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| **Bullock County Schools****SPECIAL EDUCATION MANUAL****Documents****Forms****Procedures****2019-2020** |

**Table of Contents**

Processes and Procedures 3-7

IEP/504 meeting agenda 8

Ground Rules 9

IEP meeting norms 10

IEP meeting checklist 11-12

Transition Checklist 13

Documentation of accommodations 14-18

Accommodations Examples 19-21

Strategic Planning Tool 22-23

Paraprofessional’s Skills Checklist 24

Order of Folders 25-26

ESY documentation form 27

Documentation of specialized instruction 28

Restraint 29-32

IEP Team Excusal 33

SAAFP 34-35

Private School Consultation 36

State Dept. Requests 37-40

Surrogate Parent Training 41

Cost Analysis Repot 42

**Special Education Department**

**Standard Operating Procedures**

***Special Education Timelines: annual goals, Overdue IEPs, eligibility report, and IEP annual review data.***

1. The special education department will compile folders for all teachers with all forms and needed information to complete re-evaluation processes.
2. Teachers will receive folders that apply to the students on their caseload during the first special education meeting of the new school year.
3. The special education department will run reports for each of the above- mentioned processes to monitor timelines.
4. Teachers who have records that are overdue will receive an email along with the school principal to that effect with a timeline for completion.
5. Failure to meet this timeline will lead to the school principal initiating the progressive discipline process with that teacher.
6. Class rolls are due the 15th of each month. Progressive discipline will be followed for teachers not submitting rolls on time.

***Monitoring most recent IEP process***

* Lead special education teachers at each school and members of the district special education department will meet monthly to monitor IEPs and eligibility processes using compliance verification forms for the identified area of disability in SETS.
* The Lead teacher will meet with all teachers at the school to monitor IEP and eligibility processes using the compliance verification form in SETS once a month to ensure correctness and compliance. A monthly report of findings will be shared with the special education coordinator.
* Lead teachers at each school will monitor hard copy files with the special education teachers each quarter. Teachers will be required to check off compliance components using the verification form in the presence of the lead teacher and corrections to be made. This information will be documented on the hard copy monitoring form and shared with the special education coordinator.

***Student Services Review***

* School and district personnel will conduct weekly walkthroughs to determine if students’ are receiving services that adequately meet the needs of the student and that are in accordance with their IEP.
* When changes in services are needed, the IEP team will reconvene to make the necessary changes to the student’s program.
* Data meetings should reflect the overview of data for students receiving special education services.

**CASE MANAGERS**

Caseloads: represent the number of records the teacher has to manage (IEPs).

* Does not represent the number of students a teacher will serve.
* Caseload assignments are based on the following but are not limited to them:
	+ Severity of student needs
	+ Location of services
	+ Number of campuses served
	+ Whether all IEPs can be implemented as written

Responsibilities: the case manager is responsible for all services that the student receives. It is the responsibilities of the case manager to coordinate with all service providers and ensure that the student has a program that best fits his/her individual needs.

**Lead Teacher Responsibilities**

* Is selected by collaboration between the school principal and special education coordinator based on years of service and performance.
* Facilitate monitoring of latest IEP process in SETS of the teachers at their assigned school and report findings to school principal and special education coordinator.
* Monitor and report findings of hard copy folders at their site and report findings to the special education coordinator and school principal.
* Assist other teachers at the school with student files and services.
* Assist school administrators with discipline and academic decisions related to students receiving special education services.
* Report compliance and implementation issues related to student services or files to the school principal and special education coordinator.
* Is responsible for performing their duties outlined in the initial referral process.

**Steps for Initial Referrals**

When the Parent/Teacher contacts the Counselor;

1. The Counselor will contact the Psychometrist within 3-5 days.
2. The Counselor completes the Referral Form (draft) and sends home the Notice of Invitation form when confirmed by the Psychometrist of a meeting date.
3. The Psychometrist conducts the meeting to receive consent.
4. If/When the referral is accepted, the Psychometrist will contact the School Nurse and others (Speech, OT, & PT) within 3-5 days.
5. The Psychometrist collects the Vision/Hearing from the School Nurse and distributes the Behavior Rating Scales to the General Ed teacher (school & home versions) within 3-5 days after informing the Nurse.
6. The Psychometrist will proceed with testing (Achievement & Intelligence) a minimum of 3-10 days. \*Several tests will have to be administered to determine the student’ strengths & weaknesses if the student passes the vision/hearing exams. Another determining factor of the testing will depend on the testing load (other initial evaluations and the mandatory 3-year reevaluations).
7. The Lead Teacher will conduct an Observation within 3-8 days after consent is given.
8. The Lead Teacher will collect and report other documentation to the Sped Ed office (Psychometrist) within 30-40 calendar days (PST -8 weeks minimum documentation, observations, behavior rating scales, work samples, state assessments, report cards, Prongs 1 & 2 documentation). \*\*\*\*Calendar days will include not only school days but ALSO weekends and holidays.\*\*\*\*
9. The Psychometrist will contact the Team to schedule an Eligibility Determination meeting.

**Steps for 3-year Reevaluations**

If consent is given to proceed with an evaluation;

1. The Case Manager will contact the School Nurse to conduct a Vision & Hearing.
2. The School Nurse returns Vision & Hearing results to the Case Manager.
3. The Case Manager contacts the Sped office to set a time to turn in the initial paperwork (consent, vision/hearing results, and Notice of IEP Team’s Decision Regarding Reevaluation). The Psychometrist will give the case manager behavior rating scales. \*\*The Notice of IEP Team’s Regarding Reevaluation Form MUST be completed (the same day as the consent or before the consent- you MUST have a meeting with the team to determine if testing is necessary and this form must reflect the decision. Whether or not the parent attend, this form must be completed).
4. Testing (Achievement & Intelligence) will take place. Several tests will have to be administered in order to determine the student’s strengths and weaknesses. Timing will depend on the testing load (initial evaluations and other 3-year reevaluations. \*\*\*\*Initial evaluations have precedence over 3-year reevals).
5. Other paperwork turned into Sped office (observations, behavior rating scales, work samples, state assessments, report cards, annual goal progress reports, ECE checklist, Prongs 1 & 2 documentation, medical, etc.) no later than 30-40 calendar days after consent is given. \*\*\*\*\*Calendar days will include not only school days but ALSO weekends and holidays.\*\*\*\*\*\*\*
6. The Psychometrist will contact the Case Manager to set a time to contact the parent for an eligibility meeting.

**IEP/504 MEETING**

**Bullock County Schools**

**Special Education Department**

|  |
| --- |
| Student Name: Date:  |
| IEP MEETING AGENDA |
| Time: |  | Consensus |
|  |  |

GROUND RULES

* REMAIN STUDENT FOCUSED
* FOLLOW THE AGENDA
* ACKNOWLEDGE ALL TEAM MEMBERS AS VALUABLE PARTICIPANTS BY LISTENING CAREFULLY AND SHOWING RESPECT FOR THEIR IDEAS AND QUESTIIONS
* SILENCE COMMUNICATION DEVICES & REFRAIN FROM TEXTING
* MAINTAIN CONFIDENTIALITY
* WORK TOGETHER TO REACH CONSENSUS

**IEP MEETING NORMS**

* KEEP THE DISCUSSIONS OBJECTIVE, DATA-BASED, AND FOCUSED ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* USE REPECTFUL LANUAGE AND ACTIONS TOWARD ONE ANOTHER WHEN ASKING FOR AND SHARING INFORMATION AND WORKING TOGETHER TO REACH CONSENSUS
* LISTEN AND CONSIDER ALL POINTS OF VIEW
* GIVE ATTENTION TO THE PERSON WHO IS SPEAKING THUS, NO SIDEBAR CONVERSATIONS DURING THE PRESENTATION AND DISCUSSION OF INFORMATION
* STAY ON THE AGENDA TOPIC
* SILENCE COMMUNICATION DEVICES

**End-Of-IEP-Meeting Checklist for IEP Team Leaders**

|  |  |
| --- | --- |
| Summarize the discussion | Recap what the IEP Team discussed and the services, instruction, and placement the student will receive. Mention and make note of any areas of disagreement with the parent. Double check that you’ve documented the team’s discussion of the parent’s concerns. |
| Get Everyone’s signature | Once you’ve reviewed the entire IEP, ask everyone including the parent, to sign the document (or an attached form) to confirm they attended and participated in the IEP Meeting. |
| Ask for the parent’s consent | Ask the parent to acknowledge in writing that he/she has reviewed the IEP, understands it, and consents to it. |
| Confirm receipt of procedural safeguards | Have the parent acknowledge in writing that he/she received a copy of the IDEA procedural safeguards, such as the right to challenge the IEP through a due process complaint. Ask if he/she has any questions about them and be ready to explain them using laymen’s terms. |
| Provide prior written notice | Notify the parent in writing of the proposed placement and services. The notice should include a discussion of other placements the team considered and why the IEP Team rejected them. It’s best to provide the notice immediately after the meeting or soon enough that the parent has time to fully consider the change and respond before the IEP is implemented. Obtain proof the parent received the notice, such as a certified mail confirmation or the parent’s written acknowledgement. |
| Review the distribution list | Review who needs to receive a copy of the IEP. Some staff members may only need part of the document. Include anyone responsible for implementing the student’s services, instruction, and accommodations, such as general education teachers, bus drivers, coaches, and cafeteria workers. |
| Choose someone to monitor implementation | It’s a good idea to assign a point person to make sure the student’s services start when the IEP says they will. That person can also make sure the services continue to be implemented and alert the IEP Team if there are problems. |
| Schedule the next meeting | Decide when the IEP Team will meet again and make a note of any specific issues that will need to be addressed at the future meeting. |
| Provide a copy of the IEP to the parent | Give the parent a copy of the complete document. |

**Transition Checklist**

|  |  |  |
| --- | --- | --- |
| Transition Services Provided | Yes | No |
|  Career Development and Employability Skills |  |  |
| Foundation Skills |  |  |
| Ethics and Social Responsibility |  |  |
| Leadership and Teamwork  |  |  |
| Applied Technology |  |  |
| Technical Knowledge and Skills |  |  |
| Economics and Finance |  |  |
| Safety and Health |  |  |

**Documentation of Student Accommodations**

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assignment/Test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodations made:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other information:

**ACCOMMODATIONS CHECKLIST FOR THE General Education CLASSROOM**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PHYSICAL ARRANGEMENT OF ROOM: \_\_\_\_seating student near the teacher \_\_\_\_seating student near a positive role model \_\_\_\_standing near the student when giving directions or presenting lessons \_\_\_\_avoiding distracting stimuli (air conditioner, high traffic area, etc.) \_\_\_\_increasing distance between desks \_\_\_\_additional accommodations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LESSON PRESENTATION:

\_\_\_\_pairing students to check work \_\_\_\_writing key points on board \_\_\_\_providing peer tutoring \_\_\_\_providing visual aids, large print, films \_\_\_\_providing peer note taker

\_\_\_\_making sure directions are understood \_\_\_\_including a variety of activities during each lesson

\_\_\_\_repeating directions to the student after they have been given to the class: then have him/her repeat an explain direction to teacher

\_\_\_\_providing written outline

\_\_\_\_allowing student to tape record lessons

\_\_\_\_having child review key points orally

\_\_\_\_teaching through multi-sensory modes, visual, auditory, kinesthetic, olfactory

\_\_\_\_using computer-assisted instruction

\_\_\_\_accompany oral directions with written directions for child to refer to blackboard or paper

\_\_\_\_provide a model to help students post the model and refer to it often \_\_\_\_provide cross age peer tutoring

\_\_\_\_to assist the students in finding the main idea underlying, highlighting, cue cards, etc.

\_\_\_\_breaking longer presentations into shorter segments \_\_\_\_additional accommodations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ASSIGNMENTS/WORKSHEETS:

\_\_\_\_giving extra time to complete tasks

\_\_\_\_simplifying complex directions

\_\_\_\_handing worksheets out one at a time

\_\_\_\_reducing the reading level of the assignments

\_\_\_\_requiring fewer correct responses to achieve grade (quality vs. quantity)

\_\_\_\_allowing student to tape record assignments/homework

\_\_\_\_providing a structured routine in written form

\_\_\_\_providing study skills training/learning strategies

\_\_\_\_giving frequent short quizzes and avoiding long tests

\_\_\_\_shortening assignments; breaking work into smaller segments

\_\_\_\_allowing typewritten or computer printed assignments prepared by the student or dictated by the student and recorded by someone else if needed

\_\_\_\_using self-monitoring devices \_\_\_\_reducing homework assignments \_\_\_ not grading handwriting \_\_\_\_student should not be allowed to use cursive or manuscript writing

\_\_\_\_reversals and transpositions of letters and numbers should not be marked wrong, reversals or transpositions should be pointed out for correction

\_\_\_\_do not require lengthy outside reading assignments

\_\_\_\_teacher monitor students self-paced assignments (daily, weekly, bi- weekly)



\_\_\_\_arrangements for homework assignments to reach home with clear, concise directions

\_\_\_\_recognize and give credit for student's oral participation in class \_\_\_\_additional recommendations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEST TAKING:

\_\_\_\_allowing open book exams \_\_\_\_giving exam orally \_\_\_\_giving take home tests \_\_\_\_using more objective items (fewer essay responses) \_\_\_\_allowing student to give test answers on tape recorder \_\_\_\_giving frequent short quizzes, not long exams \_\_\_\_allowing extra time for exam

\_\_\_\_reading test item to student

\_\_\_\_avoid placing student under pressure of time or competition

\_\_\_\_additional accommodations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ORGANIZATION:

\_\_\_\_providing peer assistance with organizational skills

\_\_\_\_assigning volunteer homework buddy

\_\_\_\_allowing student to have an extra set of books at home

\_\_\_\_sending daily/weekly progress reports home

\_\_\_\_developing a reward system for in-schoolwork and homework completion

\_\_\_\_providing student with a homework assignment notebook \_\_\_\_additional accommodations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BEHAVIORS:

\_\_\_\_use of timers to facilitate task completion

\_\_\_\_structure transitional and unstructured times (recess, hallways, lunchroom, locker room, library, assembly, field trips, etc.)

\_\_\_\_praising specific behaviors \_\_\_\_using self-monitoring strategies \_\_\_\_giving extra privileges and rewards \_\_\_\_keeping classroom rules simple and clear \_\_\_\_making "prudent use" of negative consequences \_\_\_\_allowing for short breaks between assignments \_\_\_\_cueing student to stay on task (nonverbal signal)

\_\_\_\_marking student's correct answers, not his mistakes

\_\_\_\_implementing a classroom behavior management system

\_\_\_\_allowing students time out of seat, to run errands, etc.

\_\_\_\_ignoring inappropriate behaviors not drastically outside classroom limits

\_\_\_\_allowing legitimate movement \_\_\_\_contracting with the student \_\_\_\_increasing the immediacy of rewards \_\_\_\_implementing time-out procedures \_\_\_\_additional accommodations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Example of an Instructional Accommodations Format For General Education Classroom Teachers**

Form for Identifying Accommodations:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use the following checklist to guide decisions about what instructional accommodations are needed by this student.

Instructional Accommodation Checklist Setting

Distraction-free space within classroom (e.g., doorway, windows, other students, front of class, back of class)

One-to-one assistance to complete written tasks On-task reminders Several verbal prompts to initiate a task Verbal encouragement, praise, or recognition to continue a task Directions repeated and/or clarified

Small group or partner instruction, especially when learning or practicing new facts, concepts, and strategies

Adaptive furniture Other Timing Periodic breaks during work sessions (specify) Other

 

Scheduling Extended time to complete class/homework assignments

Length of assignments shortened to complete as overnight homework assignments

A daily assignment sheet

A weekly quick strategic assignment meeting

A weekly or monthly assignment calendar

A weekly or monthly assignment calendar with check- in and due dates posted

Presentation

Visual cues or printed material to facilitate understanding of orally given directions

Directions repeated, clarified, or simplified Directions read individually Visual magnification device Auditory amplifications device

Written directions read Key words or phrases in written directions highlighted

Visual prompts (e.g., stop signs, arrows) that show directions to start, stop, and continue working

Written directions presented in larger and/or bold print Written directions presented with one complete sentence per line of text Reader to read the text Pencil grip Access to a prerecorded reading Test presented in sign language

 

Written information presented in Braille or large print

Increased spacing between items and/or limited items presented per page

Templates or masks to reduce visible print

Papers secured to desk (e.g., magnets, tape)

Calculator

Abacus

Arithmetic tables

Spell checker or spelling dictionary

Manipulative

Other

Response

Text-talker converter

Speech synthesizer

Pencil grip

Scribe (someone to record verbatim oral responses to questions)

Braille

Copying assistance between drafts of writing

Option to write an outline to a question and, using a tape recorder, dictate the body of the response, per the written outline

Option to dictate answer into a tape recorder Visual magnification device Touch Talker or other communication device Calculator

Abacus Arithmetic tables Spell checker or spelling dictionary

Other accommodations based on the purpose of the assignment and what and how the skill(s) will be assessed.

**Strategic Planning for Instructional Accommodations**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Characteristics  | Instructional Task  | Purpose/Goal  | Accommodations  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

C. Kosnitsky - 2/18

**Strategic Planning for Instructional Accommodations Example**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Characteristics  | Instructional Task  | Purpose/Goal  | Accommodations  |
| Limited decoding skills Likes using technology  | Read grade-level text and answer questions  | Preview content  | Student has digitized textbook on laptop  |
| Limited motor control Strong attention to detail  | Note-taking during lecture  | Create a memory aid to study for test  | Provide student with fill-in-the- blank study guide to lessen writing requirement  |
| Limited working memory Adequate reading skills  | Follow multi-step, oral directions on assignment  | Hold multiple pieces of information in mind long enough to complete task  | Provide written directions to accompany oral directions  |
| Limited sustained attention Likes physical movement  | Pay attention during teacher-led lecture  | Obtain new information and be prepared for performance task  | Seat in back row so student can stand up and get sensory input without disturbing others  |

C. Kosnitsky - 2/18

**Skills checklist**

**Bullock County School District**

**Special Education Department**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Date  | Student name | Skills  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Bullock County Board of Education

Dr. Michael O. King

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Telephone 334- 312-7051

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**Order of Folders**

If the student has been reevaluated (if student has been reevaluated more than once, only include the forms from the most recent evaluation):

* Notice of Inv. for re-eval meeting (Discuss Need for Additional Data Collection)
* Notice of IEP Team’s Decision Regarding Reevaluation (signed copy)
* Notice and Consent for Reevaluation (if additional data was needed; signed copy)
* Eligibility Form (if additional data was needed)

For all students (not all assessments required for each exceptionality)-if you want to put these in the order that they appear on your eligibility form, that’s fine. Please start with v/h screenings. This list is not all inclusive. Please refer to AAC or other documents to determine required assessments.

* Vision Screening Form
* Hearing Screening Form
* IQ
* Achievement
* Behavior rating scale
* Adaptive behavior scale
* Observation
* ECE Checklist
* Work samples
* Documentation of Appropriate Instruction-Prong 1 (required for **all** eligibility reports, initial and reeval)
* Documentation for Appropriate Instruction-Prong 2/Progress Monitoring (all new referrals, except pre-school, TBI, voice, articulation, and fluency; and SLD reevals)
* State assessments
* Documentation of accommodations (could be from PST Referral paperwork, classroom observation, Teacher Input form, IEP goal pages/504 Plan)
* Statement of adverse affect (could be from Teacher Input form or from observation)
* Student/teacher/parent interviews
* Anything recorded on the eligibility report should have a corresponding document in the folder
* Notice of Inv. for eligibility meeting (Determine Initial or Continued Eligibility)
* Notice and Eligibility Decision Regarding Special Education Services
* Notice and Consent to Provide Special Education Services

IEP File

* Notice of Inv. for IEP meeting (Develop Initial IEP or Review/Revise IEP; for students grade 9 and above, also mark Discuss Transition/Postsecondary Services)
* Current year’s IEP
* Assessments referred to in profile and/or used to develop present levels of performance (work samples, protocols, report cards, discipline reports, teacher input forms, etc.)
* Current progress reports (issued during implementation dates of IEP)
* Documentation of mastery of goals; the work sample/data sheet, etc., should be stapled to the corresponding goal page at the end of the year, before the IEP is filed in the history file.
* Copies of most current state assessment results
* Tracking Student Assessment form-updated annually
* Documentation of Appropriate Instruction form-updated annually
* High school students-transition planning assessments, transcripts, diploma options brochure, signed co-op requirements form (for Essentials pathway students), Selecting the Highest…

History File

* Staple, clip, or rubber band together all items removed for a particular school year

**ALL** FOLDERS SHOULD HAVE A RECORD OF ACCESS ATTACHED TO THE FRONT.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disability Area: \_\_\_\_\_\_\_

Case manager name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Extended School Year Documentation Form**

The provision of Extended School Year (ESY) is considered for each student who is eligible for services under IDEA in an effort to ensure Free Appropriate Public Education (FAPE) is provided. The IEP team may consider the following criteria in its determination:

* Whether or not **regression,** related to the IEP goals, has been evident.
* Whether or not **degree of progress** on critical life skills has been made and whether or not receipt of benefit will be jeopardized without services.
* Whether or not the school break will jeopardize a **breakthrough** on a particular skill/goal.
* Whether or not **interfering behaviors**, such as ritualistic, aggressive, or self-injurious behavior, targeted by IEP goals have prevented the student from receiving benefit from his/her educational program
* Whether or not, without ESY services, **the nature and severity** of the disability are likely to significantly jeopardize receipt of benefit for the educational program.
* Whether or not there are **other special circumstances**, such as parent’s inability to provide educational structure, etc.

**Data collected for determination**

\_\_\_Historical data\_\_\_ Review of current and previous IEPs

\_\_\_Documented regression and recoupment time \_\_\_Documented clinical evidence

\_\_\_Classroom observations \_\_\_Progress notes \_\_\_Standardized tests

\_\_\_Samples of student’s work \_\_\_Parent interviews \_\_\_Behavior logs

\_\_\_Attendance information \_\_\_Expert opinions \_\_\_Other objective evidence

THE IEP TEAM found the student \_\_\_\_\_\_\_\_ **eligible** \_\_\_\_\_\_\_\_ **not eligible** for ESY.

Date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 Parent Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

LEA Representative Teacher Signature

Parent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Home, \_\_\_\_\_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name and Number)

**\*Please attach a scanned copy with all other IEP related documents (testing info, etc.) to the documents portion of the student’s SETS folder. Please also email a copy to the special education office.**

**Special Education Department**

**Documentation of specialized instruction**

**Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day** | **Student**  | **Standards/activities** | **Subject:** | **Progress**  |
| **Monday**  |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |

**(Restraint) BULLOCK COUNTY SCHOOLS**

Parental Notification of Physical Restraint

**Section I. Definition of Restraint**

In accordance with the provision of Bullock County Schools’ policies and procedures, the parents of a student shall be notified after any incident where physical restraint is used. For the purposes of this policy, physical restraint is defined as “direct physical contact from an adult that prevents or significantly restricts a students’ movement.” These measures are only utilized in circumstances where a student is deemed to be a threat to his/her safety or the safety of others.

**Section II. Student Information**

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homeroom Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III. Report of Use of Physical Restraint**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Beginning Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Restraint\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the restraint used and the student’s behavior and physical status during the incident:

Were there any injuries to staff or the student during the incident?

**Section IV. Documentation**

Signature of Principal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date sent to Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt of Signed Parent Copy Yes (Date Received)\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

If “No” is checked above, document attempts at parental contact:

Date(s) attempted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Result\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BULLOCK COUNTY SCHOOLS**

Documentation of Physical Restraint

**Section I. Student Information**

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_

Ethnicity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does the student have an IEP or 504 Plan? \_\_\_\_\_\_\_

Homeroom Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II. Overview of Incident**

List all individuals involved in administration of restraint or as witnesses:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Beginning Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Location of Restraint\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Describe the events and student’s behavior that led into the emergency situation:
* Describe what you did to de-escalate/mediate the situation:
* Describe restraint used and student’s behavior and physical status during the restraint:
* Describe what you explained to the student that led to your decision to end the restraint:
* Describe the behavior demonstrated by the student that led to your decision to end the restraint:
* Were there any injuries to staff or the student during the incident:

*The tables below should* ***ONL!*** *be used to describe student behavior* ***DURING*** *the intervention.*

|  |  |  |
| --- | --- | --- |
| Time: |  | Physical Status: |
| 0-15 min | Normal breathing | Rapid breathing | Normal appearance | Flushed face | Sweating  |
| 15-30 min | Normal breathing | Rapid breathing | Normal appearance | Flushed face | Sweating |
| 30-45 min | Normal breathing | Rapid breathing | Normal appearance | Flushed face | Sweating |
| 45-60 min | Normal breathing | Rapid breathing | Normal appearance | Flushed face | Sweating |

|  |  |
| --- | --- |
| Time: | Mental/emotional status: |
| 0-15 min | Screaming  | Crying  | Threatening  | Combative  | Calming down | Cooperative  |
| 15-30 min | Screaming | Crying | Threatening | Combative | Calming down | Cooperative |
| 30-45 min | Screaming | Crying | Threatening | Combative | Calming down | Cooperative |
| 45-60 min | Screaming | Crying | Threatening | Combative | Calming down | Cooperative |

Section III Documentation

* Date of Debriefing Session\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Did all personnel listed above (section II) attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Did parent attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suggestions for future behavior incidents:

Signature of Debriefing Participants:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BULLOCK COUNTY SCHOOLS**

Report of Physical Restraint

The purpose of this form is to document all incidents of the use of physical restraint. These forms will be submitted to the superintendent, or his/her designee, twice a year for review. Each principal shall maintain this monthly form in his/her files for documentation.

Monthly summary for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total incidents using restraint during the month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of different students restrained during the month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Name** | **Grade** | **Gender** | **Ethnicity** | **IEP or 504 (Y or N)** | **Description**  |
|  |  |  |  |  |  |  |
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Principal’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXCUSAL OF IEP TEAM MEMBER/AREA BEING DISCUSSED**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent) (Student)

Agree and consent that it is not necessary for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate

 (Team member)

In the IEP meeting scheduled for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ even though his/her area of the

 (Date)

Curriculum/related services are being modified or discussed in the meeting. The excused

Member will submit written input to the parent and education agency regarding the

development of the IEP prior to the meeting.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature/Date LEA Representative/Date

**SUMMARY OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (SAAFP) COVER PAGE**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Paperwork Sent to Central Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed/Closed in SETS:\_\_\_\_\_\_\_\_\_\_\_\_

**OPTION 1**

❑ Notice and Invitation to a Meeting/ Consent for Agency Participation

* Conduct an Annual review of the current IEP
* Other – Complete the SAAFP

❑ SAAFP *(Must include student. parent and LEA staff member signatures on last page)*

❑ Amended current IEP Signature Page

❑ Final Annual Goals Progress Report

­❑ Notice of Proposal or Refusal to Take Action

* Document the review of the IEP and provide notice that the student is expected to graduate

❑ Conference Record ❑ *Uploaded in SETS Documents*

❑ All forms closed is SETS

❑ Manually enter the date of the meeting in the field “Annual Review Date” on the SETS Student Folder.

**OPTION 2**

❑ Notice and Invitation to a Meeting/ Consent for Agency Participation

* Develop an Annual IEP or Revise the Current IEP
* Other – Complete the SAAFP

❑ SAAFP *(Must include student. parent and LEA staff member signatures on last page)*

❑ Amended Student Profile Page (“The IEP team met on \_\_\_\_\_\_ to review the IEP. \_\_\_\_\_\_\_\_\_\_ will graduate as scheduled in May with a \_\_\_\_\_\_\_\_\_\_\_\_ diploma.” Or “student has reached the age of 21”.

❑ Update goals that may have been mastered.

❑ Amended current IEP Signature Page

❑ Final Annual Goals Progress Report

­❑ Notice of Proposal or Refusal to Take Action

* Document the review of the IEP and provide notice that the student is expected to graduate

❑ Conference Record ❑ *Uploaded in SETS Documents*

❑ All forms closed is SETS

❑ Manually enter the date of the meeting in the field “Annual Review Date” on the SETS Student Folder.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Peer Reviewer’s Signature Date

**Private School Consultation**

**Affirmation of Consultation**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby affirm that I have met with representatives from the Bullock County School System to discuss process and procedures related to child find and services for students who are placed in Conecuh Springs Christian School voluntarily by their parents.

ALABAMA STATE DEPARTMENT OF EDUCATION SPECIAL EDUCATION SERVICES ALABAMA AUTISM INITIATIVE

**REQUEST FOR SERVICES**

***Glenwood, Inc.***

|  |  |  |  |
| --- | --- | --- | --- |
| LEA: |  | Date: |  |
|  |  |  |  |
| Person Requesting: |  | Position: |  |
|  |  |  |  |
| Contact Phone Number: |  | E-mail: |  |

Please e‐mail this form along with the required information to Ms. Tina Sanders at tsanders1@alsde.edu or call 334‐242**‐**8114 for more information.

All requested documents that contain Personally Identifiable Information (PII) must be sent through the ALSDE Secure File Sharing Server. Upon receipt of this request, you will be emailed the secure file sharing server to upload the documents. **Do not send this request directly to**

ALABAMA STATE DEPARTMENT OF EDUCATION SPECIAL EDUCATION SERVICES ALABAMA AUTISM INITIATIVE

**REQUEST FOR SERVICES**

***The Learning Tree***

|  |  |  |  |
| --- | --- | --- | --- |
| LEA: |  | Date: |  |
|  |  |  |  |
| Person Requesting: |  | Position: |  |
|  |  |  |  |
| Contact Phone Number: |  | E-mail: |  |

Please e-mail this form along with the additional required information to Ms. Tina Sanders at tsanders1@alsde.edu or call 334‐242‐8114 for more information. All requested documents that contain Personally Identifiable Information (PII) must be sent through the ALSDE Secure File Sharing Server. Upon receipt of this request, you will be e-mailed the secure file sharing server to upload the documents. **Do not send this request directly to The Learning Tree. Special Education Services will not be responsible for payment for requests sent directly to The Learning Tree.**

After all information is received this request will be reviewed for accuracy and required documentation and sent to The Learning Tree by the ALSDE. The Learning Tree will contact you for additional information and to schedule the requested service(s).

 **Consultation for Individual Students ‐ Board Certified Behavior Analysis-** The need for this service should be determined by the IEP team for students with critical behavioral needs only after all other local efforts have been tried and documented to be ineffective by the IEP team. Individual student consultation services may be requested for behavior reduction or skill acquisition issues that are outside of the area of expertise of the LEA. Services may include a specific functional behavioral assessment and behavioral intervention program for a student based on his or her individual needs. Services will be provided by a Board Certified Behavior Analyst from The Learning Tree.

**STUDENT INFORMATION**

Child’s Complete Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_

Parent Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Language in the Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Referral (List specific concerns):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The referral is based on concerns checked below and/or continuing concerns following interventions:

INSTRUCTIONAL CONCERNS BEHAVIORAL CONCERNS

[ ] Poor progress acquiring pre-literacy skills [ ] Poor attention and concentration

[ ] Poor progress acquiring numeracy skills [ ] Noncompliance with teacher directives

[ ] Poor progress acquiring fine motor skills [ ] Excessively high/low activity level

[ ] Few appropriate cognitive learning strategies [ ] Difficulty following directions

[ ] Poor progress acquiring communication skills [ ] Easily frustrated

[ ] Difficulty producing speech sounds [ ] Extreme mood swings

[ ] Poor Progress acquiring gross motor skills [ ] Difficulty working with peers

 [ ] Difficulty staying on task

 [ ] Limited adaptive behavioral skills

 [ ] Inappropriate social interaction skills

MEDICAL INFORMATION

1. Does the student exhibit any signs of health, orthopedic, or medical problems? If yes,

 what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Does this student exhibit any behaviors in the classroom which might indicate vision or hearing

 problems? If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Does student currently wear glasses? [ ] Yes [ ] No

4. Does student currently wear hearing aid? [ ] Yes [ ] No

5. Is the student receiving any medication at school and/or at home? If yes, what?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Does this student currently use an assistive technology device? If yes, what?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] I give permission for my child to be referred to the LEA

[ ] I do not give permission for my child to be referred to the LEA

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date of Signature

**SURROGATE PARENT TRAINING**

**DISTRIBUTION OF TRAINING MATERIALS**

**EXPECTATIONS**

**Q&A**

|  |  |
| --- | --- |
| NAME | DATE |
|  |  |
|  |  |
|  |  |

**Cost Analysis Report**

**Bullock County Schools**

**Special Education/504 and Related Services**

School: Date:

Student Name:

Service/resource(s) to be provided:

Estimated monthly cost: Estimated Duration:

Team Members

Reason for decision: