rega	rding their preschool chil	d's educational and function	onal performance?					
How does the child's disability affects his/he	r access to and participa	tion in age appropriate a	ctivities?					
Consider the child's strengths and needs acro	ss three functional area	STRENGTHS AND NE	EDS SUMMARY					
For children to be active and successful participants at home, in the community, and in places like child care or preschool programs, they need to develop skills in three functional areas: (1) developing positive social- emotional skills & relationships; (2) acquiring and using knowledge and skills; and (3) using appropriate behav- iors to meet needs. Multiple sources of information are used to understand the child's individual progress in relation to him/herself and to same age peers. These sources include the family's concerns and priorities and the child's educational and functional performance across settings.	CHILD'S STRENGTHS What are some things the child likes to do? What skills does the child demonstrate or is beginning to demon- strate?	CHILD'S NEEDS What are some things or behaviors that the child does not do or are difficult for the child? In what activities or skill areas does the child need considerable support and/or practice?	 Relative to same age peers: O has the skills that we would expect of his/her age in regard to O has the skills that we would expect of his/her age in regard to S hows many age expected skills, but continues to show some farea. O shows occasional use of some age expected skills, but more of O is not yet using skills expected of his/her age. He/she does hot this area. O showing some emerging or immediate foundational skills, w O functioning might be described as like that of a much younger foundational or age expected skills in this area. Child Outcome Summary (COS): O Entry O Interim O Exit 	this area; however, there are concerns with this area. unctioning that might be described like that of a slightly younger child in this ¹ his/her skills are not yet age expected in this area. wever use many important and immediate foundational skills to build upon in hich will help him/her to work toward age appropriate skills in this area. child. He/she shows early skills, but not yet immediate				
HOW DOES THE CHILD			COS Completed Date: Sources: © Collected without parent input					
DEVELOPING POSITIVE SOCIAL-EMOTIONAL SKILLS & RELATIONSHIPS • Relate to family members • Relate to/interact with other adults • Relate to/interact with siblings/other children • Communicate/regulate emotions and feelings • Engage others in social interactions and play • Adapt to changes in routines or settings • Understand and follow social rules			Choose a rating from the list above: Relative to same age peers - Only answer if updating the original Strengths and Needs Summ Has the child shown any new skills or behaviors related to pos development and relationships since the last Strengths and Ne O Yes O No	ary: itive social-emotional				
ACQUIRING AND USING KNOWLEDGE AND SKILLS • Communicate (e.g., through sign language, spoken vocabulary, augmentative device, picture symbols) • Use words/skills in everyday settings, including play • Interact with books, pictures, print • Problem solve new situations • Understand pre-academic concepts • Understand and respond to directions			Choose a rating from the list above: Relative to same age peers - Only answer if updating the original Strengths and Needs Summ Has the child shown any new skills or behaviors related to acq knowledge and skills since the last Strengths and Needs Summ ○ Yes ○ No	uiring and using				
USING APPROPRIATE BEHAVIORS TO MEET NEEDS • Communicate wants and needs • Contribute to his own health and safety • Meet self-care needs (feeding, dressing, toileting) • Respond to delays in getting needs/wants met • Seek help when necessary • Move around to get things			Choose a rating from the list above: Relative to same age peers - Only answer if updating the original Strengths and Needs Summ Has the child shown any new skills or behaviors related to usin needs since the last Strengths and Needs Summary? O Yes O No	ary: g appropriate behaviors to meet Page 8				

Name:

Agency:

SCHOOL AGED - PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE
What is the parental input regarding the student's educational program?
What are the student's strengths, interest areas, significant personal attributes, and personal accomplishments? (Include preferences and interests for post-school outcomes, if appropriate.)
How does the student's disability affect his/her involvement in the general education curriculum?

III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

Agency:

IEP Team Meeting Date:

COMMUNICATION (required)

Name:

Does the student have special communication needs? \bigcirc YES \bigcirc NO

(If yes, describe the specific needs.) _

ASSISTIVE TECHNOLOGY (AT) (required)

Consider AT device(s) and service(s) that are needed to increase, maintain or improve functional capabilities of a student with a disability.

Decision(s):	Requires an AT device(s)	Requires an AT service(s)
\bigcirc The student does not require AT device(s) or AT service(s).	No	No
○ The student does not require AT device(s) but does require AT service(s).	No	Yes Additional data collection with trials is needed
○ The student requires AT device(s) and requires AT service(s).	Yes	Yes Services may address the required device(s) or additional data collection with trials is needed
\bigcirc The student requires AT device(s) but does not require AT service(s).	Yes	No
Document basis for decision(s) on AT device(s) including description of device(s):		
Document basis for decision(s) on AT service(s) including implementation of trials	5:	
SERVICE FOR STUDENTS WHO ARE BLIND OR VISUALLY IMPAIRE	ED	
Is the student blind or visually impaired? OYES ONO In the case of a student who is blind or visually impaired, provide for instruction reading and writing media that instruction in Braille is not appropriate for the st Braille Evaluation date: O (MM•DD•YYYY) Is instruction		
In the case of a student who is blind or visually impaired, provide for instruction dent's current and future travel needs, that instruction in O M is not appropriate		s the IEP Team determines, after an assessment of the stu-
O&M Evaluation date: •••• (MM•DD•YYYY) Is instruction	ion in O&M appropriate? \bigcirc YES \bigcirc NO	
Document basis for decision(s):		

Were parents provided information regarding Maryland School for the Blind? \bigcirc YES \bigcirc NO

INDIVIDUALIZED EDUCATION PROGRAM (IEP) III. SPECIAL CONSIDERATION MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

Name:

Agency:

SERVICE FOR STUDENTS WHO ARE DEAF OR HEARING IMPAIRED
Is the student deaf or hearing impaired? OYES ONO In the case of a student who is deaf or hearing impaired, consider language and communication needs, opportunities for direct communications, academic level, and full range of needs, including direct instruction in the student's language and communication mode.
Document basis for decision(s):
Were parents provided information regarding Maryland School for the Deaf? 🔿 YES 🔿 NO
BEHAVIORAL INTERVENTION
In the case of a student whose behavior impedes the student's learning or that of others, consider the use of positive behavioral interventions and supports, and other strategies to address that behavior.
○ Functional Behavioral Assessment (FBA) Assessment date:
Does the student require a Behavioral Intervention Plan (BIP)? 🔿 YES 🔿 NO
O Behavioral Intervention Plan Implementation date:
Has the IEP team determined that restraint and/or seclusion may be required as a part of the Behavior Intervention Plan? Does the parent consent to the use of restraint as a part of the Behavior Intervention Plan? O YES - Date of written consent: ••••••••••••••••••••••••••••••••••••
○ No response received within 15 business days of the IEP team meeting date
Does the parent consent to the use of seclusion as a part of the Behavior Intervention Plan?
○ YES - Date of written consent:• • ○ NO - Date of written refusal:••
O No response received within 15 business days of the IEP team meeting date
Document basis for decision(s):
SERVICE FOR STUDENTS WHO ARE ENGLISH LEARNERS
In the case of a student who is an English Learner, consider the language needs of the student as such needs relate to the student's IEP.
Document basis for decision(s):
·

INDIVIDUALIZED EDUCATION PROGRAM (IEP) III. SPECIAL CONSIDERATION MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

Name:

Agency:

IEP Team Meeting Date:

INSTRUCTIONAL AND ASSESSMENT ACCESSIBILITY FEATURES											
FEATURES FOR ALL STUDENTS (Available to ALL students, either through the online platform or externally provided)	Instruction	MCAP	HSA Government	HSA MISA	MISA (Grades 5, 8)	Alt-MISA (DLM)	MSAA	ACCESS for ELLs	Kindergarten ACCESS for ELLs	Alt-ACCESS for ELLs	NAEP
1b. Audio Amplification	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
1c. Bookmark (Flag Items for Review)	yes	yes	yes	yes	yes						
1e: Blank Scratch Paper	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
1f: Eliminate Answer Choice	yes	yes	yes	yes	yes						yes
1g: General Administration Directions Clarified	yes	yes	yes	yes	yes	yes	yes				yes
1h: General Administration Directions Read Aloud and Repeated as Needed	yes	yes	yes	yes	yes	yes	yes				yes
1i: Highlight Tool	yes	yes	yes	yes	yes	yes		yes	yes	yes	yes
1j: Headphones or Noise Buffers	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
1k: Line Reader Mask Tool	yes	yes	yes	yes	yes		yes	yes	yes	yes	yes
11: Magnification/Enlargement Device	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
1m: NotePad	yes	yes	yes	yes	yes			yes			
1n: Pop-up Glossary	yes	yes	yes	yes	yes						
1o: Redirect Student	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
1p: Spell Check or External Spell Check Device	yes	yes	yes	yes	yes						
1t: Writing Tools	yes	yes	yes	yes	yes	yes	yes				yes
1u: Graphic Organizer	yes										
1v: Audio materials	yes										yes

This reflects allowable features and accommodations in our current testing programs. Please check your Test Administrators' Manual for the most up to date information.

* Consult assessment specific guidelines for detailed information.

Document basis for decision:

INDIVIDUALIZED EDUCATION PROGRAM (IEP) III. SPECIAL CONSIDERATION MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

Name:

Agency:

IEP Team Meeting Date:

INSTRUCTIONAL AND ASSESSMENT ACCESSIBILITY FEATURES											
ACCESSIBILITY FEATURES FOR ALL STUDENTS (Must be identified in advance and documented in the student's Student Registration/Personal Needs Profile [SR/PNP]) Accessibility features MUST be used in instruction to provide adequate time and fairness for the student to be familiar with the tools/devices.	Instruction	MCAP	HSA Government	HSA MISA	MISA (Grades 5, 8)	Alt-MISA (DLM)	MSAA	ACCESS for ELLs	Kindergarten ACCESS for ELLs	Alt-ACCESS for ELLs	NAEP
1a: Answer Masking	yes	yes	yes	yes	yes	yes	yes				yes
1d: Color Contrast (Background/Font Color)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
1q: Student Reads Content Aloud to Him/Herself	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
1r: Text to Speech for the Mathematics, Science, and Government Assessments (A student's SR/ PNP for mathematics may specify text only or text and graphics inclusion orders. Text only inclusion order provides selected sections.)	yes	yes*	yes*	yes*	yes*	yes	yes				yes
1s: Human Reader or Human Signer for the Mathematics, Science, and Government Assessments (entire text or selected sections)	yes	yes*	yes*	yes*	yes*	yes	yes				yes
2a: Small group	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
2b: Time of day	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
2c: Separate or alternate location	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
2d: Specified area or setting	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
2e: Adaptive or specialized equipment or furniture	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
2f: Frequent breaks	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
2g: Reduce distractions to self	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
2h: Reduce distractions to others	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
2i: Change location within school	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
2j: Change location outside school	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
2k: Unique accessibility feature	yes	*	*	*	*	*	*	*	*	*	*

This reflects allowable features and accommodations in our current testing programs. Please check your Test Administrators' Manual for the most up to date information.

* Consult assessment specific guidelines for detailed information.

Document basis for decision:

INDIVIDUALIZED EDUCATION PROGRAM (IEP) III. SPECIAL CONSIDERATION MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

Name:

Agency:

IEP Team Meeting Date:

INSTRUCTIONAL AND ASSESSMENT ACCOMMODATIONS											
PRESENTATION ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES (Intended for students with disabilities who have the accommodation documented in an approved IEP or 504 Plan prior to the date of test ad- ministration; and who use the accommodation routinely (with rare exceptions) during instruction and locally administered assessments, both before and after the test is administered.)	Instruction	MCAP	HSA Government	HSA MISA	MISA (Grades 5, 8)	Alt-MISA (DLM)	MSAA	ACCESS for ELLs	Kindergarten ACCESS for ELLs	Alt-ACCESS for ELLs	NAEP
3a: Assistive Technology (Non-Screen Reader)	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
3b: Screen R eader Version (for a student who is blind or visually impaired).	yes	yes	yes	yes	yes						
3c: Refreshable Braille Display with Screen Reader Version for ELA/Literacy	yes	yes	yes	yes	yes						
3d: Hard Copy Braille Edition	yes	yes	yes	yes	yes	yes*		yes			yes
3e: Tactile Graphics	yes	yes	yes	yes	yes		yes				
3f: Large Print Edition	yes	yes	yes	yes	yes		yes	yes	yes*	yes*	yes
3g: Paper-based Edition	yes	yes	yes	yes	yes		yes*	yes	yes	yes	yes
3h: Closed-Captioning of Multimedia Passages	yes	yes	yes	yes	yes						yes
3i: Text to Speech for the ELA/Literacy Assessments, including items, response options, and passages. ¹	yes	yes					yes				
3j: ASL Video for the ELA/Literacy Assessments ¹	yes	yes									
3k: Human reader/Human Signer for ELA ¹	yes	yes					yes*				
3I: ASL Video for the Mathematics, Science, and Government Assessment	yes	yes	yes	yes	yes			1			
3m: Human Signer for Test Directions	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
3n: Human Reader, including manual control of item audio and repeat item audio (ACCESS only)	yes							yes			
3o: Notes and outlines	yes										
3p: Partner assisted scanning	yes	yes	yes	yes	yes	yes	yes	1			
3q: Unique presentation accommodations	yes	*	*	*	*	*	*	*	*	*	*

This reflects allowable features and accommodations in our current testing programs. Please check your Test Administrators' Manual for the most up to date information.

* Consult assessment specific guidelines for detailed information.

3i¹; 3j¹; 3k¹: Appendix D must be completed.

Document basis for decision:

INDIVIDUALIZED EDUCATION PROGRAM (IEP) III. SPECIAL CONSIDERATION MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

Name:

Agency:

IEP Team Meeting Date:

RESPONSE ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES (Intended for students with disabilities who have the accommodation documented in an approved IEP or 504 Plan prior to the date of test administration; and who use the accommodation routinely (with rare exceptions) during instruction and locally administered assessments, both before and after the test is administered.)	Instruction	MCAP	HSA Government	HSA MISA	MISA (Grades 5, 8)	Alt-MISA (DLM)	MSAA	ACCESS for ELLs	Kindergarten ACCESS for ELLs	Alt-ACCESS for ELLs	NAEP
4a: Assistive Technology	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
4b: Braille Note-Taker	yes	yes	yes	yes	yes	μ		yes	<u> </u>		yes*
4c: Braille Writer	yes	yes	yes	yes	yes	yes*	yes*	yes	───		yes*
4d: Calculation device and mathematics tools (on Calculation Sections of the Mathematics Assessments)	yes	yes		yes		Ц	yes*		──	!	yes
4e: Calculation device and mathematics tools (on NON Calculation Sections of the Mathematics Assessments)	yes	yes			yes	yes	ļ		──	!	/
4f: ELA/Literacy Selected Response Speech-to-Text	yes	yes				Ц			<u> </u>		4
4g: ELA/Literacy Selected Response Human Scribe	yes	yes					yes				<u> </u>
4h: ELA/Literacy Selected Response Human Signer	yes	yes					yes				
4i: ELA/Literacy Selected Response Assistive Technology Device	yes	yes				Ц	yes				И
4j: Mathematics, Science, Government Response Speech-to-Text	yes	yes	yes	yes	yes	yes	yes				yes
4k: Mathematics, Science, Government Response Human Scribe	yes	yes	yes	yes	yes	yes	yes				yes
41: Mathematics, Science, Government Response Human Signer	yes	yes	yes	yes	yes	yes	yes				yes
4m: Mathematics, Science, Government Response Assistive Technology Device	yes	yes	yes	yes	yes	yes	yes				yes
4n: ELA/L Constructed Response Speech-to-Text	yes	yes					yes				yes
4o: ELA/L Response Human Scribe	yes	yes					yes				yes
4p: ELA/L Response Human Signer	yes	yes					yes				yes
4q: ELA/L Constructed Response External Assistive Technology Device	yes	yes					yes				yes
4r: Monitor Test Response	yes	yes	yes	yes	yes	yes	yes	yes*	yes*	yes*	yes
4s: Word Prediction External Device	yes	yes	yes	yes	yes						
4t: Answers Recorded in Test Book	yes	yes	yes								
4u: Recording device	yes										
4v: ACCESS for ELLs Scribe	yes							yes	yes	yes	yes
4w: Unique response accommodations	yes	*	*	*	*	*	*	*	*	*	*

* Consult assessment specific guidelines for detailed information.

Document basis for decision:

Page 15

INDIVIDUALIZED EDUCATION PROGRAM (IEP) III. SPECIAL CONSIDERATION MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

Agency: Name:

IEP Team Meeting Date:

INSTRUCTIONAL AND ASSESSMENT ACCOMMODATIONS											
TIMING ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES (Intended for students with disabilities who have the accommodation documented in an approved IEP or 504 Plan prior to the date of test ad- ministration; and who use the accommodation routinely (with rare exceptions) during instruction and locally administered assessments, both before and after the test is administered.)	Instruction	MCAP	HSA Government	HSA MISA	MISA (Grades 5, 8)	Alt-MISA (DLM)	MSAA	ACCESS for ELLs	Kindergarten ACCESS for ELLs	Alt-ACCESS for ELLs	NAEP
5a: Extended Time 🔿 1.5x 🔿 2x 🔿 Other:	yes	yes	yes	yes	yes			yes*			yes
5b: Unique timing and scheduling accommodations	yes	*	*	*	*	*	*	*	*	*	*

This reflects allowable features and accommodations in our current testing programs. Please check your Test Administrators' Manual for the most up to date information.

* Consult assessment specific guidelines for detailed information.

Document basis for decision:

O Instructional and testing accommodations were considered and no instructional and testing accommodations are required at this time.

Document basis for decision: __

INDIVIDUALIZED EDUCATION PROGRAM (IEP) III. SPECIAL CONSIDERATION MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

Name:

Agency:

IEP Team Meeting Date:

SUPPLEMENTARY AIDS, SERVICES, P	ROGRAM MODIFICATIC	ONS AND SUPP	PORTS	
O Instructional Support(s)				
Nature of Service	Frequency	Begin Date	End Date	Provider(s)
 Allow use of highlighters during instruction and assignments Allow use of manipulatives Allow use of organizational aids Check for understanding Frequent and/or immediate feedback Have student repeat and/or paraphrase information Limit amount to be copied from board Monitor independent work Paraphrase questions & instruction Peer tutoring/paired work arrangement Picture schedule Provide alternative students to demons learning Provide assistance w/ organization Provide home sets o textbooks/material Provide proofreadin checklist Provide student w/ of student/teacher Repetition of directi us required Other: 	strate Daily Weekly Monthly f S Only once g Periodically Quarterly Semi-annually Other y and/or	MM•DD•YYYY	MM•DD•YYYY Duration weeks	P Orientation & Mobility Specialist P Audiologist P Speech/Language Pathologist P Psychologist P Teacher of the Deaf and Hard of Hearing P IEP Team P Teacher of the Visually Impaired P Interpreter P Occupational Therapist P Instructional Assistant P Pupil Personnel Worker P Physical Therapist P Physical Education Teacher P Home-Based Teacher P General Education Teacher P School Counselor P General Education Teacher P School Social Worker P Department of Social Services (DSS) P Occupational Therapist P Developmental Disabilities Administration (BDA) P Physical Therapy Assistant P Division of Rehabilitation Services (DORS) P Other Agency

Clarify location and manner: ____

INDIVIDUALIZED EDUCATION PROGRAM (IEP) III. SPECIAL CONSIDERATION MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

Name:

Agency:

IEP Team Meeting Date:

SUPPLEMENTARY AIDS, SERVICES, PROGR	RAM MODIFICATIO	NS AND SUPPO	ORTS	
O Program Modification(s)				
Nature of Service	Frequency	Begin Date	End Date	Provider(s) (P) = Primary, () = Other
 Altered/modified assignments Break down assignments into smaller units Chunking of text(s) Delete extraneous information on assignments and assessment, when possible Limit amount of required reading Modified content Modified grading system Open book exams Oral exams Reduce number of answer choices Reduced length of exams Altered/modified Remove "except" and "not" questions, when possible Revise format of test (i.e. fewer questions, fill-in-the-blank) Separate long paragraph questions into bullets, whenever possible Simplified sentence structure, vocabulary, and graphics on assignments and assessments Use pictures to support reading passages, whenever possible Other: 	Anticipated Frequency Daily Weekly Monthly Yearly Only once Periodically Quarterly Semi-annually Other	MM•DD•YYYY	MM•DD•YYYY Duration weeks	P Orientation & Mobility Specialist P Audiologist P Speech/Language Pathologist P Psychologist P Teacher of the Deaf and Hard of Hearing P IEP Team P Teacher of the Visually Impaired P Interpreter P Occupational Therapist P Instructional Assistant P Pupil Personnel Worker P Physical Education Teacher P Rehabilitation Services Staff P School Counselor P General Education Teacher P School Social Worker P General Education Teacher P Recreational Therapist P Career & Technology Teacher P Recreational Therapist P Department of Social Services (DSS) P Occupational P Developmental Disabilities Administration (DDA) P Physical Therapy P Division of Rehabilitation Services (DORS) P Other Agency Assistant P Other Agency P Speech/Language Assistant P Other Service Provider Behavioral Aide Behavioral Aide

Clarify location and manner: _

INDIVIDUALIZED EDUCATION PROGRAM (IEP) III. SPECIAL CONSIDERATION MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

Name:

Agency:

IEP Team Meeting Date:

SUPPLEMENTARY AIDS, SERVICES, PROC	RAM MODIFICATIO	NS AND SUPP	ORTS	
○ Social/Behavior Support(s)				
Nature of Service	Frequency	Begin Date	End Date	Provider(s) ℗ = Primary, ○ = Other
 Adult support Advance preparation for schedule changes Anger management training Check for understanding Crisis intervention Encourage student to ask for assistance when needed Encourage/reinforce appropriate behavior in academic and non academic settings Frequent eye contact/ proximity control Frequent reminder of rules Home-school communication system Implementation of behavior contract Adult support Advance preparation for schedule changes Provide frequent changes in activities or opportunities for movement Provide manipulatives and/ or sensory activities to promote listening and focusing skills Provide structured time for organization of materials Reinforce positive behavior through non-verbal/verbal communication Strategies to initiate and sustain attention Use of positive/concrete reinforcers Other: 	 Daily Weekly Monthly Yearly Only once Periodically Quarterly Semi-annually 	MM•DD•YYYY	MM•DD•YYYY Duration weeks	P Orientation & Mobility Specialist P Audiologist P Speech/Language Pathologist P Psychologist P Teacher of the Deaf and Hard of Hearing P IEP Team P Teacher of the Visually Impaired P Interpreter P Occupational Therapist P Interpreter P Oppil Personnel Worker P Physical Education Teacher P Rehabilitation Services Staff P Home-Based Teacher P General Education Teacher P School Counselor P General Education Teacher P School Social Worker P Department of Social Services (DSS) P Occupational Therapist P Developmental Disabilities Administration (DDA) P Physical Therapy Assistant P Division of Rehabilitation Services (DORS) P Other Agency P P Other Service Provider P Speech/Language Assistant P P Other Service Provider P Therapeutic P Nurse Behavioral Aide

Clarify location and manner: _____

III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

Name:

Agency:

SUPPLEMENTARY AIDS, S	SERVICES, PROGRAM MOD	DIFICATIONS AND SUP	PORTS		
O Physical/Environmental Su	pport(s)				
Nature of Service		Frequency	Begin Date	End Date	Provider(s) (P) = Primary, () = Other
 Access to elevator Adaptive equipment Adaptive feeding devices Adjustments to sensory input (i.e. light, sound) Allow extra time for movement between classes Environmental aids (i.e. classroom acoustics, heating, ventilation) 	 Preferential locker location Preferential seating Reduce paper/pencil tasks Sensory diet Picture schedule Other: 	Anticipated Frequency Daily Weekly Monthly Yearly Only once Periodically Semi-annually Other	MM•DD•YYYY	MM•DD•YYYY Duration weeks	P Orientation & Mobility Specialist P Audiologist P Speech/Language Pathologist P Psychologist P Teacher of the Deaf and Hard of Hearing P IEP Team P Teacher of the Visually Impaired P Interpreter P Occupational Therapist P Instructional Assistant P Pupil Personnel Worker P Home-Based Teacher P Rehabilitation Services Staff P Home-Based Teacher P General Education Teacher P School Counselor P General Education Teacher P Recreational Therapist P Department of Social Services (DSS) P Occupational P Developmental Disabilities Administration (DDA) P Physical Therapy P Division of Rehabilitation Services (DORS) P Other Agency P P Other Agency P Speech/Language Assistant P Other Service Provider P Therapeutic P Nurse Behavioral Aide P
Clarify location and manne	er:				

III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

Name:

Agency:

SUPPLEMENTARY AIDS, SERVICES, PROGRAM MOD	IFICATIONS AND SUP	PORTS		
○ School Personnel/Parental Support(s)				
Nature of Service	Frequency	Begin Date	End Date	Provider(s) ℗ = Primary, ◯ = Other
 AT consult Audiologist consult Classroom instruction consult Coordination of support services for crisis prevention and interventions Extracurricular/non academic providers support Occupational therapist consult Orientation and mobility consult 	Anticipated Frequency Daily Weekly Monthly Yearly Only once Periodically Quarterly Semi-annually Other	MM•DD•YYYY	MM•DD•YYYY Duration weeks	P Orientation & Mobility Specialist P Audiologist P Speech/Language Pathologist P Psychologist P Teacher of the Deaf and Hard of Hearing P IEP Team P Teacher of the Visually Impaired P Interpreter P Occupational Therapist P Interpreter P Oppil Personnel Worker P Physical Education Teacher P Rehabilitation Services Staff P School Counselor P General Education Teacher P School Social Worker P Career & Technology Teacher P Recreational Therapist P Department of Social Services (DSS) P Occupational P Developmental Disabilities Administration (DDA) P Physical Therapy Assistant P Division of Rehabilitation Services (DORS) P Special Education Classroom Teacher P Speech/Language Assistant P Special Education Classroom Teacher P Speech/Language Assistant P Other Service Provider P Speech/Language Assistant P <td< td=""></td<>
Clarify location and manner:				
Documentation to Support Decision:				
Supplementary Aids, Services, Program Modifications	and Supports were cor	nsidered and none	e are required at th	his time. \bigcirc YES \bigcirc NO
Discussion to support decision(s):				

INDIVIDUALIZED EDUCATION PROGRAM (IEP) III. SPECIAL CONSIDERATION MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

IEP Team Meeting Date: / / Name: Agency: EXTENDED SCHOOL YEAR (ESY) The IEP Team should determine if any of the factors below will significantly jeopardize the student's ability to receive some benefit from the student's educational program during the regular school year, if the student does not receive ESY services, ESY services are the individualized extension of specific special education and related services that are provided beyond the normal school year of the public agency, in accordance with the IEP, at no cost to the parents. ○ ESY Decision Deferred When considering ESY, answer YES or NO and document the decision: 1. Does the student's IEP include annual goals related to critical life skills? \bigcirc YES \bigcirc NO Discussion to support decision: 1a. Is there a likely chance of substantial regression of critical life skills caused by the normal school break and a failure to recover those lost skills in a reasonable time? \bigcirc YES \bigcirc NO Discussion to support decision: 1b. Is the student demonstrating a degree of progress toward mastery of IEP goals related to critical life skills? \bigcirc YES \bigcirc NO Discussion to support decision: 2. Is there a presence of emerging skills or breakthrough opportunities? \bigcirc YES \bigcirc NO Discussion to support decision: 3. Are there significant interfering behaviors? \bigcirc YES \bigcirc NO Discussion to support decision: 4. Does the nature and severity of the disability warrant ESY? \bigcirc YES \bigcirc NO Discussion to support decision: 5. Are there other special circumstances that require ESY? \bigcirc YES \bigcirc NO Discussion to support decision: After considering all of the above questions, will the benefits that the student receives from his/her educational program during the regular school year be significantly jeopardized if the student is not provided ESY? \bigcirc YES, student is eligible for ESY service. \bigcirc NO, student is not eligible for ESY service. Document basis for decision(s):

INDIVIDUALIZED EDUCATION PROGRAM (IEP) III. SPECIAL CONSIDERATION MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

lame:	Agency:	IEP Team Meeting Date: / /
TRANSITION: To be completed annually beginning at age	14, or younger if determined appropriate.	
STUDENT PREFERENCES AND INTERESTS: The postsecondary goal(s) are to be based on the student's intere	sts, preferences and age appropriate transition assessment(s).	
Date of Annual Student Interview:••(MM•DI)•YYYY)	
Discussion of student's interests, preferences and age appropriate	e transition assessment(s):	
POSTSECONDARY GOALS (Outcomes): Postsecondary goal(s) are to be recorded here. At least one goal r Employment (required):		
Training:		
Education:		
Independent Living (if appropriate):		
Discussion to support decision: PROJECTED CATEGORY OF EXIT: The student will exit with: O Maryland High School Diploma with 2 credits of Foreign Language with 2 credits of Advanced Technol with 4 credits of Career and Technol O Certificate of Program Completion	 Business Management & Finance Health, Bioscience, & Medicine Environmental, Agricultural & Natural Resource Systems Human, Consumer Services, Hospitality & Tourism Hent Activities: Employment Activities of Daily Living 	Construction & Development Information Technology Transportation, Distribution & Logistics
PROJECTED DATE OF EXIT: The student is participating in a year program and is projected. At exit the student will receive a Maryland Summary of Performance of goals. Have the student and parents been informed that rights under IDEA d Education Article \$8-412.1, Annotated Code of Maryland? Yes	(MSOP) that includes academic achievement, functional performance on transfer to students with disabilities on reaching age of major	e, accommodations, and progress on postsecondary

INDIVIDUALIZED EDUCATION PROGRAM (IEP) III. SPECIAL CONSIDERATION MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

Name:

Agency:

TRANSITION ACTIVITIE	S
TRANSITION SERVICES/ACTIV	
Transition services are a coord school to postsecondary activ	dinated set of activities for a student with a disability that is designed within a results oriented process that will facilitate the student's progression from ities.
ACADEMIC:	
Responsible Party:	
Progress Report 1 Date	Progress: Completed Partially Completed Not Yet Initiated Not Completed (Reason: Family Choice Student Choice Student's Schedule Other:
Progress Report 2 Date	Progress: Completed Partially Completed Not Yet Initiated O Not Completed (Reason: Family Choice Student Choice Student's Schedule Other:
Progress Report 3 Date	Progress: Completed Partially Completed Not Yet Initiated O Not Completed (Reason: Family Choice Student Choice Student's Schedule Other:
Progress Report 4 Date	Progress: Completed Partially Completed Not Yet Initiated Not Completed (Reason: Family Choice Student Choice Student's Schedule Other:) Description of Progress:
EMPLOYMENT TRAINING:	
Responsible Party:	
Progress Report 1 Date	Progress: Completed Partially Completed Not Yet Initiated Not Completed (Reason: Family Choice Student Choice Student's Schedule Other:
Progress Report 2 Date	Progress: Completed Partially Completed Not Yet Initiated O Not Completed (Reason: Family Choice Student Choice Student's Schedule Other:) Training Involved: Career Exploration Unpaid Work Experience Paid Work Experience
Progress Report 3 Date	Progress: Completed Partially Completed Not Yet Initiated O Not Completed (Reason: Family Choice Student Choice Student's Schedule Other:) Training Involved: Career Exploration Unpaid Work Experience Paid Work Experience Description of Progress:
Progress Report 4 Date	Progress: Completed Partially Completed Not Yet Initiated O Not Completed (Reason: Family Choice Student Choice Student's Schedule Other:) Training Involved: Career Exploration Unpaid Work Experience Paid Work Experience) Description of Progress:

Name:

Agency:

IEP Team Meeting Date:

TRANSITION ACTIVITI	S
TRANSITION SERVICES/ACTI	/ITIES:
Transition services are a coo school to postsecondary acti	dinated set of activities for a student with a disability that is designed within a results oriented process that will facilitate the student's progression from vities.
ACTIVITIES OF DAILY LIVIN	G:
Responsible Party	:
Progress Report Date	Progress: Completed Partially Completed Not Yet Initiated Not Completed (Reason: Family Choice Student Choice Student's Schedule Other:) Description of Progress:
Progress Report Date	2 Progress: O Completed O Partially Completed O Not Yet Initiated

Progress: O Completed O Partially Completed O Not Yet Initiated

Progress: O Completed O Partially Completed O Not Yet Initiated

Description of Progress:

INDEPENDENT LIVING: _____

Responsible Party:

Progress Report 3

Progress Report 4

Date_

Date____

Progress Report 1 Date	Progress: Orapleted Orapleted
Progress Report 2 Date	Progress: Ompleted Operatially Completed Operatially Completed Operation Not Completed (Reason: Operative Completed Operative Completed Description of Progress:
Progress Report 3 Date	Progress: Orapleted Orapleted
Progress Report 4 Date	Progress: Orapleted Orapleted

Description of Progress: _____

○ Not Completed (Reason: ○ Family Choice ○ Student Choice ○ Student's Schedule ○ Other: _____

○ Not Completed (Reason: ○ Family Choice ○ Student Choice ○ Student's Schedule ○ Other: _____

INDIVIDUALIZED EDUCATION PROGRAM (IEP) III. SPECIAL CONSIDERATION MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

Name:

Agency:

IEP Team Meeting Date:

TRANSITION	ACTIVITIES
	ACHITILD

TRANSITION SERVICES/ACTIVITIES:

Transition services are a coordinated set of activities for a student with a disability that is designed within a results oriented process that will facilitate the student's progression from school to postsecondary activities.

TRANSPORTATION:

Responsible Party: _____

Progress Report 1 Date	Progress: Ompleted Partially Completed Not Yet Initiated O Not Completed (Reason: Family Choice Student Choice Student's Schedule Other:) Description of Progress:
Progress Report 2 Date	Progress: Orapleted Orapleted
Progress Report 3 Date	Progress: Orapleted Orapleted
Progress Report 4 Date	Progress: Ompleted Partially Completed Not Yet Initiated O Not Completed (Reason: Family Choice Student Choice Student's Schedule Other:) Description of Progress:

III. SPECIAL CONSIDERATIONS AND ACCOMMODATIONS

Agency:

IEP Team Meeting Date:

TRANSITION AGENCY LINKAGE AGENCY LINKAGE: Annual date student and parent were provided a copy of the Maryland Transition Planning Guide for Individuals with Disabilities (MM•DD•YYYY) Signed Consent for Signed Consent to invite Anticipated Services for Student referred by the Agency Representative(s) invited to Adult Service Agency Communication and/or Agency Representative(s) to Transition: the IEP Team meeting: LSS to: Referral: IEP Team meeting: ○ Yes O Yes: Date Yes: Date Yes: Date ______ O Yes: Date **Division of Rehabilitation** O No O No: (select reason from op-O No: (select reason from O No ○ No: (select reason from Services (DORS) options below) options below) tions below) \bigcirc N/A: (select reason from options below) 🔿 Yes: Date ___ ○ Yes O Yes: Date Yes: Date Agency does Not have a referral process **Developmental Disabilities** O No O No: (select reason from op-O No ○ No: (select reason from Administration (DDA) options below) tions below) • N/A: (select reason from options below) ○ Yes O Yes: Date O Yes: Date O Yes: Date **Behavioral Health Administration** Agency does Not have a () No O No: (select reason from op-O No ○ No: (select reason from (BHA) options below) tions below) ○ N/A: (select reason from options below) Department of Labor, Licensing ○ Yes ○ Yes: Date _____ Yes: Date _____ O Yes: Date ____ and Regulation (DLLR) Office of O No ○ No: (select reason from ○ No: (select reason from op-O No Workforce Development and Adult options below) tions below) ○ N/A: (select reason from options below) Learning Yes: Student meets the Yes: Consent to Yes: Student was referred to Yes: Signed Consent to invite Yes: Representative invited to the IEP initial eligibility criteria refer/communicate with agency DORS on _____ (date) Agency Representative to Team meeting and listed on the meeting notice dated _____ (date) for the agency published signed on _____ (date). IEP Team meeting signed on in the Maryland Transition (date) Planning Guide for No: (reasons) Individuals with No: (reasons) 1. Services are not No: LSS did not invite the Agency Repre-Disabilities 1. Services are not anticipated for this student No: (reasons) sentative anticipated for this student 2. Student is not the correct 1. Services are not anticipated 2. Student is not the correct age/grade to refer to DORS for this student No: Student does not age/grade to refer to DORS 3. Student is not interested in 2. Student is not the correct N/A: (reasons) meet the initial eligibility (DORS only) DORS services at this time age/grade to invite Agency 1. Services are not anticipated for this criteria for the agency 3. Student is not interested in 4. Parent(s)/Student did not Representative (DORS, BHA, student published in the Maryland agency services at this time return the Consent for DLLR only) 2. Student is not the correct age/grade to Reasons for Decisions Transition Planning Guide 4. Parent(s)/Student did not Communication/Referral 3. Parent(s)/Student did not invite Agency Representative (DORS, BHA, for Individuals with return the Consent form return the Consent for form, so referral was not DLLR only) Disabilities (select reason 4. Parent(s)/Student did not 3. Parent(s)/Student did not return the Communication/Referral form, made Services are not so referral was not made 5. Parent(s)/Student did not give consent for the Agency Consent form Representative to be invited to anticipated for this 5. Parent(s)/Student did not give consent on the Consent 4. Parent(s)/Student did not want the DORS Representative invited to the meeting student for all remaining give consent on the Consent for for Communication/Referral the meeting columns for the agency) 5. Other: _ Communication/Referral form form (DORS only) 6. Parent(s)/Student have 6. Parent(s)/Student have (document reason) 5. Parent(s)/Student did not give consent chosen to self-refer to DORS chosen to self-refer for the Agency Representative to be invited 7. Other: (DORS only) to the meeting 7. Other: (document reason) 6. Other: (document (document reason) reason)

Addtional discussion:

Name:

Name:	Agency:		IEP Team Meeting Date: / /
GOAL			
Goal:			
	thod: INFORMAL PROCEDURES CLASSROOM-BASED ASSESSMENT OBSERVATION I		RDIZED ASSESSMENT PORTFOLIO ASSESSMENT OTHER
ESY goal? \bigcirc Y	□ % Accuracy □ % decrease □ out of trials □ % increase ES ○ NO	□ other	
	1:	Objective 3:	
Objective	·		
Objective	2:	Objective 4:	
Progress]	. –	
Toward Goal			
Progress	Progress Code: Achieved Making sufficient progress to	meet goal	○ Newly introduced skill; progress not measurable at this time
Report 1 Date	\bigcirc Not making sufficient progress to meet the goal		O Not yet introduced
Date	(IEP team needs to meet to address insufficient progress) Description of Progress:		
Progress	Progress Code: O Achieved O Making sufficient progress to		○ Newly introduced skill; progress not measurable at this time
Report 2 Date	○ Not making sufficient progress to meet the goal (IEP team needs to meet to address insufficient progress)		○ Not yet introduced
	(IEP team needs to meet to address insufficient progress)		
	Description of Progress:		
Progress Report 3	Progress Code:	meet goal	\bigcirc Newly introduced skill; progress not measurable at this time \bigcirc Not yet introduced
Date	(IEP team needs to meet to address insufficient progress)		
	Description of Progress:		
Progress Report 4	Progress Code:	meet goal	\bigcirc Newly introduced skill; progress not measurable at this time \bigcirc Not yet introduced
Date	(IEP team needs to meet to address insufficient progress)		
	Description of Progress:		
-	rent be notified of the student's progress toward the IEP goals?		
How often? □	NEEKLY 🗆 BI-WEEKLY 🗆 MONTHLY 🗆 INTERIM 🗆 QUARTERLY 🗆 END OF MARKING PERIOD	○ □ OTHER	Page 28

Name:

Agency:

IEP Team Meeting Date:

SERVICES

○ SPECIAL EDUCATION SERVICES

Service Nature	Location		Service Descript	ion	Begin Date	End Date	Provider(s) (P) = Primary, () = Other		Summar of Service
Classroom Instruction (Identifying the number of sessions for Classroom Instruction is optional) Physical Education Speech/Language Therapy Travel Training	 In General Education Outside General Education 	Number of Sessions 1 2 3 4 5 6 0 Other	Length of Time Hours Minutes	Frequency Daily Weekly Monthly Yearly Only once Quarterly Semi- annually	MM•DD YYYY	MM•DD YYYY Duration weeks	P Speech/Language Pathologist P Teacher of the Deaf and Hard of Hearing P Teacher of the Visually Impaired P Occupational Therapist P Pupil Personnel Worker P Physical Education Teacher P Rehabilitation Services Staff P General Education Teacher P General Education Teacher P General Education Services (DSS) P Department of Social Services (DSS) P Department of Social Services (DSS) P Developmental Disabilities Administration (DDA) P Division of Rehabilitation Services (DORS) P Other Agency	 Audiologist Psychologist Psychologist Psychologist IEP Team Interpreter Instructional Assistant Physical Therapist Home-Based Teacher School Counselor School Social Worker Recreational Therapist Occupational Therapy Assistant Physical Therapy Assistant Speech/Language Assistant Therapeutic Behavioral Aide 	Total service time: week mont yearly Hrs. Min.
ESY Service Nature	ESY Location		ESY Service Descri	ption	ESY Begin Date	ESY End Date	ESY Provider(s) () = Primary, () = Other		Summar of Service
 Classroom Instruction (Identifying the number of sessions for Classroom Instruction is optional) Physical Education Speech/Language Therapy Travel Training 	 In General Education Outside General Education 	Number of Sessions 1 2 3 4 5 6 0 0 ther	Length of Time Hours Minutes	Frequency Daily Weekly Monthly Yearly Only once Quarterly Semi- annually	MM•DD YYYY	MM•DD YYYY Duration weeks	P Speech/Language Pathologist (1) P Teacher of the Deaf and Hard of Hearing (1) P Teacher of the Visually Impaired (1) P Occupational Therapist (1) P Pupil Personnel Worker (2) P Physical Education Teacher (2) P Rehabilitation Services Staff (2) P General Education Teacher (2) P General Education Teacher (2) P General Education Teacher (2) P Career & Technology Teacher (2) P Department of Social Services (DSS) (2) P Developmental Disabilities Administration (DDA) (3) P Developmental Disabilities Administration (DDA) (4) P Division of Rehabilitation Services (DORS) (4) P Other Agency	 Audiologist Psychologist Psychologist IEP Team Interpreter Instructional Assistant Physical Therapist Home-Based Teacher School Counselor School Social Worker School Social Worker Occupational Therapy Assistant Physical Therapy Assistant Speech/Language Assistant Therapeutic 	Total service time: week mont yearly Hrs. Min.

Name:

Agency:

IEP Team Meeting Date:

SERVICES

○ RELATED SERVICES

Psychological Services Cducation ^{df} = Gucation	Service Nature	Location		Service Descript	ion	Begin Date	End Date	Provider(s) ℗ = Primary, ◯ = Other	Summary Service
SY Service Nature ESY Location ESY Service Description ESY Begin Date ESY Provider(s) Summary Service Audiological Services	Medical Services	Education Outside General	of Sessions 0 1 0 2 0 3 0 4 0 5 0 6	Hours	 Daily Weekly Monthly Yearly Only once Quarterly Semi- 		YYYY Duration	P Speech/Language Pathologist P Psychologist P Teacher of the Deaf and Hard of Hearing P IEP Team P Teacher of the Visually Impaired P Interpreter P Occupational Therapist P Interpreter P Pupil Personnel Worker P Physical Education Teacher P Physical Education Teacher P Home-Based Teacher P General Education Teacher P School Counselor P General Education Teacher P School Social Worker P Career & Technology Teacher P Recreational Therapist P Department of Social Services (DSS) P Occupational P Developmental Disabilities Administration (DDA) P Physical Therapy P Other Agency P Special Education Classroom Teacher P P Other Service Provider P Speech/Language	service time: weekl month yearly Hrs. Min.
Audiological Services In General Education Number of Sessions Length of Time of Sessions Frequency () Daily MM-DD () YYYY MM-DD () YYYY MM-DD () YYYY Orientation & Mobility Specialist P) Specch/Language Pathologist P) Specch/Language Pathologist	 Transportation ESY Service Nature 	ESY Location		ESY Service Descri	otion			ESY Provider(s)	
	O Medical Services	Education Outside General	of Sessions 1 2 3 4 5 6	Hours	 Daily Weekly Monthly Yearly Only once Quarterly Semi- annually Duration 	MM•DD	MM•DD YYYY Duration	P Orientation & Mobility Specialist P Audiologist P Speech/Language Pathologist P Psychologist P Teacher of the Deaf and Hard of Hearing P IEP Team P Teacher of the Visually Impaired P Interpreter P Occupational Therapist P Instructional Assistar P Oppil Personnel Worker P Physical Therapist P Pupil Personnel Worker P Physical Therapist P Physical Education Teacher P Home-Based Teacher P Rehabilitation Services Staff P School Counselor P General Education Teacher P School Social Worker P Oppartment of Social Services (DSS) P Recreational Therapi P Department of Social Services (DSS) P Occupational P Developmental Disabilities Administration (BHA) Therapy Assistant P Other Agency P Speech/Language P Special Education Classroom Teacher P Speech/Language P Other Service Provider P <	t Total service time:) weekly) month) yearly Hrs. Min.

Name:

Agency:

IEP Team Meeting Date:

SERVICES

ervice Nature	Location		Service Descripti	on	Begin Date	End Date	Provider(s) \textcircled{P} = Primary, \bigcirc = Othe	er	Summa of Servic
Career and Technology Education Program w/ Support Services Vocational Evaluation Special Education Program with Pre-Vocation Objectives	 In General Education Outside General Education 	Number of Sessions 1 2 3 4 5 6 0 Other	Length of Time Hours Minutes	Frequency Daily Weekly Monthly Yearly Only once Quarterly Semi- annually	MM•DD YYYY	MM•DD YYYY Duration weeks	 P ○ Orientation & Mobility Specialist P ○ Speech/Language Pathologist P ○ Teacher of the Deaf and Hard of Hearing P ○ Teacher of the Visually Impaired P ○ Occupational Therapist P ○ Pupil Personnel Worker P ○ Physical Education Teacher P ○ Rehabilitation Services Staff P ○ General Education Teacher P ○ Career & Technology Teacher P ○ Department of Social Services (DSS) P ○ Behavioral Health Administration (BHA) P ○ Developmental Disabilities Administration (DD/P) P Other Agency P ○ Special Education Classroom Teacher P ○ Other Service Provider 	 P) ○ Audiologist P ○ Psychologist P) ○ IEP Team P) ○ Interpreter P) ○ Instructional Assistant P) ○ Physical Therapist P) ○ Home-Based Teacher P) ○ School Counselor P) ○ School Social Worker P) ○ Recreational Therapist P) ○ Occupational Therapy Assistant P) ○ Physical Therapy Assistant P) ○ Speech/Language Assistant P) ○ Therapeutic Behavioral Aide 	Total service time: weekl montl yearly Hrs. Min.
SY Service Nature	ESY Location		ESY Service Descrip	otion	ESY Begin Date	ESY End Date	ESY Provider(s) ⊕ = Primary, ⊖ = Othe	er	Summa of Servic
Career and Technology Education Program w/ Support Services Vocational Evaluation Special Education Program with Pre-Vocation Objectives	 ○ In General Education ○ Outside General Education 	Number of Sessions 1 2 3 4 5 6 0 Other	Length of Time Hours Minutes	Frequency Daily Weekly Monthly Yearly Only once Quarterly Semi- annually	MM•DD YYYY	MM•DD YYYY Duration weeks	 (P) ○ Orientation & Mobility Specialist (P) ○ Speech/Language Pathologist (P) ○ Teacher of the Deaf and Hard of Hearing (P) ○ Teacher of the Visually Impaired (P) ○ Occupational Therapist (P) ○ Occupational Therapist (P) ○ Pupil Personnel Worker (P) ○ Physical Education Teacher (P) ○ Rehabilitation Services Staff (P) ○ General Education Teacher (P) ○ Career & Technology Teacher (P) ○ Department of Social Services (DSS) (P) ○ Behavioral Health Administration (BHA) (P) ○ Division of Rehabilitation Services (DORS) (P) ○ Other Agency (P) ○ Other Service Provider 	 P Audiologist P Sychologist P Sychologist P IEP Team P Interpreter P Instructional Assistant P Physical Therapist Home-Based Teacher School Counselor School Social Worker Recreational Therapist Occupational Therapy Assistant P Physical Therapy Assistant Speech /Language Assistant Therapeutic Behavioral Aide 	Total service time: weekl month yearly Hrs. Min.

INDIVIDUALIZED EDUCATION PROGRAM (IEP) MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

Name:	Agency:	IEP Team Meeting Date: / /
	VIRONMENT (LRE) DECISION MAKING & PLACEMENT SUMMARY t removed from general education in an age-appropriate instructional setting solely because of	needed modifications to the general curriculum.
aids and services:	the IEP team consider? arly childhood program/general education environment, explain reasons why services ca :	annot be provided in that setting with the use of supplementary
 ○ Special education placemen □ ATTENDING A REGULAR EARLY CHI □ SERVICE PROVIDER LOCATION □ HOME ○ Special education placemen 	It (ages 3-5): LDHOOD PROGRAM FOR AT LEAST 10 HOURS PER WEEK AND RECEIVING THE MAJORITY OF SPECIAL EDUCATION AND LDHOOD PROGRAM FOR AT LEAST 10 HOURS PER WEEK AND RECEIVING THE MAJORITY OF SPECIAL EDUCATION AND LDHOOD PROGRAM LESS THAN 10 HOURS PER WEEK AND RECEIVING THE MAJORITY OF SPECIAL EDUCATION AND RI LDHOOD PROGRAM LESS THAN 10 HOURS PER WEEK AND RECEIVING THE MAJORITY OF SPECIAL EDUCATION AND RI LDHOOD PROGRAM LESS THAN 10 HOURS PER WEEK AND RECEIVING THE MAJORITY OF SPECIAL EDUCATION AND RI LDHOOD PROGRAM LESS THAN 10 HOURS PER WEEK AND RECEIVING THE MAJORITY OF SPECIAL EDUCATION AND RI LDHOOD PROGRAM LESS THAN 10 HOURS PER WEEK AND RECEIVING THE MAJORITY OF SPECIAL EDUCATION AND RI DEPRATE CLASS PROVING THE MAJORITY OF SPECIAL EDUCATION AND RI DUBLIC SEPARATE DAY SCHOOL PROBLEMENTIAL FACILITY	D RELATED SERVICES IN SOME OTHER LOCATION ELATED SERVICES IN THAT SETTING ELATED SERVICES IN SOME OTHER LOCATION RIVATE RESIDENTIAL FACILITY
Average %/day	□ INSIDE GENERAL EDUCATION (40% - 79%) □ PRIVATE SEPARATE DAY SCHOOL □ H	PRIVATE RESIDENTIAL FACILITY
Document basis for decision(s): Are the services <i>in</i> the student's h If no, is placement as <i>close as pos</i> Consideration of Transportation N If yes, consider:	v potential harmful effects on the student or quality of services he or she needs? OYES ONO nome school (the school the student would attend if not disabled)? OYES ONO If no, document ssible to the student's home? OYES ONO If no, document basis for decision(s): Needs: Is the Related Service Transportation needed based on the unique needs of the student or the	to allow student access to special education services? () YES () NO
Are personnel needed to accommo Are other supports needed to assis	o assist the student during transportation? O YES O NO If yes, explain:	
Provide an explanation to the exte	ent, if any, the student will not participate with non-disabled peers in academic, non-academic, an	nd extracurricular activities?
SSIS Residence County SSIS Residence School SSIS Service County SSIS Service School		
CHILD COUNT ELIGIBIL	LITY CODES	
\Box (2) Eligible parentally placed	isability served in a public school or placed in a nonpublic school by the public agency t d private school student with a disability receiving special education and/or related ser	vice through a service plan from the public agency.

 \square (3) Eligible parentally placed private school student with a disability NOT receiving service from the public agency.

□ (4) Eligible public school student with a disability not receiving services due to parent refusal of initial services.

□ (6) Eligible student with a disability prior to age 3. Parent Consent-Continue Early Intervention Services through an IFSP.

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

Agency:

IEP Team Meeting Date: /

AUTHORIZATION(S)

CONSENT FOR INITIATION OF SERVICES (initial IEP only)

I have received a copy of the Evaluation Report informing me in writing of the reasons for this action.

The special education and related services will be provided as described in the IEP. I understand that the IEP will be reviewed periodically but not less than annually.

I understand that records will not be released without my signed and written consent except under the provisions of the Family Education Rights and Privacy Act (FERPA). This law allows the release of educational records to a public school or educational agency.

I understand that my consent is voluntary and that I may revoke consent at any time. Should I revoke consent it is not retroactive. If I revoke consent, in writing, for my child to receive special education services after my child is initially provided special education and related services, the public agency is not required to amend my child's education records to remove any references to my child's receipt of special education and related services because of my revocation of consent.

I understand that the public agency will submit information that will be used for the special services information system. This system will be used by the MSDE and other State Agencies, as appropriate, to enable funding of programs and to assure my child's rights to any needed assessment.

I have been informed of the determination(s) of the IEP team in my native language or other mode of communication.

I have been informed of my rights, as explained in the Procedural Safeguards - Parental Rights document, I have received.

I consent to the initiation of special education and related services for my child, as specified in my child's IEP.

Parent Signature:

Date:

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

MARYLAND STATE DEPARTMENT OF EDUCATION (MSDE) DIVISION OF EARLY INTERVENTION AND SPECIAL EDUCATION SERVICES (Form approved by MSDE for use July 1, 2019)

MEDICAL ASSISTANCE (MA)

Name:

Parental consent must be obtained before the provider agency discloses, for billing purposes, their child's personally identifiable information to the Maryland Department of Health and Mental Hygiene (DHMH), the State agency responsible for the administration of the Medical Assistance Program, consistent with the Family Educational Rights and Privacy Act (FERPA) and the Individuals with Disabilities Education Act (IDEA). By providing consent, you understand and agree in writing that the public agency may access your child's Medicaid to pay for services provided to your child.

In order to provide a free appropriate public education (FAPE) to your child, the provider agency may not:

- Require you to sign up for or enroll in State's Medical Assistance in order for your child to receive FAPE under IDEA,
- Require you to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for services,
- Use your child's benefits under Medical Assistance if that use would:
 - o Decrease available lifetime coverage or any other insured benefit;
 - o Result in your family paying for services that would otherwise be covered by Medical Assistance and that are required for your child outside of the time your child is in school;
 - o Increase premiums or lead to the discontinuation of benefits or insurance; or
 - o Risk loss of eligibility for home and community-based waivers, based on aggregate health-related expenditures.

You have the right to withdraw your consent to disclosure of personally identifiable information to State's Medical Assistance Program at any time.

If you withdraw consent for the provider agency to disclose your child's personally identifiable information it does not relieve the provider agency of its responsibility to ensure that all required services are provided to your child at no cost to you.

Is the student eligible for MA? O Yes O No MA Number _____

I agree to Service Coordination for Children with Disabilities and that the Service Coordinator(s) identified on this IEP may be appointed as MA Service Coordinator(s). (COMAR 10.09.52) I understand that I am free to choose an MA Service Coordinator for my child. At this time, I accept the following Service Coordinator(s).

MA Service Coordinator Name: _____

MA Service Coordinator Name: ____

I understand that if I wish to change the MA Service Coordinator in the future, I can call the school to make a change.

I understand that the purpose of this service is to assist in gaining access to needed medical, social, educational, and other services.

I give my consent for the provider agency to disclose my child's personally identifiable information to the State's Medical Assistance Program in order to access Medical Assistance Benefits.

I give permission to the provider agency to recover costs from Medicaid for service coordination, as well as health-related services, related to the implementation of my child's IEP goals.

I understand that if I refuse to allow the provider agency access to MA funds, it does not relieve the provider agency of its responsibility to ensure that all required services are provided to my child at no cost to parent.

I understand that this service does not restrict or otherwise affect my child's eligibility for other MA benefits. I also understand that my child may not receive a similar type of case management service under MA if he/she qualifies for more than one type.

Parent Signature:

Date:

VII. AUTHORIZATION(S)

IEP Team Meeting Date: /

Agency: