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## The IEP Process



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# Introduction

For occupational therapists who treat children and adolescents within schools, the individualized education plan (IEP) is considered a vital document that governs how and where special education itinerant and related services are delivered. The IEP is intended to improve a child's access to educational services in light of physical, cognitive, or emotional needs that impact their ability to integrate in traditional school settings.

The IEP not only provides therapeutic and educational justification for a child's services, but it serves as a legally-binding document between parents and school administrators. Occupational therapists might think therapy is a small part of the IEP itself but therapists have important insights that can aid in the development of a more accurate and comprehensive assessment of a child's needs and strengths. This is why therapists (and any other professionals) who are part of the IEP process must be well-informed of the strict requirements that must be met according to federal and state law.

## Section 1: History 1,2,3,4,5,6,7,8,9,10,31,32,33

Individualized education plans (IEPs) provide children who have physical, cognitive, or emotional impairments with greater access to educational programming, including special education and related services such as therapies.

Since this is meant to be inclusive of children with a range of specialized needs and circumstances, the IEP is intended to be a comprehensive document. That is why professionals often view it as complex, since there are many pieces of legislation that support each IEP and the associated development process.

IDEA (Individuals with Disabilities Education Act) is considered one of the most integral of these policies. IDEA was initially enacted in 1975 under its original name, the Education for All Handicapped Children Act, and ensures that all students with disabilities have access to appropriate, customized educational services at no cost. Regardless of the program, all education provided under IDEA should prepare a child for potential employment, continuing education, and community integration. Each of these outcomes contributes to the larger goal of giving a child with disabilities opportunities equivalent to those their peers receive.

Within IDEA, there are four sections. Part A includes general provisions that apply to the entire act. Part B outlines specifics about school-based special education services for

children between 3 and 21 years of age. In order for districts to get federal funding for this special education, schools must:

- Connect every child with free and appropriate public education (FAPE), regardless of their disability status
- Provide evaluations for any student who has a disability that impacts learning or behavior; the evaluation must span all areas related to academic performance
- Create an IEP if any deficiencies are identified
- Offer special education services in the least restrictive environment (LRE) and, if possible, alongside peers who do not have disabilities
  - The least restrictive environment is dependent on the child's disability and the services or accommodations they will be receiving
  - Some children benefit most from supports like a tutor and assistive technology within a general education classroom
  - A partial mainstream approach involves keeping a child in a general education classroom and pulling them into a small-group format special education class for part of the day
  - Special education classes may be the LRE for some children with similar learning needs
  - For children who cannot get the services they need, specialized programs outside of the district may be considered the LRE
- Include parents, caregivers, and children in the IEP creation process
- Allow due process for parents, which involves their right to challenge special education services if they are not being provided or are not meeting their child's needs
  - If parents do not agree with the IEP that the school created, they can request that an independent education evaluation (IEE) is performed by a credentialed professional who is not employed by the school; this is considered an appeal of the initial IEP, which will overturn the school's decision or allow a child to receive different services/accommodations

- Once a parent makes a request for an IEE, there are two options: (1) the district can agree to pay for it and find a third-party provider to complete the evaluation on behalf of the school or (2) the district will stand by their decision and request a due process hearing to prove their evaluation was thorough and appropriate

Part C of IDEA includes early intervention (EI) services, which focus on providing a range of services to children ages 0 to 3 who have developmental delays. EI can be a difficult service to get set up, since it is the responsibility of public schools to locate and identify any infants or toddlers who might need services. For this reason, many states have Child Find Programs that assist with the search and get families connected with the services they need. When a child is receiving services under Part C, they will receive an Individualized Family Service Plan (IFSP), which is the early intervention equivalent of an IEP. Under an IFSP, families are entitled to receive multidisciplinary services that focus on identifying and addressing motor, language, cognitive, and social-emotional delays that might be present in children under the age of 3. Similar to the IEP, families have a right to receive services in a timely manner, participate in the creation of the IFSP, and dispute any areas of concern. Once a child turns 3, they will be reassessed to help guide the transition from EI to school-based services. In New York, the Committee for Preschool Special Education (CPSE) then assumes responsibility for providing these services, while the districts in other states implement the services. If a child still qualifies for services once they enter kindergarten, they will be referred to the Committee for Special Education (CSE).

Part D of IDEA details nationwide efforts being made to improve educational access for children with disabilities. This includes:

- Federal and state grants to help develop support programs
- Funding to ensure all districts have enough qualified staff
- Comprehensive programs focused on professional development
- Curriculum for instruction and training of parents of children with disabilities
- Partnerships between state and local educational agencies
- Technological resources and all associated support

Universal Design for Learning (UDL) is another aspect of Part D that helps professionals develop curricula and present educational content in a way that gives all children the

opportunity to comprehend it. This means education professionals should present information in a variety of forms (photos with or without captions, audio, videos, text, etc.) and allow students to complete assignments using a range of mediums to accommodate various learning styles. They should also make modifications as needed to increase student engagement. This might involve adjusting difficulty levels, grouping certain subjects together, and utilizing novel learning tools for ease of learning. Since UDL is accommodating of all students, not just those with disabilities, it is now included in common core state standards as of 2008.

Since the hallmark of IEPs is that they provide modified instruction such as special education, a child whose academic performance has not been impacted by their disability will benefit more from a 504 plan. 504 plans offer accommodations just as IEPs do and can be in effect for a longer period of time. IEPs are offered from kindergarten through high school, while 504 plans can be in place from kindergarten through college. Someone who has a 504 plan might receive accommodations such as preferential seating, regular nursing visits, extra time on coursework, behavior management, scheduling adjustments, and excused absences. In some states, a student with a 504 plan might be able to receive related services such as occupational, speech, and physical therapy if they are determined eligible.

504 plans are a component of the Americans with Disabilities Act, more often referred to as ADA. Most people think of ADA as a nationwide agency that improves the accessibility of a range of community structures, including government buildings, schools, stores, and more. However, its overarching goal extends far beyond that to prevent discrimination and any other intangible barriers individuals with disabilities might experience. This encompasses helping those with disabilities gain access to employment, programming, transportation, and other services. In the realm of academic institutions, ADA states that schools cannot discriminate against children with disabilities nor can they refuse reasonable accommodations outlined in documents such as a 504 plan or IEP. This applies to the vast majority of private and public schools with an exemption for some religious schools.

In order for students to be protected under this act, they must meet one of the following criteria:

- Have a mental or physical deficit that has a significant impact on one or more activities the student must engage in

- Have a diagnosis or other proof of a mental or physical impairment that majorly impacts one or more of their life activities
- Be regarded by school professionals as having such a mental or physical impairment

The Elementary and Secondary Education Act (ESEA) is another piece of legislation that has a heavy hand in supporting educational institutions. ESEA was initially passed in 1965 and gives federal funding to state programs aimed at improving academic achievement for students in need. This legislation broadly applies to children with disabilities as well as those learning English as a second language, living in poverty, or struggling with homelessness. Funding is mandated toward parent education, professional development for teaching professionals, and other instructional materials.

The ESEA was reauthorized in 2001 as the No Child Left Behind (NCLB) Act, which then became the primary legislation for K-12 general education. The four pillars of NCLB were greater freedom for states and communities (by minimizing restricting federal policies), the use of proven education methods, improved parent autonomy, and more accountability for results garnered. The latter of these principles was the main reason NCLB became so controversial, since it was punitive in nature when schools failed to raise grades for certain students. Many professionals also felt NCLB limited teacher and learner creativity, since much of the curriculum had to focus on teaching students how to pass standardized tests rather than more real-life topics. This is just one of the reasons why NCLB was not reauthorized.

In 2015, the Every Student Succeeds Act (ESSA) took its place. ESSA stands out by continuing to hold districts accountable for academic achievement but allowing flexibility for each state to set their yearly goals. There are no longer federal penalties given to schools that don't meet the criteria, rather these institutions are given more funding and assistance to develop an improvement plan. Academic achievement is no longer based solely on test scores, rather it takes a more comprehensive approach by including a school-quality factor such as kindergarten readiness, absenteeism, or participation in advanced coursework. Both ESSA and NCLB allow annual testing accommodations for students with 504 plans or IEPs.

ESSA also emphasizes:

- Greater parent communication



- Especially related to collaboration during the development of state plans and notifying families if the school falls below an acceptable level
- The use of universal design for learning
- Funding for evidence-based literacy grant programs and a national literacy center
- The creation of a plan for districts with higher dropout rates or lower achievement from specific subgroups (e.g. special education students or certain demographics)
- The adoption of challenging academic standards in essential subjects such as science, reading, and math
  - Common Core State Standards are the norm, but they are not a requirement and federal bodies cannot mandate what competencies are used

FERPA is another piece of legislation that affects educational and academic settings. The Family Educational Rights and Privacy Act (FERPA) does for the education industry what HIPAA does for the healthcare industry. This policy primarily sets forth procedures that allow parents to request their child's records and have them amended in the event they are not accurate. FERPA also grants parents the right to prevent the disclosure of certain identifiable information on academic records. However, as a federal law, FERPA also helps regulate (and, in some cases, restrict) the access a range of parties have to a child's academic records. These parties include but are not limited to foreign governments, prospective employers, and public education agencies.

## Section 1 Personal Reflection

What other institutions might need to gain access to a child's academic records? What aspects of a child's academic record might be pertinent to government agencies? What about potential employers?

## Section 1 Key Words

Child find program - A service that helps public schools identify and locate infants and toddlers who need early intervention services

Early intervention - Services that are provided in-home to children between the ages of 0 and 3 to address developmental delays in speech, motor, and adaptive skills; also known as EI or birth to three

Due process - A hearing that parents can request if they do not agree with district's decision on IEP services and accommodations for their child

Free and Appropriate Public Education (FAPE) - A right that IDEA Part B guarantees every child will receive education that meets their needs at no cost, regardless of disability status

Independent Education Evaluation (IEE) - A third-party evaluation completed by an unbiased, credentialed professional who is not employed by the school; this can be requested if parents disagree with the school district's IEP determination

Individuals with Disabilities Education Act (IDEA) - Federal legislation intended to ensure all students with disabilities receive free, effective educational and related services; this policy has separate provisions that detail specifics about school-based special education, early intervention services, and nationwide efforts to improve educational access for those with disabilities

Least Restrictive Environment (LRE) - A general location that refers to the most realistic, natural setting for services to take place, which ensures optimal performance; this is a helpful concept in all therapeutic settings but, in schools, implementing services in the LRE is mandated by IDEA Part B

Universal Design for Learning (UDL) - One of the nationwide efforts under IDEA Part D; UDL helps education professionals present students with more comprehensible information to allow for various learning styles and needs related to disability

## **Section 2: Eligibility for Services 11,12,13,14,15,29,30,34,35**

In order for children to receive any services under an IEP, they must first meet certain eligibility criteria. This criteria will differ slightly from state to state, but typically begins with the screening process. This is used to, firstly, determine if the child has a covered disability, also known as a disability classification under IDEA [20 U.S.C. s. 1402(3)(a) and 34 C.F.R. s. 300.8(c)]. There are fourteen of these categories, one of which the child must fall under in order to qualify for IEP-based services:

- Emotional disturbance (ED), which includes mental health conditions such as schizophrenia, bipolar disorder, depression, anxiety, and obsessive-compulsive disorder
- Speech or language impairment
- Visual impairment, including but not limited to blindness
- Hearing impairment, including but not limited to deafness
- Autism Spectrum Disorder
- Other health impairment (OHI), which includes any acute or chronic health concern that limits a student's strength, alertness, and energy levels, such as attention-deficit hyperactivity disorder (ADHD), asthma, diabetes, heart conditions, epilepsy, sickle cell anemia, tuberculosis, cancer, lead poisoning, kidney disease, rheumatic fever, and hemophilia
- Specific learning disability (SLD), including dysgraphia or written expression disorder, dyslexia, dyscalculia
- Deafness
- Deaf-blindness, which is the most appropriate primary category for students with moderate or significant deficits in hearing and vision since it more accurately conveys the severity than two combined categories
- Orthopedic impairment, including diagnoses like cerebral palsy or arthrogyrosis
- Intellectual disability
- Traumatic Brain Injury
- Multiple disabilities
- Developmental delay

According to 2019 IDEA data across schools nationwide, SLD was noted as the primary category for 4.7% of all children with disabilities who needed IEP services. The second most frequently used category was speech or language impairment, which accounted for 2.7% of all kids with disabilities.

The screenings used to identify a child's disability classification (if there is one) also gauge the severity of a child's difficulties, which helps determine whether they are

significant enough to warrant special education services. Some children are recommended for screening because of certain diagnoses such as ADHD or autism spectrum disorder. It's important to note that screens (and formal education assessments that often follow) will not provide a child with an official diagnosis. That can only be made by specialists outside of the school and should be relayed to education professionals to assist in the eligibility determination process. Screenings can be done without a parent's permission and are typically completed on all children to determine the need for further testing.

If screening or professional judgment indicates a child would benefit from formal testing, they are recommended for an educational evaluation. An educational evaluation consists of an academic record review, classroom observations, and formal testing. Testing will fall under one of four categories: diagnostic, formative, interim, and summative. Diagnostic testing aids professionals (usually those outside of the IEP team) in making a formal diagnosis for a child who is suspected of having a disability. Formative testing is an ongoing means of providing teachers and other IEP professionals with feedback about how a child is progressing in certain areas that are already being modified or specially addressed. This type of testing is meant to be completed more frequently in an attempt to get more updates on a child's progress, which is why it's often less stringent than other types of testing. Formative testing can be formal or informally integrated into the student's curriculum. Interim testing is similar to formative testing, though it's not completed as frequently as formative assessments are. Interim testing is administered at certain intervals throughout the year to inform a teacher's lesson plan for that student. Summative testing is a way to measure a student's performance at the end of a certain lesson or unit so that it can be compared to normative data and benchmarks that have previously been set.

The educational evaluation itself can be initiated by several parties, including education professionals, families, counselors, therapists, etc. but must be allowed by a child's parents. The educational evaluation is a collaborative effort that is completed by a team of professionals including a school administrator such as the principal, vice principal, or IEP coordinator); general and special education teachers; physical, occupational, and/or speech therapists; parents and guardians; and a school psychologist. Vision and mobility specialists, audiologists, and mental health professionals or counselors might also participate if these are areas of need for a child.

The testing itself offers a range of results from standardized test scores to parent recommendations and child needs. However, one of the most important findings from

this evaluation is whether or not the child's educational concerns are the result of an IDEA disability classification. If testing shows that the child does fall into one of these classifications and their academic performance has been impacted by their condition, the team will create an IEP. This allows the child to begin receiving special education and related services in goal areas the child is identified as deficient in. If the results of the educational evaluation show that the child has a covered disability but their academic performance is not affected by their health concern, the team may elect to create a 504 plan. This allows a child to receive accommodations (and, in some cases, services) that help them more effectively access general education services.

The IEP creation process itself, including the educational evaluation, can take weeks. However, IDEA requires schools to complete the process in 60 days once parents consent to evaluations and put their request(s) in writing. After all evaluations are complete, the school must create and complete the IEP within 30 days. Unfortunately, this sometimes prolongs the time between when a child demonstrates academic or medical difficulties and when they get connected with services and/or accommodations. In the meantime, it is possible for teachers to implement pre-referral interventions, also known as response to instruction and intervention (RTI) services. These interventions can include curriculum modifications, counseling, placement changes, tutoring, and behavior management plans, but research shows most are developed in response to academic difficulties rather than behavior difficulties. These might also include positive behavior interventions and supports (PBISs) or positive behavior support plans (PBSPs).

While these interventions have never been federally mandated, they were either required or recommended by the majority of states when they were first introduced in the 1980s in response to a Louisiana class action lawsuit. The trend has since changed, as there are currently only six states that mandate pre-referral interventions: Tennessee, Minnesota, Pennsylvania, Louisiana, Virginia, and New York. Some states necessitate that teachers develop and implement these interventions, while other states only require educators to establish them. Despite solid evidence as to their efficacy, only about half of states provide educators with training on how to develop these interventions. Local education agencies usually lead training in the states that do offer this service, which results in a lack of uniformity as to the core processes and procedures involved. This variation extends not only to the implementation of pre-referral interventions, but also the teams who provide this service.

If these pre-referral interventions, accommodations, and modifications are not enough to help a child's academic performance, they might qualify for services such as

occupational, physical, and/or speech therapy. The presence of any physical, cognitive, or behavioral condition does not automatically make a child eligible for services. Therapies are considered related services, which are defined as corrective or supportive resources and interventions that help children with disabilities reap the maximum benefit from special education/instructional programming.

This means a child is eligible for related services when testing shows a clear educational need that only certain disciplines can address. In some cases, educational instruction can help manage very minor fine or gross motor needs so that a child wouldn't need a related service. While this is not considered a substitute for any therapy, educational instruction might be the best option for some children since one related service cannot stand alone. For example, a child cannot have an IEP that only provides them with physical therapy, even if there is a medical or educational need. There must be other services on the plan to make them eligible for therapies. Related services can include some of the following, but they might extend beyond this depending on the child's deficits:

- **Assistive technology** - Assistive technology providers (ATPs) consult with children and provide instruction on the use of certain devices that help them meet their educational goals. Devices might range from custom keyboards to closed captioning features.
- **Audiology** - Audiologists provide educational support for children with hearing impairments. This often includes consulting with teachers about acoustical modifications and instruction changes for these students. Children might need devices like personal listening devices to aid in their learning, so audiologists would also help maintain this equipment as needed.
- **Behavior therapy (ABA)** - Behavior therapists devise behavior plans and coach parents/teachers in implementing them to better manage students with challenging behaviors.
- **Counseling or psychological services** - These services are often implemented by a school psychologist, guidance counselor, or mental health therapist to help children build stronger relationships, improve communication skills, manage uncomfortable emotions, and regulate their behaviors toward others.
- **Interpreting services** - Children who do not have English as their first language or have hearing impairments might need some form of interpreting to help them

engage in educational services. This might involve speaking with an interpreter throughout the day or receiving modified educational materials.

- **School health or medical services** - If a child has a disability that requires them to consistently manage certain symptoms, they might need more frequent access to the school nurse. This might be to check vital signs, manage blood glucose levels, or treat recurring wounds.
- **Occupational therapy** - Services are provided directly (individually or in small groups) or on a consultative basis, which usually involves staff training on modifications and strategies to help a child perform better. Treatment might cover areas such as adaptive skills, organization, fine motor strength, seating and positioning, and community mobility.
- **Orientation and mobility services** - These specialists work with students who have visual impairments and other physical limitations that might impact their ability to get around a school setting. They offer instruction to assist with safe and independent navigation.
- **Parent counseling and training** - Any of the providers who offer related services might offer counseling and training to parents, which can help reinforce a child's progress and functioning at home.
- **Physical therapy** - These providers improve a student's ability to physically engage throughout the school day. Treatment often focuses on strengthening for the purpose of safe and more effective transfers, walking, and other gross motor skills such as hopping, climbing, and jumping.
- **Therapeutic recreation** - This service helps students effectively engage in and identify leisure activities in a safe way that improves their quality of life.
- **Rehabilitation counseling** - Rehab counselors help children better socially and emotionally reintegrate into a school environment after a major illness, disability, or health condition.
- **Social work** - Within the school, social workers respond to immediate crises within classrooms. They can assist children with difficult behaviors who might be affected by bullying, chronic absenteeism, social concerns, and aggression. They can provide individual counseling or group intervention focused on conduct.

- **Speech-language pathology** - These rehab providers help students with cognitive or muscular impairments that lead to receptive and expressive language deficits in the classroom. SLPs can also address feeding concerns such as dysphagia.
- **Teaching services for the visually-impaired** - These services are provided by special education teachers who are trained in working with those who are blind or have low vision. These teachers are trained in general education, but are also knowledgeable in visual strategies and specialized materials to modify curriculum for students with visual impairments.
- **Transportation** - If a child with a disability does not have a safe, consistent way of getting to school or extracurricular activities, they can receive specialized transportation services from the district. This can be provided via a handicap-accessible van, a standard school bus, or another vehicle with an aide for support

The good news about school-based IEP eligibility is that receiving the above services from outpatient therapy clinics, doctor's offices, and other community agencies does not necessarily disqualify a child from receiving the same (and other) services within a school setting. If a child demonstrates a medical need that is clearly impacting their academic performance, they may still qualify for school-based services to address their concerns in the most applicable environment. This allows children with disabilities to get support in various settings from a range of professionals who are trained to help them better manage their condition.

Adverse effect is another concept OT providers should be familiar with as it relates to how a child is impacted by their disability. Since each state has a slightly different definition for this concept, all therapists should familiarize themselves with the definition their state has set forth in order to. Adverse effect generally refers to the negative impact that a child's disability objectively has on their academic performance. Due to the variation between each state's definition, all therapists (regardless of the role they have in the IEP process) should be aware that the adverse effect can open up additional opportunities for due process.

## Section 2 Personal Reflection

How does your state define adverse effect? How might this impact the IEP process from a therapist's perspective?



## Section 2 Key Words

Disability classification - Fourteen categories set forth by IDEA to categorize children with disabilities; a child will not be eligible to receive specialized instructional or related services without falling in to one (or more) of these categories

Pre-referral services - Services provided to children with disabilities while they are undergoing screening, educational evaluations, and the IEP process and still waiting to receive services; pre-referral services, also known as response to intervention or RTI, can be academic or behavioral and are usually provided in the classroom by teachers and paraprofessionals

Related services - Any school-based service that is not specialized instruction or accommodations; these are referred to as related services since they cannot be provided in isolation and must exist as a supplement to modified instruction

Positive Behavior Interventions and Supports (PBIS) - An evidence-based framework intended to improve the actions and integration abilities of students with behavioral challenges; some examples of PBIS include routines, breaks, tangible reinforcers, and silent signals

Positive behavior support plans (PBSP) - A plan that is developed once the IEP team or a group of educators understand how a student's negative behaviors are impacting their academic performance; the plan is to outline strategies that can reduce difficult behaviors and teach positive replacement skills

## Section 3: The IEP Document

**16,17,18,19,20,21,22,23,24,25,26,27,36,37,38**

The IEP document is created after an IEP meeting. Sometimes these are referred to as annual review meetings, since they are required to take place at least once per year after the initial IEP is in place. The initial IEP document itself might be called the ER, or evaluation report, since this is a one-time document.

Since the IEP is considered a working document, it can be modified throughout the school year. Additional IEP meetings might take place if extenuating circumstances – such as a major change in medical status (a severe accident or rare diagnosis) or a significant drop in academic performance – warrant revisions. Parents can also request

additional IEP meetings if they believe their child's current services are not sufficient. Re-assessments and other testing are usually done every three years. If triennial testing shows that a child still has an academic need for services, a re-evaluation report (RR) is written up and programming will continue. If these assessments assert a child's health concerns no longer impact their academic performance, there will be no additional report written and services will end. Each IEP consists of five major sections, which all must be part of the IEP for it to remain in compliance with federal policies.

## **PLAAFP**

One of the most integral sections details the student's current skill level. This is traditionally referred to as the Present Level of Academic Achievement and Functional Performance (PLAAFP), but its exact name varies from district to district. Some schools refer to a student's current skill ratings as the PLOP, PLP, or PLEP. Regardless of what it's called, this section is key since it offers objective, skilled interpretations of all education and rehabilitative assessments. The PLAAFP incorporates information from a variety of sources to give educators a comprehensive view of a child's academic achievement, functional performance, learning characteristics, social development, and physical or motor skills. Each PLAAFP must be accurate but succinct, since they are used to create annual educational goals. Here are some examples of PLAAFPs in common skill areas:

- **Functional speech** - This student is able to create sounds for 20 of 26 letters independently, with the exception of s, r, g, x, m, and n. With one to two verbal models each, this student can imitate the remaining letters.
- **Writing** - This student can write her name without a visual model 60% of the time. She reverses e, s, and p, but can write those letters correctly when given visual cueing in the form of dots on the paper. She often writes letters too large and on top of each other instead of keeping them on one line side by side. She sometimes flips the placement of letters within her own name.
- **Gross motor coordination** - This student enjoys gym class and recess, but often struggles to keep up with adult-directed activities and group sports, such as soccer and dance sequences. He also has difficulty with individual exercises consisting of multiple steps, including jumping jacks and running in place with arm movement. He cannot follow verbal instructions and performs slightly better when given verbal directions along with a visual demonstration. However, he has

done best when teachers and coaches break multi-step exercises down into several chunks to be completed separately.

In the therapy world, a PLAAFP might be presented as patient weaknesses or needs, remaining deficits, or justification for services, since all of these statements demonstrate exactly why a child needs certain services. PLAAFPs are an important part of an IEP because they are the basis from which educational goals are created. IEP team members are tasked with looking at a student's current level of performance in all areas and determining what areas are most important to address in a 12-month period.

## **Annual Educational Goals**

This brings us to the next required section of the IEP, annual educational goals and performance indicators. Goals highlight specific skill areas that special education and related service providers should focus their treatment on. IEP goals will differ based on discipline, but they are required to coincide with norm-based academic content standards for each grade set forth by the state. This ensures students are striving toward milestones that have been achieved by their peers.

The best way to ensure effective, helpful goals is to follow the SMART goal-writing format, which is also the gold-standard for writing therapy goals in other practice settings. SMART goals are ideal because they help create specific, measurable, achievable, realistic and relevant, and time-sensitive goals. The norm within the therapy world is that long-term goals will be achieved within 4 to 6 weeks and short-term goals will be met within 2 weeks. However, school-based goals usually extend through the end of the school year, since that is how long services will be provided for.

OT treatment ideally has a strong emphasis on function, meaning therapy goals should focus on getting a patient to better participate in a certain task or gain a certain skill. This is somewhat similar for educational goals, which must follow meaningful determination. Meaningful determination is required so that all goals created help the IEP team make decisions about the effectiveness of the student's education program. In order to be in compliance with meaningful determination, all goals formed must:

- Be of value to the student's family and caregivers
- Help enable success in the student's present and future contexts
- Pertain to certain notable behaviors – either by promoting positive ones or substituting for negative ones

- Relate to skills that (1) most of a student's peers possess and (2) are important for the student to learn or work toward
- Be easily interpreted by professionals outside of the school's IEP team
- Correspond with local district benchmarks
- Encourage a student to reach a realistic and reasonable level of functioning

For example, if a student is tolerating services well and progressing steadily toward their educational goals, it would be best for the student to continue with their current services. If educators and providers are not seeing positive outcomes from the student's current programming or there is minimal compliance with the plan, the team should discuss additional modifications, different services, or potentially a change in the frequency or location of existing services.

Here are some examples of annual educational goals in common skill areas:

### Speech/language

- **Long-term:** Max will produce novel, three- or more word sentences to communicate a variety of intents (e.g. asking, answering, commenting, requesting).
  - **Criteria:** 80% accuracy over 2 weeks
  - **Method:** Recorded observations
  - **Reporting schedule:** Monthly
- **Short-term:** Max will use targeted grammatical structures (e.g. plurals, pronouns, present progressive verbs, prepositions, etc.) during sentence construction tasks.
- **Short-term:** Max will accurately ask and answer targeted "wh-" questions.
- **Long-term:** Max will follow two-step, unrelated directions containing targeted vocabulary and language concepts.
  - **Criteria:** 80% accuracy over 2 weeks
  - **Method:** Recorded observations
  - **Reporting schedule:** Monthly

- **Short-term:** Max will receptively identify targeted vocabulary/language concepts.
- **Short-term:** Max will follow one-step directions containing targeted vocabulary/language concepts.
- **Short-term:** Max will follow two-step, related directions containing targeted vocabulary and language concepts.

## Motor skills

- **Long-term:** Courtney will complete fine motor tasks that require bilateral coordination, crossing midline, and motor planning, such as drawing and cutting at the same rate as their peers.
  - **Criteria:** 80% accuracy over 2 weeks
  - **Method:** Recorded observations
  - **Reporting schedule:** Monthly
- **Short-term:** Courtney will use a static tripod grasp for drawing/writing tasks.
- **Short-term:** Courtney will cut on straight and curved lines within ¼-inch of the designated line with “thumbs-up” positioning of both hands.
- **Short-term:** Courtney will string 10 pony beads onto a lace at the same rate as peers.
- **Long-term:** Courtney will use learned and compensatory sensory and social strategies to successfully participate in daily routines, adult-directed activities, and interactions with peers where multiple sensory experiences are present and social exchanges are expected, for 10 minutes.
  - **Criteria:** 80% accuracy over 2 weeks
  - **Method:** Recorded observations
  - **Reporting schedule:** Monthly
- **Short-term:** Courtney will participate in and attend to classroom activities where auditory and/or visual distractions are evident for eight minutes.

- **Short-term:** Courtney will maneuver around objects in the environment and show respect for the personal space of others.
- **Short-term:** Courtney will participate in group tasks for eight minutes.

### Functional play

- **Long-term:** When given the opportunity to play with six to eight different objects, Lily will spontaneously link four discrete schemes to the object's functions.
  - **Criteria:** Three out of five trials over 5 consecutive weeks
  - **Method:** Recorded observations
  - **Reporting schedule:** Monthly

### Writing

- **Long-term:** Jason will write at least a six-sentence paragraph using at least three different sentence types and score 45/50 on the writing rubric.
  - **Criteria:** Three out of five trials over 5 consecutive weeks
  - **Method:** Recorded observations
  - **Reporting schedule:** Monthly

### Caregiver input

Therapists always emphasize the importance of comprehensive, client-centered evaluations. This should also be part of any good IEP, which is why caregiver input is a required component of this document. By talking to family, guardians, caregivers, and anyone else involved in a student's life outside of school, the IEP team can get a better picture of how a child is functioning in other settings such as the community and at home.

This will give the IEP team an idea of what adaptive skills a child possesses. Dressing, bathing, and grooming are just a few functional tasks that educators would not have the opportunity to observe at school. While IEP goals won't focus on skills such as bathing and grooming, this can offer the team information on a child's sensory functioning since these self-care tasks are often areas of concern for children with sensory defensiveness.

Additionally, some self-care tasks - such as fine motor skills related to fasteners while dressing - can be addressed through IEP goals, which makes it important for teams to be aware of such concerns if they are present.

Caregiver input also informs the IEP team of behaviors that might differ from what they see during the school day. In some cases, this information will support the professional opinions that the IEP team already has regarding a child's abilities and potential goal areas. However, this is not always true. Parents might express other pressing areas of concern based on what they see at home, such as global sensory challenges, problem behaviors, inability to follow rules, difficulty transitioning between activities, self-care concerns, and more. Some children with fine or gross motor delays might have difficulty at school, where they are often asked to engage in activities that require them to have these skills. These delays might not be as obvious at home since children usually have the chance to direct their own engagement and will avoid activities that are taxing for them. For this reason, caregiver input might be more crucial for children with conditions such as ASD, ADHD, and OCD, who are more likely to struggle equally at home and at school.

Parental input is not only valuable, but required since the IEP team cannot create, modify, finalize, or implement the initial IEP without the family's consent. According to IDEA and other federal regulations, there is no requirement that states parents must sign or give consent for subsequent IEPs to be created.

It's best to ask for the parents' input before the meeting takes place, so that whatever they relay can be included in the IEP draft. The IEP team should also give parents education throughout the IEP process, since many will likely be unfamiliar with educational and medical terminology, standard protocols, and what outcomes they should expect. Ensure parents have contact information they can use to provide more input or ask any questions they may have. It's best to establish a good relationship with caregivers early on, since it will make communication easier down the line. The IEP team needs to remain in touch with caregivers and families to determine whether or not they are reinforcing certain recommendations at home, how the child is progressing, and get feedback on what can be improved upon.

## **FAPE**

This section is a requirement under Part B of IDEA, which entitles all children to have access to free, appropriate educational opportunities regardless of their disability status.

While it might seem repetitive to add this policy to the IEP itself, this section must be present in each plan since it will differ for each child based on what is appropriate for their needs. Under the FAPE section of the IEP, the team details the minimum frequency and duration of services. The frequency dictates the amount of services that will be delivered in a set time period, while the duration of services indicates how long they will be provided for.

Individual providers, alongside the rest of the IEP team, determine the frequency of services and accommodations a child will receive. This decision is based on the severity of the child's deficits and the test results obtained by each discipline. When these services or accommodations are provided to school-aged children, they will be provided during the school day while the student is in the building. For this reason, the maximum potential frequency is 5 times per week. Oftentimes, the maximum frequency will be used for regular check-ins and routine services such as nursing and medical care. In regards to special education, some states have requirements for the minimum and maximum frequency that can be provided. Most dictate that specialized instruction needs to be provided for a minimum of three hours each week and that sessions take up no more than half of the school day. It's possible for this requirement to be fulfilled by combining two types of specialized instruction. For example, a student can be scheduled to receive resource room services for 1.5 hours each week and 1:1 teacher services 1.5 hours per week to meet the minimum frequency. Related services such as speech-language pathology, occupational therapy, and physical therapy typically take place between 1 and 3 times each week for a total of thirty to ninety weekly minutes. If an IEP is being created for a 3-, 4-, or 5-year old child who is not yet in school, these services can sometimes take place within the home or at a daycare center. Due to the variation in location, services for these children can be provided any day of the week according to parent or provider preference.

The duration of services will be determined based on when the annual review occurs. There is no requirement on what point during the school year annual reviews must take place, but they need to be completed annually by June 30th. Most districts opt to schedule these meetings in the spring to allow students to acclimate to the new year, give providers time to complete initial or updated testing, and let educators get to know the needs of certain students with disabilities. The duration must be specific, meaning the IEP team must identify start and end dates. These dates are typically the same for each service, but might vary slightly depending on when the dates fall. For example, if the annual review takes place on the last Tuesday in February, the duration would likely be from the following Monday through the end of the school year.



If a student's annual review takes place in the spring and they have already been receiving services for several months, the IEP team will also discuss their eligibility for extended school year (ESY) services. ESY services are special education and related services provided to a child with a disability outside of the standard school year. These services are also governed by the same IEP and must be included as a part of FAPE, which means they are provided at no cost to families. Children with a disability might be eligible for ESY if:

- Providers believe the child's skills will regress in the absence of services or they will take a long time to regain the skills they have learned up until that point
- The child has demonstrated substantial regression over school breaks or weekends
- A student needs continual reinforcement to maintain the skills they are learning from special education and/or related services
- The team believes the child's regression will cause them to negatively perform next school year

A child cannot qualify for ESY services without receiving school-year services, since a child's progress during those in-school services helps determine their eligibility for summer services. For example, if a child is receiving audiology services during the school year, they may or may not be eligible for that same service during the summer based on their progress and demonstrated regression.

If a child is eligible for ESY, the duration and frequency of these services will be included in the FAPE section. If the annual review takes place before the midpoint of the year, the ESY section will be listed as deferred. Not all children who have an IEP will be eligible for ESY services, which are sometimes known as 12-month programs, since these determinations are made on an individual basis. According to IDEA, schools cannot limit or decline to provide ESY services for children based solely on their challenges or diagnoses. As with other services and IEP components, the final decision regarding ESY services is up to the IEP team.

It's important to note that ESY services should not be confused with summer school, which consists of general education classes for students who had excessive absences throughout the year and/or are at risk of failing. In some districts, summer courses can be used to accelerate a student's learning, but that is not the standard purpose for summer programming. ESY also differs from compensatory services, which are provided

to students who do not receive the evaluations, accommodations, or services they were entitled to as part of their IEP. This might occur for a range of reasons, including a lack of provider availability or scheduling conflicts. But perhaps the most recent example of an extenuating circumstance is widespread school closures that resulted from COVID-19, which warranted that all states provide compensatory services in 2021 to make up for the lack of them in 2020.

While not officially part of the FAPE section of the IEP, it's also important for team members to include the method by which services will be provided. The IEP team should delineate between individual vs. group services and direct vs. indirect services for each discipline. In many cases, sessions are provided on an individual basis in the student's classroom. However, certain services might be better implemented in an area with less distractions, more privacy, and added space that can be afforded by a resource room, therapy room, or other dedicated location within the school. Push-in group services might be indicated if several children with disabilities are in the same classroom and have similar goals. This method of service delivery is also fitting for children who don't need intensive instruction and would benefit from added learning opportunities to develop social skills. Therapy might also take place in small groups outside of the classroom. This is not as common since it is not considered the least restrictive environment for a student. While there may be one or two high-need children who require services outside of the classroom for the sake of efficacy, this will likely not be the case for multiple students.

Direct and indirect services are another way that school-based services might be implemented. In most cases, direct provision is the best and most effective method. This means a related service provider or special education teacher will directly offer services or instruction to a child with a disability. Standard school-based therapy sessions fall under this category, since an PTs, OTs, and SLPs will sit down with one or more students at a time to directly address skills through therapeutic activities, therapeutic exercises, self-care training, adaptive device instruction,

While indirect services are also considered effective, they are more appropriate when provided as an adjunct to direct services and accommodations. Indirect services are when a teacher or related service professional provides certain interventions that do not involve treating the student themselves. This might include collaborating with or working alongside other professionals who implement services for a certain student who has a disability. For example, a therapist might educate a special or general education teacher on strategies, modifications, and devices to encourage sitting activity tolerance

during a student's lessons. This can be helpful for children who are considered hyperactive, demonstrate sensory concerns, or have difficulty sitting still for other reasons. Indirect services might include:

- Offering curriculum modifications to assist with a child's learning process and academic performance
- Staff training and education on cognitive, motor, and/or sensory strategies that encourage the development or maintenance of certain skills
- Functional observations and progress monitoring regarding a student's progress or the use of assistive technology and adaptive equipment
- Coordination, consultation, and interprofessional collaboration with educators and other providers offering services to a certain student

## **Accommodations and Modifications**

The next required section in an IEP is accommodations and modifications. If you remember, these are at the heart of a student's 504 plan, if they have one in place. If a student has an IEP in place, accommodations and modifications are considered supplemental to the services this document puts into place. Accommodations and modifications might not always be necessary for students who have an IEP, but they can provide added assistance in the skill and knowledge areas specialized instruction and related services are working on.

To a lay person, accommodations and modifications might seem to be the same thing. But they are both considered different ways to help children with disabilities perform better and learn more in a school setting. Accommodations do this by helping a student avoid or work around deficits they experience due to their disability. On the other hand, modifications aim to help children with disabilities by adjusting the deliverables or expectations asked of a student or changing what they are taught.

There are various types of accommodations that can be put into place to suit the needs of a child with disabilities:

### **Presentation Accommodations**

Presentation accommodations are designed to help students access materials in a way that does not require them to read printed materials. This means information is

presented to them via alternate mediums, including auditory, tactile, multi-sensory, and visual. Individuals might receive presentation accommodations for some of the following barriers: comprehending text, decoding and identifying key pieces of content, understanding and remembering orally-presented information, hearing information presented orally, holding materials, and seeing printed text.

While there are a range of conditions that might warrant these barriers and a student receiving presentation accommodations, they are usually best for students who have visual impairments, learning disabilities, poor reading comprehension, and information processing deficits. It's important to note that students with receptive communication deficits may struggle with receiving auditory information, so other alternatives to printed material should be utilized. Some examples of presentation accommodations include:

- Availability of audio recordings in lieu of textbooks and other written materials
- Learning content based on various digital medias including movies, videos, and audiobooks as a replacement for print reading assignments
- Creating or presenting written materials with text that is larger, has clearer contrast, or has Braille
- Offering textbooks and other printed materials in formats that are more accessible, including:
  - More space between each word, line, or question
  - Less content on each page (for tests) or line (for books)
  - Having pages with color shields to reduce glare
  - Changing the location, size, or shape of space where answers can be recorded
  - Providing symbols, trackers, pointers, and visual stickers for emphasis such as arrows and stop signs
  - The addition of other placemakers to help students attend better
- Assigning certain students with disabilities a designated reader to verbally relay test questions and/or assignment instructions aloud

- Reading directions or assignments aloud multiple times before a task or exam, in between test pages, or when content moves to a new skill area; reading assignments focused solely on comprehension may even be read aloud
- Rereading directions to a student as they need it throughout an assignment or exam
- Offering modified directions in simpler, clearer language the student is familiar with
- Delegating to test proctors and interpreters that have reviewed the material previously and a student is familiar with, whenever possible
- Using the teach back method to ensure students comprehend directions after each trial
- Placing papers and other written materials in various positions (e.g. magnets, tape, or velcro to secure papers to the desk; mounting them on a slant board, easel, or clipboard; hanging papers on a vertical surface such as a wall, etc.)
- Looking at a lesson outline prior to or during each class
- Underlining, bolding, or highlighting key words in directions (often this will be verbs but can include important terms such as “not” or “all but”)
- Allowing students to compare their notes to another student’s notes to determine accuracy of interpretation and/or comprehension of the material
- The opportunity to complete practice tests or sample questions before a formal exam
- Directions being given with additional examples or scenarios
- Use of any other formats or tools to help relaying the information (glasses, hearing aids, auditory amplification, signing, interpreter services, translator phones, closed circuit TVs, low-vision aids, adaptive keyboards, voice-activated programs, AACs such as letter or picture boards and voice output systems, etc.)
- Transferring verbal material into images or other types of visual presentation such as word webs, concept maps, venn diagrams, charts, and graphs
- Teachers or aides pointing directly to test items or assignment questions that a student should start with or pay extra attention to

- Listening to recorded lessons as opposed to taking notes during class time
- Offering students directions on audiotape in lieu of in person

## **Response Accommodations**

While presentation accommodations offer alternate ways for students to take in information, response accommodations allow various ways for students to demonstrate their comprehension of material they have learned. This might involve students using certain tools to assist with assignments and exams or completing their coursework in different ways. Students who might benefit from response accommodations include those who experience barriers such as poor receptive and expressive communication deficits (pertaining to both verbal and written content), computation, information organization, handwriting, fine motor dexterity, attention, and visual-spatial processing. Some examples of response accommodations include:

- The option of responding to questions or assignments in a way that is within their abilities (e.g. completing an assignment orally if the requirement is written or writing an assignment that is intended to be verbally presented)
- Completing assignments with the help of certain tools or devices:
  - Spelling list
  - Spell check feature, app, or device (cannot be in place for students who already receive exemption from spelling requirements)
  - Grammar check feature, app, or device (cannot be in place for students who already receive exemption from grammar requirements)
  - Misspeller's dictionary (cannot be in place for students who already receive exemption from spelling requirements)
  - Writing templates
  - Abacus
  - Arithmetic table or list of common math facts, such as PEMDAS or the Pythagorean theorem
  - Pencils with specially-sized grips or lengths (including but not limited to long, consistently pointy pencils or short, small pencils)

- Additional answer pages for those with large handwriting
  - Typewriter, computer, or other data processing device
  - AACs such as language boards or speech synthesizers
  - Graph paper
  - Electronic tablet with or without stylus
  - Slate and stylus or other Braille writer
  - Calculator or calculator with an audio or speech output function
  - Raised-line paper
  - Large-spaced paper
- Taking notes or giving answers to questions during class time with the help of a computer
  - Reading answers aloud to a note-taker who then types or writes them
  - Using an audio recorder to transcribe responses to exam questions, essay prompts, or assignments
  - Placing papers and other written materials in various positions (e.g. magnets, tape, or velcro to secure papers to the desk; mounting them on a slant board, easel, or clipboard; hanging papers on a vertical surface such as a wall, etc.)
  - Allowing a student to read answers aloud to a familiar aide/translator/proctor or tape recorder for transcription purposes
  - Making students with certain significant learning disabilities exempt from certain formatting, paragraphing, punctuation, and spelling rules (cannot be in place for students who are already allowed to use an assistive device to help with spelling and/or grammar)
  - Allowing a student to point or gesture to answers or sign them
  - Offering test booklets in the form of loose-leaf paper to allow for removal as needed to allow for better positioning or to be added to a typewriter or other similar device

- Having the student mark answers in modified test booklets or by using a certain device
- Exemption from certain writing assignments if no accommodations or alternate options allow a student to overcome severe physical limitations

If the IEP team decides that any exemption (exemptions from writing assignments or waiving certain requirements such as spelling and grammar requirements) should be added to the accommodations and modifications section of a student's IEP, this must be clearly stated in the IEP along with justifications and professional opinions supporting the decision.

### **Setting Accommodations**

Setting accommodations involve changing environments (educational or otherwise) to allow a student to overcome certain barriers. Common barriers that might be addressed with the help of setting accommodations include an inability to maintain focus, poor behavior regulation, difficulty setting imagery or text required by a certain class, an inability to properly organize materials, trouble hearing, and difficulty physically accessing certain equipment or materials. Setting accommodations might include but are not limited to:

- Doing work or taking a test in a different room, often one with less visual and auditory distractions such as a special education classroom
- Seat changes, often closer to the front of the room, closer to a whiteboard, in the center of a row, or near a teacher's aide or translator
- Adding different lighting or better acoustics to a room
- Being in a small group or individually in a separate place while taking a test (hallways and other uncomfortable settings are not acceptable alternatives)
- Using a cubicle or room divider in a larger room with potentially more distractions
- Completing assignments at home, in a hospital, or another community setting
- The use of sensory tools such as exercise bands on chairs, chair cushions, and desktop fidgets
- Checklists of needed supplies



- Individual testing locations for anyone completing assignments or exams orally
- The provision of adaptive furniture or equipment (height-adjustable desks that accommodate wheelchairs, bolster chairs, stools, ball chairs, tray tables, etc.)
  - This should also come along with sufficient space, storage compartments for equipment, proximity to outlets (if equipment has/needs charging capabilities), and larger desks, tables, and other standard fixtures to accommodate the adaptive devices

## Timing and Scheduling Accommodations

Timing and scheduling accommodations allow for organizational changes that improve the temporal factors related to assignment and exam completion for students with disabilities. While these are technically considered separate accommodations, they are often grouped together due to similarities. Students who benefit from timing and scheduling accommodations might demonstrate impairments related to information processing, anxiety, frustration tolerance, attention, physical stamina, dexterity, and time management. It is also common for students who use assistive devices to get these types of accommodations to compensate for time delays due to equipment usage. Depending on the specific struggles of a student with a disability, timing and scheduling accommodations might include:

- Additional time for assignments and/or exams, either to allow for breaks within the task or added time to process instructions and questions
  - Most students get 1.5 to 2 times the length that non-disabled students get
- Exams and assignments scheduled at preferential times and/or days that allow for optimal performance
- Time limits for assignment completion to help improve focus in higher-functioning students
- The presence of timers to indicate the end of breaks or certain smaller tasks within an assignment
- Visible progress bars for online tests
- Exemption from timing for tests
- Taking a test across several timed or untimed sessions

- Completing test sections in a different order
- Frequent breaks after smaller tasks or components of a larger task (e.g. coursework for 30 minutes followed by a 5 minute rest break)

For many students with a disability, the IEP team chooses to give the test administrator or proctor some flexibility in adjusting these settings according to the student's ability or performance on a given day. For example, if a teacher determines that a child's attention span is sufficient enough to complete the task in two sessions as opposed to their regular three sessions or with one break as opposed to two breaks, they can do so without needing additional accommodations.

### **Organizational Accommodations**

Organizational accommodations help students who struggle with organization, judgment, planning, sequencing, remembering, and other executive functions that are vital for academic success. Some of these accommodations might include:

- The use of timers or an alarm to help with time management related to larger projects or exams
- Using highlighters, colored strips, page markers, sticky notes, index cards, and other aids to help identify important information
- Using planners, mind-mapping programs, organizers, apps, or schedulers to coordinate assignments
- Divide larger projects into smaller tasks to be completed one by one in preparation for the final due date
- Provide a second set of textbooks for home use to prevent memory concerns from impacting assignment completion
- Receive specialized instruction focused on the development of study skills, specifically basic ones like creating daily to-do lists and focusing on short-term tasks before long-term ones

## Assignment and Curriculum Modifications

This type of modification is specific to the expectations set forth by curriculum, assignments, and exams. These modifications are typically a bit simpler than the others and usually extend to:

- Completing entirely different assignments or exams than the student's peers
- Learning different material based on the learning pace of a student with disabilities
- Being graded by an alternate rubric than other students without disabilities are graded on
- Receiving exemption from certain projects deemed unimportant to that student's needs

## Transition Planning

The final component of many IEPs is the transition planning section. This refers specifically to a student's transition from junior high to high school, which is why it's a requirement for all students ages 15 and older. Transitions should also be discussed for students with a disability who are moving from preschool to kindergarten, elementary to middle school, and middle school to junior high. This is especially crucial if the transition involves a major change such as working with new teachers, entering a new building, or experiencing a significant change in expectations. The transition planning section of the IEP should reflect on a student's community engagement, the development of vocational objectives, independent living skills, and academic preparation, since these factors all play a part in college preparation and/or entering the workforce. If a student with a disability has not determined long-term goals in these areas or does not know how to start planning for life after high school, the IEP team is in place to assist with this process. They can help a student develop the skills and knowledge necessary to succeed in whatever community settings are pertinent to their life.

There are four outlined phases that this process should follow. Step one involves developing measurable post-secondary goals and step two entails determining a student's present levels of academic achievement and function. By phase three, the IEP team should be discussing transition services that might be of help to the student. Phase four involves developing measurable annual goals that will prepare the student for their long-term plans.

At the age of 14, it is a requirement for students to begin attending their annual review meetings. This is because the annual review that takes place when a student is 14 years old will discuss the IEP that goes into effect when the student is 15 years old. At this point, it is thought that a student can express at least some of their needs relevant to the services being discussed. If a student 14 years or older is unable to attend the meeting for a valid reason, they are required to review the IEP beforehand alongside a team member who can answer any questions they might have and record input the student would like included in the plan.

Additionally, all team members mentioned in the IEP must attend the IEP meeting, including those who are to implement specialized instruction and related services. According to IDEA, the parents/guardians, a representative from the school district, the special education teacher, and general education teacher must all be present at each annual review meeting. If some team members are not able to attend, they must provide written input to be added to the IEP prior to the meeting. Parents must also sign an authorization form from the district that releases an absent team member from the meeting as long as their input has been received. All team members sign the document to verify they were present at the meeting. Most states do not require a parent signature to finalize the IEP before it is implemented.

During the formation of any IEP, team members must give special consideration to factors that impact a student's success. While many parts of a child's circumstances can play a part in their development, the primary areas that should be addressed if they are present include challenging behaviors, limited English proficiency or English as a second language, blindness or visual impairment, communication needs or deafness, and assistive technology needs.

### **Section 3 Personal Reflection**

What vocational goals might an IEP team develop for a 15-year-old student with cerebral palsy who wants to work in an office?

### **Section 3 Key Words**

Compensatory services - Services provided to students who do not receive the evaluations, accommodations, or services they were entitled to as part of their IEP due to unforeseen circumstances

Extended School Year services (ESY) - Specialized instruction and related services provided to students who demonstrate or are at risk for regression in goal areas; ESY is provided over the summer as part of a 12-month program

Group services - Related services or specialized instruction provided in small groups with around 5-6 students who have similar goals but might have varying needs

Interprofessional collaboration - When providers/professionals from two or more disciplines work together to create goals and provide services for a student with a disability

Meaningful determination - A requirement of all IEP goals that states they must meet certain criteria to be effective; criteria includes being valuable to the student and their family, enabling success, pertaining to important and age-appropriate skills, and more

Present Level of Academic Achievement and Functional Performance (PLAAFP) - An IEP section that relays a student's present skill level in each area; this is also often called the PLOP, PLEP, or PLP

Pull out services - Specialized instruction or related services provided outside the classroom in a setting such as a resource center, therapy room, or community location

Push-in services - Specialized instruction or related services provided within the student's regular classroom

Regression - When a student returns to a lower skill or functional level that they were previously at before starting services

SMART goals - A goal format used to write IEP goals, which emphasizes goals that are specific, measurable, achievable, realistic/relevant, and time-sensitive

Summer school - Generalized instruction provided over summer months to general education students who are at risk of failing or had a high number of absences during the school year

Triennial testing - Reassessments and testing done every 3 years to give an update on a student's progress

## Section 4: IEP Meeting Agenda <sup>28</sup>

The IEP process first starts off with planning the date and time of the meeting. Once this is determined by the school, the team must send out an advanced or prior written notice (AWN or PWN) to the parents at least 7 days prior to the meeting. The team should then confirm with parents who will be attending and give them the information they need for attending. Many meetings are virtual these days so parents will need phone or video conference login information. When the school communicates this date with the parents, they should also send along a parent rights brochure that informs the family of what their child is entitled to as part of IDEA and how they can challenge the IEP team's decision. This material should also detail how parents can request an EE and refuse or grant consent at any point during the process. It's at this time that the IEP team should also give parents the opportunity to provide input before the meeting actually starts.

If this is an initial annual review meeting, the team will gather and interpret any educational testing or related service assessments that have been completed in preparation for the meeting. If this is not the first review meeting for this student, the team will compile information related to objectives previously set and data from all professionals/providers to offer updates on the student's progress in the services they are receiving. All data must be reported in a way that relates back to the student's objectives. In preparation for the meeting, the school must secure a private, distraction-free room that can house all of the team members.

The meeting itself will begin with an introduction of all team members and their roles followed by an overview of the current services the student is receiving. The organizer of the meeting will then ask parents/guardians for any opening comments or questions related to their child's academic performance, function, and areas of concern. The team will record these concerns, then review the student's progress on goals and objectives (if the meeting is not the first for this child) or performance on educational assessments and testing (if this is the student's initial meeting). If this is the student's initial meeting, the team will also review their academic performance in general education classes. At this time in a recurring annual review, the team will present any reevaluation data and compare that to the objectives that were set last year.

Once the team presents a student's progress reports, they should identify any new or persisting educational needs that have become apparent and identify new goal areas that should be pursued (or note that the existing goals remain appropriate, with or

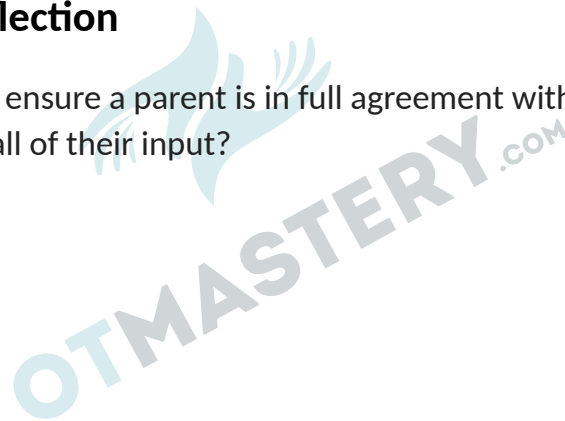
without some revisions). The team will then discuss accommodations and modifications as a whole and determine placement and services for the upcoming school year.

After the meeting has been wrapped up, the team will devise a memorandum of understanding (MOU) for parents to review and sign. This simply states the results of the annual review and the stipulations of the IEP, including when it will become effective, contact details for all involved parties, the purpose of the IEP, and services and accommodations that were agreed upon. The MOU is often considered a condensed version of the IEP that gives parents a broad overview of what they need to know regarding their child's educational status.

In addition to the MOU, parents will also be asked to sign the The Notice of Recommended Educational Placement (NOREP), which is also known as the IEP signature page. This is a form completed at the end of the annual review meeting that simply summarizes the services and accommodations a student will be receiving.

## **Section 4 Personal Reflection**

What can an IEP team do to ensure a parent is in full agreement with the decision of the IEP team and has provided all of their input?



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