

## IDEA PROCESS FORMS INSTRUCTIONS

### NOTICE OF INDIVIDUAL EVALUATION/REEVALUATION REQUEST FORM #3

| ITEM     | CLARIFICATIONS/INSTRUCTIONS  |
|----------|--|
| <b>1</b> | <b>County and Student Information</b><br>Complete <b>ALL</b> fields containing county name and student demographic information.  |
| <b>2</b> | <b>Type of Evaluation</b><br>Indicate whether this is an initial evaluation, reevaluation or other (e.g., out-of-state transfer, eligibility for a different exceptionality, student's eligibility for a related service, etc.)  |
| <b>3</b> | <b>Evaluation Components</b><br>The <b>Multidisciplinary Evaluation Team (MDET)</b> , including the parent/adult student must determine and document only the specific evaluations to be conducted for the student. The MDET must ensure the multidisciplinary evaluation is comprehensive and the assessments requested will address all areas of the suspected exceptionality(ies). (The MDET should utilize the <i>Evaluation Components</i> form when determining the appropriate assessments.)<br><b>Note: Each evaluator must write, sign and date an individual report and make the report available to the Eligibility Committee (EC) prior to the EC meeting and provide a copy of each report to the parent.</b> |
| <b>4</b> | <b>Enclosures</b><br>Enclose <i>Evaluation Components</i> form and indicate whether the <i>Procedural Safeguards Brochure</i> is enclosed for initial evaluations.   |
| <b>5</b> | <b>Signature</b><br>The person sending the request must sign and date the form and provide to the parent within 5 days of the SAT's or IEP Team's decision to evaluate.  |
| <b>6</b> | <b>Parent/Student Response</b><br>The parent or student (age 18 and older) checks the appropriate box, signs, dates and returns to the county within 5 days.   |
| <b>7</b> | <b>Received by School/County Personnel</b><br>Document the date the school <b>or</b> county personnel (i.e. classroom teacher, principal, secretary, special education director) <b>receives</b> the parental consent. <b>*This date begins the timeline for completion of the evaluation(s)</b> (i.e., initial evaluation = 80 calendar days; additional evaluations = 60 calendar days; 3-year reevaluation = all evaluations completed and an EC held within 3 years of the date of the last EC).   |

#### EVALUATION COMPONENTS Form #3 p. 2/2

This form accompanies the *Notice of Individual Evaluation/Reevaluation Request*. Its purpose is to provide an explanation of each one of the evaluation components designated on the notice and provide examples of each type of evaluation for the parent.

# NOTICE OF INDIVIDUAL EVALUATION/REEVALUATION REQUEST

Hancock County Schools

**1**  
Student's Full Name \_\_\_\_\_  
School \_\_\_\_\_  
Parent(s)/Guardian(s) \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_

Date \_\_\_\_\_  
DOB \_\_\_\_\_  
Grade \_\_\_\_\_  
WVEIS# \_\_\_\_\_  
Telephone \_\_\_\_\_

INITIAL  REEVALUATION  OTHER **2**

## Dear Parent(s)/Adult Student:

Your permission is requested to conduct an evaluation to determine the student's educational needs. If the student has been receiving special education services, a reevaluation is required at least every three years or more frequently, if warranted. Upon completion of the evaluation, a meeting will be scheduled to discuss the evaluation results.

This evaluation will be conducted by qualified professionals and will include the areas checked below. A written description of each evaluation component is provided. The evaluation results will be used as the primary source to determine the student's eligibility for special education and related services and/or to adjust the student's educational services.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Academic Information             | <input type="checkbox"/> Developmental Skills         | <input type="checkbox"/> Transition Assessments           |
| <input type="checkbox"/> Achievement                      | <input type="checkbox"/> Health _____                 | <input type="checkbox"/> Functional Vocational Evaluation |
| <input type="checkbox"/> Classroom Performance            | <input type="checkbox"/> Hearing                      | <input type="checkbox"/> Vocational Aptitudes             |
| <input type="checkbox"/> Teacher Report                   | <input type="checkbox"/> Information from the Parents | <input type="checkbox"/> Interests/Preferences            |
| <input type="checkbox"/> Adaptive Skills                  | <input type="checkbox"/> Intellectual Ability         | <input type="checkbox"/> Vision                           |
| <input type="checkbox"/> Assistive Technology             | <input type="checkbox"/> Motor Skills                 | <input type="checkbox"/> Orientation and Mobility         |
| <input type="checkbox"/> Behavioral Performance           | <input type="checkbox"/> Observation(s)               | <input type="checkbox"/> Other (specify below)            |
| <input type="checkbox"/> Functional Behavioral Assessment | <input type="checkbox"/> Perceptual-Motor             | _____   |
| <input type="checkbox"/> Communication                    | <input type="checkbox"/> Social Skills                | _____   |

**4**  **Procedural Safeguards Brochure** explaining parent/student rights and the responsibilities of the county school district is enclosed for an initial referral.

**5** \_\_\_\_\_  
Signature Date

I have read, or had read to me, the above Notice of Individual Evaluation/Reevaluation Request regarding the student. I understand the contents and implications of this notice and have been advised of my rights.

### Check one:

- I give permission to evaluate/reevaluate.  
 I wish to schedule a conference before I decide.  
 Do not evaluate/reevaluate the student.

**6** \_\_\_\_\_  
Parent/Adult Student Signature Date

**7**  
**\* REQUIRED \***  
**Received by school/county:**  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Personnel

Please return this signed form within 5 days and retain a copy for your records.

## EVALUATION COMPONENTS

**Academic Information** – measures of student performance as demonstrated on formative and summative assessments.

**Achievement** – individually administered standardized tests that measure a student’s skills in a variety of academic areas.

**Examples:** mathematics, reading, science and social studies

**Classroom Performance** – information collected on the student’s learning and progress in the classroom.

**Examples:** end of the chapter tests, portfolio assessment, classroom-based assessment, progress-monitoring data, interim assessments, benchmark assessments

**Teacher Report** – information provided by any or all of the student’s current teachers

**Examples:** information pertaining to a student’s organizational skills, attention to task, work/study habits, grades

**Adaptive Skills** – measures to determine skills necessary to function adequately within a person’s home, school or community environment.

**Examples:** communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure and work

**Assistive Technology** – procedures to determine if a student requires devices or services to increase, maintain or improve functional capabilities.

**Examples:** functional environmental evaluation to determine the need for devices including, but not limited to, a communication board, adapted equipment or computer software

**Behavioral Performance** – measures to determine a student’s behavioral, social and/or affective status.

**Examples:** conduct in the classroom, ability to attend or focus, self-concept, emotional functioning, relationships with others

**Functional Behavioral Assessment (FBA)** – structured process to determine the possible functions of a student’s behavior so interventions and modifications can be developed.

**Examples:** systematic observations, data collection, interviews

**Communication** - measures to determine skills necessary to understand and express information.

**Examples:** speech sounds, oral language, phonemic awareness, facial expressions, body movements, gestures, touch

**Developmental Skills** – procedures to determine the student’s early learning and school readiness.

**Examples:** developmental milestones such as walking, talking and toileting

**Health** – acquisition of information to determine the effect of health concerns on educational performance.

**Examples:** report of a medical diagnosis from a physician or health history

**Hearing** – measures to determine the student’s ability to hear or process language.

**Examples:** audiological, medical evaluation

**Information from the Parents** – acquisition of information from the parents to assist in evaluation and program planning.

**Examples:** social/emotional, developmental history, student preferences, medical history, cultural influence, behavioral information

**Intellectual Ability** – individualized, standardized measures to assess a student’s ability or potential to learn.

**Examples:** perception, cognition, memory, processing speed, verbal and non-verbal skills

**Motor Skills** – measures to determine a student’s gross and fine motor development.

**Examples:** mobility, muscle tone, balance, coordination, accessibility

**Observation(s)** – a purposeful study of the student in a variety of activities, situations and/or times at school, home or other settings.

**Examples:** data collection of student behavior and/or performance in a variety of classes and/or unstructured settings

**Perceptual-Motor** – measures to determine the student’s ability to convert what is seen to written form.

**Example:** reproducing a pattern from a sample

**Social Skills** – measures to determine the student’s ability to initiate and maintain positive relationships with others.

**Examples:** making friends, problem-solving, cooperating with others, following rules, showing appreciation

**Transition Assessments** – a planned, continuous process of obtaining, organizing and using selected formal and informal information to assist students in decision-making and preparation for successfully meeting their goals and expectations from school to post-school activities.

**Functional Vocational Evaluation** – real and simulated measures to determine a student’s ability to perform certain aspects of a work-related task and may include a purposeful study of the student in a variety of work-related activities.

**Examples:** hands-on work samples, progress reports, job performance checklists

**Vocational Aptitudes** – measures to determine prerequisite abilities pertaining to the world of work.

**Examples:** manual dexterity, proof reading words and numbers, color discrimination

**Interests/Preferences** – measures to assist with post-secondary planning, including schooling, employment and adult living.

**Example:** career assessment inventory

**Vision** – measures to determine the student’s functional vision and/or physical eye conditions.

**Examples:** ophthalmological, optometrist report

**Orientation and Mobility** – assesses the ability of the student who is visually impaired, blind, or deaf-blind in the use of his/her remaining senses to determine his/her position in the environment and in techniques for safe movement from one place to another.

**Examples:** concept development, pedestrian safety, cane skills, route planning

**Other: Specify** \_\_\_\_\_

**REEVALUATION DETERMINATION PLAN Form #13 p.1/2**

**The Multidisciplinary Evaluation Team (MDET) must complete this form with or without a meeting.**

|   | ITEM  | CLARIFICATIONS/INSTRUCTIONS   |
|---|---|---|
| 1 | <b>County and Student Information</b>                         | Complete ALL fields containing county name and student demographic information.   |
| 2 | <b>Triennial Reevaluation Due Date</b>                        | Enter due date (3 years from the date of the last EC) of the triennial reevaluation.  |
| 3 | <b>Review Existing Evaluation Data and Dates Administered</b> | While conducting a careful review of the student's school record, the Multidisciplinary Evaluation Team (MDET) members enter the names of all relevant existing evaluations and the dates administered.   |
| 4 | <b>Description of Student's Current Status</b>                | Enter a summary of the student's <b>current</b> performance relevant to the areas previously assessed. If the MDET determines an assessment is necessary in an area not previously evaluated, include a statement explaining the need for an assessment in that particular area (e.g., <i>"Team has determined an adaptive behavior scale is necessary as the teacher reports student's self-help skills are not age/grade appropriate"</i> or <i>"Parent reports student's physician has diagnosed an attention deficit disorder, therefore, the team has determined the need for attention deficit rating scales."</i> )  |
| 5 | <b>Evaluate/Reevaluate</b>                                    | As a result of the summary of current status, determine whether or not any additional assessments are needed to determine a student's educational needs and continued eligibility for special education and related services. Document by marking a Y (yes) or N (no).  |
| 6 | <b>Signatures</b>   | After obtaining input from all MDET members as to the need for evaluations, team members must sign the <i>Reevaluation Determination Plan</i> . Any evaluations requested must be recorded on the <i>Notice of Individual Evaluation/Reevaluation Request</i> form and parental consent must be obtained and documented before conducting any evaluations. (If the parent fails to respond and the district has taken reasonable measures as described in Policy 2419, Chapter 3, Section 3.B.2 to obtain consent <b>and</b> after the passage of thirty days, the district may provide prior written notice that the district will conduct the reevaluation.) The parent also has the right to request an assessment to determine the student's continued eligibility as a student with an exceptionality. |

**NOTE: Whether or not evaluations are determined necessary, the Eligibility Committee (EC) must be convened and eligibility determined on or before the triennial due date. Additionally, each evaluator must write, sign and date an individual report and make the report available to the Eligibility Committee (EC) within the designated timeline. A copy of the report must be provided to the parent.**

## REEVALUATION DETERMINATION PLAN

### Hancock County Schools


1
**Student's Full Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
**School** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Parent(s)/Guardian(s)** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Address** \_\_\_\_\_ **WVEIS#** \_\_\_\_\_  
**City/State** \_\_\_\_\_ **Telephone** \_\_\_\_\_

2
**Triennial Reevaluation Due Date** \_\_\_\_\_

| <span style="font-size: 2em; color: yellow; border: 1px solid black; padding: 2px 5px;">3</span> <b style="color: red;">Names of Existing Evaluation Data &amp; Dates Administered</b> | <span style="font-size: 2em; color: yellow; border: 1px solid black; padding: 2px 5px;">4</span> <b style="color: red;">Description of Student's Current Status</b> | <span style="font-size: 2em; color: yellow; border: 1px solid black; padding: 2px 5px;">5</span> <b style="color: red;">Evaluate/Reevaluate Y/N</b> |
|--|---|---|
| <b>Academic Information</b><br><input type="checkbox"/> Achievement<br><input type="checkbox"/> Classroom Performance<br><input type="checkbox"/> Teacher Report                       |   |   |
| <b>Adaptive Skills</b>   |   |   |
| <b>Assistive Technology</b>  |   |   |
| <b>Behavioral Performance</b><br><input type="checkbox"/> Functional Behavioral Assessment   |   |   |
| <b>Communication</b>   |   |   |
| <b>Developmental Skills</b>  |   |   |
| <b>Health</b>  |   |   |
| <b>Hearing</b>   |   |   |
| <b>Information from Parents</b>  |   |   |

| 3<br>Names of Existing Evaluation Data & Dates Administered  | 4<br>Description of Student's Current Status | 5<br>Evaluate/Reevaluate Y/N |
|--|--|------------------------------|
| Intellectual Ability   |  |                              |
| Motor Skills   |  |                              |
| Observation(s)   |  |                              |
| Perceptual-Motor   |  |                              |
| Social Skills  |  |                              |
| <b>Transition Assessments</b><br><input type="checkbox"/> Functional Vocational Evaluation<br><input type="checkbox"/> Vocational Aptitudes<br><input type="checkbox"/> Interests/Preferences  |  |                              |
| <b>Vision</b><br><input type="checkbox"/> Orientation & Mobility   |  |                              |
| Other (specify)  |  |                              |
| <b>Note: If no additional data is needed as indicated in the current status column, the parent has the right to request an assessment(s) to determine whether the student continues to be a student with an <b>exceptionality</b>.</b> |  |                              |

**Multidisciplinary Evaluation Team Members**

|  |   |
|--|---|
| <b>Signature</b><br><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ | <b>Position</b><br>Administrator/Principal/Designee<br>Evaluator/Specialist<br>General Educator<br>Special Educator<br>Parent<br>Student<br>Other _____ |
|--|---|

**NOTICE OF ELIGIBILITY COMMITTEE AND/OR  
INDIVIDUALIZED EDUCATION PROGRAM TEAM MEETING FORM #7**

|    | ITEM  | CLARIFICATIONS/INSTRUCTIONS  |
|----|---|--|
| 1  | <b>County and Student Information</b>   | Complete <b>ALL</b> fields containing county name and student demographic information.   |
| 2  | <b>Meeting Date, Time and Location</b>  | Enter the scheduled date (Month, Day, Year), the time (e.g., 11:30), mark the appropriate box as to a.m. or p.m. and enter the location of the meeting.  |
| 3  | <b>Purpose of Meeting</b>   | Indicate the purpose(s) of the meeting by checking the appropriate box(es). For IEP meetings, specify any additional team decisions to be addressed at the meeting.  |
| 4  | <b>Procedural Safeguards Brochure</b>   | Indicate whether the <i>Procedural Safeguards Brochure</i> is enclosed or if it was provided earlier this school year.   |
| 5  | <b>Agency Representative (only completed when an outside agency representative(s) is/are needed to address transition services)</b> | If previous IEP indicates an agency(ies) representative is needed for transition, obtain written consent from the parent or adult student to disclose the student's data <b>prior</b> to inviting the agency representative. Once consent for disclosure has been obtained, the agency(ies) <b>MUST</b> be invited. ( <b>Note:</b> Written consent may have been documented on the most recent IEP or obtained through alternate means. <b>DO NOT INVITE</b> an agency representative until consent for disclosure is obtained and documented prior to the scheduled IEP Team meeting. Check the appropriate box (No or Yes) and if Yes, denote the date consent was obtained. |
| 6  | <b>Copy to Invited Members</b>  | Denote the IEP Team members receiving a copy of the Notice. <b>Ensure the student is invited to the meeting if transition services are going to be discussed. If the student is younger than transition age, the student may be invited. If the parent/adult student has given written consent for disclosure to an agency representative(s), specify the agency(ies) in the blank.</b>  |
| 7  | <b>IEP Team Member Excusal(s)</b>   | Enter the name(s) and position(s) of any IEP Team member(s) requesting to be excused from the scheduled meeting. If this team member's area of curriculum or related service is to be discussed at the meeting, the team member must prepare the <i>In Lieu of IEP Team Attendance Report</i> for the parent(s)'s review prior to the development of the IEP.  |
| 8  | <b>Signature</b>  | District personnel initiating the notice must sign, enter his/her position and phone number.   |
| 9  | <b>Student Response</b>   | <b>Ensure the student is invited to the meeting if transition services are going to be discussed. If the student is younger than transition age, the student may be invited.</b>   |
| 10 | <b>Parent Response</b>  | Upon receipt of the parent's response and signature, provide appropriate follow up as needed (e.g., reschedule the meeting, proceed with scheduled meeting). Document all attempts by the district to reschedule the meeting at a mutually agreed upon place and time.   |
| 11 | <b>Parent Options</b>   | <b>If the parent needs to address an option, indicate by marking or highlighting each item you are asking the parent to consider. Parent indicates agreement by checking the appropriate box(es) and signing the form.</b>   |

**NOTICE OF ELIGIBILITY COMMITTEE AND/OR INDIVIDUALIZED  
EDUCATION PROGRAM TEAM MEETING**  
Hancock County Schools

Student's Full Name \_\_\_\_\_

Date \_\_\_\_\_

School \_\_\_\_\_

DOB \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Grade \_\_\_\_\_

Address \_\_\_\_\_

WVEIS# \_\_\_\_\_

City/State \_\_\_\_\_

Telephone \_\_\_\_\_

Dear Parent(s)/Guardian(s) and Student:

meeting will be held on \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m. at \_\_\_\_\_.  
The purpose of the meeting is checked below:

**Eligibility Committee (EC) Meeting** - The EC will review information to determine eligibility for special education. If the EC determines the student is eligible, an Individualized Education Program (IEP) Team meeting will be held. (See description below.) If found not eligible, recommendations from the EC will be provided to a school team for consideration, and no IEP Team meeting will be held. If the EC determines further information is needed, you will be informed.

**Individualized Education Program (IEP) Team Meeting** - An IEP Team meeting will be convened to develop, review and/or revise the IEP. Additionally, the IEP Team may:

- identify transition services for the student with a disability (beginning with 1<sup>st</sup> IEP to be effective at age 16)
- identify preschool transition needs
- determine if the student's conduct is a manifestation of a disability
- other \_\_\_\_\_
- plan for reevaluation
- document transfer of student's rights (age of majority)

We invite you to participate in this meeting so we may plan an educational program together. Please be informed you and the county school district have the right to invite other individuals who have knowledge or special expertise regarding the student.

**Procedural Safeguards Brochure:**  Enclosed  Provided earlier this school year.

**If an agency representative is needed, prior written consent was obtained:**  No  Yes **Consent Date** \_\_\_\_\_

**Copy to Invited Members:**

Administrator  General Education Teacher  Evaluator  
 Special Education Teacher or Provider  Birth to Three Representative  Other \_\_\_\_\_  
 Student (when transition will be addressed)  Agency Representative(s) \_\_\_\_\_

**IEP Team Member Excusal(s):** The following IEP Team members will be excused from attending the IEP Team meeting. Members whose curricular area or related service will be discussed will provide a written summary for consideration in developing the IEP.

Name/Position: \_\_\_\_\_ Name/Position: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Name/Position

\_\_\_\_\_  
Phone Number

**Parent(s): Please return this form within 5 days and retain a copy for your records.**

**STUDENT RESPONSE (when transition will be addressed)**

- I will attend the meeting as scheduled.
- I do not wish to attend.
- I wish to have the meeting rescheduled.

**PARENT RESPONSE (check one)**

- I will attend the meeting as scheduled.
- I do not wish to attend.
- I cannot attend in person, but will participate by phone.  
I can be reached at \_\_\_\_\_.
- I wish to have the meeting rescheduled.

**PARENT OPTIONS (check all that apply)**

- I agree to waive the 8-day notification requirement.
- I agree to excuse the IEP Team members above.
- I request the district to invite the Birth to Three representative.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Note: Meeting may be rescheduled due to a school delay or cancellation.**

**Form # 7 New: 08/2013**



**ELIGIBILITY DETERMINATION CHECKLIST Form #8B p. 1-3**

|          | <b>ITEM</b>  | <b>CLARIFICATIONS/INSTRUCTIONS</b>  |
|----------|--|---|
| <b>1</b> | <b>Student Name and Date of EC Meeting</b>   | Complete the student's name and date of EC meeting.   |
| <b>2</b> | <b>Eligibility Criteria</b>  | <p>Under each category of exceptionality being considered by the EC, indicate the criteria the student meets as a result of the information reviewed. The EC must review and denote the criteria met for each and every area of exceptionality being considered. For example, if the EC is considering the student's eligibility under the categories of EBD and OHI, the exceptionality criteria for both exceptionalities must be addressed and documented.</p> <p><b>*Note:</b> If the student meets the criteria for more than one eligibility category, the EC must determine the student's <b>primary</b> exceptionality and document the corresponding category on the <i>Eligibility Committee (EC) Report</i>.</p> |
| <b>3</b> | Attach only the pertinent pages of the <i>Eligibility Determination Checklist</i> to the <i>Eligibility Committee Report</i> . |   |

# Hancock County Schools Eligibility Determination Checklist

Student's Name: \_\_\_\_\_

Date of EC Meeting \_\_\_\_\_

The Eligibility Committee (EC) must consider all eligibility criteria relevant to any suspected exceptionalities.

## A. Autism - Documentation the student meets ALL of the following (1-5):

1.  Documentation will assure that the student meets a total of **six** (or more) items from a., b., and c., with at least **two** from a, and **one** each from b and c:
  - a.  Qualitative impairment in social interaction, as manifested by **at least two** of the following:
    - 1)  Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction;
    - 2)  Failure to develop peer relationships appropriate to developmental level;
    - 3)  A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest);
    - 4)  Lack of social or emotional reciprocity.
  - b.  Qualitative impairments in communication as manifested by **at least one** of the following:
    - 1)  Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime);
    - 2)  In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others;
    - 3)  Stereotyped and repetitive use of language or idiosyncratic language;
    - 4)  Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.
  - c.  Restricted repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by **at least one** of the following:
    - 1)  Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus;
    - 2)  Apparently inflexible adherence to specific, nonfunctional routines or rituals;
    - 3)  Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements);
    - 4)  Persistent preoccupation with parts of objects.
2.  The student is diagnosed as having autism by a psychiatrist, physician, licensed psychologist or school psychologist.
3.  The student's condition adversely affects educational performance.
4.  The student needs special education.
5.  The student's educational performance **is not** adversely affected primarily because the student has an emotional/behavioral disorder as defined in this chapter.

## B. Blindness and Low Vision - Documentation the student meets ALL of the following:

1.  The student has a documented visual impairment, not primarily perceptual in nature, as determined by an optometrist or ophthalmologist or neurologist:
  - a.  Measured acuity of 20/70 or less in the better eye with correction at distance or near;
  - b.  Visual field restriction of twenty degrees or less in the better eye;
  - c.  A deteriorating eye condition which will result in loss of visual efficiency (e.g., glaucoma, retinitis pigmentosa, or macular degeneration); or
  - d.  A visual loss caused by a disturbance of the posterior visual pathway and/or cortex.
2.  The student's physical eye condition, even with correction, adversely affects educational performance.
3.  The student needs special education.

## C. Deafblindness - Documentation the student meets ALL of the following:

1.  The student exhibits characteristics consistent with the definition.
2.  The student is diagnosed by an optometrist or ophthalmologist for vision loss and by an otologist, otolaryngologist, or audiologist for hearing loss.
3.  The student's condition adversely affects educational performance.
4.  The student needs special education.

## D. Deafness - Documentation the student meets ALL of the following:

1.  The student exhibits characteristics consistent with the definition and relies primarily on vision to access spoken communication.
2.  The student has been diagnosed by an otologist, otolaryngologist, or audiologist as having a hearing loss.
3.  The student's condition adversely affects educational performance.
4.  The student needs special education.

## E. Developmental Delay - Documentation the student meets ALL of the following:

1.  Documentation the student is functioning at or lower than 75% of the normal rate of development in **two** or more of the following areas:
  - Cognition
  - Physical development including gross motor and/or fine motor skills
  - Communication
  - Social/emotional/affective development
  - Self-help skills
2.  The student needs special education.

**Note: If the developmental delay is the result of a vision and/or hearing loss, the student shall be determined eligible under either of those exceptionalities.**

## F. Emotional/Behavioral Disorder - Documentation the student meets ALL of the following:

1.  The student continues to exhibit an emotional/behavioral disorder consistent with the definition after interventions have been implemented.
2.  The student has been observed exhibiting one or more of the characteristics listed in the definition of emotional/behavioral disorder and the characteristics \_\_\_\_\_ have been documented:
  - a.  For a long period of time; and
  - b.  By more than one knowledgeable observer trained in data gathering; and
  - c.  In more than one setting; and
  - d.  At a level of frequency, duration, and/or intensity that is significantly different from the student's peers in the same or similar circumstances.
3.  The student's condition adversely affects educational performance in the area of academics, peer and/or teacher interaction, and/or participation in class/school activities.
4.  The student exhibits behavior(s) that is not primarily the result of physical, sensory or intellectual deficits.
5.  The student needs special education.

Student's Name: \_\_\_\_\_

Date of EC Meeting \_\_\_\_\_

**G. Gifted (Grades One through Eight) - Documentation the student meets ALL of the following:**

1. \_\_\_ General intellectual ability with a full scale score at the 97<sup>th</sup> percentile rank or higher on a comprehensive test of intellectual ability with consideration of 1.0 standard error of measurement at the 68% confidence interval;
2. \_\_\_ At least one of the four core curriculum areas of academic achievement at the 90<sup>th</sup> percentile rank or higher as measured by an individual standardized achievement test, or at least one of the four core curriculum areas of classroom performance demonstrating exceptional functioning as determined during the multidisciplinary evaluation; and
3. \_\_\_ The need for specially designed, differentiated instruction and/or services beyond those normally provided in the general classroom.

**Note: See Policy 2419 for Special Considerations****H. Exceptional Gifted (Grades Nine through Twelve) - Documentation the student meets one or more of the following:**

1. \_\_\_ The eligibility criteria for one or more of the disabilities as defined in Policy 2419, Chapter 4; and/or
2. \_\_\_ The definition for economically disadvantaged; and/or
3. \_\_\_ The definition for underachievement, which takes into consideration the student's ability level, educational performance and achievement levels; and/or
4. \_\_\_ The definition for psychological adjustment disorder as documented by a comprehensive psychological evaluation.

**I. Hard of Hearing - Documentation the student meets ALL of the following:**

1. \_\_\_ The student exhibits characteristics consistent with the definition and relies primarily on hearing to access spoken communication.
2. \_\_\_ The student has been diagnosed by an otologist, otolaryngologist, or audiologist as having a hearing loss.
3. \_\_\_ The student's condition adversely affects educational performance.
4. \_\_\_ The student needs special education.

**J. Intellectual Disability - Documentation the student meets ALL of the following:**

1. \_\_\_ Documentation will assure that the student meets one of the following:
  - a. \_\_\_ The student with a mild to moderate intellectual disability has general intellectual functioning ranging from two to three standard deviations below the mean, in consideration of 1.0 standard error of measurement as determined by a qualified psychologist, using an individually administered intelligence test; **OR**
  - b. \_\_\_ The student with a moderate to severe intellectual disability has general intellectual functioning more than three standard deviations below the mean, in consideration of 1.0 standard error of measurement as determined by a qualified psychologist, using an individually administered intelligence test; **AND**
2. \_\_\_ The student exhibits concurrent deficits in adaptive functioning expected for his or her age in at least **two** of the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, or safety; **AND**
3. \_\_\_ The age of onset is eighteen or below; **AND**
4. \_\_\_ The student's condition adversely affects educational performance; **AND**
5. \_\_\_ The student needs special education.

**K. Orthopedic Impairment - Documentation the student meets ALL of the following:**

1. \_\_\_ The student exhibits characteristics consistent with the definition.
2. \_\_\_ The student has an orthopedic impairment diagnosed and described by a licensed physician.
3. \_\_\_ The existence of educational needs as a result of the orthopedic impairment.
4. \_\_\_ The student's condition adversely affects educational performance.
5. \_\_\_ The student needs special education.

**L. Other Health Impairment - Documentation the student meets ALL of the following:**

1. \_\_\_ The student exhibits characteristics consistent with the definition;
2. \_\_\_ The student has a chronic or acute medical or health condition as diagnosed and described by a licensed physician; and
3. \_\_\_ The existence of educational needs as a result of the medical or health condition.
4. \_\_\_ The student's condition adversely affects educational performance.
5. \_\_\_ The student needs special education.

**M. Specific Learning Disability**

The EC **MUST** complete the *Specific Learning Disability Team Report* form and attach the form to the *Eligibility Committee Report*.

## Hancock County Schools Eligibility Determination Checklist

Student's Name: \_\_\_\_\_

Date of EC Meeting \_\_\_\_\_

### N. Speech/Language Impairment

#### Language Impairment - Documentation the student meets ALL of the following:

1.  Two or more procedures, at least one of which yields a standard score, are used to assess receptive language and/or expressive language.
2.  Language - A student with a language impairment exhibits:
  - a.  Language abilities significantly below expected language performance for the student's chronological age and cognitive stage of development; **and**
  - b.  A language quotient (LQ) of at least 1.5 standard deviations (SD) below the mean; **or**
  - c.  A severe deficit in receptive, expressive or pragmatic language which prevents functional communication in school and/or social situations as measured by formal and/or informal diagnostic procedures.
3.  The student's disability adversely affects educational performance.
3.  The student needs special education.

#### Articulation/Phonology Disorder - Documentation the student meets ALL of the following:

1.  At least two procedures are used to assess the student, one of which is a standardized measure.
2.  Application of developmental norms from diagnostic tests verifies that speech sounds may not develop without intervention.
3.  The student's disability adversely affects educational performance.
4.  The student needs special education.

#### Fluency Disorder - Documentation the student meets ALL of the following:

1.  The student has a fluency rating of moderate or severe on the Fluency Communication Rating Scale for students age three through twenty-one years.
2.  The student's disability adversely affects educational performance.
3.  The student needs special education.

#### Voice Disorder - Documentation the student meets ALL of the following:

1.  The student has a voice production rating of moderate or severe on the Voice Rating Scale for students ages three through twenty-one years.
2.  The existence or absence of a structural or functional pathology is verified by an otolaryngologist.
3.  The student's disability adversely affects educational performance.
4.  The student needs special education.

Note: See Policy 2419 for Special Considerations

### O. Traumatic Brain Injury - Documentation the student meets ALL of the following:

1.  The student has an acquired injury to the brain caused by an external physical force resulting in a total or partial functional disability or psychosocial impairment, or both as diagnosed by a licensed physician.
2.  The student's condition adversely affects educational performance.
3.  The student needs special education.

**ELIGIBILITY COMMITTEE REPORT Form #8A**

|           | <b>ITEM</b>  | <b>CLARIFICATIONS/INSTRUCTIONS</b>   |
|-----------|--|--|
| <b>1</b>  | <b>County and Student Information</b>                  | Complete <b>ALL</b> fields containing county name, date and student demographic information.   |
| <b>2</b>  | <b>Purpose of Eligibility Committee Meeting</b>        | Indicate the type of eligibility committee meeting (e.g., initial, reevaluation or other such as out-of-state transfer).   |
| <b>3</b>  | <b>Eligibility Considerations</b>                      | Indicate all multidisciplinary evaluation reports and other information considered by the EC when determining eligibility. The EC must consider and document on the form <b>ALL</b> assessments required to determine the student's eligibility under a specific exceptionality. The EC must carefully consider and document any and all information provided by a parent.   |
| <b>4</b>  | <b>Exclusionary Factors</b>                            | The EC must consider any information that may indicate the student has not received appropriate instruction in reading or math or whether the student has limited English proficiency.   |
| <b>5</b>  | <b>Three-prong test of eligibility</b>                 | The EC must indicate whether the student meets each one of the requirements of the three-prong test of eligibility for both initial evaluations and reevaluations.   |
| <b>6</b>  | <b>For Reevaluation only</b>                           | The EC must document consideration of the effects of exiting a student who no longer meets the eligibility criteria in one area of exceptionality, but has been receiving special education services and continues to need special education in the final year(s) of high school. (Refer to Chapter 4, Section 3)  |
| <b>7</b>  | <b>Determination of Primary Area of Exceptionality</b> | Using the multidisciplinary evaluation results and other relevant information, the EC must determine the student's primary exceptionality even when more than one exceptionality condition exists. The EC must discuss how each exceptionality affects the student's educational and functional performance, and determine and document which has the most adverse impact on the student's participation in the general education curriculum. Indicate the <i>primary</i> exceptionality for which the student has been determined eligible. <b>When the EC determines the student is eligible as a student with an intellectual disability, the appropriate WVEIS code must be designated: Mild Intellectual Disability (MM), Moderate Intellectual Disability (MD), Severe Intellectual Disability (MS).</b> |
| <b>8</b>  | <b>Additional Evaluation</b>                           | If additional evaluations are required to determine eligibility or the need for a related service, indicate the specific type of evaluation(s) needed. <b>Any additional evaluations must be completed and considered within 60 days of receipt of parental consent.</b>   |
| <b>9</b>  | <b>Recommendations for Students not Eligible</b>       | If the EC determines the student is not eligible for special education services, list recommendations for consideration by the school teams (i.e., SAT).   |
| <b>10</b> | <b>Signatures</b>                                      | All members attending the EC meeting must sign the report on the lines beside his/her designated position. For an initial EC, the referring teacher must be in attendance. For <b>SLD</b> , the student's general education teacher and at least 1 person qualified to conduct individual diagnostic examinations.   |

**ELIGIBILITY COMMITTEE REPORT**  
**Hancock County Schools**

**1** Student Full Name \_\_\_\_\_ Date \_\_\_\_\_  
 School \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent(s)/Guardian(s) \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_ WVEIS # \_\_\_\_\_  
 City/State \_\_\_\_\_ Telephone \_\_\_\_\_

**2**  Initial  Re-Evaluation  Other \_\_\_\_\_

**The Eligibility Committee (EC) considered the following multi-disciplinary reports and other relevant information.**

- 3**
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Academic Information             | <input type="checkbox"/> Developmental Skills         | <input type="checkbox"/> Social Skills                    |
| <input type="checkbox"/> Achievement                      | <input type="checkbox"/> Health _____                 | <input type="checkbox"/> Transition Assessments           |
| <input type="checkbox"/> Classroom Performance            | <input type="checkbox"/> Hearing                      | <input type="checkbox"/> Functional Vocational Evaluation |
| <input type="checkbox"/> Teacher Report                   | <input type="checkbox"/> Information from the Parents | <input type="checkbox"/> Vocational Aptitudes             |
| <input type="checkbox"/> Adaptive Skills                  | <input type="checkbox"/> Intellectual Ability         | <input type="checkbox"/> Interests/Preferences            |
| <input type="checkbox"/> Assistive Technology             | <input type="checkbox"/> Motor Skills                 | <input type="checkbox"/> Vision                           |
| <input type="checkbox"/> Behavioral Performance           | <input type="checkbox"/> Observation(s)               | <input type="checkbox"/> Orientation and Mobility         |
| <input type="checkbox"/> Functional Behavioral Assessment | <input type="checkbox"/> Perceptual-Motor             | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Communication                    |   |   |

**A student cannot be identified as a student in need of special education services if the primary reason for the decision is due to any of the following:**

- 4**
- A lack of appropriate instruction in the essential components of reading; or
  - A lack of instruction in mathematics; or
  - Limited English proficiency

**For initial evaluation or reevaluation, the student meets the three-prong test of eligibility:**

- 5**
- Meets the eligibility requirements for one of the specific exceptionalities; **and**
  - Experiences an adverse effect on educational performance; **and**
  - Needs special education.

**For reevaluation only:**

**6** If a student no longer meets the eligibility criteria in one of the designated exceptionalities, the EC must provide the justification for continued eligibility. \_\_\_\_\_

**The Eligibility Committee has determined the student's primary area of exceptionality is (only one):**

- 7**
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Autism (AU)                         | <input type="checkbox"/> Exceptional Gifted (EG)  | <input type="checkbox"/> Developmental Delay (PS)          |
| <input type="checkbox"/> Emotional/Behavioral Disorders (BD) | <input type="checkbox"/> Gifted (GF)  | <input type="checkbox"/> Specific Learning Disability (LD) |
| <input type="checkbox"/> Blindness and Low Vision (VI)       | <input type="checkbox"/> Intellectual Disability (Designate<br>WVEIS Code __MM__MD__MS) | <input type="checkbox"/> Speech/Language Impairment (CD)   |
| <input type="checkbox"/> Deaf-Blindness (DB)                 | <input type="checkbox"/> Orthopedic Impairment (PH)                                     | <input type="checkbox"/> Traumatic Brain Injury (TB)       |
| <input type="checkbox"/> Deafness (DF)                       | <input type="checkbox"/> Other Health Impairment (OH)                                   | <input type="checkbox"/> None                              |
| <input type="checkbox"/> Hard of Hearing (HI)                |   |  |

**8** Additional evaluation data are needed in the following areas: \_\_\_\_\_

**9** The Eligibility Committee has determined the student is not eligible for special education and submits the following recommendations for consideration by the school team (e.g., SAT or instruction and intervention team): \_\_\_\_\_

**Eligibility Committee Members**

|                  |                                  |
|------------------|----------------------------------|
| <b>Signature</b> | <b>Position</b>                  |
| _____            | Administrator/Principal/Designee |
| _____            | Evaluator/Specialist             |
| _____            | General and/or Special Educator  |
| _____            | Parent                           |
| _____            | Student                          |
| _____            | Other _____                      |

**IN LIEU OF IEP TEAM ATTENDANCE REPORT Form #27**

|   | <b>ITEM</b>  | <b>CLARIFICATIONS/INSTRUCTIONS</b>  |
|---|--|---|
| 1 | <b>Heading</b>   | Complete <b>ALL</b> fields: Enter student's name, grade and IEP Team meeting date. Enter the name of the excused team member and the specific area of curriculum or the related service for which the excused IEP Team member is responsible (e.g., Reading/Language Arts, OT, Speech). |
| 2 | <b>Present Levels of Academic Achievement and Functional Performance</b> | Enter measurable and observable data to address how the student's exceptionality affects his/her progress specific to the curricular or related service area.   |
| 3 | <b>Suggestions for Goals/ Modifications/ Accommodations/ Services</b>    | In relation to the present levels, enter recommendations for annual goals, supplementary aids/modifications or services and the type and amount of special education or related services.   |
| 4 | <b>Excused Team Member Signature, Position, Date</b>                     | The excused team member must sign the report, indicate his/her position (e.g., math teacher) and date the report.   |
| 5 | <b>Parent Statement and Signature</b>                                    | The parent must be given the opportunity to review the <i>In Lieu of IEP Team Attendance Report</i> <b>prior</b> to the development of the IEP. Secure the parent's signature and date to document this has occurred.   |

**IN LIEU OF IEP TEAM ATTENDANCE REPORT  
Hancock County Schools**



Student \_\_\_\_\_ Grade \_\_\_\_\_ IEP Team Meeting Date \_\_\_\_\_

Excused IEP Team Member \_\_\_\_\_

Curricular or Related Service Area(s) \_\_\_\_\_

**Directions for excused team members:**

- Complete this form if you have been excused from the IEP Team meeting and your area of curriculum or related service **will be discussed in your absence.**
- Attach copies of relevant reports, draft IEP pages, additional information, etc.
- Provide this report to the IEP Team chairperson and the parent prior to the meeting.

**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:**



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**SUGGESTIONS FOR MODIFICATIONS/ACCOMMODATIONS/SERVICES/GOALS:**



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Excused Team Member Signature \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

**Parent Statement:**

I have been provided an opportunity to review this report **prior** to the development of the student's IEP.



Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



**INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEMBER EXCUSAL(S)  
Form #26**

|          | <b>ITEM</b>                           | <b>CLARIFICATIONS/INSTRUCTIONS</b>   |
|----------|---------------------------------------|--|
| <b>1</b> | <b>County and Student Information</b> | Complete <b>ALL</b> fields containing county name and student demographic information. Include the date on which the form was completed.   |
| <b>2</b> | <b>District/Parent Discussion</b>     | <p>This form is another way to document excusal requests after the Notice of the Eligibility Committee and/or Individualized Education Program Team meeting has been returned by the parent.</p> <p>In instances when another excusal is necessary, district personnel must contact the parent to request permission to excuse the additional IEP Team member(s).</p> <ul style="list-style-type: none"> <li>• Enter the date the parent contact was made.</li> <li>• Enter the name and position of district personnel making parent contact.</li> <li>• Record the date of the scheduled IEP meeting for which the team member will be excused.</li> <li>• Record the name(s) and position(s) of the team member(s) excused.</li> <li>• Enter the name(s) of member(s) required to submit a report prior to the IEP Team meeting.</li> </ul> <p><b>NOTE:</b> The “<i>In Lieu of IEP Team Meeting Report</i>” must be provided to the parent <b>prior</b> to developing the IEP when the excused team member(s) has responsibility for addressing a curricular or related service area at the IEP Team meeting.</p> |

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)  
TEAM MEMBER EXCUSAL(S)**

**Hancock County Schools**



**Student's Full Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
**School** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Parent(s)/Guardian(s)** \_\_\_\_\_ **Grade** \_\_\_\_\_  
**Address** \_\_\_\_\_ **WVEIS#** \_\_\_\_\_  
**City/State** \_\_\_\_\_ **Telephone** \_\_\_\_\_

TO BE COMPLETED WHEN A TEAM MEMBER'S EXCUSAL WAS NOT DOCUMENTED ON THE MEETING NOTICE

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**Documentation of District/Parent Discussion  
(To be completed *prior* to the IEP Team meeting.)**

Date parent contacted regarding excusals \_\_\_\_\_

Personnel making contact (names/positions) \_\_\_\_\_  
\_\_\_\_\_

Date of scheduled IEP Team Meeting \_\_\_\_\_

|                                      |               |
|--------------------------------------|---------------|
| Agreed-upon excused IEP Team members | Name/Position |
| _____                                | _____         |
| _____                                | _____         |
| _____                                | _____         |

Reports are required from the following excused members \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIOR WRITTEN NOTICE (PWN) OF DISTRICT'S PROPOSAL/REFUSAL Form #21**

|  | <b>ITEM</b>                                | <b>CLARIFICATIONS/INSTRUCTIONS</b>  |
|--|--|---|
| 1  | <b>County and Student Information</b>      | Complete <b>ALL</b> fields containing county name and student demographic information.  |
| 2  | <b>Greeting</b>                            | Insert the name of the parent or adult student.   |
| 3  | <b>Type of Meeting or Source of PWN</b>    | Denote the source of PWN. If the type of meeting or the source of the request (e.g., a written parental request for evaluation, IEP Team meeting, or a personal aide; or any type of request outside of a meeting) is not already listed, specify the source beside " <i>Other</i> ".<br>Note: When school personnel receive a verbal request from a parent, the parent should be directed to put the request in writing. |
| 4  | <b>Proposed/Refused Action</b>             | Check whether the district is proposing or refusing to initiate or change the action.   |
| 5  | <b>Specific Action Proposed or Refused</b> | Describe in detail the action the district is proposing or refusing (e.g., <i>the district is proposing/refusing to conduct a new academic achievement evaluation of the student</i> ).   |
| 6  | <b>Explanation</b>                         | Provide a detailed explanation of why the district is proposing or refusing the action (e.g., <i>refusing because multiple sources of current and valid achievement data exist within the student's educational record</i> ).   |
| 7  | <b>Evaluation Procedure(s)</b>             | Provide any and all evaluation procedures, assessments, records or reports to substantiate the district's action (e.g., <i>WESTEST2, Acuity benchmarks, Woodcock-Johnson IV, STAR Reading, DIBELS, WIAT</i> ).  |
| 8  | <b>Other Options</b>                       | List any other options the district considered in making the proposal or refusal (e.g., <i>conducting additional achievement assessments</i> ).   |
| 9  | <b>Reason for Rejection</b>                | Denote the reasons the district has rejected the other options (e.g., <i>current achievement data exists</i> ).   |
| 10   | <b>Other Factors</b>                       | List any other factors that may have contributed to the district's decision (e.g., <i>continual assessment data are collected through progress monitoring and benchmark assessment</i> ).   |
| 11   | <b>Contact Information</b>                 | Telephone numbers of the district's director of special education and/or the Parent Educator Resource Center, if available, must be inserted.   |
| 12   | <b>Closing</b>                             | The signature and position of the person completing the PWN must be included in the closing.  |
| <p><b>Note: It may be difficult to communicate both proposals and refusals on a single PWN form. For those instances, it may be helpful to complete separate PWNs for clarity.</b></p> |  |   |

**PRIOR WRITTEN NOTICE OF DISTRICT'S PROPOSAL/REFUSAL**  
**Hancock County Schools**

**1** Student's Full Name \_\_\_\_\_ Date \_\_\_\_\_  
School \_\_\_\_\_ DOB \_\_\_\_\_  
Parent(s)/Guardian(s) \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ WVEIS: \_\_\_\_\_  
**2** City/State: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dear \_\_\_\_\_:

**3** As a result of:  
\_\_\_ a Student Assistance Team (SAT) meeting conducted on \_\_\_\_\_,  
\_\_\_ an Eligibility Committee (EC) meeting conducted on \_\_\_\_\_,  
\_\_\_ an Individualized Education Program (IEP) Team meeting conducted on \_\_\_\_\_,  
\_\_\_ a disciplinary action occurring on \_\_\_\_\_,  
\_\_\_ other \_\_\_\_\_,

**4** the district is \_\_\_ proposing **or** \_\_\_ refusing to initiate or change:  
\_\_\_ the educational evaluation or reevaluation of the student.  
\_\_\_ the identification of the student as having a disability.  
\_\_\_ the educational placement of the student.  
\_\_\_ the provision of a free appropriate public education (FAPE) to the student.

**5** Specifically, the district is: \_\_\_\_\_  
\_\_\_\_\_

**6** The district is proposing **or** refusing this action because: \_\_\_\_\_  
\_\_\_\_\_

**7** The evaluation procedure(s), assessment(s), record(s) or report(s) the district used as a basis for the \_\_\_ proposed **or** refused action are: \_\_\_\_\_  
\_\_\_\_\_

**8** Other options the district considered include: \_\_\_\_\_  
\_\_\_\_\_

**9** The reasons the above options were rejected are: \_\_\_\_\_  
\_\_\_\_\_

**10** Other factors relevant to the district's \_\_\_ proposal **or** \_\_\_ refusal are: \_\_\_\_\_  
\_\_\_\_\_

**11** Exceptional students and their parents have protections under the procedural safeguards. A copy of the Procedural Safeguards Brochure and assistance in understanding the provisions of the procedural safeguards may be obtained by contacting the Director of Special Education at \_\_\_\_\_, as appropriate, the local Parent Educator Resource Center at \_\_\_\_\_ and/or the West Virginia Department of Education, Office of Special Programs at 304.558.2696 or 1.800.642.8541.

Sincerely,  
**12** \_\_\_\_\_  
Signature/Position Date

**AMENDMENT TO THE IEP  
WITHOUT CONVENING AN IEP TEAM MEETING Form #28**

| ITEM      | CLARIFICATIONS/INSTRUCTIONS   |
|-----------|---|
| <b>1</b>  | <b>IEP Date</b><br>Enter the date of the current IEP subject to the amendment.<br><b>*Note: An amendment does not change the date of the student's current IEP.</b>   |
| <b>2</b>  | <b>Student Information</b><br>Complete <b>ALL</b> fields containing county name and student demographic information.  |
| <b>3</b>  | <b>Amendment Date</b><br>Enter the date on which the district and parent agreed to amend the IEP without convening a meeting. #3 & #4 should document the same date.  |
| <b>4</b>  | <b>Contact Date</b><br>Enter the date the parent/adult student was contacted by the district to discuss the proposed change(s) to the IEP.  |
| <b>5</b>  | <b>Proposed Action (PWN #1)</b><br>Describe, <b>in general</b> , the district's proposed change(s) to the IEP (e.g., <i>increase the student's speech therapy time, delete an accommodation no longer required by the student</i> ).  |
| <b>6</b>  | <b>Evaluation(s) (PWN #3)</b><br>List any evaluation procedures, assessment information, student records or reports the district used as a basis for the proposed change(s) (e.g., <i>Golman-Fristoe results and therapy logs, formative assessments and teacher observation data</i> ).  |
| <b>7</b>  | <b>Explanation/Reason(s) for the Change(s) (PWN #2)</b><br>Describe, <b>in detail</b> , the reasons for the change(s) to be made to the student's IEP (e.g., <i>to provide additional time for instruction, practice and generalization of the skills across school and home environments, student has mastered the skill after fading the accommodation</i> ).   |
| <b>8</b>  | <b>Other Options Considered and Reason(s) Rejected (PWN #4)</b><br>Describe any other option(s) considered and the reason(s) those option(s) were rejected (e.g., <i>maintain current level of speech therapy; however, current evaluations indicate need for additional therapy time, consideration of a less restrictive accommodation; however, the student performs the skills without the accommodation</i> ). |
| <b>9</b>  | <b>Other Relevant Factors (PWN #5)</b><br>Describe any other factors relevant to the proposal, if applicable. (e.g., <i>the impact of the student's fluctuating hearing loss on articulation skills, none at this time</i> ).   |
| <b>10</b> | <b>Part(s)</b><br>Designate the Part # (Section) of the IEP where the change will occur. Each Part affected by the change must be addressed (i.e., present level statements, annual goals <b>and</b> services).   |
| <b>11</b> | <b>Change(s)</b><br>Describe the exact change(s) as it will be written into the IEP.  |
| <b>12</b> | <b>Initiation Date (PWN Timeline)</b><br>Enter the date the change(s) will commence (must be 5 days from the date the district and parent agreed to amend the IEP without convening a meeting).   |
| <b>13</b> | <b>Provision of Copies to Parent</b><br>After advising the parent that a copy of the revised IEP with amendments incorporated would be provided upon request, denote by checkmark whether the parent was provided the amendment only or both the amendment and the revised IEP.   |
| <b>14</b> | <b>Signature/Title</b><br>Personnel completing the amendment process must sign the form, including title/position.  |
| <b>15</b> | <b>Procedural Safeguards (PWN #6 &amp; 7)</b><br>A written statement of the procedural safeguards and sources to contact for a copy of and assistance in understanding the parent's/student's rights. Insert the phone numbers of the county's special education director and Parent Educator Resource Center, if appropriate.  |

**NOTE: This form must be attached to the IEP being amended and all service providers responsible for implementing these changes must be informed of the change(s).**

## AMENDMENT TO THE IEP WITHOUT CONVENING AN IEP TEAM MEETING

### Hancock County Schools

The following change(s) amend the student's IEP dated 1 \_\_\_\_\_.

|  |   |
|--|---|
| <span style="border: 1px solid black; padding: 2px;">2</span> <b>Student's Full Name</b> _____<br><b>School</b> _____<br><b>Parent/Guardian</b> _____<br><b>Address</b> _____<br><b>City/State</b> _____ | <span style="border: 1px solid black; padding: 2px;">3</span> <b>Date of Amendment</b> _____<br><b>Date of Birth</b> _____<br><b>Grade</b> _____<br><b>WVEIS#</b> _____<br><b>Phone</b> _____ |
|--|---|

The parent/adult student was contacted by the undersigned district personnel on 4 \_\_\_\_\_ (date) and agreed to make a change(s) to the student's IEP without convening an IEP Team meeting. The district's proposed change(s) to the student's IEP pertain(s) to 5 \_\_\_\_\_ based on 6 \_\_\_\_\_. The reason(s) for the proposed change(s) is/are 7 \_\_\_\_\_.

The district also considered 8 \_\_\_\_\_; however, \_\_\_\_\_ . Other factors relevant to this change include 9 \_\_\_\_\_. The documented change(s) (addition(s), deletion(s) or substitution(s)) is/are outlined in detail below.

For **each Part** of the IEP affected by the change, document the corresponding change(s) and the initiation date(s).

| <span style="border: 1px solid black; padding: 2px;">10</span> Part | <span style="border: 1px solid black; padding: 2px;">11</span> Change | <span style="border: 1px solid black; padding: 2px;">12</span> Initiation |
|---|---|---|
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The parent/adult student has been advised a copy of the revised IEP with the amendments incorporated would be provided upon request. Enclosed please find: \_\_\_\_\_ a copy of the Amendment; **or** 13 \_\_\_\_\_ a copy of the Amendment and the student's revised IEP.

14 Signature \_\_\_\_\_ Title/Position \_\_\_\_\_

15 Exceptional students and their parents have protections under the procedural safeguards. A copy of the Procedural Safeguards Brochure and assistance with understanding the provisions of the procedural safeguards may be obtained by contacting the Director of Special Education at \_\_\_\_\_, as appropriate, the local Parent Educator Resource Center at \_\_\_\_\_ and/or the West Virginia Department of Education, Office of Special Programs at 304.558.2696 or 1.800.642.8541.

**NOTE: This form must be attached to the IEP being amended and all service providers responsible for implementing these changes must be informed of the change(s).**

**SUMMARY OF PERFORMANCE Form #16A**

|          | <b>ITEM</b>  | <b>CLARIFICATIONS/INSTRUCTIONS</b>   |
|----------|--|--|
| <b>1</b> | <b>County and Student Information</b>                    | Complete <b>ALL</b> fields containing county name, date and student demographic information.   |
| <b>2</b> | <b>Additional Background Information (optional)</b>      | Add pertinent information such as a) name/title/contact for staff completing the SOP, b) most recent IEP date, c) primary language, if ELL, d) primary disability/initial date of eligibility, e) secondary disability/date of eligibility.  |
| <b>3</b> | <b>Post-secondary Goal(s)</b>                            | List postsecondary goals of the student including goals for further education <b>and/or training</b> , employment and living. If employment is the primary goal, list the student's top three job interests.   |
| <b>4</b> | <b>Summary of Performance</b>                            | Describe the current <b>academic achievement and functional performance</b> of the student.<br>Academic achievement <b>may include reading, math, language, and learning skills.</b><br>Functional performance <b>may include problem solving, attention, communication, social skills, behavior, independent living, environmental access/mobility, self-determination, employability interests and aptitudes, medical concerns.</b><br>Identify essential accommodations, modifications and/or assistive technology utilized by the student in high school and the <b>reason</b> for each one's use.   |
| <b>5</b> | <b>Student Perspective (optional/highly recommended)</b> | Record the student's responses to the following questions:<br>1. How does your disability affect your schoolwork and school activities (such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities)?<br>2. In the past what supports have been tried by school staff or by you to help you succeed in school (aids, adaptive equipment, physical accommodations, behavior supports, academic changes, other services)?<br>3. Which of these accommodations and supports have worked best for you?<br>4. Which of these accommodations and supports have not worked?<br>5. What strengths and needs should others know about you as you enter the education, training or work setting? |
| <b>6</b> | <b>Recommendations for Meeting Post-secondary Goals</b>  | Describe the "next steps" that need to occur for the student to meet his/her postsecondary goals. Consider any agencies that may be instrumental in assisting the student in meeting his/her postsecondary goals, <b>essential accommodations, adaptations and/or assistive technology supports.</b> Indicate any steps the parent(s) may take to assist the student in accessing the postsecondary environments.  |
| <b>7</b> | <b>Transcripts and Assessment Data</b>                   | Attach <b>copies of academic transcripts, relevant assessment data, awards, certificates and credentials</b> to this form. Provide a copy to the parent/adult student and a copy for the student file.   |

For more in-depth guidance in completing this form, please refer to the [WV Guidelines to Assist in Development of the Summary of Performance.](#)

# SUMMARY OF PERFORMANCE

Hancock County Schools

Date \_\_\_\_\_

Student Full Name \_\_\_\_\_

DOB \_\_\_\_\_

School \_\_\_\_\_

Age \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Grade \_\_\_\_\_

Address \_\_\_\_\_

WVEIS# \_\_\_\_\_

City/State: \_\_\_\_\_

Telephone \_\_\_\_\_

1

2

**Additional Background Information (optional):** \_\_\_\_\_

3

## I. Postsecondary Goal(s)

Education/Training: \_\_\_\_\_

Employment: \_\_\_\_\_

Adult Living: \_\_\_\_\_

4

## II. Summary of Performance

A. Academic Achievement: \_\_\_\_\_

B. Functional Performance: \_\_\_\_\_

5

C. Student Perspective (optional): Impact of disability: \_\_\_\_\_

Supports tried: \_\_\_\_\_

Supports that work: \_\_\_\_\_

Supports that did not work: \_\_\_\_\_

Strengths/Needs others should know: \_\_\_\_\_

6

## III. Recommendations for Meeting Postsecondary Goal(s)

Education/Training: \_\_\_\_\_

Employment: \_\_\_\_\_

Adult Living: \_\_\_\_\_

Community Participation: \_\_\_\_\_

7

**NOTE: Attach academic transcript and/or relevant assessment data to this form.**

Form # 16A

New: 08/2013



| SECTION | ITEM                     | CLARIFICATIONS/INSTRUCTIONS: SLD Team Report Form #9 p. 1-2  |
|---------|--------------------------|--|
| Heading | Demographics             | Complete ALL fields and indicate whether this evaluation is an initial, re-evaluation or other evaluation.   |
| 1       | Comprehensive Evaluation | The Eligibility Committee (EC) must determine whether the student was evaluated in all areas related to the suspected exceptionality and whether the evaluation was sufficiently comprehensive to identify all of the student's special education and related service needs, whether or not commonly linked to the suspected exceptionality (Chapter 3, Section 4). The EC must respond <i>yes</i> or <i>no</i> .  |
| 2       | Level of Learning        | <p>Using multiple and convergent sources of data, the EC must determine whether the student's level of learning reflects significantly and persistently low academic performance compared to same-age peers when provided with learning experiences and instruction appropriate for the student's age or State-approved grade-level standards (NxGCSOs) in one or more of the following areas of SLD:</p> <p style="text-align: center;"><b>Oral Expression, Listening Comprehension, Written Expression, Basic Reading Skill, Reading Comprehension, Reading Fluency Skills, Mathematics Calculation and Mathematics Problem Solving.</b></p> <p>Respond <i>yes</i> when the student's level of learning is significantly and persistently low and mark all applicable areas of SLD. Respond <i>no</i> if the student's level of learning is not significantly or persistently low.</p> |
| 3       | Rate of Learning         | <p>The EC must determine whether the student failed to make sufficient progress or rate of learning to meet age or State-approved grade-level standards (NxGCSOs) in one or more of the areas identified above in Section 2 in response to carefully planned and explicitly delivered instruction.</p> <p>Respond <i>yes</i> when the student's learning rate or growth toward targeted skills is substantially below grade-level peers and, based on progress monitoring data, a reasonable rate of progress cannot be projected even when the student is provided targeted and intensive instruction for reasonable intensity and duration.</p> <p>Respond <i>no</i> when the student's rate of learning is sufficient to meet State-approved grade-level standards (NxGCSOs).</p>   |
| 4       | Exclusionary Factors     | <p>Respond <i>yes</i> to assure the student's achievement deficits are NOT primarily the result of vision, hearing or motor impairments; intellectual disability; emotional/behavioral disorder; cultural factors, environmental or economic disadvantage or limited English proficiency.</p> <p>Respond <i>no</i>, if the evaluation data demonstrates the student's underachievement is the result of one or more of the exclusionary factors.</p>   |

|    |                                     |   |
|----|-------------------------------------|---|
| 5  | Lack of Instruction                 | <p>Respond <i>yes</i>, if data confirm appropriate instruction was provided in reading or mathematics.</p> <p>Respond <i>no</i>, if the data demonstrates that the student's underachievement is the result of a lack of instruction. <i>If the EC team responds no, the EC or SAT should determine how the lack of instruction can be resolved in the future.</i></p>  |
| 6  | Adverse Effect                      | <p>The EC confirms there is an adverse effect on the student's educational performance by responding <i>yes</i> <u>or</u> determines an adverse effect is not evident by responding <i>no</i>.</p> <p><i>CFR 300.101(c) states that each state must ensure that FAPE is available to any individual child with a disability who needs special education and related services, even though the child has not failed or been retained in a course or grade and is advancing from grade to grade. Adverse educational impact must be considered in the broad sense for a student's educational career.</i></p>   |
| 7  | Observation                         | <p>Respond <i>yes</i> if 1) the student was observed in the learning environment, including the general classroom setting to document the student's academic performance and behavior in the areas of difficulty and 2) the observation summary is included in the EC Report. Respond <i>no</i> if the observation was not conducted and is not included in the EC Report.</p> <p>The Observation Summary must describe the relevant behavior noted during the observation, if any, and the relationship of that behavior to the student's academic functioning.</p>  |
| 8  | Instruction and Progress Monitoring | <p>Respond <i>yes</i> if the specific instructional strategies used and the student-centered data collected are documented and available in the EC Report. Respond <i>no</i> if the documentation has not been collected. <i>This may be used as evidence appropriate instruction was provided relative to Section #5.</i></p> <p><i>If the EC responds no, the EC or SAT should determine how to resolve the failure to implement or document specific instructional strategies and accompanying collection of progress monitoring data.</i></p>   |
| 9  | Medical Findings                    | <p>Summarize any relevant medical findings or note attachments summarizing them. Write <i>NA</i> if no relevant medical findings are evident.</p>   |
| 10 | Pattern of Strengths and Weaknesses | <p>In addition to level of learning, rate of learning and exclusionary factors, the EC has the option to confirm SLD through assessment of intra-individual differences. If the evaluation did not include an analysis of strengths and weaknesses or cross-battery assessment, the team should respond <i>NA</i>. If the evaluation included such an analysis and a pattern of strengths and weaknesses is evident in the performance, achievement or both, relative to age, State-approved grade-level standards (NxGCOS) or intellectual development that is determined by the group to be relevant to the identification of a specific learning disability, respond <i>yes</i>. If a pattern is not evident, respond <i>no</i>.</p> |

|    |                            |  |
|----|----------------------------|--|
|    |                            | <i>Item 10 is optional as outlined in Policy 2419. Thus, a response of No or NA does not preclude a student from being identified as a student with SLD, if criteria for items 1-8 are met.</i>  |
| 11 | <b>SLD Determination</b>   | <p>If the EC determines that specially designed instruction is warranted and the EC responded <i>yes</i> to items 1-8 thereby meeting West Virginia eligibility criteria and adverse effect on educational performance, the EC must check the top box indicating the student is eligible for special education services under the SLD label.</p> <p>If the EC determines that specially designed instruction is <u>not</u> warranted or the EC responded <i>no</i> to any item 1-8, the EC must check the bottom box indicating the student is <u>ineligible</u> for special education services under the SLD label.</p>   |
| 12 | <b>Parent Notification</b> | <p>Document the date(s) the student’s parent received notification regarding the 1) amount and nature of student performance data that would be collected and the general education services that would be provided; 2) strategies for increasing the student’s rate of learning; 3) results of repeated assessments of student progress AND, 4) the parent’s right to request an evaluation at any time throughout the Support for Personalized Learning process.</p> <p><i>A district’s failure to provide proper parental notification does not preclude a student from being found eligible as a student with a SLD if items 1-8 are marked yes and the student requires specially designed instruction. However, failure to provide parental notification is a noncompliance.</i></p> |
| 13 | <b>Signatures</b>          | <p>All members attending the EC meeting must sign the report on the corresponding lines and indicate agreement or dissention with the EC Determination. Any members with dissenting opinions must submit a separate statement presenting the member’s conclusions.</p> <p><i>For an initial EC, the student’s referring teacher is a required EC member. For SLD, the student’s general education teacher and at least 1 person qualified to conduct individual diagnostic examinations is required.</i></p>   |
| 14 | <b>Meeting Notes</b>       | Any meeting notes or special considerations should be documented in the Meeting Notes section. If meeting notes are extensive, indicate that meeting notes are attached.   |

## Specific Learning Disabilities Team Report Hancock County Schools

**Heading**

Student's Full Name \_\_\_\_\_ Date \_\_\_\_\_  
 School \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent(s)/Guardian(s) \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_ WVEIS# \_\_\_\_\_  
 City/State \_\_\_\_\_ Telephone \_\_\_\_\_

Initial  Re-Evaluation  Other

When considering if a student may be eligible for special education and related services as a student with a **Specific Learning Disability**, the Eligibility Committee must respond to each item below. The EC must answer **“yes” to each yes/no statement** for items 1-8 to appropriately conclude a student is a student with a specific learning disability.

|          |  |  |
|----------|--|--|
| <b>1</b> | The student's multidisciplinary evaluation was sufficiently comprehensive to identify the student's special education and related services needs and administered in accordance with evaluation procedures specified in <i>Policy 2419</i> , Chapter 3, Section 4.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>2</b> | Based on multiple and convergent sources of data, the student's <b>level of learning</b> reflects low academic performance compared to same-age peers when provided with learning experiences and instruction appropriate for the student's age or State-approved grade-level standards (NxGCSOs) in one or more of the following areas ( <i>Check all areas that apply</i> ):<br><div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Oral Expression<br/> <input type="checkbox"/> Listening Comprehension<br/> <input type="checkbox"/> Written Expression<br/> <input type="checkbox"/> Basic Reading Skill         </div> <div style="width: 45%;"> <input type="checkbox"/> Reading Comprehension<br/> <input type="checkbox"/> Reading Fluency Skills<br/> <input type="checkbox"/> Mathematics Calculation<br/> <input type="checkbox"/> Mathematics Problem Solving         </div> </div> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>3</b> | The student fails to achieve a <b>rate of learning</b> to make sufficient progress to meet State-approved grade-level standards (NxGCSOs) in one or more of the areas identified above when assessed using the SPL process.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>4</b> | The student's achievement deficits are <b>NOT</b> primarily the result of vision, hearing or motor impairments; intellectual disability; emotional/behavioral disorder; cultural factors, environmental or economic disadvantage or limited English proficiency.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>5</b> | Evaluation information and documentation confirm that lack of appropriate instruction in reading or mathematics was <b>NOT</b> the determinant factor in the eligibility decision.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>6</b> | Evaluation information confirms there is an adverse effect on the student's educational performance.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>7</b> | The student was observed in the learning environment, including the general classroom setting, to document the student's academic performance and behavior in the areas of difficulty. An observation summary/report is attached and describes the relevant behavior noted during the observation, if any, and the relationship of that behavior to the student's academic functioning.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>8</b> | The specific instructional strategies used and the student-centered data collected are documented and available in the Eligibility Committee Report.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**9** Note educationally relevant medical findings, if any (Write N/A if no relevant medical findings apply):

|  |  |
|--|--|
| <p><b>PATTERN OF STRENGTHS AND WEAKNESSES DOCUMENTATION</b></p> <p><b>10</b> <b>FUNCTIONAL):</b></p> <p>The student exhibits a pattern of strengths and weaknesses in performance, achievement or both, relative to age, State-approved grade-level standards (NxGCSOs) or intellectual development that is determined by the group to be relevant to the identification of a specific learning disability. <i>An answer of No or NA on item 10 does not prevent a student from being identified as a student with SLD, if criteria for items 1-8 above are met.</i></p> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> NA |
|--|--|

**The Eligibility Committee used the above evaluation data analysis and discussion to determine:**

**11**

The student **HAS** a specific learning disability that adversely impacts his/her education and is eligible for special education and related services.

The student **DOES NOT HAVE** a specific learning disability and is not eligible for special education and related services.

**The student's parents were notified about the following:** The State's policies (i.e., WVBE Policy 2419 Chapter 4, Section 2L including Support for Personalized Learning) regarding the amount and student performance data that would be collected and the general education services that would be provided; strategies for increasing the student's rate of learning; results of repeated assessments of student progress AND, the parent's right to request an evaluation at any time throughout the Support for Personalized Learning process.

Date of parent notification: \_\_\_\_\_

| <b>Eligibility Committee Members</b> |                      |  |
|--------------------------------------|----------------------|--|
| <b>Signature</b>                     | <b>Position</b>      | <b>Agreement with EC Determination</b>                   |
| _____                                | Chairperson          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____                                | Evaluator/Specialist | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____                                | Teacher              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____                                | Parent               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____                                | Student              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____                                | Other                | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*NOTE: If this report does not represent an individual team member's conclusions, that team member must submit a separate statement presenting the member's conclusions.*

**Meeting Notes** (if applicable)

**14**

|   | ITEM   | CLARIFICATIONS/INSTRUCTIONS Discipline Form #22  |
|---|--|--|
| <p><b>This form must be used to document that the disciplinary procedures outlined in Policy 2419, Chapter 7, have been followed for the student. This form may be completed on two separate dates (the same day the removal occurs and the date of the manifestation determination meeting).</b></p> |  |  |
| <b>Heading</b>  | <b>Demographics</b>  | Complete ALL fields and attach a brief summary of the incident (e.g., WVEIS discipline entry, Notice of Suspension, anecdotal record, etc.)  |
| <b>1</b>  | <b>Student Eligibility</b>                                 | Select any of the five statements that apply to the student at the time of the proposed removal. <b>If none apply, STOP. This form is not applicable.</b>  |
| <b>2</b>  | <b>Change of Placement</b>                                 | <p>Enter the date(s) of the current proposed removal which, when implemented, will exceed 10 <i>consecutive</i> or 10 <i>cumulative</i> days. Select A if the removal is for more than 10 <i>consecutive</i> school days. Select B if the removal <i>constitutes a pattern</i> as described in the criteria under B. In the box to the right, enter the total number of days the student has been removed to date.</p> <p><b>Note: If the criteria in Section A or all criteria in Section B are met, a disciplinary change of placement has occurred.</b> Document all 3 items are being provided to the parent on the same day the removal occurs. Document the date and method by which the items are provided. <b>Proceed to Section 3.</b></p> <p><b>Note: If neither criteria in Sections A nor B are met, a disciplinary change of placement has not occurred. Proceed to Section 5.</b></p>  |
| <b>3</b>  | <b>Manifestation Determination</b>                         | <p>Document the date on which the manifestation determination is conducted (must be within 10 school days of any decision to change placement). Indicate by checkmark all relevant documentation reviewed by the appropriate team (i.e., IEP, 504, SAT).</p> <p>Respond to each of the two statements. If the response to <b>either</b> statement is <b>YES</b>, the conduct in question <b>is a manifestation</b> of the student's disability and the team must follow the procedures outlined in <b>Policy 2419, Chapter 7, Section 2.A</b>, as specified on the form.</p> <p>If the response to <b>both</b> statements is <b>NO</b>, the conduct in question <b>is not a manifestation</b> of the student's disability, and the team must follow these procedures outlined in <b>Policy 2419, Chapter 7, Section 2.B</b>:</p> <ol style="list-style-type: none"> <li>Determine appropriate disciplinary action, which may include relevant disciplinary procedures applicable to students without disabilities;</li> <li>Convene IEP Team to develop an IEP that specifies the educational services to be provided to enable the student to continue to participate in the general education curriculum, although in another setting, and to progress toward meeting the goals set out in the student's IEP; and</li> </ol> <p>Provide, as appropriate, a functional behavioral assessment, and behavior intervention services and modifications that are designed to address the behavior violation so that it does not recur.</p> |
| <b>4</b>  | <b>Manifestation Determination Members</b>                 | Each member of the Manifestation Determination Team must sign and document his/her position.   |
| <b>5</b>  | <b>Actions When Not a Disciplinary Change of Placement</b> | When the disciplinary removal is determined <b>NOT</b> to be a disciplinary change of placement, school personnel in consultation with at least one of the student's teachers, must determine and document the extent of the services, if any, that are needed to enable the student to continue to participate in the general education curriculum, although in another setting, and to progress toward meeting the goals set out in the student's IEP. The administrator and teacher making the determination must initial where indicated.  |

**Use the Disciplinary Action Review Form *only* when disciplinary removals *exceed* 10 cumulative or 10 consecutive days and each time thereafter. Attach a brief incident summary, same-day written notice of suspension and PWN to this form.**

# DISCIPLINARY ACTION REVIEW FORM

Hancock County Schools

**Heading** Student's Full Name \_\_\_\_\_ Date \_\_\_\_\_  
School \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent(s)/Guardian(s) \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ WVEIS# \_\_\_\_\_  
City/State \_\_\_\_\_ Telephone \_\_\_\_\_

**Section 1: If the student meets one or more of the following criteria, proceed to Section 2.**

1

- at the time of the incident, the student had a disability (IDEA or 504).
- the student is in the multidisciplinary evaluation process.
- the parent(s) has/have expressed in writing to supervisory personnel that the student **may be** in need of special education and related services.
- the parent(s) has/have requested in writing a multidisciplinary evaluation.
- the student's teacher **or other district personnel** have expressed concerns about a pattern of behavior to the district's director of special education or other district supervisory personnel.

2

**Section 2: The student's disciplinary removal on \_\_\_\_\_ is a disciplinary change of placement if the criteria in either A OR B are met:** Date(s) \_\_\_\_\_

- A. \_\_\_\_\_ a removal for more than 10 consecutive school days.
- OR**
- B. \_\_\_\_\_ a series of removals that constitutes a pattern as established by meeting **ALL** three criteria:
- More than 10 cumulative school days; **AND**
  - Similarity of behaviors; **AND**
  - Length of each removal and proximity of removals to one another.

Total # days removed to date: \_\_\_\_

If either A **OR** B is met, a **disciplinary change of placement has occurred**. Document that all of the following were provided to the parent on the **SAME DAY**: \_\_\_ Written Notice of Suspension \_\_\_ Procedural Safeguards Brochure \_\_\_ Prior Written Notice.

Document the date provided: \_\_\_\_\_ and the method provided: \_\_\_ hand-delivered \_\_\_ emailed/faxed.

**Proceed to Section 3, as a Manifestation Determination is required at this time.**

If **neither** A nor B is met, a **disciplinary change of placement has not occurred**.

**Proceed to Section 5: Consultation, as a Manifestation Determination is NOT APPLICABLE at this time.**

3

**Section 3: A Manifestation Determination was conducted on \_\_\_\_\_ (within 10 school days of the removal) and the following documentation was reviewed by the team:** Date \_\_\_\_\_

- \_\_\_ Incident report \_\_\_ IEP/504 Plan \_\_\_ Teacher observation(s) \_\_\_ Attendance report \_\_\_ Parent information \_\_\_ FBA/BIP  
\_\_\_ Discipline record \_\_\_ Evaluation information \_\_\_ Student schedule \_\_\_ Progress reports \_\_\_ Other \_\_\_\_\_

**After reviewing the above documentation, the team must respond to the following statements:**

\_\_\_ Yes \_\_\_ No The conduct in question was caused by, or had a direct and substantial relationship to the student's disability.

\_\_\_ Yes \_\_\_ No The conduct in question was a direct result of the district's failure to implement the IEP.

If **Yes** to either statement, the conduct is a **manifestation** of the student's disability and the team must: 1) conduct a FBA and develop a BIP, if one has not been completed; **or** 2) review the existing BIP and revise as needed to address the current behavior(s); **and** 3) return the student to the placement from which the student was removed, unless the parent and the district agree to a change of placement as determined by the IEP Team. If **No**, refer to Policy 2419, Chapter 7, Section 2.B.

**Section 4: Manifestation Determination: Relevant IEP Team members as determined by the district and parent.**

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

**Section 5: Actions When Removals are not a Change of Placement:** Document that school personnel have **consulted** with at least one of the student's teachers to determine the extent to which services are needed to enable the student to continue to participate in the general education curriculum, although in another setting, and to progress toward meeting the goals set out in the student's IEP.

**Extent of Services:** \_\_\_\_\_

**Initials: Administrator** \_\_\_\_\_ **Teacher** \_\_\_\_\_