


MEMORANDUM

Aug 24, 2009
MT 017.09
MT.305 636-6147

TO: ESE Instructors
Educational Alternative Outreach Program

FROM: Miguel Torres, Principal 
Educational Alternative Outreach Program

SUBJECT: SUGGESTED USE OF I.E.P. PROCESS CHECKLIST

As you are aware, the individual Educational Plan (IEP) is a legal document that requires many steps to be accurately completed. Attached, is a checklist to be used when developing IEP's. The use of this checklist is suggested to avoid errors and incomplete information on the IEP.

The teacher responsible for completing a student's IEP will use the checklist to initiate the IEP process at least 30 days prior to the current IEP's expiration date. This checklist should be brought to the IEP conference and completed by the initiating teacher.

The chairperson/program specialist should also review the IEP for completeness and accuracy. Write the names of the two people who reviewed the IEP on the IEP process checklist. Completed checklists should be filed in the chairperson's office for audit purposes.

MT/mg

EDUCATIONAL ALTERNATIVE OUTREACH PROGRAM

5120 NW 24 Avenue, Building 3, Miami, FL 33142

IEP PROCESS CHECKLIST

Student's Name: _____	ID #: _____	ESOL Level: _____
Current IEP Conference Date: _____	Date IEP Expires: _____	

DIRECTIONS: PLACE A CHECK IN THE BOX AS YOU COMPLETE EACH STEP

30 DAYS PRIOR TO THE EXPIRATION OF THE CURRENT IEP

- Administer academic testing: Elem. – Brigance CIBS-R; Request Surrogate Parent Sec. – Brigance ESI and/or LSI, or KTEA if functioning above 9th gr. Level
- If ESOL student, administer Modified MDCOLPS or MDCOLPS-R; RLDA-B, C, or D
- Complete a Request for Student Information form and fax to Ms. Armas
- Coordinate an IEP Conference date with:
 - Department Chairperson
 - Clinician
 - Other
 - Outside Agency (Gr. 9-12)
 - Art Tx
 - Speech Tx

7-10 DAYS PRIOR TO SCHEDULED IEP MEETING

- Send home Notification of Meeting (FM 4851) to parent/guardian.
- Keep copy to attach to new IEP that will be written. Date sent: _____
- Send home Procedural Safeguards, Notification of Meeting and Parent Resources List
- Use IEP worksheet to identify PENs and develop Goals and Benchmarks for:
 - 5 areas of Reading
 - Behavioral (At least 3)
 - Math
 - Writing
 - Art Therapy
 - Speech/Language
 - OT
 - PT

5 DAYS PRIOR TO SCHEDULED IEP MEETING:

- 2ND Parent Notification to Confirm attendance. Type: Written Phone Call
Date: _____ Response: _____

WHAT TO BRING TO IEP MEETING

- Blank IEP Form and (Elem.) inserts B & D; or (Gr. 9-12) A – Special Diploma, B, C, D
- Procedural Safeguards (FM6335)
- Blank Matrix (FM5582)
- Blank Data Input Sheet
- Sample IEP and Sample Matrix
- ESY Services form (FM6313) and brochure
- Student's Portfolio
- Informed Notice of Proposal or Refusal to change the Evaluation or Identification
- Request for Due Process Hearing (FM5773)
- Transfer of Rights (FM6238) (students gr. 9 +)
- IEP Worksheet of PENs, Goals, and benchmarks
- Current IEP for review with parent; complete status updates on Inserts B and or C and Alternate Assessment Date for student exempt for State/District Assessment
- IEP Worksheet of PENs, Goals and Benchmarks
- Current ISIS information-ESOL, Evaluation/Reevaluation, District/State tests, etc. from registrar
- Testing Results: FCAT, SRI Brigance/KTEA Art Therapy ESOL FAB
- Copy of Completed Notification of Meeting (FM4851) to attach to new IEP
- Parent Notification Physical Restraint Procedures (FM3446) Send home if parent is not in attendance.
- Assist. Tech. info/Referral (FM6513)
- Parent Resources list (FM6334)
- Referral for Development Services
- Educational Placement (FM4877)
- Request for Mediation (FM6331)
- Consent for Mutual Exchange of info.

WHEN IEP MEETING ENDS

- Make copies of IEP for: Parent Portfolio Clinician Dept. Chair
 Classroom Persons providing related services
- Complete Matrix Comp. Data Input and fax to Ms. Del Chiaro 305-636-6190
- If ESOL, complete Bilingual/ESOL ESE Program Data Input, copy IEP p. 2, fax to Ms. Del Chiaro



MIAMI-DADE COUNTY PUBLIC SCHOOLS

DOC TYPE 4851E

DATE (MM/DD/YY)			
PRINT STUDENT'S NAME (LAST)			(FIRST) (M.I.)
STUDENT ID. NO.			

NOTIFICATION OF MEETING

- Child Study Team (CST)
- Individual Educational Plan (IEP)
- Educational Plan (EP)
- Review results of Initial Evaluation
- Child Study Team-Reevaluation (CST-R)
- Functional Assessment of Behavior (FAB)

TO THE PARENT(S) OR GUARDIAN(S) OF _____

Student is required to attend transition IEP meetings and if transfer of rights at age 18 has taken place.

Please be advised that a meeting regarding your child has been scheduled for _____ (Date)
 at _____ (Location), beginning at _____ (Time).

It is important that you attend this meeting. If you cannot attend at the scheduled time, you may choose to reschedule the meeting. You have specific rights which are described in the attached **Summary of Procedural Safeguards** (with the exception of a CST meeting). If you have any questions regarding this notice or your rights as outlined in the Summary of Procedural Safeguards, please contact one of the persons listed on the bottom of this form.

The purpose of this meeting is to (Check all that apply):

- Review your child's academic progress and/or behavior.
- Consider revisions to the strategies previously developed to assist your child.
- Discuss the results of your child's recent evaluation and consider eligibility for Exceptional Student Education (ESE).
 If your child is determined eligible for an ESE program, an IEP/EP will be developed. The Summary of Procedural Safeguards will be provided and reviewed. If your child is determined ineligible for an ESE program, consideration will be given to Section 504 eligibility. The Section 504 Procedural Safeguards will be provided and reviewed.
- Conduct an annual review of the IEP or a review of the EP.
- Consider school to post-school transition services for your child (child invited).
- Revise the current IEP/EP. Reason: _____
- Consider the continued need for the present program and/or placement and/or need for other programs and/or placements.
- Hold a CST-R review meeting to determine if further testing is needed.
- Review the current IEP/EP as a result of a reevaluation.
- Consider dismissal from ESE.
- Other: _____

* _____ (Contact Person, Title) _____ (Telephone) _____ (Address)
 _____ (Contact Person, Title) _____ (Telephone) _____ (Address)

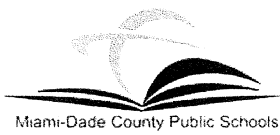
Instructions: Check (✓) the appropriate box(es), then sign and date where indicated. Please keep a copy for your records and return the original to the contact person* listed above.

- I will attend the meeting as scheduled.
- I will require the services of an interpreter or translator. Specify language or method: _____
- I wish to reschedule the meeting. Please contact me at (telephone): _____
- I am unable to attend the meeting. Please proceed without me and send me copies of the completed papers.

I have received and understand my rights as a parent of an exceptional student as explained in the Summary of Procedural Safeguards.

Parent/Guardian Signature: _____ Date: _____

Page 2 of this notice lists the persons invited to attend this meeting.



MIAMI-DADE COUNTY PUBLIC SCHOOLS

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STUDENT ID. NO.		

NOTIFICATION OF MEETING

- Child Study Team (CST)
- Individual Educational Plan (IEP)
- Educational Plan (EP)
- Review results of Initial Evaluation
- Child Study Team-Reevaluation (CST-R)
- Functional Assessment of Behavior (FAB)

Please be advised that a meeting regarding your child has been scheduled for _____ (Date)
 at _____, beginning at _____. (Location) (Time)

The following persons have been invited to attend this meeting:

- Student _____
- LEA Representative _____
- CST Chairperson _____
- ESE Teacher _____
- General Education Teacher _____
- Teacher of the Gifted _____
- _____
- _____
- _____

The following additional personnel, as appropriate, have been invited to attend this meeting:

- Interpreter/Translator _____
- Counselor/Therapist/Clinician _____
- Speech-Language Pathologist _____
- School Psychologist _____
- Administrator or Designee _____
- _____
- _____
- _____
- _____
- _____

Parent(s)/Guardian(s) may invite other individuals with special knowledge or expertise regarding their child. Miami-Dade County Professional Teacher's Contract provides for reasonable breaks and lunch breaks during the IEP/EP meeting. In the event this scheduled IEP/EP meeting is not completed by the end of the workday it may need to be reconvened.

Place original (with parent/guardian signature) in cumulative record. Copy to parent/guardian.



MIAMI-DADE COUNTY PUBLIC SCHOOLS

DOC TYPE 4851H

EKRI NON ELÈV LA AN MAJISKIL (SIYATI)	(NON)	(INISYAL NON BATÈM)	DAT (J/M/A)	
			NIMEWO IDANTIFIKASYON ELÈV LA	

ANONS REYINYON AN

- Ekip pou Etidye Ka Timoun nan (CST)
- Plan pou Edikasyon Chak Timoun (IEP)
- Plan Edikasyonèl (EP)
- Analiz rezilta Premye Evalyasyon an
- Dezyèm Evalyasyon Ekip pou Etidye Ka Timoun nan (CST-R)
- Evalyasyon Konpòtman Timoun nan (FAB)

POU PARAN AK MOUN KI RESPONSAB ELÈV LA: _____

Elèv la dwe la nan reyinyon IEP a / e si yo ap transfere dwa li lè li gen laj majè.

N ap raple w gen yon reyinyon pou pitit ou a k ap fèt _____ (Dat)

nan adrès sa a _____, a lè sa a _____ (Lè)

Li enpòtan anpil pou w patisipe nan reyinyon sa a. Si w pa kab vini nan lè lekòl la ba ou a, eseye mete l yon lòt lè. Ou gen kèk dwa ki mansyone nan **Rezime sou Dwa ak Pwoteksyon Paran Pou Elèv Ki Andikape** (men reyinyon CST pa ladan). Si w gen nenpòt kesyon sou anons sa a oubyen sou dwa ou genyen, tanpri kontakte youn nan moun non l ekri anba fòm sa a.

Rezon ki fè nou fè reyinyon sa a se (Tcheke tout sa ki apwopriye):

- Pou analize pwogrè akademik oswa konpòtman pitit ou a.
- Pou rekòmande kèk chanjman nan estrateji yo te mete pou yo ede pitit ou a.
- Pou diskite rezilta evalyasyon pitit ou a epi detèmine si li elijib pou Edikasyon pou elèv ki merite atansyon espesyal (ESE). Si yo detèmine pitit ou a elijib pou pwogram ESE a, y ap devlope yon plan pou edikasyon pitit ou a (IEP/EP). Y ap fè w jwenn ti liv ki diskite pwosedi yo ak mezi yo e y ap repase yo ak ou. Si yo detèmine pitit ou a elijib pou yon pwogram ESE, y ap analize Seksyon 504 nan règleman pou elèv ki elijib yo. Y ap fè w jwenn Seksyon 504 la nan ti liv sou pwosedi yo epi y ap repase yo ak ou.
- Pou yo revize plan pou edikasyon timoun nan (IEP) tankou yo fè chak ane oubyen pou yo revize nan plan edikasyon EP an.
- Pou konsidere sèvis yo bay timoun nan aprè lekòl (ou mèt vini ak timoun nan nan reyinyon sa a).
- Pou yo revize IEP/EP ki la kounye a. Rezon: _____
- Pou detèmine si yo mèt kontinye ak pwogram sa a ak/ou plasman l nan pwogram espesyal, oswa si y ap refere li nan yon lòt pwogram ak/oubyen plasman nan lòt pwogram yo.
- Fè yon reyinyon sou kesyon CST-R pou detèmine si gen nesosite pou yo fè lòt tès.
- Pou revize IEP/EP li a sou baz yon dezyèm evalyasyon.
- Pou yo detèmine yo ta dwe mete elèv la deyò nan pwogram ESE a.
- Lòt rezon: _____

* _____ (Moun pou yo kontakte a, tit li) _____ (Telefòn) _____ (Adrès)

_____ (Moun pou yo kontakte a, tit li) _____ (Telefòn) _____ (Adrès)

Esplikasyon: tcheke kare ki apwopriye a, siyen epi mete dat la kote yo di w mete l la. Silvouplè kenbe yon kopi pou dosye pa w epi voye yon kopi bay moun ki gen etwal la (*) ekri bò kote non l etwal la (*) ekri bò anlè a.

- M ap la nan reyinyon an jou y ap fè l la.
- M ap bezwen yon entèprèt oubyen yon tradiktè. Make nan ki lang: _____
- M ta renmen mete reyinyon an pou yon lòt lè. Silvouplè telefone m nan: _____
- M pap kab patisipe nan reyinyon an. Silvouplè fè reyinyon an san mwen epi voye papye yo pou mwen.

- Mwen resevwa enfòmasyon sou dwa m kòm paran yon timoun ki merite atansyon espesyal, jan yo esplike sa nan Rezime sou Dwa ak Pwoteksyon Paran Pou Elèv ki Andikape. Mwen konprann dwa sa yo.

Siyati paran an oubyen moun ki responsab pitit la: _____ Dat: _____
Nan paj 2 a gen lis moun yo envite pou patisipe nan reyinyon an.



MIAMI-DADE COUNTY PUBLIC SCHOOLS

DOC
TYPE 4851H

EKRi NON ELÈV LA AN MAJISKIL (SIYATI)		(NON)	(INISYAL NON BATEM)	DAT (J/M/A)	
NIMEWO IDANTIFIKASYON ELÈV LA					

ANONS REYINYON AN

- Ekip pou Etidye Ka Timoun nan
- Analiz rezilta Premye Evalyasyon an
- Plan pou Edikasyon Chak Timoun (IEP)
- Dezyèm Evalyasyon Ekip pou Etidye Ka Timoun nan (CST-R)
- Plan Edikasyonèl (EP)
- Evalyasyon Konpòtman Timoun nan (FAB)

N ap raple w gen yon reyinyon pou pitit ou a k ap fèt nan dat sa _____ (Dat)
nan adrès sa a _____, a lè sa a _____ (Adrès la) (Lè)

Lis moun yo envite pou patisipe nan reyinyon an:

- Elèv la _____
- Reprèzantan LEA a _____
- Moun Ki an chaj CST a _____
- Pwofesè ESE a _____
- Pwofesè pou matyè jeneral _____
- Pwofesè pou elèv ki avanse anpil _____
- _____
- _____
- _____

Lis lòt moun yo envite pou patisipe nan reyinyon sa a:

- Entèprèt oubyen tradiktè _____
- Konseye/terapis/doktè _____
- Espesyalis pou pwoblèm pale _____
- Sikològ lekòl la _____
- Asministratè oubyen ranplasan l lan _____
- _____
- _____
- _____
- _____
- _____

Paran an oubyen moun ki responsab elèv la kapab envite lòt moun ki konn timoun nan oubyen ki gen konesans ki kab ede l. Kontra pwofesè yo ak Miami-Dade County mande pou gen entèmèt nan reyinyon yo epi pou pwofesè yo gen tan pou yo al manje nan reyinyon IEP/EP yo. Si reyinyon IEP/EP a pa fini jou yo te di a, ap gen mwayen pou yo kontinye l yon lòt lè.

Mete orijinal la (ki gen siyati paran an oubyen moun ki responsab timoun nan) nan dosye elèv la. Voye yon kopi bay paran an oubyen moun ki responsab timoun nan.



MIAMI-DADE COUNTY PUBLIC SCHOOLS

DOC TYPE 4851S

NOMBRE DE ESTUDIANTE EN LETRA DE MOLDE: (APELLIDO) _____ (NOMBRE) _____ (I.) _____		FECHA (M/D/A) _____
_____		NO. de ID. de ESTUDIANTE _____

NOTIFICACIÓN DE REUNIÓN

- Equipo de Estudio del (de la) Niño(a) (CST)
- Plan de Educación Individual (IEP)
- Plan de Educación (EP)
- Análisis de resultados de evaluación inicial
- Reevaluación de Equipo de Estudio del (de la) niño(a) (CST-R)
- Evaluación Funcional del Comportamiento (FAB)

AL (A LA) PADRE (MADRE) O TUTOR(ES) DE: _____

Se requiere que el estudiante asista a las reuniones de transición de IEP y si la cesión de los derechos a los 18 años de edad ha ocurrido.

Deseamos informarle(s) que una reunión respecto a su hijo(a) ha sido programada para _____ (Fecha)

en _____, comenzando a _____ (Hora)

Es importante que usted(es) asista(n) a esta reunión. Si no puede(n) asistir a la hora programada, puede(n) optar por programar nuevamente la reunión. Usted(es) tienen derechos específicos los cuales están descritos en el **Resumen de Salvaguardias Procesales** adjunto (excepto una reunión de CST). Si tiene(n) alguna pregunta con respecto a esta notificación o sus derechos como se describen en el Resumen de Salvaguardias Procesales, favor póngase en contacto con una de las personas enumeradas en la parte inferior de este formulario.

El propósito de esta reunión es (Marque todo lo que aplique):

- Analizar el progreso académico y/o comportamiento de su hijo(a).
- Considerar modificaciones a las estrategias ejecutadas previamente para ayudar a su hijo(a).
- Discutir los resultados de la evaluación reciente de su hijo(a) y considerar la calificación para la Enseñanza de Estudiantes Especiales (ESE).
Si se determina que su hijo(a) califica para el programa de ESE, se desarrollará un IEP/EP. Se proporcionará y analizará el Resumen de Salvaguardias Procesales. Si se determina que su hijo(a) no califica para el programa de ESE, se considerará la calificación bajo la Sección 504. Se proporcionarán y analizarán las Resumen de Salvaguardias Procesales de la Sección 504.
- Realizar un análisis anual del IEP o un análisis del EP.
- Considerar los servicios de transición de escuela a post-escuela para su hijo(a) (invitado(a)).
- Modificar el IEP/EP actual. Razón: _____
- Considerar la necesidad continua para el programa actual y/o colocación y/o necesidad para otros programas y/o colocaciones.
- Celebrar una reunión de análisis de CST-R para determinar si se necesitan realizar más exámenes.
- Analizar el IEP/EP actual como resultado de la reevaluación.
- Considerar la suspensión de ESE.
- Otro: _____

* _____ (Persona de contacto, Cargo) _____ (Teléfono) _____ (Dirección)

_____ (Persona de contacto, Cargo) _____ (Teléfono) _____ (Dirección)

Instrucciones: Marque (✓) la(s) casilla(s) apropiada(s), después firme y feche donde se indica. Favor mantenga una copia para sus archivos y devuelva el original a la persona de contacto* indicada anteriormente.

- Yo asistiré a la reunión según programada.
- Yo necesitaré los servicios de un intérprete o traductor. Especifique idioma o método: _____
- Yo desearía programar nuevamente la reunión. Favor póngase en contacto conmigo llamando a _____ (Teléfono)
- Yo no puedo asistir a la reunión. Favor proceda sin mí y envíeme copias de los documentos completados.

Yo he recibido y comprendo mis derechos como padre (madre) de un estudiante especial como lo explica el Resumen de Salvaguardias Procesales.

Firma de Madre/Padre/Tutor: _____ Fecha: _____

La página 2 de esta notificación enumera las personas invitadas a asistir a esta reunión.



MIAMI-DADE COUNTY PUBLIC SCHOOLS

DOC
TYPE 4851S

FECHA (M/D/A)		_____
NOMBRE DE ESTUDIANTE EN LETRA DE MOLDE: (APELLIDO)	(NOMBRE)	(I.)
NO. de ID. de ESTUDIANTE		_____

NOTIFICACIÓN DE REUNIÓN

- | | | |
|---|--|--|
| <input type="checkbox"/> Equipo de Estudio del (de la) Niño(a) (CST) | <input type="checkbox"/> Plan de Educación Individual (IEP) | <input type="checkbox"/> Plan de Educación (EP) |
| <input type="checkbox"/> Análisis de resultados de evaluación inicial | <input type="checkbox"/> Reevaluación de Equipo de Estudio del (de la) niño(a) (CST-R) | <input type="checkbox"/> Evaluación Funcional del Comportamiento (FAB) |

Deseamos informarle(s) que una reunión respecto a su hijo(a) ha sido programada para _____ (Fecha)
 en _____, comenzando a _____ (Hora)
 (Lugar)

Las siguientes personas han sido invitadas a asistir a la reunión:

- Estudiante _____
- Representante de LEA _____
- Director(a) de CST _____
- Maestro(a) de ESE _____
- Maestro(a) de Enseñanza General _____
- Maestro(a) de los Dotados _____
- _____
- _____
- _____

Las siguientes personas adicionales, como aplique, han sido invitadas para asistir a la reunión:

- Intérprete/Traductor(a) _____
- Consejero/Terapeuta/Clinico _____
- Patólogo de Habla-Lenguaje _____
- Sicólogo de la Escuela _____
- Administrador o Persona Nombrada _____
- _____
- _____
- _____
- _____
- _____

Los padres (tutores) pudiesen invitar a otros individuos que tengan conocimiento especial o experiencia con respecto a su hijo(a). El Contrato de Maestros Profesionales del Condado de Miami-Dade proporciona descansos razonables y para almorzar durante la reunión de IEP/EP. En el caso que esta reunión programada de IEP/EP no se termine al final del día de trabajo, es posible que se convoque de nuevo.

Favor coloque el original (firmado por la (el) madre/padre/tutor) en el registro acumulativo. Copia para la (el) madre/padre/tutor.

SAMPLE OF SECTION V. – ANNUAL IEP PAGE 2 ESOL STUDENTS WHO ARE LEVEL I-IV

ROCKY RACON - ANNUAL IEP 07/99 - 06/00

V. PROGRAMS FOR LIMITED ENGLISH PROFICIENT (LEP) EXCEPTIONAL STUDENTS

N/A
 See LEP Plan if Speech only

① HOME LANGUAGE OF STUDENT: SPANISH

② ANNUAL LANGUAGE DOMINANCE/PROFICIENCY ASSESSMENT: 11/04/99 MDCOLPS-R I
(MM/DD/YY) (Test Used) (ESOL Level)

③ ESOL ENTRY DATE 11/04/99 TEST USED MDCOLPS-R RAW SCORE 4
(MM/DD/YY)

④ ESOL EXIT DATE _____ TEST USED _____ RAW SCORE _____
(MM/DD/YY)

⑤ MOST RECENT STANDARDIZED ACHIEVEMENT TEST (if applicable): (date/instrument/score) N/A

COMPLETE AFTER SECTION XVII:

TYPE AND LOCATION OF LEP SERVICES: (Check all that apply based upon present levels of performance, behavioral observations, and the language dominance/proficiency assessment.)

<p>⑥ <input type="checkbox"/> English for Speakers of Other Languages (ESOL)</p> <p>⑦ <input type="checkbox"/> Curriculum Content in English Using ESOL Strategies</p> <p>⑧ <input type="checkbox"/> Curriculum Content in the Home Language (Elementary)</p> <p>⑨ <input type="checkbox"/> Bilingual Curriculum Content (Secondary Schools)</p> <p>⑩ <input type="checkbox"/> Home Language Arts</p>	<p>General Education ESE Program*</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> ⑪</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><small>* Attach Goal(s) and Benchmarks</small></p>
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POST PROGRAM REVIEW
 Check (✓) status for exited LEP students who continue to participate in an ESE program.

Date	No change in status	Refer to IEP team	Teacher's signature

Reclassify Date: _____
(MM/DD/YY)

FOR ESOL STUDENTS WHO ARE LEVEL I-IV:

COMPLETE LINES 1, 2, AND 3.

- COMPLETE LINE 5 AS FOLLOWS:
- STUDENTS THROUGH THIRD GRADE – WRITE N/A.
 - STUDENTS IN GRADES 4-12 WHO DO NOT PARTICIPATE IN STATE ASSESSMENT – WRITE N/A.
 - STUDENTS IN GRADE 4-12 WHO PARTICIPATE IN STATE ASSESSMENT – WRITE DATE/FCAT READING/SCORE.

COMPLETE LINES 6, AND 7-CHECK BOXES UNDER ESE PROGRAM.

LINES 8, 9, AND 10 ARE COMPLETED ONLY IF THE TEACHER IS FLUENT IN THE STUDENT'S NATIVE LANGUAGE AND IS TEACHING CURRICULUM CONTENT IN THE STUDENT'S NATIVE LANGUAGE.

COMPLETE A *BILINGUAL/ESOL ESE PROGRAM LIMITED ENGLISH PROFICIENT EXCEPTIONAL STUDENT DATA INPUT SHEET* AND FAX TO MS. GORDILLO (305) 279-6114.

SAMPLE OF SECTION V. - ANNUAL IEP PAGE 2 ESOL LEVEL V-POST PROGRAM REVIEW

*** ROCKY RACON (ANNUAL IEP 06/00-05/01 - FIRST YEAR OF POST PROGRAM MONITORING)**

V. PROGRAMS FOR LIMITED ENGLISH PROFICIENT (LEP) EXCEPTIONAL STUDENTS																			
<input type="checkbox"/> N/A		① HOME LANGUAGE OF STUDENT: _____																	
<input type="checkbox"/> See LEP Plan if Speech only																			
② ANNUAL LANGUAGE DOMINANCE/PROFICIENCY ASSESSMENT:	(MM/DD/YY)	(Test Used)	(ESOL Level)																
③ ESOL ENTRY DATE _____	(MM/DD/YY)	TEST USED _____	RAW SCORE _____																
④ ESOL EXIT DATE <u>03/30/00</u>	(MM/DD/YY)	TEST USED <u>M-DCOLPS-R</u>	RAW SCORE <u>20</u>																
⑤ MOST RECENT STANDARDIZED ACHIEVEMENT TEST (if applicable): (date/instrument/score)	<u>N/A</u>																		
COMPLETE AFTER SECTION XVII:		POST PROGRAM REVIEW																	
TYPE AND LOCATION OF LEP SERVICES: (Check all that apply based upon present levels of performance, behavioral observations, and the language dominance/proficiency assessment.)		Check (✓) status for exited LEP students who continue to participate in an ESE program.																	
⑥ <input type="checkbox"/> English for Speakers of Other Languages (ESOL) ⑦ <input type="checkbox"/> Curriculum Content in English Using ESOL Strategies ⑧ <input type="checkbox"/> Curriculum Content in the Home Language (Elementary) ⑨ <input type="checkbox"/> Bilingual Curriculum Content (Secondary Schools) ⑩ <input type="checkbox"/> Home Language Arts	General Education <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ESE Program* <input type="checkbox"/> ⑪ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>No change in status</th> <th>Refer to IEP team</th> <th>Teacher's signature</th> </tr> </thead> <tbody> <tr> <td>06/14/00</td> <td style="text-align: center;">✓</td> <td></td> <td><i>One Happy</i></td> </tr> <tr> <td>11/01/00</td> <td style="text-align: center;">✓</td> <td></td> <td><i>One Happy</i></td> </tr> <tr> <td>04/01/01</td> <td style="text-align: center;">✓</td> <td></td> <td><i>One Happy</i></td> </tr> </tbody> </table>	Date	No change in status	Refer to IEP team	Teacher's signature	06/14/00	✓		<i>One Happy</i>	11/01/00	✓		<i>One Happy</i>	04/01/01	✓		<i>One Happy</i>
Date	No change in status	Refer to IEP team	Teacher's signature																
06/14/00	✓		<i>One Happy</i>																
11/01/00	✓		<i>One Happy</i>																
04/01/01	✓		<i>One Happy</i>																
		<input type="checkbox"/> Reclassify Date: _____ (MM/DD/YY)																	

*** ROCKY RACON (ANNUAL IEP 06/01-05/02, SECOND YEAR OF POST PROGRAM MONITORING)**

V. PROGRAMS FOR LIMITED ENGLISH PROFICIENT (LEP) EXCEPTIONAL STUDENTS																			
<input type="checkbox"/> N/A		① HOME LANGUAGE OF STUDENT: _____																	
<input type="checkbox"/> See LEP Plan if Speech only																			
② ANNUAL LANGUAGE DOMINANCE/PROFICIENCY ASSESSMENT:	(MM/DD/YY)	(Test Used)	(ESOL Level)																
③ ESOL ENTRY DATE _____	(MM/DD/YY)	TEST USED _____	RAW SCORE _____																
④ ESOL EXIT DATE <u>03/30/00</u>	(MM/DD/YY)	TEST USED <u>M-DCOLPS-R</u>	RAW SCORE <u>20</u>																
⑤ MOST RECENT STANDARDIZED ACHIEVEMENT TEST (if applicable): (date/instrument/score)	<u>N/A</u>																		
COMPLETE AFTER SECTION XVII:		POST PROGRAM REVIEW																	
TYPE AND LOCATION OF LEP SERVICES: (Check all that apply based upon present levels of performance, behavioral observations, and the language dominance/proficiency assessment.)		Check (✓) status for exited LEP students who continue to participate in an ESE program.																	
⑥ <input type="checkbox"/> English for Speakers of Other Languages (ESOL) ⑦ <input type="checkbox"/> Curriculum Content in English Using ESOL Strategies ⑧ <input type="checkbox"/> Curriculum Content in the Home Language (Elementary) ⑨ <input type="checkbox"/> Bilingual Curriculum Content (Secondary Schools) ⑩ <input type="checkbox"/> Home Language Arts	General Education <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ESE Program* <input type="checkbox"/> ⑪ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>No change in status</th> <th>Refer to IEP team</th> <th>Teacher's signature</th> </tr> </thead> <tbody> <tr> <td>04/01/02</td> <td style="text-align: center;">✓</td> <td></td> <td><i>Bala Zoo</i></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Date	No change in status	Refer to IEP team	Teacher's signature	04/01/02	✓		<i>Bala Zoo</i>								
Date	No change in status	Refer to IEP team	Teacher's signature																
04/01/02	✓		<i>Bala Zoo</i>																
		<input type="checkbox"/> Reclassify Date: _____ (MM/DD/YY)																	

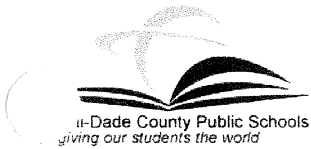
COMPLETE LINE 4.

COMPLETE LINE 5 AS FOLLOWS:

- STUDENTS THROUGH THIRD GRADE - WRITE N/A.
- STUDENTS IN GRADES 4-12 WHO DO NOT PARTICIPATE IN STATE ASSESSMENT - WRITE N/A.
- STUDENTS IN GRADE 4-12 WHO PARTICIPATE IN STATE ASSESSMENT - WRITE DATE/FCAT READING/SCORE. YOU MUST ADMINISTER THE METROPOLITAN ACHIEVEMENT TEST READING COMPREHENSION, AND LANGUAGE SECTIONS. STUDENT SHOULD SCORE AT THE 32% PERCENTILE. THIS INFORMATION IS USED TO DETERMINE IF THE STUDENT CAN BE EXITED FROM ESOL. IF STUDENT DOES NOT REACH 32%, IT IS A LEP COMMITTEE DECISION TO EXIT STUDENT AND MUST BE DOCUMENTED ON THE IEP.

COMPLETE SECTION 11 - POST PROGRAM REVIEW - UP TO 2 YEARS AFTER EXITING ESOL. MS. GORDILLO WILL NOTIFY YOU WHEN THIS IS DUE. WRITE THE POST PROGRAM REVIEW DATES THAT FALL WITHIN THE VALIDITY PERIOD OF THE IEP, i.e. Post program monitoring dates are 06/14/00, 11/01/00, 04/01/01, 04/01/02 - The first three dates would be written on the 2000-2001 IEP, and the last date would be written on the 2001-2002 IEP.

*MAKE A COPY OF PAGE 2. WRITE THE STUDENT'S NAME AT THE TOP AND FAX TO MS. GORDILLO (305) 279-6114.



INDIVIDUAL EDUCATIONAL PLAN (IEP)

Services Plan

DOC
TYPE 4953

I. DEMOGRAPHIC INFORMATION

DATE (MM/DD/YY) _____		
PRINT STUDENT'S NAME: (LAST) _____ (FIRST) _____ (M.I.) _____	DATE OF BIRTH _____	STUDENT I.D. NO. _____
ADDRESS _____		PHONE _____
HOME SCHOOL NAME _____	GRADE LEVEL _____	ASSIGNED SCHOOL (Complete After Section XVI) _____
PROGRAM DELIVERY MODEL (Complete After Section XVI) _____		<input type="checkbox"/> SCHOLARSHIP PROGRAM FOR STUDENTS WITH DISABILITIES

II. CONFERENCE INFORMATION

CONFERENCE DATE: _____ (MM/DD/YY)	INTERIM REVIEW DATE: _____ (MM/DD/YY)
CONFERENCE TYPE: <input type="checkbox"/> Initial (Copy of evaluation report was issued to parent)	<input type="checkbox"/> Suspension Meeting <input type="checkbox"/> Manifestation Determination
<input type="checkbox"/> Annual Review	<input type="checkbox"/> Consideration to/from Alternative Education Program
<input type="checkbox"/> Reevaluation (Copy of evaluation report was issued to parent)	<input type="checkbox"/> Temporary Assignment
<input type="checkbox"/> Transition	<input type="checkbox"/> Other: _____
<i>(Check all that apply.)</i>	

PARENT NOTIFICATION:	TYPE	DATE (MM/DD/YY)	RESPONSE
	* (1) Written (Attach to IEP)		
	* (2) _____		
*Required	(3) _____		

SUMMARY OF PROCEDURAL SAFEGUARDS (in the home language)

Summary of Procedural Safeguards has been received and **explained** to the parent(s)/guardian(s) of the student. Parent(s)/guardian(s) initials: _____

Parent(s)/guardian(s) received Summary of Procedural Safeguards and **waived rights for explanation**. Parent(s)/guardian(s) initials: _____

Parent(s)/guardian(s) **was not in attendance**. Copy of the Summary of Procedural Safeguards was sent home on: _____ (MM/DD/YY)

Primary language or mode of communication of parent(s)/guardian(s) if other than English: _____

Interpreter provided: Yes No If no, explain: _____

III. SIGNATURES AND POSITIONS OF PERSONS ATTENDING CONFERENCE

(PARENT) *	(STUDENT)
(PARENT)	(INTERPRETER)
(LEA REPRESENTATIVE) *	
(ESE TEACHER) *	
(EVALUATION SPECIALIST) *	
(GENERAL ED TEACHER) *	

*Required

IV. EXCEPTIONAL STUDENT EDUCATION (ESE) PROGRAM ELIGIBILITY

The student has been determined eligible for the following ESE program(s): _____

V. PROGRAMS FOR LIMITED ENGLISH PROFICIENT (LEP) EXCEPTIONAL STUDENTS

N/A
 See LEP Plan if Speech only
 HOME LANGUAGE OF STUDENT: _____
 ANNUAL LANGUAGE DOMINANCE/PROFICIENCY ASSESSMENT: _____ (MM/DD/YY) (Test Used) (ESOL Level)

ESOL ENTRY DATE _____ (MM/DD/YY) TEST USED _____ RAW SCORE _____

ESOL EXIT DATE _____ (MM/DD/YY) TEST USED _____ RAW SCORE _____

MOST RECENT STANDARDIZED ACHIEVEMENT TEST (if applicable): (date/instrument/score) _____

COMPLETE AFTER SECTION XVII:

TYPE AND LOCATION OF LEP SERVICES: (Check all that apply based upon present levels of performance, behavioral observations, and the language dominance/proficiency assessment.)

- | | General Education | ESE Program* |
|---|--------------------------|--------------------------|
| <input type="checkbox"/> English for Speakers of Other Languages (ESOL) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Curriculum Content in English Using ESOL Strategies | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Curriculum Content in the Home Language (Elementary) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Bilingual Curriculum Content (Secondary Schools) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Home Language Arts | <input type="checkbox"/> | <input type="checkbox"/> |
- * Attach Goal(s) and Benchmarks

POST PROGRAM REVIEW

Check (✓) status for exited LEP students who continue to participate in an ESE program.

Date	No change in status	Refer to IEP team	Teacher's signature

Reclassify Date: _____ (MM/DD/YY)

VI. PRESENT LEVELS OF EDUCATIONAL PERFORMANCE

Based on input from the following individuals: Parent(s)/Guardian(s) General Ed Teacher(s) ESE Teacher(s) Student Psychologist
 _____ and

Review of previous IEP, including status update(s). * Evaluation/Reevaluation dates: _____

District/Statewide assessment(s): (date/instrument/score) _____

Other (FAB, Brigance, ALP, etc.): (date/instrument/score) _____

The BIP, dated _____, is attached to this IEP and incorporated by reference. *Required

The student's strengths and abilities include:

Write a statement describing how the student's disability affects his/her involvement and progress in the general curriculum (or in the case of preschool students, explain how the disability affects the student's participation in appropriate activities).

The student's Priority Educational Needs (PEN) are:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

VII. TRANSITION STATEMENT

Check (✓) the appropriate box.

- Beginning at age 14 (or younger, if appropriate): The following is a statement of the transition planning needs that focus on the student's course of study (e.g., vocational, practical arts, fine arts, etc.).
- Beginning at age 16 (or younger, if appropriate): The following is an outcome statement that describes a direction and vision of the student's post-high school plans from the perspective of the student, parent, and team members.

TRANSFER OF RIGHTS:

Student was informed of transfer of rights at least one year prior to reaching the age of majority (18 years). Date: _____ Student initials: _____

At age 18, parent(s) and student were informed of the transfer of rights, if any, that took place. Date: _____ Parent(s) & Student initial: _____

If student is not present at IEP meeting, please indicate reason and how the student will be informed of his/her rights:

VIII. ASSURANCES

In addition to the previous documentation, the IEP team assures that the following will be considered or are not applicable (N/A):

considered NA

- Assistive Technology** devices and services needs *
- Positive behavior interventions**, strategies, and supports for students whose behavior impedes learning *
- Communication needs** of the student *
- Language needs for students with **Limited English Proficiency**
- The need for Braille instruction for students who are **blind** or **visually impaired**
- The communication and language needs for students who are **deaf** or **hard-of-hearing**

*Required

IX. DIPLOMA OPTIONS (GRADES 8 - 12 ONLY)

Check (✓) the appropriate box.

- Standard Diploma Special Diploma (complete Sunshine State Standards on Insert A)

X. MEASURABLE ANNUAL GOALS AND BENCHMARKS (COMPLETE INSERTS B and/or C)

- The IEP team has determined that the attached Measurable Annual Goals and Benchmarks and/or Individual Transition Plan (grades 9-12, or earlier if deemed appropriate) are necessary to provide an appropriate education.
- This determination is based on Priority Educational Needs (PEN) taken from Present Levels of Educational Performance, behavioral factors, and any other pertinent information.
- The goals are developed to enable the student to be involved in and/or progress in the general curriculum, and address other educational needs resulting from the disability.

XI. EDUCATIONAL SETTING-ADAPTATIONS (COMPLETE INSERT D)

- Accommodations/Modifications needed in the educational setting
- Assessment Participation
- Accommodations for District/Statewide assessment(s) and classroom testing

XII. SUPPLEMENTARY AIDS AND SERVICES

Aids, services, and/or supports provided to student.*	SERVICE LOCATION (e.g., Math class)	DURATION		FREQUENCY (e.g., monthly, weekly, daily, etc.)
		Start (MM/DD/YY)	End (MM/DD/YY)	
<input type="checkbox"/> Sign language interpreter				
<input type="checkbox"/> Consultation				
<input type="checkbox"/> Collaboration				
<input type="checkbox"/> Other:				
<input type="checkbox"/> Other:				
<input type="checkbox"/> None needed at this time				

XIII. RELATED SERVICES (Special Transportation Information Section XIX)

Services required for the student to benefit from special education.*	SERVICE LOCATION (e.g., Counselor's office)	DURATION		FREQUENCY (e.g., monthly, weekly, daily, etc.)
		Start (MM/DD/YY)	End (MM/DD/YY)	
<input type="checkbox"/> Counseling (see goals)				
<input type="checkbox"/> Assistive Technology: _____				
<input type="checkbox"/> Occupational Therapy (see goals)				
<input type="checkbox"/> Physical Therapy (see goals)				
<input type="checkbox"/> Orientation and Mobility (see goals)				
<input type="checkbox"/> Nursing Services <input type="checkbox"/> Respiratory Therapy Services				
<input type="checkbox"/> Specially Designed/Adapted PE (see goals)				
<input type="checkbox"/> Other:				
<input type="checkbox"/> None needed at this time				

*Excluding non-student days per school year

XIV. SUPPORT NEEDED FOR IEP IMPLEMENTATION

The IEP team recommends that the following training/support be provided to the individuals listed below to assist them in implementing the student's IEP goals and benchmarks.

Title(s) of Individuals	Needs	Staff Responsible/Provider Location	Duration/Frequency

None needed at this time

XV. OTHER PERTINENT INFORMATION

- Medication(s): _____
- Physical Restraint Procedures may be used if student presents a danger to self and/or others, or property.
- Other (e.g., allergies, restrictions): _____
- Shortened school day Yes No (If yes, explain): _____

Extended School Year (ESY):

Does the student require an Extended School Year program to obtain benefit from his/her educational program? Yes No

If yes, specify service(s) in section XIII and/or XVII.

XVI. LEAST RESTRICTIVE ENVIRONMENT (LRE)	PLACEMENT CONSIDERATIONS
<p>CONSIDERATIONS: Check (✓) all factors considered in selecting the student's placement and ensuring that it is in the least restrictive environment.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> student frustration and stress <input type="checkbox"/> student self-esteem and worth <input type="checkbox"/> disruption of students in general education classes <input type="checkbox"/> disruption of students in special education classes <input type="checkbox"/> distractibility <input type="checkbox"/> need for lower pupil-to-teacher ratio <input type="checkbox"/> time required to master educational objectives <input type="checkbox"/> need for instructional technology </div> <div style="width: 45%;"> <input type="checkbox"/> mobility problems in a large school setting <input type="checkbox"/> safety concerns due to physical conditions <input type="checkbox"/> health and safety concerns requiring adaptive equipment <input type="checkbox"/> lack of emotional control causing harm to self and others <input type="checkbox"/> social skills causing increased isolation <input type="checkbox"/> difficulty completing tasks <input type="checkbox"/> other: _____ </div> </div>	<p>Check (✓) all placement options considered.</p> <input type="checkbox"/> General education class* <input type="checkbox"/> General education class with external ESE support <input type="checkbox"/> General education class with in-class ESE support <input type="checkbox"/> Resource Room/Varying Exceptionalities <input type="checkbox"/> Self-contained ESE class <input type="checkbox"/> Alternative education <input type="checkbox"/> Special school <input type="checkbox"/> Hospital/homebound <input type="checkbox"/> _____
<p>Based on the above LRE considerations, complete assigned school and program delivery model on page one, section I.</p>	
*Required	

XVII. EDUCATIONAL SERVICES		
G E N	E S E	<p>AREAS OF INSTRUCTION (e.g., math, art, speech, adapted PE, ESOL, etc.) List all subjects and programs.</p>
		<p>Indicate participation in non-academic and/or extracurricular activities with general education students: (check all that apply).</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> clubs <input type="checkbox"/> assemblies </div> <div style="width: 20%;"> <input type="checkbox"/> lunch <input type="checkbox"/> other _____ </div> <div style="width: 20%;"> <input type="checkbox"/> field trips </div> <div style="width: 20%;"> <input type="checkbox"/> recess </div> <div style="width: 20%;"> <input type="checkbox"/> community service </div> </div> <p>Explain why the student cannot participate with students in general education class(es) and other non-academic activities for all or part of the school day. The team considered the program delivery options in the continuum of services and determined this to be the appropriate placement due to the need for:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Will the student be removed from the general education program for more than fifty percent of the school day because this is the least restrictive environment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will the student be educated in the school he or she would attend if non-disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

SPECIALIZED INSTRUCTION IN:*	SERVICE LOCATION	DURATION	FREQUENCY
(e.g., decoding skills, math application, etc.) Refer to all goal areas in Section X.	(e.g., Language Arts class)	Start - End (MM/DD/YY) (MM/DD/YY)	(e.g., monthly, weekly, daily, E.O.D.,** etc.)

*Excluding non-student days per school year

**Every Other Day

XVIII. IEP IMPLEMENTATION
<p>Person(s) responsible for the implementation of this IEP include:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> General Education Teacher(s) <input type="checkbox"/> Orientation and Mobility Specialist </div> <div style="width: 20%;"> <input type="checkbox"/> ESE Teacher(s) <input type="checkbox"/> Psychologist </div> <div style="width: 20%;"> <input type="checkbox"/> Speech/Language Pathologist <input type="checkbox"/> Other(s): _____ </div> <div style="width: 20%;"> <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Occupational Therapist </div> </div> <p>• Notification and explanation of responsibilities will be made to persons indicated above by: _____ (title)</p> <p>A copy of the section(s) of the IEP that address specific responsibilities will be given to the corresponding providers indicated above.</p> <p>• Other pertinent information, along with this IEP, will be accessible to all providers through the student's cumulative record folder.</p>

XIX. SPECIAL TRANSPORTATION/RELATED SERVICES

Student requires the related service of transportation Yes No

PRIMARY TRANSPORTATION MODE

(Check one only)

- Individualized Stop With Supervision
- Individualized Stop Without Supervision
- Lift Bus With Supervision
- Lift Bus Without Supervision
- Car Seat (under 40 lbs.)
- Safety Vest Individualized Stop With Supervision
- Safety Belt/Unique Seating Device Individualized Stop With Supervision
- Alternate Mode of Transportation May Be Required*

*Specify: _____

SECONDARY TRANSPORTATION MODE(S)

(Check all that apply)

- Medically Fragile Student (Refer to Medical Consultative Review Procedures)
- Aide Required
- Medical Equipment**
- Shortened School Day or Alternate School Day Time(s)
- Student Transported Out of School District
- Occupational/Physical Therapy
- Vocational/Share Time Program
- Scholarship Program for Students With Disabilities

**Specify: _____

XX. INITIATION/DURATION DATES

Services delineated on the IEP, unless otherwise indicated, will initiate _____ and have an anticipated duration through _____.
MM/DD/YY MM/DD/YY

XXI. PARENT(S)/GUARDIAN(S) COMMENTS

Parent(s)/guardian(s), if present, please initial: _____ agreement or _____ disagreement

Comments: _____

A copy of this IEP was given to the parent(s): Yes No If no, parent(s) will receive a copy via _____

If parent(s) disagreed with IEP team decision, the forms listed below were given to parent Yes No (If no, explain in conference notes.)

- Informed Notice of Proposal or Refusal to Take a Specific Action (completed)
- Request for Mediation
- Request for Due Process Hearing

CONFERENCE NOTES

Date: _____



IX. SPECIAL DIPLOMA: SUNSHINE STATE STANDARDS (INSERT A)

The Sunshine State Standards for Special Diploma support the attainment of the desired school and post school outcomes of the student and the adaptations to content that may be required to meet the other educational needs that result from the disability. The expected level of functioning in each of the 14 standards is the level projected for the student to attain by the time the student exits the school program at graduation or age 22.

Mark the appropriate box to indicate the level of functioning expected for each standard. This information will be helpful in developing transition goals and benchmarks.

Curriculum and Learning Environment Domain	Independent	Supported	Participatory
A. 1. The student participates, and makes progress in the Sunshine State Standards as appropriate for the individual student.			
B. 1. The student locates, interprets, and uses oral, print, or visual information for a variety of purposes.			
B. 2. The student expresses information effectively using oral, print, or visual formats for a variety of purposes.			
B. 3. The student identifies and applies mathematical concepts and processes to solve problems.			
B. 4. The student uses systematic approaches when solving problems.			
C. 1. The student recognizes opportunities and responsibilities in the workplace.			
C. 2. The student demonstrates skills and competencies needed for employment.			
Independent Functioning Domain	Independent	Supported	Participatory
A. 1. The student engages in productive and leisure activities used in the home and community.			
A. 2. The student accesses and uses community resources and services.			
B. 1. The student manages personal, career, and other life decisions.			
B. 2. The student demonstrates conduct that complies with social and environmental expectations.			
Social and Emotional Behavior Domain	Independent	Supported	Participatory
A. 1. The student contributes to overall effort of the group.			
A. 2. The student uses acceptable interpersonal skills when interacting with others.			
Communication Domain	Independent	Supported	Participatory
A. 1. The student effectively communicates with others.			

The following descriptions describe expectations for each level:

INDEPENDENT LEVEL:

Students are expected to be able to perform the behaviors identified for each benchmark on their own once they have mastered the knowledge and skills.

SUPPORTED LEVEL:

Students are expected to be able to perform the behaviors identified for each benchmark with guidance and support: physical, verbal, and visual prompts, assistive technology, and supervision.

PARTICIPATORY LEVEL:

Students are expected to participate with assistance in the performance of the behavior: personal physical assistance and assistive technology.

Refer to "Florida Curriculum Framework; Sunshine State Standards for Special Diploma" which details the curriculum to be implemented for students with the special diploma option. (see back)

"Florida Curriculum Framework; Sunshine State Standards for Special Diploma" is a guide for teachers to help students achieve the Sunshine State Standards for Special Diploma. It includes the sample performance objectives for each of the 14 standards at the independent, supported, and participatory levels. These sample performance objectives are tools for developing lesson plans that will lead students to achieve the expected levels of performance.



X. MEASURABLE ANNUAL GOALS AND BENCHMARKS (INSERT B)

Parent will receive progress updates toward annual goals at least four times per year via updates of this insert.

Annual goals and benchmarks are based on "Present Level of Educational Performance" and address the Priority Educational Needs (PEN), section VI of IEP, along with other needs that result from the student's disability in order to enable the student to be involved in and/or progress in the general curriculum. Goals include student performance, time line, mastery criteria and evaluation procedures.

MEASURABLE GOAL: PEN# _____ _____ _____ Student's progress toward goal will be measured by: title: _____ how often: _____	MASTERY CRITERIA <input type="checkbox"/> _____ % accuracy <input type="checkbox"/> _____ of _____ opportunities <input type="checkbox"/> For _____ minutes <input type="checkbox"/> _____ of _____ occurrences <input type="checkbox"/> other: _____	EVALUATION PROCEDURE(S) <input type="checkbox"/> Teacher developed checklist/chart <input type="checkbox"/> Test(s): _____ (e.g., teacher made, standardized) <input type="checkbox"/> Student work product <input type="checkbox"/> Interview with _____ <input type="checkbox"/> Graded work samples <input type="checkbox"/> Curriculum based assessment <input type="checkbox"/> other: _____	STATUS REPORT ON GOAL Date (MM/YY) - Code* _____ _____ _____
---	---	---	--

Benchmarks: _____

MEASURABLE GOAL: PEN# _____ _____ _____ Student's progress toward goal will be measured by: title: _____ how often: _____	MASTERY CRITERIA <input type="checkbox"/> _____ % accuracy <input type="checkbox"/> _____ of _____ opportunities <input type="checkbox"/> For _____ minutes <input type="checkbox"/> _____ of _____ occurrences <input type="checkbox"/> other: _____	EVALUATION PROCEDURE(S) <input type="checkbox"/> Teacher developed checklist/chart <input type="checkbox"/> Test(s): _____ (e.g., teacher made, standardized) <input type="checkbox"/> Student work product <input type="checkbox"/> Interview with _____ <input type="checkbox"/> Graded work samples <input type="checkbox"/> Curriculum based assessment <input type="checkbox"/> other: _____	STATUS REPORT ON GOAL Date (MM/YY) - Code* _____ _____ _____
---	---	---	--

Benchmarks: _____

MEASURABLE GOAL: PEN# _____ _____ _____ Student's progress toward goal will be measured by: title: _____ how often: _____	MASTERY CRITERIA <input type="checkbox"/> _____ % accuracy <input type="checkbox"/> _____ of _____ opportunities <input type="checkbox"/> For _____ minutes <input type="checkbox"/> _____ of _____ occurrences <input type="checkbox"/> other: _____	EVALUATION PROCEDURE(S) <input type="checkbox"/> Teacher developed checklist/chart <input type="checkbox"/> Test(s): _____ (e.g., teacher made, standardized) <input type="checkbox"/> Student work product <input type="checkbox"/> Interview with _____ <input type="checkbox"/> Graded work samples <input type="checkbox"/> Curriculum based assessment <input type="checkbox"/> other: _____	STATUS REPORT ON GOAL Date (MM/YY) - Code* _____ _____ _____
---	---	---	--

Benchmarks: _____

MEASURABLE GOAL: PEN# _____ _____ _____ Student's progress toward goal will be measured by: title: _____ how often: _____	MASTERY CRITERIA <input type="checkbox"/> _____ % accuracy <input type="checkbox"/> _____ of _____ opportunities <input type="checkbox"/> For _____ minutes <input type="checkbox"/> _____ of _____ occurrences <input type="checkbox"/> other: _____	EVALUATION PROCEDURE(S) <input type="checkbox"/> Teacher developed checklist/chart <input type="checkbox"/> Test(s): _____ (e.g., teacher made, standardized) <input type="checkbox"/> Student work product <input type="checkbox"/> Interview with _____ <input type="checkbox"/> Graded work samples <input type="checkbox"/> Curriculum based assessment <input type="checkbox"/> other: _____	STATUS REPORT ON GOAL Date (MM/YY) - Code * _____ _____ _____
---	---	--	--

Benchmarks: _____

MEASURABLE GOAL: PEN# _____ _____ _____ Student's progress toward goal will be measured by: title: _____ how often: _____	MASTERY CRITERIA <input type="checkbox"/> _____ % accuracy <input type="checkbox"/> _____ of _____ opportunities <input type="checkbox"/> For _____ minutes <input type="checkbox"/> _____ of _____ occurrences <input type="checkbox"/> other: _____	EVALUATION PROCEDURE(S) <input type="checkbox"/> Teacher developed checklist/chart <input type="checkbox"/> Test(s): _____ (e.g., teacher made, standardized) <input type="checkbox"/> Student work product <input type="checkbox"/> Interview with _____ <input type="checkbox"/> Graded work samples <input type="checkbox"/> Curriculum based assessment <input type="checkbox"/> other: _____	STATUS REPORT ON GOAL Date (MM/YY) - Code * _____ _____ _____
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Benchmarks: _____

MEASURABLE GOAL: PEN# _____ _____ _____ Student's progress toward goal will be measured by: title: _____ how often: _____	MASTERY CRITERIA <input type="checkbox"/> _____ % accuracy <input type="checkbox"/> _____ of _____ opportunities <input type="checkbox"/> For _____ minutes <input type="checkbox"/> _____ of _____ occurrences <input type="checkbox"/> other: _____	EVALUATION PROCEDURE(S) <input type="checkbox"/> Teacher developed checklist/chart <input type="checkbox"/> Test(s): _____ (e.g., teacher made, standardized) <input type="checkbox"/> Student work product <input type="checkbox"/> Interview with _____ <input type="checkbox"/> Graded work samples <input type="checkbox"/> Curriculum based assessment <input type="checkbox"/> other: _____	STATUS REPORT ON GOAL Date (MM/YY) - Code * _____ _____ _____
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Benchmarks: _____

This student has been identified as having a substantial reading deficiency. If the deficiency is not remediated by the end of the 3rd grade, he/she must be retained unless exempted from mandatory retention for good cause in accordance with Section 1008.25(5)(a), Florida Statutes.

If applicable, results of **ALTERNATE ASSESSMENT** administered on (date) _____ will be discussed at the next IEP meeting or earlier upon parent request.

Parent's Signature: _____	Date: _____
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- *Status Report Codes: 1. Mastery of goal. 3. Some progress made; anticipate meeting goal by IEP end.
2. Adequate progress made; anticipate meeting goal by IEP end. 4. Insufficient progress made; do not anticipate meeting goal by IEP end.

Print Student's Name: _____

ID#: _____

Date: _____



X. INDIVIDUAL TRANSITION PLAN (INSERT C)

Parent will receive progress updates toward annual goals at least four times per year via updates of this insert.

Annual goals and benchmarks are based on "Present Level of Education Performance" and should address the Priority Educational Needs (PEN), section VI of IEP, along with other needs that result from the student's disability in order to enable the student to be involved in and/or progress in the general curriculum and transition to post-school activities.

Write required transition annual goals/benchmarks for the following domains or a statement indicating why transition services are not needed:

INSTRUCTION (INST) COMMUNITY EXPERIENCE(CE) POST SCHOOL ADULT LIVING (PSAL) EMPLOYMENT (EMP) DAILY LIVING SKILLS (DLS) * FUNCTIONAL VOCATIONAL EVALUATION (FVE)*

MEASURABLE GOAL: DOMAIN: _____ _____ _____ _____ Student's progress toward goal will be measured by: title: _____ how often: _____	MASTERY CRITERIA <input type="checkbox"/> _____ % accuracy <input type="checkbox"/> _____ of _____ opportunities <input type="checkbox"/> for _____ minutes <input type="checkbox"/> _____ of _____ occurrences <input type="checkbox"/> other: _____	EVALUATION PROCEDURE(S) <input type="checkbox"/> Teacher developed checklist/chart <input type="checkbox"/> Test(s): _____ (e.g., teacher made, standardized) <input type="checkbox"/> Student work product <input type="checkbox"/> Interview with _____ <input type="checkbox"/> Graded work samples <input type="checkbox"/> Curriculum based assessment <input type="checkbox"/> other: _____	STATUS REPORT ON GOAL Date (MM/YY) - Code * _____ _____ _____ _____
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Benchmarks: _____

 Interagency responsibilities and/or needed linkages: _____

MEASURABLE GOAL: DOMAIN: _____ _____ _____ _____ Student's progress toward goal will be measured by: title: _____ how often: _____	MASTERY CRITERIA <input type="checkbox"/> _____ % accuracy <input type="checkbox"/> _____ of _____ opportunities <input type="checkbox"/> for _____ minutes <input type="checkbox"/> _____ of _____ occurrences <input type="checkbox"/> other: _____	EVALUATION PROCEDURE(S) <input type="checkbox"/> Teacher developed checklist/chart <input type="checkbox"/> Test(s): _____ (e.g., teacher made, standardized) <input type="checkbox"/> Student work product <input type="checkbox"/> Interview with _____ <input type="checkbox"/> Graded work samples <input type="checkbox"/> Curriculum based assessment <input type="checkbox"/> other: _____	STATUS REPORT ON GOAL Date (MM/YY) - Code * _____ _____ _____ _____
--	---	--	---

Benchmarks: _____

 Interagency responsibilities and/or needed linkages: _____

MEASURABLE GOAL: DOMAIN: _____ _____ _____ _____ Student's progress toward goal will be measured by: title: _____ how often: _____	MASTERY CRITERIA <input type="checkbox"/> _____ % accuracy <input type="checkbox"/> _____ of _____ opportunities <input type="checkbox"/> for _____ minutes <input type="checkbox"/> _____ of _____ occurrences <input type="checkbox"/> other: _____	EVALUATION PROCEDURE(S) <input type="checkbox"/> Teacher developed checklist/chart <input type="checkbox"/> Test(s): _____ (e.g., teacher made, standardized) <input type="checkbox"/> Student work product <input type="checkbox"/> Interview with _____ <input type="checkbox"/> Graded work samples <input type="checkbox"/> Curriculum based assessment <input type="checkbox"/> other: _____	STATUS REPORT ON GOAL Date (MM/YY) - Code * _____ _____ _____ _____
--	---	--	---

Benchmarks: _____

 Interagency responsibilities and/or needed linkages: _____

MEASURABLE GOAL: DOMAIN: _____ PEN# _____ _____ _____ _____ Student's progress toward goal will be measured by: title: _____ how often: _____	MASTERY CRITERIA <input type="checkbox"/> _____ % accuracy <input type="checkbox"/> _____ of _____ opportunities <input type="checkbox"/> for _____ minutes <input type="checkbox"/> _____ of _____ occurrences <input type="checkbox"/> other: _____	EVALUATION PROCEDURE(S) <input type="checkbox"/> Teacher developed checklist/chart <input type="checkbox"/> Test(s): _____ (e.g., teacher made, standardized) <input type="checkbox"/> Student work product <input type="checkbox"/> Interview with _____ <input type="checkbox"/> Graded work samples <input type="checkbox"/> Curriculum based assessment <input type="checkbox"/> other: _____	STATUS REPORT ON GOAL Date (MM/YY) - Code* _____ _____ _____
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Benchmarks: _____

 _____ Interagency responsibilities and/or needed linkages: _____

MEASURABLE GOAL: DOMAIN: _____ PEN# _____ _____ _____ _____ Student's progress toward goal will be measured by: title: _____ how often: _____	MASTERY CRITERIA <input type="checkbox"/> _____ % accuracy <input type="checkbox"/> _____ of _____ opportunities <input type="checkbox"/> for _____ minutes <input type="checkbox"/> _____ of _____ occurrences <input type="checkbox"/> other: _____	EVALUATION PROCEDURE(S) <input type="checkbox"/> Teacher developed checklist/chart <input type="checkbox"/> Test(s): _____ (e.g., teacher made, standardized) <input type="checkbox"/> Student work product <input type="checkbox"/> Interview with _____ <input type="checkbox"/> Graded work samples <input type="checkbox"/> Curriculum based assessment <input type="checkbox"/> other: _____	STATUS REPORT ON GOAL Date (MM/YY) - Code* _____ _____ _____
--	---	--	--

Benchmarks: _____

 _____ Interagency responsibilities and/or needed linkages: _____

MEASURABLE GOAL: DOMAIN: _____ PEN# _____ _____ _____ _____ Student's progress toward goal will be measured by: title: _____ how often: _____	MASTERY CRITERIA <input type="checkbox"/> _____ % accuracy <input type="checkbox"/> _____ of _____ opportunities <input type="checkbox"/> for _____ minutes <input type="checkbox"/> _____ of _____ occurrences <input type="checkbox"/> other: _____	EVALUATION PROCEDURE(S) <input type="checkbox"/> Teacher developed checklist/chart <input type="checkbox"/> Test(s): _____ (e.g., teacher made, standardized) <input type="checkbox"/> Student work product <input type="checkbox"/> Interview with _____ <input type="checkbox"/> Graded work samples <input type="checkbox"/> Curriculum based assessment <input type="checkbox"/> other: _____	STATUS REPORT ON GOAL Date (MM/YY) - Code* _____ _____ _____
--	---	--	--

Benchmarks: _____

 _____ Interagency responsibilities and/or needed linkages: _____

Other pertinent information: _____
 If applicable, results of **ALTERNATE ASSESSMENT** administered on (date) _____ will be discussed at the next IEP meeting or earlier upon parent request.

Parent's Signature: _____	Date: _____
Student's Signature: _____	Date: _____

- * May be appropriate for special diploma seeking students
- ** Status Report Codes: 1. Mastery of goal.
- 2. Adequate progress made; anticipate meeting goal by IEP end.
- 3. Some progress made; anticipate meeting goal by IEP end.
- 4. Insufficient progress made; do not anticipate meeting goal by IEP end.



Print Student's Name: _____

ID#: _____

Date: _____

XI. EDUCATIONAL SETTING - ADAPTATIONS (INSERT D)

(Excluding non-student days per school year)

List below any adaptations necessary to enable the student to access the educational setting including: the general curriculum, extra curricular and/or non-academic activities. Note that the accommodations for assessment participation are to be checked (✓) below under the "Assessment Participation" section.

ADAPTATIONS	SERVICE LOCATION	DURATION Start - End (MM/DD/YY) (MM/DD/YY)	FREQUENCY e.g., daily, weekly, monthly, etc.
<input type="checkbox"/> ESOL strategies <input type="checkbox"/> home language strategies			

PLEASE REVIEW THE EXEMPTION CRITERIA AND GUIDING QUESTIONS ON SECTION I OF INSERT D (PAGE 2 OF 2) PRIOR TO DETERMINING WHETHER THE STUDENT PARTICIPATES IN FCAT OR AN ALTERNATE ASSESSMENT.

ASSESSMENT PARTICIPATION AND ACCOMMODATIONS

Will the student participate in the state assessment(s)? Yes No* Partial*

Will the student participate in the district assessment(s)? Yes No* Partial*

Accommodations needed for participation in the district and statewide assessment(s) (if permitted by the test publisher) should be consistent with those needed for classroom instruction and assessment. These accommodations, which must also be implemented in the classroom setting, may include:

- FLEXIBLE SETTING:**
 - Individual
 - Small group setting
- FLEXIBLE SCHEDULING:**
 - Shortened sessions
 - Additional time
 - Breaks
- FLEXIBLE RESPONDING:**
 - Mark answers directly in test booklets
 - Dictate responses
- FLEXIBLE PRESENTATION:**
 - Directions/content read aloud
 - Device used to maintain visual attention
 - Large print Braille

- IF YES** or **PARTIAL*:**
- IF NO*** or **PARTIAL*:**
 - Indicate why the state/district assessment is inappropriate: Meets all exemption criteria* or _____
 - Meets the state exemption criteria* as determined by the IEP team; alternate assessment to be given: Brigance Inventory Assessment and Learning Profile (ALP) Other district approved assessment: _____

* See page 2 for exemption criteria and Section 1008.22, F. S. required notice. **Insert D**. FM-6132 Rev. (03-04)

**SECTION I
EXEMPTION CRITERIA:**

IEP teams are responsible for determining whether students with disabilities will participate in the Florida Comprehensive Assessment Test (FCAT) or alternate assessment based on the following criteria referred to in Rule 6A-1.0943, Florida Administrative Code (FAC):

- The student's demonstrated cognitive ability prevents the student from completing the required coursework and achieving the Sunshine State Standards, even with appropriate and allowable course accommodations; and,
- The student requires extensive direct instruction to accomplish the application and transfer of skills and competencies needed for domestic, community living, leisure and vocational activities.

Low cognitive ability, the cognitive ability that would prevent a student from completing required coursework and Sunshine State Standards, is defined as significantly sub-average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

IEP teams should answer each of the following questions when determining whether FCAT or an alternate assessment is the appropriate assessment. If the IEP team answers "no" to one or more of the questions, the student should participate in the FCAT with accommodations, as appropriate:

- Is the student unable to master the grade-level Sunshine State Standards, even with appropriate and allowable course accommodations?
- Is the student's demonstrated cognitive ability the primary reason for the inability to master grade-level standards?
- Is the student participating in a modified or functional curriculum based upon competencies in the Sunshine State Standards for Special Diploma for all academic areas?
- Does the student require extensive direct instruction in functional academics and vocational competencies as well as domestic, community living and leisure activities?
- Does the student have deficits in adaptive behavior, as demonstrated by the inability to function effectively and independently in everyday living skills (interpersonal and social interactions) across a variety of settings?

**SECTION II
Sections 1008.22(3)(c)(6) and 1008.22(3)(c)(8), F. S.,**

The IEP team assures that parents are informed of the implications of a student's nonparticipation in the FCAT and the implications for a student who is provided with classroom accommodations or modifications that are not permitted on FCAT.

Some factors to consider when discussing the implications include, but are not limited to, the following:

- Students who do not participate in the FCAT on a year to year basis may not be adequately prepared to meet the challenges of future assessments and may not be prepared to graduate with a standard diploma.
- Students who require an extensively modified curriculum and meet exemption criteria will not be prepared to graduate with a standard diploma.
- The provision of classroom accommodations or modifications that are not permitted on the FCAT may be necessary for the student to access an appropriate education. Nonetheless, these provisions may impact what the student is learning in the classroom and may impact the student when he or she is participating in the FCAT. Such accommodations and modifications to curricula may impact the student's ability to meet expected proficiency levels in reading, writing and math.

Informed Informed, but N/A

the implications of the student's nonparticipation in FCAT.
It is appropriate to indicate N/A for PreK-2 students and students who have already passed the FCAT.

If the following box is checked "Informed," the parent's signature must be included:

Informed Informed, but N/A

the implications of the student being provided with classroom accommodations or modifications that are not permitted on the FCAT. *It is appropriate to indicate N/A for PreK-2 students; students who have already passed the FCAT; and/or students whose classroom accommodations are all permitted on the FCAT.*

I give consent for my child to receive classroom accommodations and/or modifications that are not permitted on the FCAT. My signature acknowledges in writing:

- 1) I understand that classroom accommodations or modifications may be necessary for my child to access an appropriate education; and,
- 2) I understand the implications that the use of classroom accommodations and/or modifications that are not permitted on the FCAT may impact him or her when participating in the FCAT.

Parent/guardian signature _____

Date _____

DIVISION OF EXCEPTIONAL STUDENT EDUCATION

Print Student's Name:

ID#:

Date:



EXTENDED SCHOOL YEAR (ESY) SERVICES FORM

The following ESY services are deemed appropriate by the IEP team at a meeting held on _____ . Parent(s)/guardian(s) will be notified of the location(s) and times for the delivery of school based services. (MM/DD/YY)

ESY Service Code(s)*	Specialized Instruction, Supplementary, and/or Related Services	Delivery Model Code(s)**	Duration Start - End MM/DD/YY - MM/DD/YY	Frequency ___ day(s)/week for ___ min./session; ___ time(s)/month

Additional Information: _____

The student requires the related service of transportation to access ESY services. Yes No
(If yes, complete the transportation information on page 2 of this form, and fax it to the director for the transportation center who is currently transporting the student.)

Parent Signature: _____ Student Signature: _____ Date: _____

* **ESY Service Codes:**
ACS=Academic goals; **AT**=Assistive Technology; **ART**=Art Therapy; **BHS**=Behavior/Social Skills goals; **CO**=Counseling; **ITN**=Itinerant Services; **JOB**=Job Coach; **MUS**=Music Therapy; **OM**=Orientation & Mobility; **OT**=Occupational Therapy; **PAR**=Paraprofessional Assistance; **PE**=Specially Designated/Adapted PE; **PT**=Physical Therapy; **RBD**=Recording for the Blind & Dyslexic; **SL**=Speech and/or Language Therapy; **SLI**=Sign Language Interpreter; **OTH**=Other.
**** Delivery Model Codes:**
HPC=Home packet with consultation; **HP**=Home packet with parent supervision; **H**=home delivery; **S**=School based delivery; **OTH**=Other.



Print Student's Name: _____

ID#: _____

Date: _____

EXTENDED SCHOOL YEAR (ESY) SERVICES FORM: TRANSPORTATION INFORMATION N/A

Parent(s)/guardian(s) will be notified of transportation pick-up and drop-off times by the transportation office. Notification of the location(s) for delivery of services will also be provided prior to the initiation of services.

Current Assigned School Name: _____ WL#: _____

Home Address: _____

If other than home address: Pick-Up: _____ Drop-Off: _____

Emergency Contact Information: _____

Additional transportation related information: _____

PRIMARY TRANSPORTATION MODE (Check one only)	
<input type="checkbox"/> Individualized Stop With Supervision	<input type="checkbox"/> Individualized Stop Without Supervision
<input type="checkbox"/> Car Seat (under 40 lbs.)	<input type="checkbox"/> Safety Vest Individualized Stop With Supervision
<input type="checkbox"/> Lift Bus Without Supervision	<input type="checkbox"/> Lift Bus With Supervision
<input type="checkbox"/> Alternate Mode of Transportation May Be Required*	<input type="checkbox"/> Safety Belt/Unique Seating Device Individualized Stop With Supervision
*Specify: _____	
SECONDARY TRANSPORTATION MODE(S) (Check all that apply)	
<input type="checkbox"/> Medically Fragile Student (Refer to Medical Consultative Review Procedures)	<input type="checkbox"/> Aide Required
<input type="checkbox"/> Student Transported Out of School District	<input type="checkbox"/> Occupational/Physical Therapy
<input type="checkbox"/> Shortened School Day or Alternate School Day Time(s)	<input type="checkbox"/> Medical Equipment**
<input type="checkbox"/> Scholarship Program for Students With Disabilities	<input type="checkbox"/> Vocational/Share Time Program
**Specify: _____	



DATE (MM/DD/YY)	
STUDENT ID. NO.	

PRINT STUDENT'S NAME: (LAST) _____ (FIRST) _____ (M.L.) _____

Total of Ratings: _____
Cost Factor: _____

Matrix of Services

(for funding under the Florida Education Finance Program)

Student Information

District: _____

Date of Birth: _____ Grade: _____

School: _____

Total Minutes in School Week is calculated on the PF 18 screen.

Minutes per Week with Nondisabled Peers is calculated on the PF 18 screen.

Name(s) of Person(s) Completing Matrix: _____

(Name/Title)

(Name/Title)

(Name/Title)

(Name/Title)

(Name/Title)

Areas of Eligibility (Put a "P" next to the primary exceptionality. Check all others that apply.)

Area of Eligibility	Data Entry Code
Autistic	P
Deaf or Hard of Hearing	H
Developmentally Delayed (Age: 0-5)	T
Dual-Sensory Impaired	O
Educable Mentally Handicapped	A
Emotionally Handicapped	J
Established Conditions (Age: 0-2)	U
Gifted	L
Hospital/Homebound	M
Language Impaired	G
Occupational Therapy	D
Orthopedically Impaired	C
Other Health Impaired	V
Physical Therapy	E
Profoundly Mentally Handicapped	N
Severely Emotionally Disturbed	Q
Specific Learning Disabled	K
Speech Impaired	F
Trainable Mentally Handicapped	B
Traumatic Brain Injured	S
Visually Impaired	I

Instructions

- Complete student information section.
- Check all appropriate services or supports to be provided by the school district to the student in Domains A through E.
- Mark the appropriate level (1 through 5) for each domain and record this level at the bottom of each domain.
- Check applicable special considerations, if any, and record total special considerations rating.
- Total the five domain ratings, sum the total of domain ratings and special considerations rating, and record the total in the box at the top of this page.
- Determine the cost factor using the cost factor scale on the final page and record it in the box at the top of this page.

Matrix Reviews after Interim IEP Meetings
Record Interim reviews below if (1) there is no change in services and (2) the matrix is less than three years old.

Review Date _____ Reviewer's Initials _____

Review Date _____ Reviewer's Initials _____

Review Date _____ Reviewer's Initials _____

(Note: For more information, see the *Matrix of Services Handbook*.)

Matrix of Services

Student Name: _____

Domain A - Curriculum and Learning Environment

Level 1 <input type="checkbox"/>	Requires no services or assistance beyond that which is normally available to all students
Level 2 <input type="checkbox"/>	Adaptation to the general curriculum Curriculum compacting Electronic tools (e.g., tape recorders, word processors) Adapted textbooks, materials (e.g., large print, Braille, audio format) Modified assessment procedures/materials Specially prepared notes, materials Referrals to agencies Consultation on a monthly basis with teachers, family, agencies, or others
Level 3 <input type="checkbox"/>	Differentiated curriculum Modifications to curriculum content, process, product Specialized instructional approaches Low-vision aids or use of electronic tools with assistance Alternate textbooks, materials, assessments, or equipment Special assistance in general education classroom requiring weekly consultation Direct, specialized instruction and/or curriculum for some learning activities Collaboration with teachers, family, agencies, or others
Level 4 <input type="checkbox"/>	Extensive creation of special materials Direct, specialized instruction and/or curriculum for the majority of learning activities Instruction delivered within the community Assistance for the majority of learning activities (e.g., low pupil-teacher ratio) Use of assistive technology with supervision for majority of learning activities
Level 5 <input type="checkbox"/>	Instruction in reading Braille Intensive curriculum or instructional approach for most learning activities (e.g., supported employment, very small group, or one-to-one assistance) Group instruction at home or hospital (e.g., teleclass) Individual instruction at home or hospital Ongoing, continuous assistance for participation in learning activities

Domain A Rating: _____

Domain B - Social/Emotional Behavior

Level 1 <input type="checkbox"/>	Requires no services or assistance beyond that which is normally available to all students
Level 2 <input type="checkbox"/>	Consultation on monthly basis with teachers, family, agencies, or others Specialized training in self-advocacy and understanding of exceptionality Special behavior system in general class Monthly counseling or guidance Monthly assessment of behavior or social skills
Level 3 <input type="checkbox"/>	Small group training in social skills, self-regulatory behavior, self-advocacy, conflict resolution, dealing with authority, and socialization Weekly counseling or guidance Behavior contract, including behavior outside the classroom (e.g., lunch, bus, home) Weekly family counseling, assessment, interventions Referral and follow-up for transitions to and from community-based programs Weekly assessment of behavior as part of special behavior system Collaboration with teachers, family, agencies, or others
Level 4 <input type="checkbox"/>	Highly structured behavior management plan infused throughout the school day Daily counseling or specific instruction on social or emotional behavior (e.g., self-regulatory behavior, self-advocacy, conflict resolution, dealing with authority, socialization) Daily reports to family, agencies, or others
Level 5 <input type="checkbox"/>	Intensive, individualized behavior management plan that requires very small group or one-on-one intervention Therapeutic treatment infused throughout the educational program Wraparound services for up to 24-hour care

Domain B Rating: _____

Matrix of Services

Student Name: _____

Domain C - Independent Functioning

<p>Level 1 <input type="checkbox"/></p>	<p>Requires no services or assistance beyond that which is normally provided to all students</p>
<p>Level 2 <input type="checkbox"/></p> <p>Requires periodic personal assistance, monitoring, and/or minor intervention</p>	<p>Monthly personal assistance with materials or equipment</p> <p>Consultation on a monthly basis with teachers, family, therapists, service coordinator, or others</p> <p>Organizational strategies or adaptations for independent functioning</p> <p>Special equipment, furniture, strategies, or adaptations for motor control in the classroom</p>
<p>Level 3 <input type="checkbox"/></p> <p>Requires weekly personal assistance, monitoring, and/or intervention</p>	<p>Specially designed organizational strategies or adaptations for independent functioning</p> <p>Supervision to ensure physical safety during some activities</p> <p>Weekly training in self-monitoring of independent living skills</p> <p>Weekly monitoring of, or assistance with, independent living skills, materials, or equipment</p> <p>Collaboration with teachers, family, agencies, or others</p>
<p>Level 4 <input type="checkbox"/></p> <p>Requires daily personal assistance, monitoring, and/or intervention</p>	<p>Supervision to ensure physical safety during most activities</p> <p>Personal assistance or supervision in activities of daily living, self-care, and self-management for part of the day</p> <p>Special equipment/assistive technology for personal care with frequent assistance</p> <p>Regularly scheduled occupational therapy, physical therapy, or orientation and mobility training</p>
<p>Level 5 <input type="checkbox"/></p> <p>Requires continuous personal assistance, monitoring, and/or intervention</p>	<p>Continuous supervision to ensure physical safety</p> <p>Personal assistance or supervision in activities of daily living, self care, and self-management for most or all of the day</p> <p>Occupational therapy, physical therapy, or orientation and mobility training more than once a week</p> <p>Multiple therapies and services (physical therapy, occupational therapy, or orientation and mobility training)</p>

Domain C Rating: _____

Domain D - Health Care

<p>Level 1 <input type="checkbox"/></p>	<p>Requires no services or assistance beyond that which is normally provided to all students</p>
<p>Level 2 <input type="checkbox"/></p> <p>Requires periodic personal assistance, monitoring, and/or minor intervention</p>	<p>Monthly personal health care assistance</p> <p>Consultation on a monthly basis with teachers, family, agencies, or others</p> <p>Monthly monitoring of health status, procedures, or medication</p> <p>Specialized administration of medication</p> <p>Monthly assistance with agency referrals/coordination</p>
<p>Level 3 <input type="checkbox"/></p> <p>Requires weekly personal assistance, monitoring, and/or intervention</p>	<p>Weekly monitoring or assessment of health status, procedures, or medication</p> <p>Weekly counseling with student or family for related health care needs</p> <p>Weekly communication with family, physician, agencies, or other health-related personnel</p> <p>Intrusive/specialized administration of medication (e.g., Epi-pen injections, suppositories)</p> <p>Collaboration with family, physicians, agencies, or others</p>
<p>Level 4 <input type="checkbox"/></p> <p>Requires daily personal assistance, monitoring, and/or intervention</p>	<p>Daily assistance with, or monitoring and assessment of, health status, procedures, or medication</p> <p>Daily assistance with, or monitoring of, equipment related to health care needs</p> <p>Administration of parenteral medication</p> <p>Daily communication with family, physician, agencies, or other health-related personnel</p>
<p>Level 5 <input type="checkbox"/></p> <p>Requires continuous personal assistance or monitoring and multiple interventions</p>	<p>Daily assistance with procedures such as catheterization, suctioning, tube feeding, or other school health services</p> <p>Continuous monitoring and assistance related to health care needs</p>

Domain D Rating: _____

Matrix of Services

Student Name: _____

Domain E - Communication

Level 1 <input type="checkbox"/>	Requires no services or assistance beyond that which is normally provided to all students
Level 2 <input type="checkbox"/> Requires periodic assistance and/or minor interventions	Monthly assistance with communication Occasional assistance with personal amplification or communication system Consultation on a monthly basis with teachers, family, agencies, or others
Level 3 <input type="checkbox"/> Requires weekly intervention and/or assistance which may include alternative and augmentative communication systems	Weekly intervention or assistance with language or communication Weekly speech/language therapy or instruction Weekly assistance with personal amplification or communication system Weekly supervision of augmentative or alternative communication systems Collaboration with teachers, family, agencies, or others
Level 4 <input type="checkbox"/> Requires daily intervention and/or assistance which may include alternative and augmentative communication systems	Daily assistance and/or instruction with communication equipment (e.g., augmentative or alternative communication systems) Daily integrated intervention and assistance related to communication needs Instruction in sign language for use as the primary method of communication Interpreting services for part of the school day
Level 5 <input type="checkbox"/> Requires multiple interventions and assistance which may include alternative and augmentative communication systems	Continuous assistance and/or instruction with communication equipment (e.g., augmentative or alternative communication systems) Interpreting services for most or all of the school day Multiple, continuous interventions to replace ineffective communication (e.g., selective mutism, echolalia) and establish appropriate communication

Special Considerations:

- _____ Add 13 points for students eligible for the hospital/homebound program who are receiving individual instruction at home or at a hospital.
- _____ Add 13 points for prekindergarten children with disabilities who are being served in the home or hospital on a one-to-one basis.
- _____ Add 3 points for prekindergarten students earning less than .5 FTE during an FTE survey period.
- _____ Add 3 points for students identified as visually impaired or dual-sensory impaired.
- _____ Add 1 point for students who have a score of 17 total points and who are rated Level 5 in three of the five domains.
- _____ Add 1 point for students who have a score of 21 total points and who are rated Level 5 in four of the five domains.

Special Considerations Rating: _____

Total of Domain Ratings:		Cost Factor Scale	
Special Considerations Rating:		Total of Ratings	Cost Factor
_____		6 - 9 =	251
_____		10 - 13 =	252
_____		14 - 17 =	253
_____		18 - 21 =	254
_____		22 + =	255

Domain E Rating: _____



DIVISION OF EXCEPTIONAL STUDENT EDUCATION

DOC TYPE 5582

PRINT STUDENT'S NAME: (LAST)	(FIRST)	DATE (MM/DD/YY)
		STUDENT ID. NO.

Matrix of Services

(for funding under the Florida Education Finance Program)

Total of Ratings: _____
 Cost Factor: _____

Student Information

District: _____

Date of Birth: _____ Grade: _____

School: _____

Total Minutes in School Week is calculated on the PF 18 screen.

Minutes per Week with Nondisabled Peers is calculated on the PF 18 screen.

Name(s) of Person(s) Completing Matrix: _____
 (Name/Title)

_____ (Name/Title)

_____ (Name/Title)

_____ (Name/Title)

_____ (Name/Title)

Areas of Eligibility (Put a "P" next to the primary exceptionality. Check all others that apply.)

Area of Eligibility	Data Entry Code
Autistic	P
Deaf or Hard of Hearing	H
Developmentally Delayed (Age: 0-5)	T
Dual-Sensory Impaired	O
Educable Mentally Handicapped	A
Emotionally Handicapped	J
Established Conditions (Age: 0-2)	U
Gifted	L
Hospital/Homebound	M
Language Impaired	G
Occupational Therapy	D
Orthopedically Impaired	C
Other Health Impaired	V
Physical Therapy	E
Profoundly Mentally Handicapped	N
Severely Emotionally Disturbed	Q
Specific Learning Disabled	K
Speech Impaired	F
Trainable Mentally Handicapped	B
Traumatic Brain Injured	S
Visually Impaired	I

Instructions

- Complete student information section.
- Check all appropriate services or supports to be provided by the school district to the student in Domains A through E.
- Mark the appropriate level (1 through 5) for each domain and record this level at the bottom of each domain.
- Check applicable special considerations, if any, and record total special considerations rating.
- Total the five domain ratings, sum the total of domain ratings and special considerations rating, and record the total in the box at the top of this page.
- Determine the cost factor using the cost factor scale on the final page and record it in the box at the top of this page.

Matrix Reviews after Interim IEP Meetings
 Record Interim reviews below if (1) there is no change in services and (2) the matrix is less than three years old.

Review Date _____ Reviewer's Initials _____
 Review Date _____ Reviewer's Initials _____
 Review Date _____ Reviewer's Initials _____

(Note: For more information, see the *Matrix of Services Handbook*.)

Matrix of Services

Student Name: _____

Domain A - Curriculum and Learning Environment

Level 1 <input type="checkbox"/>	Requires no services or assistance beyond that which is normally available to all students
Level 2 <input type="checkbox"/>	Adaptation to the general curriculum Curriculum compacting Electronic tools (e.g., tape recorders, word processors) Adapted textbooks, materials (e.g., large print, Braille, audio format) Modified assessment procedures/materials Specially prepared notes, materials Referrals to agencies Consultation on a monthly basis with teachers, family, agencies, or others
Level 3 <input type="checkbox"/>	Differentiated curriculum Modifications to curriculum content, process, product Specialized instructional approaches Low-vision aids or use of electronic tools with assistance Alternate textbooks, materials, assessments, or equipment Special assistance in general education classroom requiring weekly consultation Assistance for some learning activities Direct, specialized instruction and/or curriculum for some learning activities Collaboration with teachers, family, agencies, or others
Level 4 <input type="checkbox"/>	Extensive creation of special materials Direct, specialized instruction and/or curriculum for the majority of learning activities Instruction delivered within the community Assistance for the majority of learning activities (e.g., low pupil-teacher ratio) Use of assistive technology with supervision for majority of learning activities
Level 5 <input type="checkbox"/>	Instruction in reading Braille Intensive curriculum or instructional approach for most learning activities (e.g., supported employment, very small group, or one-to-one assistance) Group instruction at home or hospital (e.g., teleclass) Individual instruction at home or hospital Ongoing, continuous assistance for participation in learning activities

Domain A Rating: _____

Domain B - Social/Emotional Behavior

Level 1 <input type="checkbox"/>	Requires no services or assistance beyond that which is normally available to all students
Level 2 <input type="checkbox"/>	Consultation on monthly basis with teachers, family, agencies, or others Specialized training in self-advocacy and understanding of exceptionality Special behavior system in general class Monthly counseling or guidance Monthly assessment of behavior or social skills
Level 3 <input type="checkbox"/>	Small group training in social skills, self-regulatory behavior, self-advocacy, conflict resolution, dealing with authority, and socialization Weekly counseling or guidance Behavior contract, including behavior outside the classroom (e.g., lunch, bus, home) Weekly family counseling, assessment, interventions Referral and follow-up for transitions to and from community-based programs Weekly assessment of behavior as part of special behavior system Collaboration with teachers, family, agencies, or others
Level 4 <input type="checkbox"/>	Highly structured behavior management plan infused throughout the school day Daily counseling or specific instruction on social or emotional behavior (e.g., self-regulatory behavior, self-advocacy, conflict resolution, dealing with authority, socialization) Daily reports to family, agencies, or others
Level 5 <input type="checkbox"/>	Intensive, individualized behavior management plan that requires very small group or one-on-one intervention Therapeutic treatment infused throughout the educational program Wraparound services for up to 24-hour care

Domain B Rating: _____

Matrix of Services

Student Name: _____

Domain C - Independent Functioning

<p>Level 1 <input type="checkbox"/></p> <p>Requires no services or assistance beyond that which is normally provided to all students</p>	<p>_____ Requires no services or assistance beyond that which is normally provided to all students</p>
<p>Level 2 <input type="checkbox"/></p> <p>Requires periodic personal assistance, monitoring, and/or minor intervention</p>	<p>_____ Monthly personal assistance with materials or equipment</p> <p>_____ Consultation on a monthly basis with teachers, family, therapists, service coordinator, or others</p> <p>_____ Organizational strategies or adaptations for independent functioning</p> <p>_____ Special equipment, furniture, strategies, or adaptations for motor control in the classroom</p>
<p>Level 3 <input type="checkbox"/></p> <p>Requires weekly personal assistance, monitoring, and/or intervention</p>	<p>_____ Specially designed organizational strategies or adaptations for independent functioning</p> <p>_____ Supervision to ensure physical safety during some activities</p> <p>_____ Weekly training in self-monitoring of independent living skills</p> <p>_____ Weekly monitoring of, or assistance with, independent living skills, materials, or equipment</p> <p>_____ Collaboration with teachers, family, agencies, or others</p>
<p>Level 4 <input type="checkbox"/></p> <p>Requires daily personal assistance, monitoring, and/or intervention</p>	<p>_____ Supervision to ensure physical safety during most activities</p> <p>_____ Personal assistance or supervision in activities of daily living, self-care, and self-management for part of the day</p> <p>_____ Special equipment/assistive technology for personal care with frequent assistance</p> <p>_____ Regularly scheduled occupational therapy, physical therapy, or orientation and mobility training</p>
<p>Level 5 <input type="checkbox"/></p> <p>Requires continuous personal assistance, monitoring, and/or intervention</p>	<p>_____ Continuous supervision to ensure physical safety</p> <p>_____ Personal assistance or supervision in activities of daily living, self care, and self-management for most or all of the day</p> <p>_____ Occupational therapy, physical therapy, or orientation and mobility training more than once a week</p> <p>_____ Multiple therapies and services (physical therapy, occupational therapy, or orientation and mobility training)</p>

Domain C Rating: _____

Domain D - Health Care

<p>Level 1 <input type="checkbox"/></p>	<p>_____ Requires no services or assistance beyond that which is normally provided to all students</p>
<p>Level 2 <input type="checkbox"/></p> <p>Requires periodic personal assistance, monitoring, and/or minor intervention</p>	<p>_____ Monthly personal health care assistance</p> <p>_____ Consultation on a monthly basis with teachers, family, agencies, or others</p> <p>_____ Monthly monitoring of health status, procedures, or medication</p> <p>_____ Specialized administration of medication</p> <p>_____ Monthly assistance with agency referrals/coordination</p>
<p>Level 3 <input type="checkbox"/></p> <p>Requires weekly personal assistance, monitoring, and/or intervention</p>	<p>_____ Weekly monitoring or assessment of health status, procedures, or medication</p> <p>_____ Weekly counseling with student or family for related health care needs</p> <p>_____ Weekly communication with family, physician, agencies, or other health-related personnel</p> <p>_____ Intrusive/specialized administration of medication (e.g., Epi-pen injections, suppositories)</p> <p>_____ Collaboration with family, physicians, agencies, or others</p>
<p>Level 4 <input type="checkbox"/></p> <p>Requires daily personal assistance, monitoring, and/or intervention</p>	<p>_____ Daily assistance with, or monitoring and assessment of, health status, procedures, or medication</p> <p>_____ Daily assistance with, or monitoring of, equipment related to health care needs</p> <p>_____ Administration of parenteral medication</p> <p>_____ Daily communication with family, physician, agencies, or other health-related personnel</p>
<p>Level 5 <input type="checkbox"/></p> <p>Requires continuous personal assistance or monitoring and multiple interventions</p>	<p>_____ Daily assistance with procedures such as catheterization, suctioning, tube feeding, or other school health services</p> <p>_____ Continuous monitoring and assistance related to health care needs</p>

Domain D Rating: _____

Matrix of Services

Student Name: _____

Domain E - Communication

<p>Level 1 <input type="checkbox"/></p>	<p>Requires no services or assistance beyond that which is normally provided to all students</p>
<p>Level 2 <input type="checkbox"/></p> <p>Requires periodic assistance and/or minor interventions</p>	<p>Monthly assistance with communication Occasional assistance with personal amplification or communication system Consultation on a monthly basis with teachers, family, agencies, or others</p>
<p>Level 3 <input type="checkbox"/></p> <p>Requires weekly intervention and/or assistance which may include alternative and augmentative communication systems</p>	<p>Weekly intervention or assistance with language or communication Weekly speech/language therapy or instruction Weekly assistance with personal amplification or communication system Weekly supervision of augmentative or alternative communication systems Collaboration with teachers, family, agencies, or others</p>
<p>Level 4 <input type="checkbox"/></p> <p>Requires daily intervention and/or assistance which may include alternative and augmentative communication systems</p>	<p>Daily assistance and/or instruction with communication equipment (e.g., augmentative or alternative communication systems) Daily integrated intervention and assistance related to communication needs Instruction in sign language for use as the primary method of communication Interpreting services for part of the school day</p>
<p>Level 5 <input type="checkbox"/></p> <p>Requires multiple interventions and assistance which may include alternative and augmentative communication systems</p>	<p>Continuous assistance and/or instruction with communication equipment (e.g., augmentative or alternative communication systems) Interpreting services for most or all of the school day Multiple, continuous interventions to replace ineffective communication (e.g., selective mutism, echolalia) and establish appropriate communication</p>

Special Considerations:

____ Add 13 points for students eligible for the **hospital/homebound** program who are receiving individual instruction at home or at a hospital.

____ Add 13 points for **prekindergarten** children with disabilities who are being served in the home or hospital on a one-to-one basis.

____ Add 3 points for **prekindergarten** students earning less than .5 FTE during an FTE survey period.

____ Add 3 points for students identified as **visually impaired or dual-sensory impaired**.

____ Add 1 point for students who have a score of 17 total points *and* who are rated Level 5 in three of the five domains.

____ Add 1 point for students who have a score of 21 total points *and* who are rated Level 5 in four of the five domains.

Special Considerations Rating: _____

		Cost Factor Scale	
Total of Domain Ratings:	_____	Total of Ratings	Cost Factor
Special Considerations Rating:	_____	6 - 9	= 251
Total of Ratings:	_____	10 - 13	= 252
	_____	14 - 17	= 253
	_____	18 - 21	= 254
	_____	22 +	= 255

Domain E Rating: _____



DIVISION OF EXCEPTIONAL STUDENT EDUCATION

DOC TYPE 3446E

PRINT STUDENT'S NAME (LAST) (FIRST) (M.I.)			DATE (MM/DD/YY)	
_____			STUDENT ID. NO.	_____

PARENT NOTIFICATION PHYSICAL RESTRAINT PROCEDURES

School _____

Exceptionality _____

Dear Parent(s)/Guardian(s):

There are instances when exceptional students enrolled in programs for the emotionally handicapped, severely emotionally disturbed and autistic as well as other Exceptional Student Education programs may exhibit behaviors that pose a threat to the safety of persons or property. When this occurs, the School Board has authorized the use of specific physical restraint techniques in order to prevent injuries to persons or destruction of property. These techniques, which include holding and escape techniques, minimize the risk of injury to the student being restrained, other students and the teacher. These procedures are not used as punishment.

The use of physical restraint techniques will be discussed as part of your child's IEP review and development process. Your participation in that process is welcomed and encouraged. Please acknowledge your receipt of this notification by signing below and returning a copy to the school. If you have any questions regarding this matter, please call your child's school at _____.

Sincerely,

(Title)

Parent's Signature _____ Date _____

Place original (with parent/guardian signature) in cumulative record. Copy to parent/guardian.



DIVISIÓN DE EDUCACIÓN DE ESTUDIANTES ESPECIALES

DOC
TYPE 3446S

NOMBRE DE ESTUDIANTE EN LETRA DE MOLDE: (APELLIDO) (NOMBRE) (I.)			FECHA (M/D/A)	
			NO. de ID. de ESTUDIANTE	

NOTIFICACIÓN A LOS PADRES PROCEDIMIENTOS DE RESTRICCIONES FÍSICAS

Escuela _____

Especialidad _____

Estimados Padres/Tutor(es):

Existen ocasiones cuando los estudiantes especiales matriculados en los programas para los estudiantes con discapacidades emocionales leves, discapacidades emocionales severas, o con autismo, así como otros programas de Enseñanza de Estudiantes Especiales, pudiesen demostrar comportamientos que imponen una amenaza a la seguridad de las personas o propiedades. Cuando esto ocurre, la Directiva de las Escuelas ha autorizado el uso de técnicas específicas de restricciones físicas para poder evitar lesiones a personas o la destrucción de propiedades. Estas técnicas, las cuales incluyen técnicas de detención o escape, disminuirán el riesgo de lesiones al estudiante que ha sido detenido, a otros estudiantes y al (a la) maestro(a). Estos procedimientos no se usan como castigo.

El uso de técnicas específicas de restricciones físicas se discutirá como parte del análisis y proceso de desarrollo de IEP de su hijo(a). Nos agradecería y estimulamos su participación en ese proceso. Por Favor, acuse recibo de esta notificación firmando más abajo y devolviendo una copia a la escuela. Si tiene alguna pregunta con referencia a este asunto, favor de llamar a la escuela de su hijo(a) al _____.

Muy atentamente,

(Cargo)

Firma del padre o de la madre _____ Fecha _____

Coloque el original (con la firma de los padres/tutor(es) en el registro acumulativo. Copia a los padres/tutor(es).



DOC
TYPE 3446H

DIVIZYON EDIKASYON ELÈV ESEPSYONÈL

EKRi NON ELÈV LA AN MAJISKIL: _____			DATE (J/M/A)	_____
(SIYATI)	(NON)	(INISYAL NON BATÈM)	NIMEWO IDANTIFIKASYON ELÈV LA	_____

**AVI POU PARAN
SOU KESYON METRIZE ELÈV FIZIKMAN**

Non Lekòl la: _____

Ka elèv la: _____

Chè paran oubyen moun ki responsab elèv la:

Gen de lò timoun ki nan pwogram pou elèv ki gen pwoblèm emosyonèl, elèv ki gen gwo pwoblèm sikolojik, ak elèv ki òtistik, oubyen elèv ki nan lòt pwogram pou elèv ki merite atansyon espesyal, kapab ap konpòte yo yon jan ki menase sekirite moun oswa byen lekòl la. Lè sa rive, Komisyon Lekòl la bay otorizasyon pou yo sèvi ak kèk metòd espesifik pou yo metrize elèv sa yo fizikman pou evite moun blese oubyen pou elèv sa yo, nan konpòtman yo, pa fè dega nan lekòl la. Teknik pou kenbe elèv la ak teknik pou soti anba men elèv la, se teknik ki ka evite malè rive ni elèv y ap metrize a, ni lòt elèv, ni pwofesè a. Yo pa sèvi ak metòd sa you kòm pinisyon kont elèv la.

Kesyon itilize metòd pou metrize elèv la fizikman an, se yon kesyon yo pral diskite nan plan pou edikasyon chak timoun (IEP). Nou ta renmen ankouraje w patisipe nan travay sa a. Tanpri, fè nou konnen ou resevwa enfòmasyon sa a. Siyen lèt sa a epi voye yon kopi tounen nan lekòl la. Si w gen kesyon sou lèt sa a, tanpri telefone lekòl la nan nimewo sa a _____.

Ak tout senserite,

(Tit)

Siyati paran an _____

Dat _____

Mete orijinal la (ki gen siyati paran an oubyen moun ki responsab elèv la) nan dosye elèv la. Voye yon kopi bay paran an oubyen moun ki responsab elèv la.

Individuals with Disabilities Education Act (IDEA)

PARENT RESOURCES

You, as a parent of a student with special needs, are a very important member of the team that plans your child's education. Under the Individuals with Disabilities Education Act of 1997 (IDEA), parents of children with disabilities are afforded certain rights and protections. Parents need to have the knowledge and a good understanding of how the exceptional education process works. In this flyer you will find organizations in this community where you can obtain information that will enable you to take an active role in your child's education, as well as other resources available to you in order to help your child.

Program	Services Offered
<p><i>Parent to Parent of Miami Community Parent Resource Center</i> 7990 SW 117 Avenue Suite 201 Miami, Fl. 33183 Telephone: 305-271-9797 Fax: 305-271-6628</p>	<ul style="list-style-type: none">• Individual parent-to-parent support• Workshops in English-Spanish-Creole• Information and referral to other agencies• Support groups• Social and educational events for families• Advocacy• Individual assistance on ESE issues provided in English/Spanish/Haitian-Creole by your Parent Liaisons• Pre-IEP meeting support
<p><i>Family Network on Disabilities</i> Contact person: Ms. Roxanna Bruiget Telephone: 305-255-7660</p>	<ul style="list-style-type: none">• Individual assistance on educational issues• Workshops in English/Spanish
<p><i>Florida Diagnostic and Learning Resources Systems-South (FDLRS-South), Parent Services</i> 5555 S.W. 93 Avenue Miami, Fl. 33165 Telephone: 305-274-3501 Fax: 305-598-7752</p>	<ul style="list-style-type: none">• Individual peer support and counseling• Information about disabilities• Resource library for families• Information about programs and services available in the community• Workshops for families
<p>Please call to request information describing all available services that are appropriate for students with physical or developmental disabilities.</p>	
<p><i>Community Committee for Developmental Handicaps (C.C.D.H.)</i> 8585 Sunset Drive, Suite 75 Miami, Fl. 33143 Telephone: 305-596-1160 Fax: 305-596-6196</p>	<ul style="list-style-type: none">• Help families identify and access services• Central Directory database of resources• Individualized family support coordination• Assistance with transition from school to post-school education, training or employment

**Miami-Dade County Public Schools
Office of Exceptional Student Education & Student/Career Services
305-995-1721**

If assistance is needed, you may access the Telecommunications Device for the Deaf (TDD) at 305-755-9605 to relay your request.

Akt Edikasyon pou Individwel ki genyen Dizabilite (IDEA)

RESOUS POU PARAN

Oumenm kòm paran elèv ki gen bezwen espesyal, ou se yon manm ki gen anpil enpòtans pami gwoup moun ki ap prepare yon plan pou edikasyon pitit ou. Selon Lwa sou Edikasyon Moun ki Gen Dezabilite (IDEA), paran timoun ki andikape gen seten dwa ak pwoteksyon ki rezève pou yo. Paran yo sipoze devlope konesans pou yo kapab konprann byeu kouman pwosedi edikasyon eksepsyonèl la mache. Nan afich sa a wap jwenn yon lis òganizasyon ki nan kominote a kote ou kapab jwenn enfòmasyon ki va ede w jwe yon wòl aktif nan edikasyon pitit ou. An menm tan tou ou kab jwenn lòt kalite resous ki va pimet ou edi pitit ou.

Pwogwam

Sèvis yo Ofri

Parent to Parent of Miami

Community Parent Resource Center

7990 SW 117 Avenue Suite 201

Miami, Fl. 33183

Telefòn: 305-271-9797 Fax: 305-271-6628

- Sipò Endividyèl ki fèt pou paran ant paran
- Sesyon an Anglè/Espayòl/Kreyòl
- Enfòmasyon ak referans pou lòt ajans
- Gwoup sipò
- Aktivite sosyal ak aktivite edikasyonèl pou fanmi yo
- Pwotektè/Reprezantan
- Asistans endividwèl sou koze Edikasyon Espesyal ke paran ki fè liyezon yo ofri an Anglè/Espayòl/Kreyòl
- Sipò anvan reyinyon IEP

Family Network on Disabilities

Moun pou rele: Ms. Roxanna Bruiget

Telefòn: 305-255-7660

- Asistans endividyèl sou diferan pwoblèm edikasyonèl
- Sesyon an Anglè/Espayòl

Florida Diagnostic and Learning Resources Systems-South (FDLRS-South), Parent Services

5555 S.W. 93 Avenue

Miami, Fl. 33165

Telefòn: 305-274-3501 Fax: 305-598-7752

- Sipò endividyèl ak konsèy ant kolèj ak zanmi
- Enfòmasyon sou dezabilite
- Resous bibliyotèk pou fanmi an
- Enfòmasyon sou pwogram ak sèvis ki egziste nan kominotè a
- Sesyon/Atelye pou fanmi

Souple, telefone pou ou mande enfòmasyon ki dekri tout sèvis nou ofri e ki apwopriye pou elèv ki gen dezabilite fizik osnon dezabilite nan devlopman.

Community Committee for Developmental Handicaps (C.C.D.H.)

8585 Sunset Drive, Suite 75

Miami, Fl. 33143

Telefòn: 305-596-1160 Fax: 305-596-6196

- Ede fanmi idantifye sèvis yo epi resevwa sevis yo
- Sous prensipal pou tout enfòmasyon
- Koòdinasyon sipò endividyèl pou fanmi
- Asistans ak pwoblèm tranzisyon de lekòl a Kolèj, oubyen tou a lekòl vokasyonèl.

Lekòl Leta nan Miami-Dade County

Biwo Edikasyon Elèv Eksepsyonèl ak Sèvis Elèv/Karyè Pwofesyonel

305-995-1721

****Si ou soud... ou gen dwa rele 305-755-9605 pou ou mande enfòmasyon...****

El Acta para la Educación de los Individuos con Discapacidades (IDEA)

RECURSOS PARA LAS FAMILIAS

Usted, como padre o madre de un estudiante con necesidades especiales, es un miembro muy importante del equipo que planifica la educación de su hijo. Bajo el Acta para la Educación de los Individuos con Discapacidades de 1997 (IDEA), a los padres de niños con discapacidades se les otorgan ciertos derechos y protecciones. Los padres necesitan poseer el conocimiento necesario, así como un buen entendimiento de cómo funciona el proceso de educación excepcional. En esta página usted encontrará organizaciones en la comunidad donde puede obtener información que le capacite para ser un participante activo en la educación de su hijo, y también encontrará otros recursos que se encuentran disponibles para ayudar a su hijo.

Programa

Servicios Ofrecidos

Parent to Parent of Miami

Community Parent Resource Center

7990 SW 117 Avenue Suite 201

Miami, Fl. 33183

Teléfono: 305-271-9797 Fax: 305-271-6628

- Apoyo individual de padre a padre
- Conferencias en Inglés, Español y Creole
- Información y remisión a otras agencias
- Grupos de apoyo
- Eventos sociales y educativos para familias
- Se aboga en pro de los niños y sus familias
- Asistencia individual en Inglés, Español y Creole en asuntos de Educación Excepcional a través de las Orientadoras en Educación
- Apoyo y orientación previo al IEP

Family Network on Disabilities

Persona de Contacto: Sra. Roxanna Bruiget

Teléfono: 305-255-7660

- Asistencia individual en asuntos de educación
- Conferencias en Inglés y Español

Florida Diagnostic and Learning Resources Systems-South (FDLRS-South)

Servicios a las Familias

5555 S.W. 93 Avenue

Miami, Fl. 33165

Teléfono: 305-274-3501 Fax: 305-598-7752

- Asistencia individual y consejería
- Información acerca de discapacidades
- Biblioteca de recursos para familias
- Información acerca de programas y servicios disponibles en la comunidad
- Conferencia para familias

Por favor llame para pedir información describiendo todos los servicios disponibles que son apropiados para estudiantes con una discapacidad física o de desarrollo.

Community Committee for Developmental Handicaps (C.C.D.H.)

8585 Sunset Drive, Suite 75

Miami, Fl. 33143

Teléfono: 305-596-1160 Fax: 305-596-6196

- Ayudan a las familias a identificar y lograr acceso a diferentes servicios
- Directorio Central computarizado de recursos
- Coordinación de apoyo familiar individualizado
- Asistencia con la transición de la escuela a educación, entrenamiento o empleo post-escolar

Escuelas Públicas del Condado Miami-Dade

Oficina de Educación Excepcional y Servicios a Estudiantes/Carreras Profesionales

305-995-1721

Si necesita ayuda, puede comunicarse con el "Dispositivo de Telecomunicaciones para los Sordos (TDD por sus siglas en inglés) llamando al 305-755-9605 para comunicar su solicitud.



MIAMI-DADE COUNTY PUBLIC SCHOOLS

CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION

Date _____

Student's Name _____

Date of Birth _____ ID# _____

I hereby authorize the mutual exchange of records pertaining to my child or myself, _____, between the MIAMI-DADE COUNTY PUBLIC SCHOOLS and the following agencies (include all schools, physicians, psychologists, hospitals, clinics, etc., that have had significant contact with your child):

Name

Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- The specific records to be disclosed pertain to: _____
- The purpose for making these records available is: _____
- **The receiving party will not disclose the information to any other party without signed consent.**

I certify that I am the parent or legal guardian of the child named above or that I am a student of majority age and have the authority to sign this release.

Name (print) Signature

Address City, State Zip Code

Please return this form to:



CARTA DE CONSENTIMIENTO PARA EL INTERCAMBIO MUTUO DE INFORMACIÓN (CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION)

Fecha _____

Nombre del estudiante _____

Fecha de nacimiento _____ Número de identidad _____

Con la presente carta autorizo el intercambio de información en referencia a mi hijo o mi persona, _____, entre las Escuelas Públicas del Condado de Miami-Dade (MIAMI-DADE COUNTY PUBLIC SCHOOLS) y las siguientes agencias (incluyendo escuelas, médicos, psicólogos, hospitales, clínicas, etc., que han tenido que ver con su hijo/hija):

Nombre

Dirección

Table with 2 columns: Nombre, Dirección. Multiple rows for listing agencies.

- Los documentos específicos divulgados conciernen: _____
La razón de tener estos documentos disponibles es: _____
La(s) persona(s) que reciba(n) estos documentos no divulgará(n) la información con otras personas y/o agencias sin su consentimiento.

Hago constar que soy el padre o tutor legal del niño cuyo nombre se menciona arriba o que soy un estudiante mayor de edad y estoy autorizado para firmar esta carta de autorización.

Signature lines for Nombre, Firma, Dirección, Ciudad, Estado, Código postal.

Sírvase devolver esta carta a:



LEKÒL PIBLIK MIYAMI

FÑM KONSANTMEN POU ECHANJ EMFÑMASYON
(CONSENT FORM FOR MUTUAL EXCHANGE OF INFORMATION)

Dat _____

Nom elèv _____

Dat li fèt _____ ID# _____

Mwen otorize ke yo fe echanj enfomasyon sou dosye pitit mwen ou dosye pa-m, _____, ant Lekòl Leta Miami-Dade Konti ak ajns sa yo mete (tout lekòl, doktè, sikològ, klinik, esetera, ki te an afê avèk pitit ou):

Nom

Adrès

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

• Dosye yo kapab kite moun wè yo, se dosye ki gen rapò ak: _____

• Dosye yo kapab kite moun wè yo, se dosye ki gen rapò ak: _____

• **Moun ki resevwa dosye ya p'ap kite okenn lot moun wè yo san yon konsantman siyen.**

Mwen sètifye ke se mwen ki paran ou gadyen timoun, non ekri anro, fòm sa a ou swa mwen se yon elèv ki majè e ke mwen gen otorite ou siyen pèmasyon sa a.

Non

Siyati

Adrès

Sil vou plè, retounen fòm sa bay:



DIVISION OF EXCEPTIONAL STUDENT EDUCATION

DOC TYPE 6238E

DATE (MM/DD/YY)			
PRINT STUDENT'S NAME (LAST)	(FIRST)	(M.I.)	STUDENT ID. NO.

www.dade.k12.fl.us/ese/

PARENT AND STUDENT NOTIFICATION TRANSFER OF RIGHTS AT AGE OF MAJORITY

The 1997 Amendments to the Individuals with Disabilities Education Act (IDEA) require that when a student with disabilities reaches the age of majority under State Law, both the parent and the student must be notified of the transfer of educational rights to the student at least one year prior to the student's eighteenth birthday. In Florida, when a student with disabilities reaches the age of (18):

- the school district will provide all notices required by IDEA, including invitations to Individual Educational Plan meetings, to both the parent and the student; and
- other rights related to the opportunity to examine all records, the opportunity to participate in meetings, right of consent, the right to obtain an independent evaluation, and the opportunity to request mediation and/or a due process hearing, transfer to the student.

If a student with disabilities has been determined incompetent under State Law, all rights will be afforded to the individual or agency, as directed by the court.

The above named student is a student with a disability, who will reach or has reached the age of majority on _____. At that time, all rights pertaining to the exceptional student education program will transfer from the parent to the student unless the school district is notified of any existing court order that prevents this transfer.

If you have any questions regarding this notice, or wish to obtain an additional copy of the Summary of Procedural Safeguards please contact _____ at _____ (Name/Title)

_____ or _____ at _____ (Telephone) (Name/Title) (Telephone)

Place original in cumulative record. Copy to parent/guardian. Copy to student.



DIVIZYON EDIKASYON ELÈV ESEPSYONÈL

DOC
TYPE 6238H

EKRİ NON ELÈV LA AN MAJISKIL: (SIYATI) (NON) (INISYAL NON BATÈM)			DAT (J/M/A)	
			NIMEWO IDANTIFIKASYON ELÈV LA	

AVI POU PARAN AK ELÈV POU TRANSFERE DWA MAJÈ ELÈV LA LÈ LI GEN ASE LAJ

Amanman ki te fèt an 1997 (IDEA) nan Lwa sou Edikasyon Moun ki Gen Dezabilite (moun ki enfim, moun ki gen pwoblèm aprann, moun ki gen pwoblèm mantal, ak moun ki gen pwoblèm emosyonèl) mande lè yon elèv ki gen dezabilite vin majè dapre lwa Eta a, yo ta dwe avize paran yo ak elèv yo konsènan transfè tout dwa sou edikasyon yon elèv, omwen ennan anvan elèv la vin gen dizuitan. Lè yon elèv ki gen dezabilite nan Eta Florid rive nan laj dizuitan:

- distri lekòl la, ap fè paran ak elèv la jwenn tout avi/anons yo fèt pou voye ba yo, ak tout envitasyon pou reyinyon pou Plan Eikasyon elèv la, dapre sa IDEA a di; epi
- lòt dwa yo genyen se chans pou yo egzaminen dosye yo ba yo, dwa pou yo patisipe nan reyinyon yo, dwa pou yo dakò oubyen pou yo pa dakò ak rezilta yo, dwa pou yo jwenn yon evalyasyon endepandan, ak opòtinite pou yo mande pou yon lòt moun tranche koze yo si ta gen yon diskisyon ant yo oubyen lè gen yon reyinyon espesyal pou tcheke tout pwosedi yo, epi transfere dwa majè bay elèv la.

Si lalwa nan Eta kote yon elèv abite ta detèmine elèv sa a pa konpetan pou li responsab tèt li, sistèm lekòl la ap fè moun nan oubyen ajans lan jwenn dwa sa yo, dapre sa tribinal ta decide.

Elèv ki gen non l ekri sou fòm sa a, se yon elèv ki gen ou dezabilite, ki deja majè oubyen ki pral gen laj majè nan dat sa a _____. Lè sa a, tout dwa sou kesyon edikasyon elèv ki mande atansyon espesyal ap soti sou responsablite paran an pou yo al sou responsablite elèv la, sof si distri a jwenn yon otorizasyon ki soti nan tribinal pou sa pa fèt.

Si w gen okenn kesyon sou otorizasyon sa a, oubyen si w ta renmen jwenn yon lòt kopi Rezime pwosedi yo ak mezi yo pran kòm pwoteksyon yo, tanpri kontakte _____
(Non/tit)

nan _____ (Telefòn) oubyen _____ (Non/tit) nan _____ (Telefòn)

Metè orijinal la nan dosye elèv la. Kopi sa a se pou paran an oubyen moun ki responsab elèv la. Kopi sa a se pou elèv la.



DIVISIÓN DE EDUCACIÓN DE ESTUDIANTES ESPECIALES

DOC
TYPE 6238S

NOMBRE DE ESTUDIANTE EN LETRA DE MOLDE: (APELLIDO) (NOMBRE) (I.)			FECHA (M/D/A)	
			NO. de ID. de ESTUDIANTE	

NOTIFICACIÓN A PADRES Y ESTUDIANTES CESIÓN DE DERECHOS AL SER MAYOR DE EDAD

Las Enmiendas de 1997 a la Ley de Enseñanza a Individuos con Discapacidades (IDEA por sus siglas en inglés) requiere que cuando un estudiante con discapacidades alcanza la mayoría de edad de acuerdo a la Ley Estatal, ambos los padres y el estudiante deben ser notificados de la cesión de los derechos de enseñanza al estudiante por lo menos un año antes del estudiante cumplir dieciocho (18) años de edad. En la Florida, cuando un estudiante con discapacidades alcanza la edad de (18) años:

- el distrito escolar proporcionará todas las notificaciones requeridas de acuerdo a la IDEA, incluyendo invitaciones a reuniones individuales del Plan de Educación Individual, a ambos los padres y el estudiante; y
- otros derechos relacionados con la oportunidad de analizar todos los registros, la oportunidad de participar en reuniones, derecho de consentimiento, derecho a obtener una evaluación independiente, y la oportunidad de solicitar mediación y/o una audiencia de debido procedimiento, para la cesión al estudiante.

En caso que se haya determinado que un estudiante con discapacidades es incompetente de acuerdo a la Ley Estatal, todos los derechos serán otorgados al individuo o agencia, como lo dicte el Tribunal.

El estudiante antes citado es un estudiante con discapacidad, quien ha alcanzado o alcanzará la mayoría de edad a partir de _____. En este momento, todos los derechos relacionados con el programa de enseñanza de estudiantes especiales serán cedidos de los padres al estudiante a menos que el distrito escolar sea notificado de alguna orden del tribunal que impida esta cesión.

Si tiene alguna pregunta con respecto a esta notificación, o desea obtener una copia adicional del Resumen de Salvaguardias Procesales, favor póngase en contacto con _____
(Nombre/Cargo)

llamando al _____ o _____ llamando al _____.
(Teléfono) (Nombre/Cargo) (Teléfono)

Coloque el original en el registro acumulativo. Copia a los padres/tutor. Copia al estudiante.

Directions for Completing:
**Informed Notice of Proposal or Refusal to
Change Evaluation, Identification, Educational Placement or
Free Appropriate Public Education (FAPE)**
(FM-4877 Rev. 04/02)

A change in the amount of services in an IEP may result in a change in educational placement or a significant change in the provision of a free appropriate public education (FAPE). When this occurs, a written informed notice to parents must be provided prior to the change being implemented.

Complete this form after the IEP is written when:

1. There is a proposal to change the provision of FAPE.
 - A supplementary aid/service or related service is provided or removed e.g., Paraprofessional assistance, assistive technology, art therapy, adapted PE, etc.
 - A supplementary aid/service or related service is changed significantly e.g., Frequency changes significantly: Daily ⇔ weekly
2. There is a proposal to change the identification. This section is used primarily by Staffing Specialists and Speech-Language Pathologists to document the change in identification of the student (new eligibility). Classroom teachers do not complete this part of section I.
 - Continues to be eligible for...**
 - Is now eligible for...**
 - Is no longer eligible for...**
 - Is no longer considered a student with disabilities**
3. There is a proposal to change the placement. The action is explained in the space provided in section I and the program placement changes are checked. Placement is considered changed when the IEP team significantly changes the amount of time the student will be separated from his/her non-disabled peers.
 - Changing 2 or more classes into or out of general education setting.
Example: 2 ESE classes to 4, 5 or 6 ESE classes
 - Placement in a special school, HHIP, graduation
 - This form does not need to be completed when placement into alternative education is determined, as long as the same program is being provided.
4. There is something being refused. Local Education Agency Representatives (LEA) need to be knowledgeable of all the requirements in this area. If this happens, remember to review the Procedural Safeguards and provide the parent with the following forms in their home language:
 - Request for Mediation (FM-6331 Rev. 02/02);
 - Request for Due Process (FM-5773 Rev. 03/02); and
 - Parent Options for Resolving IEP Disputes (FM-6332 Rev. 03/02)Inform administration and region office when something is being refused.

Staffing Specialists: Refusals on initials are documented on the Informed Notice of Initial Eligibility or Ineligibility (FM-4960 Rev. 04/02).

*Please note that signatures are only required when using this form to document a student's change an identification (eligibility for a new program). For other uses, there is not requirement for signatures, and the signature section should be left blank.

REMEMBER:

- Answer each question in I-V on the FM-4877, if not applicable write N/A.



DIVISION OF EXCEPTIONAL STUDENT EDUCATION

DOC
TYPE 4877E

DATE (MM/DD/YY)		_____
PRINT STUDENT'S NAME: (LAST) _____ (FIRST) _____ (M.I.) _____		STUDENT ID. NO. _____

INFORMED NOTICE OF PROPOSAL OR REFUSAL TO CHANGE EVALUATION, IDENTIFICATION, EDUCATIONAL PLACEMENT, OR FREE APPROPRIATE PUBLIC EDUCATION (FAPE)

As a parent or guardian of an exceptional student, you are being notified prior to the change in evaluation, identification, educational placement, or the provision of a free appropriate public education of your child as follows:

I. DESCRIPTION OF THE ACTION PROPOSED BY MIAMI-DADE COUNTY PUBLIC SCHOOLS (M-DCPS)

* Change in Identification	Based upon an IEP/EP team meeting held on _____ M-DCPS is proposing your child:
	<input type="checkbox"/> continues to be eligible for _____
	<input type="checkbox"/> is now eligible for _____
	<input type="checkbox"/> is no longer eligible for _____
	<input type="checkbox"/> is no longer considered a student with disabilities. He/she is being dismissed from exceptional student education (ESE) based on the reevaluation reports listed in Roman Numeral IV below.

requires a change in program placement to:

<input type="checkbox"/> General Education with no ESE Services	<input type="checkbox"/> Resource Room	<input type="checkbox"/> Hospital/Homebound
<input type="checkbox"/> General Education with Consultation/Collaboration	<input type="checkbox"/> Self Contained Class	<input type="checkbox"/> Graduation from High School
	<input type="checkbox"/> Special School	<input type="checkbox"/> Other: _____

Explanation of why this action is being proposed:

II. DESCRIPTION OF ANY ACTION BEING REFUSED BY M-DCPS

Explanation of why that action is being refused:

III. OTHER OPTIONS THAT WERE CONSIDERED BY M-DCPS AND REASONS WHY THESE OPTIONS WERE REJECTED

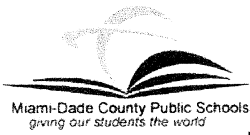
IV. EVALUATION PROCEDURES, TESTS, RECORDS, OR REPORTS USED AS A BASIS FOR THE PROPOSED OR REFUSED ACTIONS

V. OTHER FACTORS RELEVANT TO THE ABOVE PROPOSAL OR REFUSAL

As a parent you have specific rights and protections that are outlined in the attached Summary of Procedural Safeguards . If you have any questions, please contact: _____ at _____
(Name/Title) (Telephone)
or _____ at _____
(Name/Title) (Telephone)

*Please note that signatures are only required when using this form to document a student's change in identification, (eligibility for a new program). For other uses, there is no requirement for signatures, and the signature section should be left blank.

_____ (Signature of LEA/ESE Administrator or Designee/Title)	_____ (Signature/Evaluation Specialist)	_____ (Signature/Teacher)
_____ (Signature/Parent/Guardian)	_____ (Signature/Title)	_____ (Signature/Title)



DIVISIÓN DE EDUCACIÓN DE ESTUDIANTES ESPECIALES

TIPO DE DOCUMENTO 4877S

NOMBRE IMPRESO DEL ESTUDIANTE: (Apellido) _____ (Nombre) _____ (Inicial) _____		FECHA (Mes/Día/Año) _____	_____
_____		No. de Identificación del Estudiante _____	_____

NOTIFICACIÓN DE INFORMACIÓN DE PROPUESTA O RECHAZO A CAMBIAR LA EVALUACIÓN, IDENTIFICACIÓN, ASIGNACIÓN EDUCACIONAL, O EDUCACIÓN PÚBLICA APROPIADA GRATIS (FAPE)

Como padre o tutor de un estudiante excepcional, se le está notificando antes del cambio en la evaluación, identificación, asignación educacional, o la concesión de una educación pública apropiada gratis de su hijo/hija como sigue:

I. DESCRIPCIÓN DE LA ACCIÓN PROPUESTA POR LAS ESCUELAS PÚBLICAS DEL CONDADO DE MIAMI-DADE (M-DCPS):

* Cambio en la identificación	Basados en una reunión del equipo IEP/EP celebrada en _____ M-DCPS propone que su hijo/hija:
	<input type="checkbox"/> continúe calificando para: _____
	<input type="checkbox"/> califica actualmente para: _____
	<input type="checkbox"/> ya no califica para: _____

ya no es considerado(a) un estudiante con discapacidades: A él/ella se le está dando de baja de educación especial basado en los reportes de reevaluación que aparecen en el número romano IV debajo.

Requiere un cambio en la asignación de programas a:

- | | | |
|--|---|---|
| <input type="checkbox"/> Educación General sin Servicios de ESE | <input type="checkbox"/> Sala de Recursos | <input type="checkbox"/> Hospital/Confinado en Casa |
| <input type="checkbox"/> Educación General con Consulta/Colaboración | <input type="checkbox"/> Clase Auto-contenida | <input type="checkbox"/> Graduación de Escuela Superior |
| | <input type="checkbox"/> Escuela Especial | <input type="checkbox"/> Otros: _____ |

Explicación de por qué se propone esta acción:

DESCRIPCIÓN DE CUALQUIER ACCIÓN SIENDO RECHAZADA POR M-DCPS:

Explicación de por qué esta acción está siendo rechazada:

III. OTRAS OPCIONES QUE FUERON CONSIDERADAS POR M-DCPS Y LAS RAZONES POR LAS CUALES ESTAS OPCIONES FUERON RECHAZADAS:

IV. PROCEDIMIENTOS DE EVALUACIÓN, EXAMENES, HISTORIAL O INFORMES USADOS COMO FUNDAMENTO PARA LAS ACCIONES PROPUESTAS O RECHAZADAS:

V. OTROS FACTORES PERTINENTES A LA PROPUESTA O RECHAZO ANTERIOR:

Como padre usted tiene derechos y protecciones específicas que están resumidas en el Resumen de Salvaguardias Procesales adjunto. Si tiene cualquier pregunta, comuníquese con: _____ al _____ <small>(Nombre/Cargo) (Teléfono)</small>
o _____ al _____ <small>(Nombre/Cargo) (Teléfono)</small>

*Por favor, observe que las firmas son requeridas solamente cuando se usa este formulario para documentar un cambio en la identificación del estudiante, (elegibilidad para un nuevo programa). Para otros usos, las firmas no son requeridas, y la sección de firmas deberá dejarse en blanco.

(Firma del Administrador o Persona Asignada de LEA/ESE/Cargo)

(Firma/Especialista de Evaluación)

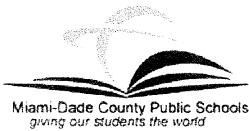
(Firma/Maestro)

(Firma/Padre/Tutor)

(Firma/Cargo)

(Firma/Cargo)

Favor coloque el original (firmado por la (el) madre/padre/tutor) en el registro acumulativo. Copia para la(el) madre/padre/tutor.



DOC
TYPE 4877H

DIVIZYON EDIKASYON ELÈV EKSEPSYONÈL

(NON ELÈV LA)	PRENON ELÈV LA	DAT (MWA/JOU/ANE)	
		NIMEWO IDANTIFIKASYON ELÈV LA	

NÒT POU ENFÒME SOU PWOPOZISYON OSNON REFI POU CHANJE EVALYASYON, IDANTIFIKASYON, PLASMAN NAN LEKÒL OSNON EDIKASYON PIBLIK APWOPRIYE

Kòm paran osnon responsab yon elèv eksepsyonèl, nou voye enfòmè ou anvan nou fè okenn chanjman nan evalyasyon idantifikasyon, plasman edikasyonèl osnon edikasyon piblik gratis pou pitit ou a dapre sa ki ekri anba:

I. DESKRIPSYON AKSYON LEKÒL PIBLIK PWOPOZE

Dapre yon reyinyon IEP/EP ki te fèt nan dat sa a _____ Lekòl Piblik Dade County fè pwopozisyon sila yo pou pitit ou:

*** Chanjman nan idantifikasyon**

Rete elijib pou _____

Elijib kounye a pou _____

Pa elijib ankò pou _____

Pa konsidere tankou yon elèv ak yon andikap kèlkonk. Yo retire l nan pwogram edikasyon eksepsyonèl la ki pou timoun ki merite atansyon espesyal apati de yon rapò sou yon reevalyasyon ki liste nan chif Romen Nimewo IV anba a.

- Mande yon chanjman nan pwogram kom plasman nan
- Sèvis jeneral
San sèvis ESE (Edikasyon Espesyal)
 - Klas atelye
 - Lopital Lekòl Lakay Lè Maladi
 - Yon sèl klas san deplasman
 - Gradyason nan High School
 - Edikasyon jeneral ak konsiltasyon/kolaborasyon
 - Lekòl Espesyal
 - Lòt _____

Eksplikasyon sou rezon yo pran aksyon sa yo

II. DESKRIPSYON SOU NENPÒT AKSYON LEKÒL PIBLIK DADE COUNTY REFIZE PRAN

Eksplikasyon sou rezon yo refize pran aksyon sa a

III. LÒT OPSYON/CHWA M-DCPS TE KONSIDERE E POU KI SA YO REFIZE YO

IV. FÈ EVALYASYON, TÈS, DOSYE OSNON RAPÒ YO TE ITILIZE KÒM BAZ POU AKSYON YO TE PWOPOZE OSNON REFIZE

V. LÒT REZON KI GENYEN RAPÒ AK PWOPOZISYON AN OSNON REFI A

Kòm paran ou gen dwa ak pwoteksyon yo eksplike nan papye ki kole nan Summary of Procedural Safeguards la. Si ou gen kesyon, souple kontakte:

_____ nan _____
(Non/tit) (Telefòn)

(Osonon) _____ nan _____
(Non/tit) (Telefòn)

Souple, remake nou mande pou siyen sèlman lè gen chanjman nan idantifikasyon elèv la, (lè li elijib pou yon pwogram nouvo). Pou lòt itilizasyon, yo pa mande pou siyen, kite seksyon siyati an blanch.

_____ (Siyati LEA/Edikasyon Espesyal osnon ranplasan/Tit) _____ (Evalyasyon espesyalis) _____ Pwofesè

_____ (Paran/responsab) _____ (Non/Tit) _____ (Non Tit)

Mete orijinal (ki siyen an) nan dosye elèv la. Bay paran/moun ki responsab la yon kopi.



MIAMI-DADE COUNTY PUBLIC SCHOOLS

REQUEST FOR MEDIATION

We, the undersigned, request that a mediator be assigned to assist in resolving disagreements on the following issue(s):

Two horizontal lines for writing the issue(s).

We have reviewed the procedures governing mediation in special education in Florida and understand that it is a voluntary process and not a requirement.

We agree to approach the session in an attempt to resolve our differences in a mutually satisfactory way and in the best interests of the student.

We understand that by voluntarily entering into mediation, neither party waives the right to due process.

We understand that the mediation session is confidential and agree not to compel the attendance of the mediator in future proceedings.

Two horizontal lines for School District/Agency and Student's Name.

Two horizontal lines for School District/Agency Representative Signature and Parent/Guardian Signature.

Two horizontal lines for Date.

Please Print

Two horizontal lines for Name.

Two horizontal lines for Address.

Two horizontal lines for City, State, and Zip.

Two horizontal lines for Phone: (Home).

Two horizontal lines for Phone: (Work).

Submit to: Florida Department of Education
Bureau of Education for Exceptional Students -- Mediation Services
325 West Gaines Street, Suite 614
Tallahassee, Florida 32399-0400



ESCUELAS PÚBLICAS DEL CONDADO MIAMI-DADE

SOLICITUD DE MEDIACIÓN

Nosotros, los abajo firmantes, solicitamos que un mediador sea asignado para asistir en resolver desacuerdos con respecto a los asuntos siguientes:

Hemos revisado los procedimientos que rigen la mediación en educación especial en la Florida y entendemos que es un proceso voluntario y no un requisito.

Convenimos participar en la sesión en un intento de resolver nuestras diferencias de una manera mutuamente satisfactoria y en el mejor interés del estudiante.

Entendemos que por participar voluntariamente en mediación, ninguna de las partes renuncia al derecho a un proceso legal.

Entendemos que la sesión de mediación es confidencial y acordamos no exigir la participación del mediador en procesos futuros.

_____ Distrito/Agencia Escolar Nombre del Estudiante

_____ Firma del Representante del Distrito/Agencia Escolar Firma del Padre/Madre/Tutor

Fecha _____ Fecha _____

Por Favor Escriba en Letra de Molde

Nombre _____ Nombre _____

Dirección _____ Dirección _____

_____ Ciudad Estado Código Postal Ciudad Estado Código Postal

Teléfono: _____ Teléfono: _____ (Domicilio)

Teléfono: _____ (Oficina)

Presentar a: Florida Department of Education (Departamento de Educación de la Florida)
Bureau of Education for Exceptional Students -- Mediation Services
(Oficina de Educación para Estudiantes Especiales -- Servicios de Mediación)
325 West Gaines Street, Suite 614
Tallahassee, Florida 32399-0400



LEKÒL PIBLICK MIYAMI

APLIKASYON POU MEDYASYON

Nou, ki siyen fòm sa a, ap mande pou yo konvoke yon medyatè pou ede rezoud mizantant nan koze sa yo:

Five horizontal lines for writing details.

Nou revize règleman ki gen rapò ak medyasyon nan Edikasyon Esepasyonèl nan Florid epi dapre sa nou konprann yo pa egzije pèsonn pou yo patisipe nan medyasyon an.

Nou dakò pou patisipe nan reyinyon sa a pou nou ka eseye rezoud pwoblèm nou yo yon jan pou nou tou de ka jwenn satisfaksyon epi yon jan ki nan enterè elèv la.

Pa gen youn nan de pati yo k ap pèdi dwa yo paske yo dakò pou yo eseye negosye ansanm volontèman.

Nou okouran tou sa ki pase pandan rankont pou eseye tranche koze a ap rete konfidansyèl epi nou dakò pou nou pa egzije moun k ap fè medyasyon an pou se limenn ankò ki ta oblije la, si nou gen pou nou rankontre ankò.

Distrik eskolè/Ajans Non elèv la

Siyati moun ki reprezante distrik lekòl la Siyati paran/moun ki responsab timoun nan

Dat Dat

Tanpri ekri enfòmasyon sa yo ak lèt majiskil

Non Non

Adrès Adrès

Vil Eta Zipkòd Vil Eta Zipkòd

Nimewo Telefòn: Nimewo Telefòn:

Voye fòm sa a nan: Florida Department of Education Bureau of Education for Exceptional Students -- Mediation Services 325 West Gaines Street, Suite 614 Tallahassee, Florida 32399-0400



MIAMI-DADE COUNTY PUBLIC SCHOOLS

REQUEST FOR DUE PROCESS HEARING FORM

Date of Request _____ District _____

Student's Name _____ Date of Birth _____

Student's Current School _____

Parent's Name _____

Address of Student _____

Home Phone Number _____ Parent's Business Number _____

Name of Person Completing the Form (if other than parent) _____

Address _____

Phone Number _____

As provided under the procedural safeguards section of the Individuals with Disabilities Education Act (IDEA), I am requesting a due process hearing for the following reasons: _____

This action would not be necessary if the district would implement the following actions: _____

Another possible resolution would be: _____

I understand that I may request mediation in an attempt to resolve my dispute with the district. Mediation is voluntary on the part of both parties, is not used to deny or delay a parent's right to a due process hearing, is conducted by a qualified and impartial mediator who is trained in effective mediation techniques, and is at no cost to the parents.

_____ I would like to participate in mediation as soon as possible. If this mediation request is denied, or if mediation fails to resolve the dispute, you are to file my request for hearing immediately thereafter.

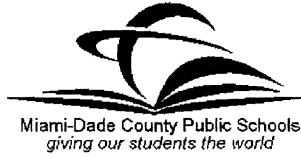
_____ I would like to file this request for hearing now and schedule mediation as soon as possible.

_____ I do not wish to participate in mediation.

SIGNATURE _____ DATE _____

PLEASE RETURN COMPLETED FORM TO:

SUPERINTENDENT OF SCHOOLS



LEKÒL PIBLIK MIYAMI

APLIKASYON POU TANDE KA W LA DAPRÈ SA LALWA GARANTI

Dat aplikasyon an fèt _____ Distrik _____

Non elèv la _____ Dat li fèt _____

Non lekòl elèv la _____

Non paran an _____

Adrès elèv la _____

Nimewo telefòn lakay elèv la _____ Nimewo telefòn travay paran _____

Non moun ki ranpli fòm sa a (si se pa paran an) _____

Adrès moun nan _____

Nimewo telefòn _____

Daprè kondisyon ki genyen nan seksyon prekosyon nan Lwa pou Pwoteje Dwa Moun ki Gen yon Andikap (Individuals with Disabilities Education Act-IDEA), mwen mande pou yo koute ka mwen an daprè garanti legal mwen genyen. Men pou ki rezon mwen mande sa: _____

(Kontinye nan do paj la)

Pa ta gen nesesite pou aksyon sa a si distrik la ta pran dispozisyon sa yo: _____

Men yon lòt solisyon ki ta posib: _____

Mwen okouran mwen kapab mande medyasyon pou rezoud pwoblèm mwen genyen ak distrik la. Medyasyon an volontè. Yo pa dwe itilize li pou yo anpeche paran an mande pou yo koute ka mwen dwa legal mwen oubyen pou yo ralanti demach sa a. Se yon medyatè ki kalifye, ki pa nan patipri, ki jwenn bon jan fòmasyon nan teknik medyasyon ki pou fè medyasyon an. Sa pa dwe koute paran yo anyen.

_____ Mwen ta renmen patisipe nan yon sesyon medyasyon tousuit. Si yo pa asepte demann mwen an oubyen si medyasyon an pa rive rezoud pwoblèm nan, mwen fèt pou mwen ranpli yon fòm pou m mande pou yo koute ka m nan dapre dwa legal mwen tousuit apre medyasyon an.

_____ Mwen ta renmen ranpli aplikasyon pou m mande pou yo koute ka m nan dapre dwa legal mwen kounye a epi mwen ta renmen pran yon randevou pou medyasyon an tousuit.

_____ Medyasyon pa enterese m.

SIYATI _____ DAT _____

LÈ OU FIN RANPLI FÒM SA A, TANPRI VOYE L BAY:

_____ **SIPÈENTANDAN LEKÒL YO**



ESCUELAS PÚBLICAS DEL CONDADO MIAMI-DADE

FORMULARIO DE SOLICITUD DE AUDIENCIA DE PROCESO LEGAL

Fecha de la Solicitud _____ Distrito _____

Nombre del Estudiante _____ Fecha de Nacimiento _____

Escuela Actual del Estudiante _____

Nombre del Padre/Madre _____

Dirección del Estudiante _____

Teléfono de su Domicilio _____ Teléfono del Trabajo de los Padres _____

Nombre de la Persona que Completa el Formulario (si no es el padre o la madre) _____

Dirección _____

Número de teléfono _____

Según provisto bajo la sección de Resumen de Salvaguardias Procesales del Acta de Educación de Individuos con Discapacidades (Individual with Disabilities Education Act/IDEA), estoy solicitando una audiencia de proceso legal por las razones siguientes:

Esta acción no sería necesaria si el distrito implementará las acciones siguientes: _____

Otra solución posible sería: _____

Entiendo que puedo solicitar mediación con el propósito de resolver mi disputa con el distrito. La mediación es voluntaria por parte de ambas partes, no se usa para denegar o demorar los derechos de un padre o una madre a audiencia de proceso legal, se lleva a cabo por un mediador calificado e imparcial quien está capacitado en técnicas de mediación efectivas, y es gratuito para los padres.

_____ Desearía participar en mediación tan pronto como sea posible. Si se niega esta solicitud de mediación, o si la mediación fracasa en resolver la disputa, ustedes deberán someter mi solicitud para una audiencia inmediatamente después.

_____ Desearía someter esta solicitud para audiencia ahora y programar la mediación tan pronto como sea posible.

_____ No deseo participar en una mediación.

FIRMA _____

FECHA _____

POR FAVOR DEVUELVA ESTE FORMULARIO COMPLETADO A:

SUPERINTENDENTE DE ESCUELAS

**MIAMI-DADE COUNTY PUBLIC SCHOOLS
OFFICE OF EXCEPTIONAL STUDENT EDUCATION
AND STUDENT/CAREER SERVICES
STATUS REPORT LETTER OF IEP GOALS**

Attached, please find a copy of your child's goals and benchmarks developed during the Individual Educational Plan (IEP) meeting. The status of the progress your child has made towards mastering the goals is indicated by a code;

Please note that the following are the definitions for each status code:

- 1 = Mastery of goal.
- 2 = Adequate progress made; anticipate meeting goal by IEP end.
- 3 = Some progress made; anticipate meeting goal by IEP end.
- 4 = Insufficient progress made; do not anticipate meeting goal by IEP end.

This student has been identified as having a substantial reading deficiency. If the deficiency is not remediated by the end of the _____ grade, he/she must be retained unless exempted from mandatory retention for good cause in accordance with Section 1008.25(5)(a), Florida Statutes.

If you have any questions, please contact _____, at _____.
(School Contact Person) *(School's Telephone #)*

Adjunto se encuentra una copia de las metas desarrolladas en la reunión del Plan Individualizado Educacional de su hijo(a). El progreso que su hijo(a) ha hecho en lograr estas metas está indicado con los siguientes códigos:

Las siguientes son las definiciones de los códigos de status de cada meta:

- 1 = Logró dominio de la meta.
- 2 = Logró un nivel de progreso adecuado, se anticipa que logre la meta para cuando caduque el IEP.
- 3 = Alcanzó algún progreso; y se anticipa que pueda alcanzar la meta para cuando caduque el IEP.
- 4 = No obtuvo suficiente progreso; no se anticipa que pueda alcanzar la meta para cuando caduque el

Este estudiante ha sido identificado con una deficiencia substancial en lectura. Si la deficiencia no es remediada al final del _____ grado, el/ella tiene que repetir el grado a menos que esté exonerado por buena causa, de acuerdo al mandato de retener los estudiantes correspondiente a la Sección 1008.25(5)(a), de los Estatutos de la Florida.

Si tiene alguna pregunta, por favor llame a _____, al _____.
(Persona a quien dirigirse) *(Teléfono de la escuela)*

Nan pakè sa, men yon kopi pwogrè pitit gason /fi w fè poul rive nan bi ak objektif nou te devlope nan reyinyon pou te planifye Edikasyon Endividyèl li a.

Men definisyon chak code yo:

- 1 = Akonpli Bi.
- 2 = Pwogrè adekwat; lap antisipe Bi reyinyon Edikasyon Endividyèl la nan fin IEP.
- 3 = Enpe pwogrè; lap antisipe Bi reyinyon Edikasyon Endividyèl la nan fin IEP.
- 4 = Pa ase pwogrè; li pap antisipe Bi reyinyon Edikasyon Endividyèl la nan fin IEP.

Nou idantifye etidyan sa a kòm yon timoun ki gen anpil defisyans nan lekti. Si defisyans nan lekti a pa korije anvan fen _____ ane lekòl, li dwe repete / double klas la. Si li gen yon bon rezon, elèv la kapab egzante repete / double klas la dapre lwa 1008.25(5)(a) nan Florid.

Si ou genyen ninpot keksyon, tanpri rele _____, nan _____.
(Moun ki nan lekòl) *(Nimewo Telefòn)*

***TIPS FOR WORKING WITH PARENTS**

- Respect the fact that the Parent took time off to attend the meeting.
- Be approachable and accessible.
- If you can't solve the problem, let the parent know that you don't know. Research the problem and communicate the answer.
- Don't slam the door on parent-talk it through!
- Sometimes the problem isn't what it appears to be-get at the real issue.
- Ask open-ended questions and don't answer for the parent.
- Don't let issues become personal.
- Get support from other members of your team.
- Nothing in the regulations says the parent has a right to berate the captive audience- Stop the meeting- take a break.
- You can take 30 minutes for lunch.
- The IEP meeting must end at the end of the school day.
- Don't give in to the parent if its not right for the student
- Allow the parent to ventilate.

*Tips shared with participants at District Meeting for ESE Staffing Specialists, Program Specialists and Department Chairpersons
05/14/02 by Ms. Twila Grandchamp, ESE Executive Director,
Division of Exceptional Student Education

EDUCATIONAL ALTERNATIVE OUTREACH PROGRAM PROCEDURES TO ENTER NEW STUDENTS TO M-DCPS

The following documents and data are needed to enroll a student new to Miami-Dade County Public Schools. Students may not attend class until all information has been sent to **Ms. Marybella Portalatin** and a student identification number has been generated.

- A. A copy of the student's **Birth Certificate**.
- B. Copy of **Immunization Certificate (HRS 680 form, see sample)**
It should have 5 DPT, 4 Polio, 2 MMR, Tuberculin Test date; indicating negative results, within a year, physical examination for 3040. Also, three hepatitis (at least one does) and varicella shot or varicella disease date.
- C. Social Security Number (not required at time of registration)
- D. Student's full address and phone number.
- E. Parents/guardians' place of employment and phone number.
- F. Student's grade level and homeroom teacher.
- G. Home language survey, signed by parent or guardian.
- H. Ethnic group and gender.
- I. Place of birth (city, state and country), or alternative forms.
- J. State or country where student came from.

After all data has been entered into the computer by **Ms. Marybella Portalatin**, an ID number will be generated.



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: FLORIDA STATUTES § 32.032, s. 10D-3.088, F.A.C. and s. 10M-12, F.A.C.

SAMPLE

LAST NAME	FIRST	MI	DOB MO/DA/YR
PARENT OR GUARDIAN	Child's SS# (optional)	STATE IMMUNIZATION ID# ¹	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A-1, A-2, B, or C) on reverse side of form.
- If the child is presenting for the 7th grade requirement only and has previously filed a Certificate of Immunization (680A or 680A-1) with their current Florida school, fill in boxed areas below and complete Part A-2 on the reverse side of this form.
- For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are updated annually and are available from the local county health department.

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP ²	A					
DT ³	B					
Td ⁴	C					
IPV ⁵	D					
HIB ⁶	E					
MMR (Combined) ⁷	F					
(Separate) ⁸	G, H, I	Measles (dose 1)	Measles (dose 2)	Mumps	Rubella	
Hepatitis B ⁹	J					

SAMPLE

- The state immunization ID# is an identifier supplied by the state immunization registry (optional).
- DTP 5 doses required. If the fourth primary dose is administered on or after the fourth birthday a fifth dose is not required. DTaP is an acceptable alternative for one or more doses of DTP.
- DT (pediatric) is acceptable if Pertussis vaccine is medically contraindicated. (Complete Part C for Pertussis contraindication.)
- Td (Adult) Vaccine is recommended for children 7 years of age or older.
- Polio 4 doses required. If the third dose is administered on or after the fourth birthday, a fourth dose is not required. IPV is an acceptable alternative for one or more doses of OPV. Polio vaccine is not required for children 18 years of age or older.
- Hib is required for child care and preschool entry and attendance only.
- 1st dose valid if given on or after 1st birthday. Second dose (measles) valid if given at least 1 month after 1st dose. A second dose of measles (preferably MMR) is required for students in grades K-4 in the 1997-98 school year, and 7th grade entry and attendance effective with the 1997/98 school year. In each subsequent year thereafter, the next highest grades are included.
- Includes single measles vaccine (G), single mumps vaccine (H) or single rubella vaccine (I). Hepatitis B vaccine series is required for seventh grade entry and attendance effective with the 1997-98 school year and kindergarten entry and attendance effective with the 1998-99 school year. In each subsequent year thereafter, the next highest grades are included.



MIAMI-DADE COUNTY PUBLIC SCHOOLS

AFFIDAVIT OF AGE

STATE OF FLORIDA)
(SS
COUNTY OF MIAMI-DADE)

BEFORE ME, a Notary Public duly qualified and acting, personally appeared the undersigned,
_____, who, being by me first duly sworn,
(print or type name of parent/guardian)
deposes and says:

1. That his/her name is _____
(print or type name of parent/guardian)
2. That he/she is the parent/guardian of _____,
(circle one) (print name of child)
minor child, whose date of birth is _____
(month) (day) (year)

FURTHER AFFIANT SAITH NOT.

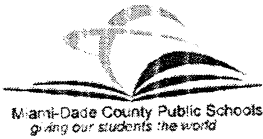
(signature of parent/guardian)

SWORN TO and subscribed before me this _____ day of _____, 20 ____.

My Commission Expires:

Notary Public, State of Florida

NOTICE TO PARENT/GUARDIAN: This affidavit is a sworn statement or oath made before a notary public in order to gain admission to the Miami-Dade County Public Schools. Any person making a false oath before a notary public shall be guilty of perjury and be subject to the penalties, forfeitures, and disabilities that are prescribed by law in cases of perjury under Chapter 837, Florida Statutes, pursuant to s. 117.03(2), Fla.Stat. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, pursuant to s. 837.06, Fla.Stat., punishable by up to 60 days imprisonment and/or a fine of up to \$500.



Miami-Dade County Public Schools Attendance Services

VERIFICATION OF STUDENT INFORMATION ON A PASSPORT, PAROLEE CARD, OR CERTIFICATE OF ARRIVAL

This form will be completed by school personnel only when documentation of student information is submitted in the form of a passport, parolee card, or certificate of arrival.

1. Indicate which document has been presented for verification of legal name, date of birth, and place of birth:

- _____ Passport
- _____ Parolee Card
- _____ Certificate of Arrival

IT IS NOT LEGAL TO PHOTOCOPY THESE DOCUMENTS

2. To be filled in by school personnel ONLY, based on the information provided by the parent/guardian.

Legal Name:

_____ Last Name _____ First Name _____ Middle Name

Date of Birth:

_____ Month _____ Day _____ Year

Place of Birth:

_____ City _____ State (Province) _____ Country

VERIFIED BY:

_____ Print Name of School Official _____ Signature _____ Date



ADDRESS VERIFICATION AGREEMENT

NAME OF STUDENT(S) _____

NAME OF PARENT/GUARDIAN _____

I, _____, understand that the transfer(s) of the above-named student(s) is/are temporary and will depend on a successful verification of my address. I also understand if my address cannot be verified by an investigator for Miami-Dade County Public Schools, the transfer(s) will be revoked and the student(s) will return to the school that serves my previous address.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

OLD ADDRESS _____ SCHOOL ASSIGNMENT _____

NEW ADDRESS _____ SCHOOL ASSIGNMENT _____

HOME PHONE _____

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in F.S. 775.083 or F.S. 775.084. (Florida Statute 837.06)



MIAMI-DADE COUNTY PUBLIC SCHOOLS

TEMPORARY GRADE PLACEMENT FOR USE WITH ALL NEW STUDENTS WITH OR WITHOUT SCHOOL RECORDS

I, _____, understand that my son/daughter has been placed in the _____ grade temporarily pending the arrival and/or evaluation of school records from his/her previous school(s).

Upon receipt of the school records, I agree that my son/daughter will be placed in the proper grade, and change schools if necessary, should the records prove to be other than what I have indicated.

Name of Student (Last, First, Middle)

Date of Birth

Student I.D. Number

Signature of Student

Date

Signature of Parent/Guardian

Date

Registration Verified by (School Representative)

Date

PREVIOUS SCHOOL HISTORY

_____ School Name		_____ Grade (Most Recent)	
_____ School Address	_____ City	_____ State/Country	_____ Zip
_____ School Telephone Number		_____ School Fax Number	

_____ School Name		_____ Grade	
_____ School Address	_____ City	_____ State/Country	_____ Zip
_____ School Telephone Number		_____ School Fax Number	