

Monroe County Community School Corporation Case Conference Summary/IEP/ITP

Date _____

Student Name _____ DOB _____ Sex _____ Re-eval Date _____

Home School/Attending School _____ / _____ Grade _____ ID# _____

<u>Student Resides with:</u>	<u>Phone</u>	<u>Caseworker/Agency Representative</u>	<u>Phone</u>
Parent/Guardian Name	Home _____	Name _____	Home _____
Street Address	Work _____	Street Address _____	Work _____
City/Zip	Emergency _____	City/Zip _____	Emergency _____

Legal Guardian:

<input type="checkbox"/> Natural Parents	<input type="checkbox"/> Adoptive Parents	<input type="checkbox"/> DFC
<input type="checkbox"/> Natural Mother	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Court
<input type="checkbox"/> Natural Father	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Other _____

Purpose of Case Conference:

<input type="checkbox"/> Initial Conference	<input type="checkbox"/> Annual Case Review	<input type="checkbox"/> Transition
<input type="checkbox"/> Declassification/Reclassification	<input type="checkbox"/> Causal Relationship	<input type="checkbox"/> Move in
	<input type="checkbox"/> IEP Review	

Case Conference Committee Members (Indicate role)

Chairperson	Special Education Teacher		
Student	General Education Teacher		
Parent			

Student Performance

Evaluation procedures, assessments, records or reports utilized to help determine eligibility for special education services.

Cognitive:

Impact on involvement in general education curriculum: _____

Achievement: *Evaluation Data:* _____

Reading: *Strengths* _____

Weaknesses _____

Impact on involvement in general education curriculum: _____

Math: *Strengths* _____

Weaknesses _____

Impact on involvement in general education curriculum: _____

Social Emotional: *Strengths* _____

Weaknesses _____

Impact on involvement in general education curriculum: _____

Communication: *Strengths* _____

Weaknesses _____

Impact on involvement in general education curriculum: _____

Adaptive Behavior: *Strengths* _____

Weaknesses _____

Impact on involvement in general education curriculum: _____

Behavior: *Strengths* _____

Weaknesses _____

Impact on involvement in general education curriculum: _____

Other: *Strengths* _____

Weaknesses _____

Impact on involvement in general education curriculum: _____

Student input (strengths, interests, concerns): _____

Parent input (strengths, interests, concerns): _____

The following health data was discussed

- | | |
|--|--|
| <input type="checkbox"/> no known problems | <input type="checkbox"/> frequent absences/tardies: days present ____ days absent ____ |
| <input type="checkbox"/> on medication (specify) _____ | <input type="checkbox"/> physical concern (specify) _____ |
| <input type="checkbox"/> seizure activity | <input type="checkbox"/> wears glasses/contacts/hearing aid/prosthesis (circle) |
| <input type="checkbox"/> health plan | <input type="checkbox"/> other _____ |

Special Factors

- | | | | |
|---|-----------|----------|---|
| 1. Does behavior impede student learning or the learning of others? | _____ Yes | _____ No | If YES, team must develop and attach intervention plan |
| 2. Does the student have limited English proficiency? | _____ Yes | _____ No | If YES, team must consider language needs |
| 3. Is the student blind or visually impaired? | _____ Yes | _____ No | If YES, team must consider appropriate reading and writing media. |
| 4. Is the student deaf or hard of hearing? | _____ Yes | _____ No | If YES, team must consider communication needs. |
| 5. Does the student require assistive technology devices or services? | _____ Yes | _____ No | If YES, see accommodations and/or related services |
| 6. Should the student be considered for an assistive technology evaluation? | _____ Yes | _____ No | If YES, appropriate referral forms must be completed |
| 7. "Other" | | | |

Based on the case conference committee's discussion of the data noted above:

- The student is eligible for special education services as defined in Indiana Code
- The student is not eligible for special education services as defined in Indiana Code

Disability Category(ies)				
		1 = primary disability	2 = secondary disability	
___ Autism	___ Communication Disorder	___ Dual Sensory Impairment	___ Developmentally Delayed	___ Emotional Handicap
___ Hearing Impairment	___ Learning Disability	___ Mild Mental Handicap	___ Moderate Mental Handicap	___ Severe Mental Handicap
___ Orthopedic Impairment	___ Other Health Impairment	___ Traumatic Brain Injury	___ Visual Impairment	

Does the student require an alternative curriculum? _____ Yes _____ No If YES, explain non-participation in general education curriculum _____

Can student participate in non-academic and extra curricular activities? _____ Yes _____ No If NO, explain _____

Individualized Transition Plan

Name: _____

Social Security Number _____

School _____

Anticipated final year of school _____

_____	Initial	_____	Review Date	_____	Review Date	_____	Review Date	_____	Review Date	_____	Review Date
	Plan Date										

1. Projected Post-School Outcomes:

Post-Secondary Education _____

Vocational Training _____

Community Living _____

Continuing/Adult Ed. _____

Integrated/Supported Employment _____

Community Participation _____

2. Statement of student's interests and preferences:

3. This student is working toward:

Credit - diploma

Non-credit - certificate of completion

GED

4. Ongoing Adult Services:

NO

YES - what information was given? _____

Date given: _____

5. I have been informed that at the age of eighteen all rights accorded parents under special education legislation are transferred to the student and are concurrent with the parents'.
(Must be completed if student is 17 at the time of conference.)

Student Signature/Date

Parent Signature/Date

6. Statement of Needed Transition Services: (A "statement of needed transition services" describes services the student needs to gain the skills and connections necessary to achieve his or her desired goals):

	Transition Services Needed? YES - See goal/objectives NO - Explain	IEP must contain goals/ objectives related to all areas marked YES	Coordinated Sequential Set of Activities/objectives	Person Responsible/Agency Linkages
Instruction	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Related Services	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Community Experience	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Employment/Functional Vocational Evaluation	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Daily Living	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Residential	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other (eg: medical, financial)	<input type="checkbox"/> YES <input type="checkbox"/> NO			

Goals and Objectives

Student's Name	Identified Need:
Annual Goal	

Measurable, Short-term Instructional Objectives Including Objective Criteria to be reviewed annually	Person(s) Responsible (By Title)	Procedures of Evaluation	Progress	Comments

Person(s) Responsible	Procedures for Evaluation	Progress
General Education Teacher Gen. Ed	A. Observation	i. Objective Met
Special Education Teacher Spec. Ed.	B. Written/Oral Response	ii. Progress made, but objective not yet met
Parent Parent	C. Performance	iii. Little or no progress
Occupational Therapist OT	D. Criterion Referenced Test	iv. Met, but not maintained
Physical Therapist PT	E. Student Self Assessment	v. Other (specify)
Speech/Language Pathologist SLP	F. Other (specify):	
Hearing Impairment Specialist HI		
Vision Impairment Specialist VI		

- Progress will be reported on the goals form Other (Specify)
- Progress toward annual goals will be provided at time of report cards; or
- Other (Specify)

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Special Education Services/Least Restrictive Environment Any potentially harmful effects of the recommendations must be considered.

Services considered and rejected (indicate reasons)

Services recommended (indicate reasons; location, frequency and length)

Related Services (Note intensity, frequency and location of services)

___ Occupational therapy for a minimum of ___ minutes each week month

___ direct, integrated in classroom & community
___ consultation ___ other (specify) _____

___ Physical therapy for a minimum of ___ minutes each week month

___ direct, integrated in classroom & community
___ consultation ___ other (specify) _____

___ Social Worker _____

___ Transportation: Attach Transportation Form.

___ Other _____

Supplementary aids and services/and/or other factors relevant to proposed services:

Date for Initiation of Services (on or about): _____, ending date (on or about) _____ following regular school calendar.

Teacher of Record: _____

Other Teachers of Record for Secondary Disabilities _____

Recommended Participation in Statewide or District standardized testing for the _____ school year.

Indiana M C C S C

- _____ This student is not in a standardized testing mandated grade level.
- _____ This student will fully participate in the standardized testing program without accommodations.
- _____ This student will not participate in the standardized testing program (Specify reasons below).
- _____ This student will fully participate in the standardized testing program with accommodations (Specify below).
- _____ This student will participate in the standardized testing program for diagnostic purposes.
- _____ This student will be subject to remediation.
- _____ This student will be subject to retesting.
- _____ This student will need the following testing accommodations (Specify):

_____ This student's essential skills will be tested using an alternate assessment (Specify, including why the statewide or district assessment is not appropriate and how the student will be assessed): _____

Is extended school year recommended? _____ YES _____ NO

If yes, committee must document the degree of regression; amount of time for recoupment; and the extraordinary, irretrievable educational, emotional or vocational reversals.

If yes, describe the nature of the interventions, include interventions parents can provide to meet student's needs.

Name(s) of person(s) who will submit a written opinion. _____

NA _____

Student Name: _____

School: _____

Parent Permission for Special Education Services

You have the right to request a case conference and/or revoke your written permission for services at any time. If you are prepared to decide at this time, please sign on one of the lines below.

I/we agree with the services recommended and give permission for the plan to be implemented:

Parent Signature Date

Student Signature (If 18) Date

I/we do not agree with the services recommended.

Parent Signature Date

Student Signature (If 18) Date

Parental Rights have been explained and provided:

Parent Initials

Modifications/Accommodations/Supports to Meet Educational Needs

<p><u>Pacing</u></p> <p><input type="checkbox"/> Allow more time</p> <p><input type="checkbox"/> Vary activity often</p> <p><input type="checkbox"/> Allow breaks</p> <p><input type="checkbox"/> Avoid timed/pressure situations</p> <p><input type="checkbox"/> Other: _____</p> <p><u>Environment</u></p> <p><input type="checkbox"/> Preferential seating</p> <p><input type="checkbox"/> Planned seating: <input type="checkbox"/> Bus <input type="checkbox"/> Classroom</p> <p> <input type="checkbox"/> Lunchroom <input type="checkbox"/> Auditorium</p> <p><input type="checkbox"/> Alter physical room arrangement</p> <p><input type="checkbox"/> Define areas concretely</p> <p><input type="checkbox"/> Reduce/minimize distractions:</p> <p> <input type="checkbox"/> Visual <input type="checkbox"/> Auditory</p> <p> <input type="checkbox"/> Spatial <input type="checkbox"/> Movement</p> <p><input type="checkbox"/> Provide opportunity for separate seating</p> <p><input type="checkbox"/> Teach positive rules for use of space</p> <p><input type="checkbox"/> Other: _____</p> <p><u>Presentation of Subject Matter</u></p> <p><input type="checkbox"/> Teach to student's learning style</p> <p> <input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Model</p> <p> <input type="checkbox"/> Tactile <input type="checkbox"/> Multi <input type="checkbox"/> Experiential Learning</p> <p><input type="checkbox"/> Review prior to presenting new materials</p> <p><input type="checkbox"/> Individual/small group instruction</p> <p><input type="checkbox"/> Utilize alternate specialized curriculum</p> <p><input type="checkbox"/> Tape lectures/discussions for replay</p> <p><input type="checkbox"/> Utilize manipulatives</p> <p><input type="checkbox"/> Emphasize critical information</p> <p><input type="checkbox"/> Pre-teach vocabulary</p> <p><input type="checkbox"/> Make/use vocabulary files</p> <p><input type="checkbox"/> Oral reading on voluntary basis only</p> <p><input type="checkbox"/> Provide study guides/outlines</p> <p><input type="checkbox"/> Encourage feedback from student to check for learning</p> <p><input type="checkbox"/> Other: _____</p> <p><u>Materials</u></p> <p><input type="checkbox"/> Arrangement of material on page</p> <p><input type="checkbox"/> Taped tests and/or other class materials</p> <p><input type="checkbox"/> Highlighted tests/study guides</p> <p><input type="checkbox"/> Notetaking assistance: carbonless or xerox copy of notes of regular students, copy of notes from board provided</p> <p><input type="checkbox"/> Large print/graph paper/lined paper</p> <p><input type="checkbox"/> Special Equipment: _____</p> <p> <input type="checkbox"/> Word processor <input type="checkbox"/> Calculator</p> <p> <input type="checkbox"/> Computer <input type="checkbox"/> Math facts sheet</p>	<p><u>Assignments</u></p> <p><input type="checkbox"/> Give directions in small, distinct steps (written/picture/verbal)</p> <p><input type="checkbox"/> Use written backup for oral directions</p> <p><input type="checkbox"/> Read or tape record directions to student</p> <p><input type="checkbox"/> Adjust difficulty level</p> <p><input type="checkbox"/> Shorten assignment/fewer items on page</p> <p><input type="checkbox"/> Reduce paper and pencil tasks</p> <p><input type="checkbox"/> Give extra cues or prompts</p> <p><input type="checkbox"/> Allow student to record/type or dictate assignment</p> <p><input type="checkbox"/> Avoid penalizing for spelling errors/sloppy papers/penmanship</p> <p><input type="checkbox"/> Student should use cursive/printing</p> <p><input type="checkbox"/> Other: _____</p> <p><u>Self Management/Follow Through</u></p> <p><input type="checkbox"/> Visual daily schedule</p> <p><input type="checkbox"/> Calendars</p> <p><input type="checkbox"/> Daily/Weekly assignment sheets</p> <p><input type="checkbox"/> Check often for understanding/review</p> <p><input type="checkbox"/> Request parent reinforcement</p> <p><input type="checkbox"/> Have student repeat directions</p> <p><input type="checkbox"/> Encourage use of notebook with dividers, or file folders, for organization</p> <p><input type="checkbox"/> Use student sheets to organize material</p> <p><input type="checkbox"/> Design/write/use long term assignment timelines</p> <p><input type="checkbox"/> Plan for generalization</p> <p><input type="checkbox"/> Develop organized routine</p> <p><input type="checkbox"/> Schedule regular communication/reports between home and school</p> <p><input type="checkbox"/> Other: _____</p> <p><u>Student Assessment</u></p> <p><input type="checkbox"/> Oral/taped responses <input type="checkbox"/> Short answer</p> <p><input type="checkbox"/> Taped responses <input type="checkbox"/> Multiple choice</p> <p><input type="checkbox"/> Read test to student <input type="checkbox"/> Modify time frame</p> <p><input type="checkbox"/> Shorten length <input type="checkbox"/> Extend time frame</p> <p><input type="checkbox"/> Consider individual progress over time</p> <p><input type="checkbox"/> Consider effort</p> <p><input type="checkbox"/> Alternative assessment _____</p> <p><input type="checkbox"/> Test administered by: _____</p> <p><input type="checkbox"/> Other: _____</p>	<p><u>Social Interaction Supports</u></p> <p><input type="checkbox"/> Peer/cross age tutoring</p> <p><input type="checkbox"/> Structure activities to create opportunities of social interaction</p> <p><input type="checkbox"/> Focus on social process rather than activity/end product</p> <p><input type="checkbox"/> Partial participation</p> <p><input type="checkbox"/> Cooperative learning groups</p> <p><input type="checkbox"/> Other: _____</p> <p><u>Motivation and Reinforcement</u></p> <p><input type="checkbox"/> Verbal</p> <p><input type="checkbox"/> Non-verbal</p> <p><input type="checkbox"/> Positive reinforcement</p> <p><input type="checkbox"/> Concrete reinforcement</p> <p><input type="checkbox"/> Planned motivating sequences of activities</p> <p><input type="checkbox"/> Reinforce initiation</p> <p><input type="checkbox"/> Offer choices</p> <p><input type="checkbox"/> Use strengths/interests often</p> <p><input type="checkbox"/> Reinforce approximation</p> <p><input type="checkbox"/> Response cost</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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