



Special Education Support for Tennessee Families

## The Next STEP: IEP Planning

Preparing for effective  
participation in  
Individualized Education Program  
(IEP) meetings

**Joey Ellis**  
Director of Youth Services





TNSTEP is a federally funded non-profit Parent Training and Information Center (PTI) that has been training families in special education rights since 1989 and collaborating with schools and agencies to improve results for Tennessee.

## Family Assistance

Services are FREE for Tennessee families



## Who do we help?

Tennessee families and caregivers with children and youth, birth to 26, with a diagnosed or suspected disability or special healthcare or mental health needs.

TNSTEP believes parents and caregivers are a child's best advocates.



## Family Assistance

Services are FREE  
for Tennessee families



## How do we help?

- ★ Navigating special education laws
- ★ IEP or 504 Plan review & assistance
- ★ Virtual and in-person workshops & training
- ★ Referrals to other agencies
- ★ Life after high school planning
- ★ Training video & webinars
- ★ Collaboration & communication
- ★ Special education updates



## Let's Connect

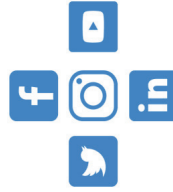


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TNSTEP's Parent Manual, and more!

# Setting the Stage

## Defining “Special Education”

Congress finds education can be made more effective by having **high expectations**...in order to **meet developmental goals** and, to the maximum extent possible, the **challenging expectations** that have been established for all children...**to lead productive and independent adult lives.**

IDEA 601(c)(5)(A)(i-ii)

**IDEA defines special education** as “*pecially designed instruction*” 300.39 (a)

- At no cost to the parents (except fees that are normally charged to nondisabled students or their parents as part of the regular education program)
- Adapting, as appropriate to the needs of the child, **the content, methodology, or delivery of instruction**

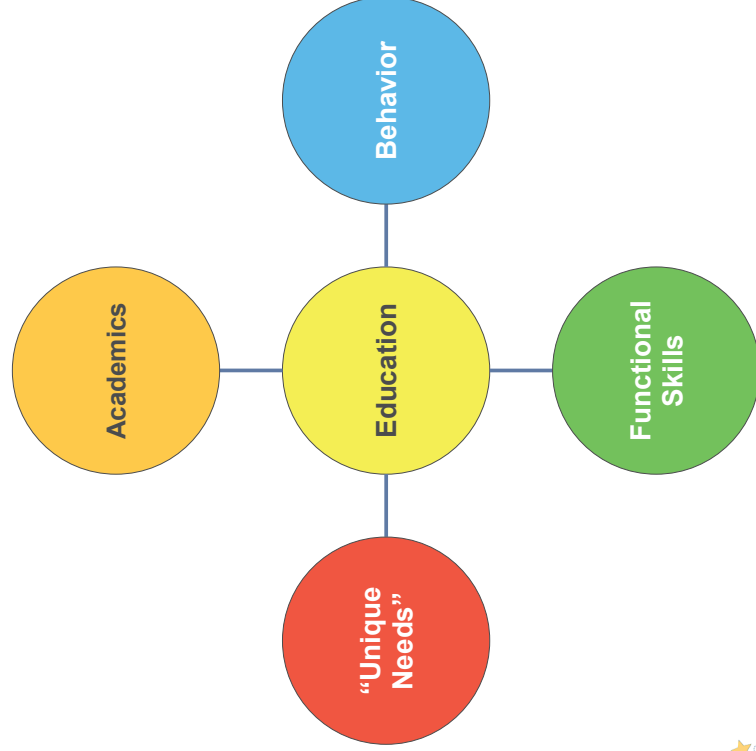
**TN Department of Education defines specialized education:**

- Most Intensive Intervention on a continuum of services
- An intervention --- not a place
- Specially designed instruction



7

# The Scope of Education



8



# Technical Details of the IEP

## Overview: Instructionally Appropriate IEP

- **Present Levels of Educational Performance**
  - PLEP-**Foundation** of IEP
  - States how student’s current functioning **impacts** them on grade level standards
- **Measurable Annual Goal**
  - MAG-Directly linked to data from PLEP
  - Tied to specific area of **deficit**
- **Accommodations/Assessments**
  - Accommodation use based on **need** identified in PLEP
- **Interventions**
  - Tied to Measurable Annual Goal (Specific area of deficit/need)
- **Related Services**
  - To assist student to master the IEP goals
- **Placement Decisions**
  - Where can the student best learn the skills

# Technical Details of the IEP

## Where information goes in an IEP

This section is a page-by-page review of the IEP document.

Please refer to the sample IEP in your training packet and/or your own child’s IEP.



Individual Education Program (IEP)

From: 04/15/2020 To: 04/15/2021  
 Annual  Addendum

Student Information

<b>Student:</b> Susan (first) Test (last)	<b>Birthdate:</b> 05/01/2009	<b>Grade:</b> 5th Grade
<b>Student ID:</b> TEST001	<b>Gender:</b> F	<b>Hispanic Ethnicity:</b> No
<b>School:</b> Main Street Elementary School	<b>Race:</b> White	
<b>District:</b> Tennessee School District		
<b>Primary Disability:</b> Autism	<b>Re-evaluation of Eligibility Date:</b>	10/15/2022
<b>Secondary Disability:</b> Other – Health Impairments		

**Medical Information:** *Medical summary – medical diagnosis, medical safety concerns, and plans if provided by the parent.*  
 Susan is diagnosed with ADHD impulse control type.

**Relationship to Student:** Parents/Guardian  
 Name: Mother and Father Test  
 Address: Test Rd. Any City, TN, 37000

Home Phone: (123) 867-5309

ED-2998/REV 9/2003

Tennessee School District Individual Education Program

Version 1.9 - Date of Current Version 7/16/2008  
 Page 1

Student Name: Susan Test  
 DOB: 05/01/2009

Tennessee School District  
 IEP Meeting Date: 04/15/2020

Current Descriptive Information

**Describe the Student's strengths:**

Susan is a very inquisitive person and enjoys learning. She is most engaged when given a hands-on activity that allows for movement. She is becoming more comfortable during class and is engaging more with her peers.

**Describe the concerns of the parents regarding their Student's education:**

Susan's mom is concerned about Susan's overall academic progress. She would like the team to monitor her reading progress at least once a week so that she can work with Susan at home. She is concerned with Susan's social skills, including eye contact and understanding body language.

**Describe how the Student's disability adversely impacts his/her access to participation in the general curriculum:**

Susan's autism and ADHD impact her ability to stay on task, master grade-level content, and understand social norms.

Consideration of Special Factors for IEP Development

Does the Student have limited English proficiency? No  
 If yes, what is his/her primary mode of language?

Is the Student blind or visually impaired? No

If yes, does the Student need instruction in Braille?

Does the Student have communication needs? Yes

If there are communication needs, does the Student have a consistent, reliable, and effective mode of communication? Yes  
 If the Student does not have a consistent, reliable, and effective mode of communication, in what ways does the Student respond and engage with their environment? N/A

Is the Student deaf or hard of hearing? No

If yes, did the IEP Team consider:

- a. the Student's language and communication needs: N/A
- b. opportunities for direct communications with peers and professional personnel in the Student's language and communication mode: N/A
- c. necessary opportunities for direct instruction in the Student's language and communication mode? N/A

Is assistive technology necessary in order to implement the Student's IEP? Yes  
 If yes, what is needed? iPad with apps used as communication device

Does the Student's behavior impede his/her learning or that of others? Yes

If yes, the IEP Team has addressed the Student's behavior in the following way(s):

- Functional Behavior Assessment
- Behavior Intervention Plan
- Goals and Objectives
- Other (write in) Communication log
- Accommodations

Does the Student demonstrate cognitive processing deficits that impact his/her classroom performance and warrant consideration in the development of the IEP (i.e. accommodation use)? No  
 If you chose "Yes," please explain: N/A

ED-2998/REV 9/2003

Tennessee School District Individual Education Program

Version 1.9 - Date of Current Version 7/16/2008  
 Page 2

### Current Descriptive Information

#### Describe the Student's strengths:

Susan is a very inquisitive person and enjoys learning. She is most engaged when given a hands-on activity that allows for movement. She is becoming more comfortable during class and is engaging more with her peers.

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Student Name: Susan Test  
DOB: 05/01/2009

Tennessee School District  
IEP Meeting Date: 04/15/2020

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ED-2998/REV 9/2003

Tennessee School District Individual Education Program

Version 1.9 - Date of Current Version 7/16/2008

Page 2

Student Name: Susan Test  
DOB: 05/01/2009

Tennessee School District  
IEP Meeting Date: 04/15/2020

### Present Levels of Performance

Levels of functioning, should when applicable, include norm referenced and/or criterion referenced data, as well as descriptive information of the Student's deficit areas.

**Assessment Area:** PL-Behavior

**Present Level of Performance:** Susan has made great strides in her behavior this year. She is not showing any aggression towards teachers or peers and has increased her time on task from two minutes to 5 minutes utilizing the positive behavior support plan. Susan continues to have difficulty staying on task and will exhibit non-compliant behaviors when presented with a task that she perceives as too difficult. She will also exhibit this behavior if a non-preferred task requires her attention beyond 5 minutes. Her non-compliant behaviors include pushing away or destroying the assignment, raising her voice and yelling "NO" or putting her head down and refusing to complete a task.

**Impact of Mastery of Standards:** Susan's behavior to avoid work impacts her ability to master grade level content and requires the implementation of behavior supports.

**Source of Information:** Observation - Classroom

SubTest: General Classroom expectations

Date Administered: 03/22/2020

**EXCEPTIONAL? Yes**

**Assessment Area:** PL-Academics-Math Calculation

**Present Level of Performance:** Susan often shares that she does not like reading and writing, but likes math, especially computerized math games. Review of her EASYCBM progress monitoring, work samples and teacher observation reveals strengths in place value understanding, counting, comparing numbers, and measurement concepts of money, time and temperature, and geometry.

**Impact of Mastery of Standards:** She has mastered most addition and subtraction as well as multiplication facts. Susan's teachers report that she has a good grasp of computation when working with whole numbers and with computation involving fractions and decimals.

**Source of Information:** EASYCBM

SubTest: Math

Date Administered: 04/10/2020

Std. Score – 14  
Percentile Rank – 50

**EXCEPTIONAL? No**

ED-2998/REV 9/2003

Tennessee School District Individual Education Program

Version 1.9 - Date of Current Version 7/16/2008

Page 3

**Transition Services Planning (Age 14 or turning 14 during the IEP period)**  
**Measurable Post Secondary Goals**

**Employment:**

Will work in part-time employment – Susan will work part-time at an animal grooming and boarding business

**Post-Secondary Education/Training:**

Will enroll in on-the-job training program – Susan will enroll in a program after high school that will allow her to develop the skills necessary for a successful adult life.

**Independent/Supported Living:**

Will live independently – Susan will live independently in an apartment or house by developing life skills such as maintaining a budget and housekeeping.

**Community Involvement:**

Will be independently mobile in the community and access services - Susan will learn to successfully navigate public transportation in order to access her community.

- Grade 9 Course of Study:** English I, Algebra IA, Agricultural Science, Civics Art 1, Biology 1A
- Grade 10 Course of Study:** English II, Algebra IB, Small Animal Science, Biology IB, Personal Finance/Wellness, Choir
- Grade 11 Course of Study:** English III, Geometry IA, Large Animal Science, Environment Science, Work-Based Learning, Choir II
- Grade 12 Course of Study:** English IV, Geometry IB, Veterinarian Science, Work-Based Learning, Keyboarding

**Transition Services (Age 16 or turning 16 during the IEP period)**

Anticipated Date Range	Service Area (Transition Area)	Activities/Strategies (Transition Services)	Agency/Person Responsible
2020	Instruction	Driver Education	Driver Education Teacher, Parents
2020	Community Experiences	Visit the Technology Center and Community College in the area Visit Disability Services offices	School Staff
2020	Employment and Post-school Adult Living Objectives	Participate in Work Based Learning in conjunction with Career and Technical Education Animal Science classes	Career and Technical Education Teach
2020	Other	Fill out FAFSA for potential placement in a post-secondary environment or dual enrollment classes	Parents

**Documentation of other agency participation in planning and the person responsible for contacting agency(s) if a representative did not attend:**  
 A Vocational Rehabilitation Transition School to Work counselor is invited – Susan and her family have been provided with eligibility paperwork  
**Was the Student in attendance at the IEP Team Meeting?** Yes

If the Student was not in attendance, how were the Student's preferences and interests considered? (Check all that apply.)

- Student interview     Student survey     Student portfolio     Vocational Assessments     Interest Inventory     Other

If you selected "Other", describe:

Tennessee School District

IEP Meeting Date: 04/15/2020

**Measurable Annual Goals and Benchmarks/Short-term Instructional Objectives for IEP and Transition Activities**

**Goal 1 of 4**

**Area of Need:** Academics-Basic: Reading Skills

**Personnel/Position Responsible:** Teacher

**Annual Goal:** Given content on her instructional level, Susan will decode, read, and understand 20 new vocabulary words with 80% accuracy by the end of this IEP as measured by a weekly classroom curriculum and universal screener data monitored every 4 weeks.

**Program Modifications/supports for School Personnel:**  
 Modifications and supports needed to assist in goal achievement for school personnel only

**Goal 2 of 4**

**Area of Need:** Pre-vocational

**Personnel/Position Responsible:** Teacher, SLP

**Annual Goal:** Given classroom and related service instruction, Susan will follow 3 and 4-step instructions to complete a task without protest utilizing up to two visual and/or verbal prompts with 90% accuracy as measured by teacher/SLP observation and data collection.

**Program Modifications/supports for School Personnel:**  
 Consultation and Collaboration with School Behavior Specialist

**Goal 3 of 4**

**Area of Need:** Behavior

**Personnel/Position Responsible:** Teacher, Behavior Specialist

**Program Modifications/Supports for School Personnel:**  
 Consultation and Collaboration with School Behavior Specialist

**Annual Goal:** Given a list of daily expectations, communication strategies, and positive reinforcements, Susan will increase her time on task from 5 minutes to 8 minutes and articulate her wants and needs appropriately by utilizing her communication device with 75% accuracy as measured by teacher observation and data collection.

**Goal 4 of 4**

**Area of Need:** Oral Expression

**Personnel/Position Responsible:** Teacher, SLP

**Annual Goal:** Given the use of her communication device and opportunities to communicate with her teachers and peers, Susan will express her wants and needs within the school setting by understanding when and how to use WH questions and understanding when and how to ask for help when needed as measured by teacher observation in the classroom and SLP observation during related services.

**Program Modifications/Supports for School Personnel:**  
 Classroom Teacher and SLP Collaboration and Communication Assistive Technology training for School Personnel

Student Name: Susan Test  
DOB: 05/01/2009

Tennessee School District  
IEP Meeting Date: 04/15/2020

**Supplementary Aids/Services and Support for the child:**

Augmentative alternative communication system - touch screen computer  
Positive Behavior Support Plan Daily expectations list  
Weekly parental communication form  
Fidgets

ED-2998/REV/9/2003

Tennessee School District Individual Education Program

Page 7  
Version 1.9 - Date of Current Version 7/16/2008

## Measurable Annual Goals (MAG)

### Supplementary Aids/Services and Support for the child:

#### List of supports for the child that are needed to implement the IEP

- Communication log between home and school
- Choice cards (for school and home)
- Special seating
- Large print materials
- Sensory seat and fidgets
- Weighted vest
- Break card
- Location tracking wrist band
- Foot stool for each desk
- Token system and small rewards





**Program Participation**

	Accommodations	Modifications
<b>a. Reading</b>	Additional time on tests/assignments Preferential Seating Provide a copy of the Notes Allow Breaks Give directions in Alternate Formats	Differentiate instruction for mastery of concepts on an instructional level
<b>b. Math</b>	Additional time on tests/assignments Preferential Seating Provide a copy of the Notes Allow Breaks Give directions in Alternate Formats Testing — Oral testing for directions and/or test items	No Modification(s)
<b>c. Special Classes (list each one separately - Art, Music, Library)</b>	Accommodations Additional time on tests/assignments Preferential Seating Provide a copy of the Notes Allow Breaks Give directions in Alternate Formats	No Modification(s)
<b>d. Physical Education/Recess</b>	Accommodations Use of Noise Cancellation headphones when needed Allow Breaks Give directions in Alternate Formats	No Modification(s)
<b>e. Cafeteria</b>	Accommodations Use of Noise Cancellation headphones when needed Lunch bunch social seating Prompting as needed	No Modification(s)

# Program Participation

## Accommodations and Modifications

- Enable students to participate more fully in instruction and assessments and to demonstrate their knowledge and skills
- Provide equitable access during instruction and assessment
- Mitigate the effects of a student's disability
- Reviewed annually for every general education setting

- Based on individual needs, not on:
  - disability category
  - English language proficiency
  - level of instruction
  - program setting
  - availability of staff



amount of time in a general education classroom

# Accommodations and Modifications

Accommodation	Modification
<ul style="list-style-type: none"> <li>• Graphic organizer</li> <li>• Text to speech with the book</li> <li>• Template for long division</li> <li>• Raised line paper</li> <li>• Calculator</li> <li>• Class lecture notes ahead of time</li> <li>• Completed agenda with homework expectations</li> <li>• Sensory break “pass”</li> <li>• Picture schedule</li> <li>• Word processor for writing assignments</li> <li>• Shortened assignments</li> <li>• Assignment broken into smaller tasks</li> <li>• Oral assessment for understandings</li> </ul>	<ul style="list-style-type: none"> <li>• Partially completed graphic organizer with fewer links and less complexity</li> <li>• Low level, high interest reading with text to speech</li> <li>• Simple division facts with pictures, graphics, manipulative, or number line</li> <li>• Dotted words and letters to trace</li> <li>• Modified rubric for presentation to include fewer elements and more explicit understandings</li> <li>• Essential elements from instruction taught with hands-on materials</li> <li>• Assessed on only a portion of the test or concept</li> </ul>

**Tennessee School District**  
IEP Meeting Date: 04/15/2020

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**State/District Mandated Tests**

Student will participate in the following state/district mandated assessment(s):

- Achievement
- EOC
- WIDA Access
- WIDA Access (Alternate)
- ACT
- EXPLORE
- PLAN

End of Course Tests – Assessment Completed

**Requirement**

- TCAP Science Achievement (Grades 3-8)
- TCAP Social Studies Achievement (Grades 3-8)
- TCAP English/Language Arts Achievement (Grades 3-8)
- TCAP Mathematics Achievement (Grades 3-8)

District Assessment:  No Accommodations     Accommodations

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**State/District Test Accommodations**

Accommodations listed must be provided in general and special education instruction, classroom testing, and for the specific assessment(s) listed below:

**TCAP English/Language Arts Achievement (Grades 3-8)**

**Accommodations**

	Accessibility Feature
<ul style="list-style-type: none"> <li>• Extended Time: Time and 1/2 as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Scratch paper</li> <li>• Redirect Student to the Test</li> </ul>

**TN Dept. of Education - Test Accommodations**  
<https://bit.ly/3PzHyOF>

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ED-2998/REV 9/2003

Tennessee School District Individual Education Program

Page 9

Version 1.9 - Date of Current Version 7/16/2008

**Special Education and Related Services Consultation**

Type of Service	Provider Title	Sessions Per	Time Per Session	Hours Per Week	Beginning-Ending Dates	Location of Services

**Direct Special Education**

Type of Service	Provider Title	Sessions Per	Time Per Session	Hours Per Week	Beginning-Ending Dates	Location of Services
Academics - Reading	Special Education Teacher	5 Per week	45 min	3 hrs and 45 mins	04/15/2020-04/15/2021	Special Ed Setting
Behavior Support	Special Education Teacher	5 Per week	10 min	0 hrs and 50 mins	04/15/2020-04/15/2021	General Ed Setting

**Related Service(s), including Instruction from Specialized Personnel**

Type of Service	Provider Title	Sessions Per	Time Per Session	Hours Per Week	Beginning-Ending Dates	Location of Services
Speech/Language Therapy	Speech Language Pathologist	1 Per week	30 min	0 hrs and 30 mins	04/15/2020-04/15/2021	Special Ed Setting

Total Special Ed Minutes by Date Range		
Begin Date	End Date	Minutes per Week
04/15/2020	04/15/2021	305

Note: Service Dates apply during the normal school year, not ESY, unless specified.

**LRE and General Education**

Explain the extent, if any, in which the Student will not participate with non-disabled peers in:

- the regular class: Susan will participate with her non-disabled peers except for 45 minutes per day for reading intervention. Susan will also receive Language Therapy for 30 minutes, one time per week, as well as check-in and out every day with her Special Education teacher.
- extracurricular and nonacademic activities: Susan will have the opportunity to participate in all extracurricular and nonacademic activities.
- and/or, his/her LEA Home School: Susan attends her zoned school.

**Special Transportation**

No Special Transportation.

**Extended School Year**

On 04/15/2020, the IEP Team determined that an Extended School Year (ESY) is not required.

**Basis for Determining ESY Eligibility:** Susan maintains her skills from year to year, as noted in benchmark assessments.

Student Name: Susan Test  
DOB: 05/01/2009

Tennessee School District  
IEP Meeting Date: 04/15/2020

**IEP Participants**

The following individuals attended the IEP Team and participated in the development of this Individualized Education Program.

Position	Signature	In Agreement	Date
Parent		<input type="checkbox"/> Yes <input type="checkbox"/> No	
LEA Representative		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Regular Education Teacher		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Education Teacher		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Interpreter of Evaluation Results		<input type="checkbox"/> Yes <input type="checkbox"/> No	

This signature page is for everyone who **attended** the IEP meeting AND **participated** in the development of the IEP.

People who DID NOT attend, should not sign this page.

ED-2998/REV 9/2003

Tennessee School District Individual Education Program

Version 1.9 - Date of Current Version 7/16/2008

Page 12

Student Name: Susan Test  
DOB: 05/01/2009

Tennessee School District  
IEP Meeting Date: 04/15/2020

**Informed Parent Consent**

**Please select 'Yes' or 'No' for each statement below:**

- Yes  No I certify that I am the legal parent(s)/guardian(s)/surrogate(s) of this child.
- Yes  No I have been informed of and understand my rights as a parent, and have received a copy of the notice of procedural safeguards.
- Yes  No I have been involved in the IEP Team meeting and/or the development of this IEP, and give permission for the proposed program described in this IEP for my child.
- Yes  No My child and I have been informed of his/her right to represent himself/herself upon his/her eighteenth birthday (Note: This information must be provided beginning at least one year prior to the Student's 18<sup>th</sup> birthday.

Parent/Guardian/Surrogate Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Date IEP was given to parent(s):** \_\_\_\_\_

**If the parent(s) did not attend, the person responsible for forwarding and explaining the contents of the IEP to the parents along with their rights is:** \_\_\_\_\_

**Documentation of IEP Review by Other Teachers not in Attendance:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Those who did not attend but will have an obligation to carry out services or supports listed in the IEP.**

- Ask who will inform those that were not attending.
- If training is needed, who will be responsible to ensure the training is completed?
- Ask for a copy after review by other teachers is completed.

ED-2998/REV 9/2003

Tennessee School Dis



# Got Questions?

TNSSTEP staff is available to provide support, information, and training to Tennessee families and students



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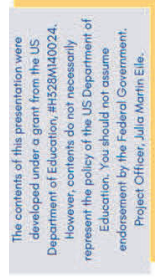
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# Evaluation of Today's Training

<https://www.surveymonkey.com/r/IAIEPWorkshop>



How did we do?





**The Next STEP:  
IEP Planning Handouts**