

INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM REPORT of

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Student's Last Name: _____ First: _____ Middle: _____ DOB: _____ Gender: _____

Resident District: _____ Operating District: _____ Building: _____

Prior IEPT Date: _____ Current Primary Provider: _____ Grade: _____

Complete identifying information below at Initial IEP only. Otherwise, note ONLY changes to these items.

PSR No: _____ UIC No: _____ Native Language: _____ Ethnicity: _____

Student's Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ E-Mail: _____

Parent's Last Name: _____ First: _____ Relation: _____

Native Language or Other Communication Mode: _____ Interpreter Needed? No Yes

Address (if different): _____ City: _____ State: _____ Zip Code: _____

Telephone: Home: _____ Work: _____ Pager/Cell: _____ E-Mail: _____

Parent's Last Name: _____ First: _____ Relation: _____

Native Language or Other Communication Mode: _____ Interpreter Needed? No Yes

Address (if different): _____ City: _____ State: _____ Zip Code: _____

Telephone: Home: _____ Work: _____ Pager/Cell: _____ E-Mail: _____

Primary Purpose of this IEP Team Meeting (Check one of the first three as primary)

Initial Eligibility IEP **OR** Review/Revise IEP **OR** Eligibility Redetermination IEP Other: _____

PARENT CONTACT

The parent/legal guardian/adult student was contacted to explain the IEP meeting purpose and the roles and responsibilities of each participant via:

Standard IEP Invitation of _____ Phone call of _____ Other letter of _____

Result: _____ Result: _____ Result: _____

IEP TEAM PARTICIPANTS IN ATTENDANCE

Check box is an IEP Team member who can explain the instructional implications of evaluation results. A MET Evaluator is required at Initial IEPs.

Participant signatures are required when determining Specific Learning Disability eligibility (R340.1713).

Any participant who disagrees with SLD eligibility MUST submit a separate statement with his/her conclusions (See Page 10)

The Student: _____	District Representative/Designee: _____ <input type="checkbox"/>
Parent/Guardian: _____	General Education Teacher: _____ <input type="checkbox"/>
Parent/Guardian: _____	Special Education Teacher/Provider: _____ <input type="checkbox"/>
Other (with title): _____ <input type="checkbox"/>	Adult Service Agency (Age 16+): _____ <input type="checkbox"/>
Other (with title): _____ <input type="checkbox"/>	Other (with title): _____ <input type="checkbox"/>
Other (with title): _____ <input type="checkbox"/>	Other (with title): _____ <input type="checkbox"/>

Parent & District Agreement on Attendance Not Necessary:

these members are absent because their curricular area/related services are not being modified or discussed in the meeting: _____

Parent & District Agreement on Excusal Prior to Meeting:

these members are absent but have submitted their written input to parent & IEP Team for IEP development prior to the meeting: _____

STUDENT ELIGIBILITY and QUALIFYING CRITERIA

This IEP considered the results of: Multidisciplinary Evaluation Team (MET) report dated: _____

Evaluation Review Plan dated: _____ Evaluation Review Team (ERT) Report(s) dated: _____

Is Evaluation Review Planning needed before next IEPT meeting: No Yes

The student is: **ELIGIBLE** **NOT ELIGIBLE** in the area of: _____

These qualifying criteria affect the student's involvement and progress in general education curriculum (or appropriate preschool activities): _____

STUDENT PROFILE AND PROGRESS

Describe the student's **strengths**:

Describe **parent concerns** for enhancing student's education:

Describe student's **developmental and functional needs**:

Describe student's **progress toward current IEP annual goals** and objectives (Omit at initial IEPT meeting):

Describe student's **progress in the general education classroom**, including **success of agreed-upon modifications** and student/teacher supports:

Describe the student's **anticipated needs** or other matters: (e.g. high school credits, cohort group, curriculum planning, etc.)

MOST RECENT INDIVIDUAL STUDENT REPORT OF STATE ASSESSMENT (Grade 3 and above)

meap	Subject	Performance Level	Domains or Abbreviated GLCE's in Levels 3-4 that Need Improvement
	Grade	Mathematics Gr. 3-8	
Science Gr. 5, 8			
Social Studies Gr. 6, 9			
Semester/Year	ELA Reading Gr. 3-8		
	ELA Writing Gr. 3-8		
	ELA Total Gr. 3-8		

MI-Access	Subject	Performance Level	Performance Expectations that Need Improvement
Grade	Functional Independence ELA Gr. 3-8, 11		
	Functional independence Mathematics Gr. 3-8, 11		
	Supported Independence Gr. 3-8, 11		
Semester/Year	Participation Gr. 3-8, 11		
	Science Gr. 5, 8, 11		
	Social Studies Gr. 6, 9, 11		

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAFP)

Use this area for narrative that overflows or otherwise does not apply to the domains identified on PLAAFP Page 3.

PLAAFP Statement, Other than on Page 3:

Student Name

Draft Date:

Grid for Draft Date: [][] / [][] / [][]

Final IEP Date:

Grid for Final IEP Date: [][] / [][] / [][]

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (PLAAPF)

Based on results of initial or most recent assessments, describe the student's academic, developmental and functional needs and how these affect his/her involvement in the general education curriculum.

COGNITIVE ABILITY / TRANSITION ASSESSMENT (age-appropriate and related to training, education, employment) :

Present Performance Level/Benchmarks/Strengths

Include recent assessment data.

Explain how data establishes a beginning instruction point.

How do student's academic, developmental and functional needs affect involvement and progress in general education curriculum (or age-appropriate activities for preschool children)?

ACADEMIC/PRE-ACADEMIC ACHIEVEMENT: Individual tests and/or District-wide Assessments (Required)
Reading

Reading Needs

Mathematics

Mathematics Needs

Written Language

Written Language Needs

COMMUNICATION: SPEECH & LANGUAGE: Communication needs

Language needs for student with limited English proficiency were considered. Other Communication/Language Needs:

SOCIO-EMOTIONAL/BEHAVIORAL: Behavior that impedes student's learning or the learning of others.

Positive behavior interventions, supports & other strategies for behaviors impeding learning were considered. Other Socio/Behavioral Needs:

PERCEPTION/MOTOR/MOBILITY: Gross and fine motor coordination, balance, and limb/body mobility.

Perception/Motor/Mobility Needs:

ADAPTIVE/INDEPENDENT LIVING SKILLS: Skills for academic success and independent living (where appropriate).

Independence Level: Full Functional Supported Participation

MEDICAL: Health, vision, hearing or other physical/medical issues.

Communication/Language needs for HI/deaf students (& communication with peers) were considered. Braille instruction for (VI/blind student) was considered. Other Medical Needs:

ASSISTIVE TECHNOLOGY: (if previously assigned)

AT Devices & Service Needs were considered (see also page 5)

TRANSITION CONSIDERATIONS: Student is _____ years old today.

Pages 4-T1 & 4-T2 are **RECOMMENDED** for students at age **13** or younger if determined appropriate by IEP Team and reviewed at subsequent IEPs.
Both pages are REQUIRED for student at age **16** or older within this IEP year.

Parental Rights and Age of Majority (Check all that apply)

- Student will **NOT** be age **17** during this IEP year.
- Student will be age **17** during this IEP year and was informed of parental rights that will transfer to him/her at age 18.
- Student is age **18**. The student and parent were informed of the parental rights that transferred to the student at age 18.
- Student is age **18**. There is a guardian established by court order. The guardian is: _____
- Student is age **18**. The student appointed a person to legally represent them. The representative is: _____

MICHIGAN EDUCATIONAL DEVELOPMENT PLAN

Michigan High School Graduation Requirements states that each pupil in grade 7 is provided with an opportunity to develop an educational development plan to be completed before beginning high school. The plan is developed by the student under the supervision of the pupil's school counselor (or qualified designee) and is based on a career pathways (or similar) career exploration program that students use to explore careers and the educational requirements for achieving a career goal. (Sec 1278(b)(11))

Educational Development Plan (EDP): Please circle the EDP areas that this student has completed prior to this IEP.

1 Personal Information 2 Career Goals 3 Educational/Training Goals 4 Assessment Results 5 Plan of Action 6 Parent Consultation and Endorsement

Career Pathways: These Career Area(s) are of particular interest to the student: Please prioritize (1, 2, etc.) if more than one.



_____ Arts & Communication



_____ Health Sciences



_____ Business, Management, Marketing and Technology



_____ Human Services



_____ Engineering, Manufacturing and Industrial Technology



_____ Natural Resources and Agriscience

Career Categories: Within the above career areas, which category(ies) are of interest to you: If you have several, try to list them in priority order.

STUDENT TRANSITION VISIONS/ POST-SCHOOL GOALS

Federal law requires the IEPT to plan transition services for students by **Age 16** but **recommended by Age 13**. Transition services are based on the individual's needs, strengths, preferences and interests. Students are invited to participate in this planning at the meeting or by other means that ensure consideration of student preferences and goals..

Assessment Sources Used:

- Educational Development Plan MISD Student Vision Form Other Assessment Sources:
- _____
- _____

Post-Secondary Education/Training: After high school, what kind of additional education and training do you want?

Examples: Four Yr College, Community College, Trade School, Armed Services, Night School, Adult Education, Special Studies, G.E.D., Etc.

Student's Goal: _____

Community Experiences: What community participation experiences do you want to explore to help meet your post-school goals?

Examples: Shopping, Clubs, Transportation, Recreation, Entertainment, Hobbies, etc.

Student's Goal: _____

Employment/Career: As an adult, what kind of work do you want to do?

Examples: Career/Technical Education, Work with Job Coaches, Specialized Workshop, Self-Employment, Armed Services, etc.

Student's Goal: _____

Other Post School Adult and Daily Living Skills: What goals does the student need for daily living as an adult?

Examples: Voting, ID Card, Driver's License, Banking, Credit Card, Insurance, Living Arrangements, etc.

Examples: Preparing Meals, Managing Money, Buying & Cleaning Clothes, Paying Bills, etc.

Student's Goal: _____

TRANSITION CONSIDERATIONS: Student is _____ years old today.

COURSE OF STUDY Addressing Transition Needs for Post-Secondary Adult Activities

Required for Age **16** or older in this IEP year. **Recommended** at age 13 or younger if determined appropriate by IEP Team and reviewed at each IEP.

Check one: Regular Michigan Merit Curriculum leading to a **High School Diploma** Course of Study leading to an **Alternative Certificate**
 Describe how the student's courses of study align with student's post-secondary goals: (e.g., completion, fulfillment of IEP, etc)

Needed Transition Activities/Services Related to PLAAFP

Address by Age **16** within this IEP Year. Recommended beginning at age 13 and annually thereafter if determined by the IEPT Team.

Linkage and/or	(S) Student	(SET) SE Teacher	(TC) SE Teacher Consultant	(SES) SE Support Provider
Responsibility Codes	(P) Parent	(GET) GE Teacher	(GEC) GE Counselor	(ASA) Adult Related Services Agency

Education/Training Considered Addressed through goals and/or short term objectives.
Activities/Strategies to Support Student Goals **Linkage Code & Responsibility**

Related Services in the Community Considered, none needed Addressed through goals and/or short term objectives.
Activities/Strategies to Support Student Goals **Linkage Code & Responsibility**

Community Experiences Considered, none needed Addressed through goals and/or short term objectives.
Activities/Strategies to Support Student Goals **Linkage Code & Responsibility**

Development of Employment Considered, none needed Addressed through goals and/or short term objectives.
Activities/Strategies to Support Student Goals **Linkage Code & Responsibility**

Post Secondary Adult Living Considered, none needed Addressed through goals and/or short term objectives.
Activities/Strategies to Support Student Goals **Linkage Code & Responsibility**

When Appropriate

Daily Living Skills Considered, none needed Addressed through goals and/or short term objectives.
Activities/Strategies to Support Student Goals **Linkage Code & Responsibility**

Functional Vocational Evaluation Considered, none needed Addressed through goals and/or short term objectives.
Activities/Strategies to Support Student Goals **Linkage Code & Responsibility**

Was there a need to invite a community agency representative likely to provide current or future services? Yes No
 If **Yes**, did agency rep. attend? Yes No ... list reason & additional steps taken to ensure that student connects with appropriate community agencies:

Least Restrictive Environment (LRE) Assurance: Acting on behalf of the Superintendent, this IEP Team assures you that:

- to the maximum extent appropriate, your child with a disability ... is educated with children who are not disabled.
- special classes, separate schooling, or other removal of your child from the regular education environment occurs only when the nature or severity of the disability is such that education in a regular class with the use of supplementary aids and services cannot be achieved satisfactorily.
- the placement for the student is as close as possible to his or her home.
- unless the IEP of your child requires some other arrangement, the child will be educated in the school that he/she would attend if not disabled.
- in selecting the LRE, consideration shall be given to any potentially harmful effects to the student or the quality of services that the student needs.
- a child with a disability is not removed from education in age-appropriate regular classrooms solely because of needed modifications in the general education curriculum.

SUPPLEMENTARY AIDS and SERVICES, PROGRAM MODIFICATIONS OR SUPPORTS FOR SCHOOL PERSONNEL

These supplementary aids and services, based on peer-reviewed research to the extent practicable, and the program modifications or supports for school personnel will be provided to enable the child: to advance appropriately toward attaining the annual goals, to be involved in and make progress in the general education curriculum, to participate in extracurricular and other non-academic activities and to be educated with & participate with other children with disabilities & nondisabled children in the activities described here.

ONGOING INSTRUCTION AND ASSESSMENT:
(Timing/Scheduling, Setting, Presentation, Response)

**Time, Frequency,
Conditions, Circumstances**

Location/Setting

Curriculum supports & adjustments for the student or on behalf of the student.
(Curriculum, Directions, Grading, Handwriting, Math, Assignments, Tests, Books)

**Time, Frequency,
Conditions, Circumstances**

Location/Setting

Supports and modifications to the **environment** for student or on behalf of student.
(Classroom Environment, Health-Related Needs, Physical Needs, Transition Time)

**Time, Frequency,
Conditions, Circumstances**

Location/Setting

Assistive Technology, Behavioral, Parent, Teacher, and Social interaction supports for the student or on behalf of the student.

**Time, Frequency,
Conditions, Circumstances**

Location/Setting

Complete this if the student is age 14 or older. Required for Grade 11 High School ACT-MME:

As appropriate, mark **ALL** school years for which the student has had an IEP or 504 Plan, including year(s) before high school:

Before Grade 8	Grade 8	Grade 9	Grade 10	Grade 11
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Year (YY-YY)	School Year (YY-YY)	School Year (YY-YY)	School Year (YY-YY)	School Year (YY-YY)

Are There Other Considerations on Pg 9 (ePg 10)?

Yes **No**

This is where the goal page(s) are inserted into the final paper form set given to parents.

For the start of 2007-2008 School Year, Macomb County will continue using the existing Goal/Standards page design.

Pending Michigan rules changes may require content changes in the future.

SPECIAL EDUCATION PROGRAMS and SERVICES

All programs and services listed below will begin on the initiation date of the IEP and continue for one calendar year, following the approved attending school district calendar. Extended school year (ESY) services must be provided only if the IEP Team determines on an individual basis that ESY services are necessary for the provision of a free and appropriate public education.

Related Services with General Education and/or Special Education Programs

■ **Direct Service:** the primary mode of service is directly working with the student. There may be occasional consultation with others.

■ **Collaborative Service:** the primary mode of service is working with the teacher(s) and others having daily contact with the student.

Direct work with the student is occasional.

Service _____	<input type="checkbox"/> Direct <input type="checkbox"/> Collaborative	Minutes _____	Sessions _____	Frequency _____	Location _____
Service _____	<input type="checkbox"/> Direct <input type="checkbox"/> Collaborative	Minutes _____	Sessions _____	Frequency _____	Location _____
Service _____	<input type="checkbox"/> Direct <input type="checkbox"/> Collaborative	Minutes _____	Sessions _____	Frequency _____	Location _____
Service _____	<input type="checkbox"/> Direct <input type="checkbox"/> Collaborative	Minutes _____	Sessions _____	Frequency _____	Location _____

Specially-Designed Physical Education Yes, explain needs: (and include as SE Related Service with Goals)

No _____

General Education with Resource Program

Minutes per Week _____ Location _____

Elementary R 340.1749a Secondary R 340.1749b Departmentalized R 340.1749c _____

Scheduling Note: _____

Is there a need for placement with a teacher with an endorsement in a particular impairment category? Yes No

Is a Teacher Consultant with endorsement in the student's impairment area needed to support the resource program teacher? Yes No

Special Education Program for Students with Specific Impairments

Is there a need for placement with a teacher with an endorsement in a particular impairment category? Yes No

Minutes per Week _____ Classroom Program Location: _____

Program Code _____

Is this a Departmentalized classroom program? R340.1749c Yes No

Work-Based Learning Experience: For State Pupil Accounting purposes, has this IEP specified any Work-based Learning Experience in the Related Services Area above that may impact the Setting and FTE Calculation here?. No Yes **Minutes per Week:** _____

EXTENT OF PARTICIPATION IN GENERAL EDUCATION	In General Education Classroom/Worksite Setting Total Minutes per Week	+	In Special Education Classroom/Worksite Setting Total Minutes per Week	=	Total District Classroom/Worksite Minutes per Week
1st Date/Site: _____	Minutes _____	+	Minutes _____	=	Minutes _____
2nd Date/Site: _____	Minutes _____	+	Minutes _____	=	Minutes _____

Does this student have a **Reduced Schedule** (fewer Total Minutes/Wk than other students) documented for Pupil Accounting purposes? No Yes

Specialized Transportation: No Yes, explain needs: (complete Transportation Request Form)

Non-Public School Pupils: Identify programs/services offered by district but not provided because parent chose to enroll child in a nonpublic school.

OR School Calendar Year: Note below any exceptions to beginning and ending dates and locations given above. Specify Month/Day/Year.

GRADUATION AND EXIT FROM SPECIAL EDUCATION SERVICES

When goals are attained, service goals are met, and/ or course work is properly completed, student will :

Exit Program/Service 1: _____ Exit Date 1: _____

Reason 1: _____

Program/Service 2: _____ Exit Date 2: _____

Reason 2: _____

Exit **ALL** Special Education on: _____ Reason: _____
For Exit by **Graduation with Diploma** or by **Exceeding Age Eligibility**, an **Exit Summary Of Performance (SOP)** will be provided to the student

By: _____ No Later Than: _____

ASSESSMENT PARTICIPATION

Section 1: Michigan Education Assessment Program (MEAP)

State Assessments: ARE administered ARE NOT administered at the grade level(s) covered by this IEP.

MEAP Content Area Assessed	Participate?		If Yes, for each content area, indicate if the student needs any standard assessment accommodation(s), and what specifically is needed. (see current MI guidelines) If No, state reason why each MEAP assessment is not appropriate for student.	Check Box when Accommodations are Needed
	Yes	No		
Eng Lang Arts - Gr 3-8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Mathematics - Gr 3-8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Science - Gr 5, 8	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Social Studies Gr 6, 9 ♦	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

For each MEAP content area NOT assessed, indicate which MI-Access assessment(s) will be administered.

- ♦ For students whose IEP Team determines the MEAP social studies assessment(s) are not appropriate for the student, the IEP Team must determine how the student will be assessed in social studies.

Section 2: MI-ACCESS - Michigan's Alternate Assessment Program

MI-Access Content Area Assessed	Participate?		If YES, why is the alternate assessment identified appropriate for student? and If YES, for each MI-Access assessment and/or content area, indicate if student needs any assessment accommodation(s) and what specifically is needed.	Check Box when Accommodations are Needed
	Yes	No		
Func. Independ. ELA Gr 3-8, 11	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Func. Independ. Math Gr 3-8, 11	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Supported Independ. Gr 3-8, 11	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Participation Gr 3-8, 11	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Science Gr 5, 8, 11	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

State Social Studies Assessment not yet developed:

Social Studies Gr 6, 9, 11 ♦	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
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Section 3: Michigan Merit Exams (MME) if not MI-Access Grade 11 Participant Above

Assessment Areas in Grade 11	Participate?		If YES, for each assessment and/or content area, indicate if student needs any assessment accommodation(s) and what specifically will be Requested of ACT/WorkKeys or Needed for Michigan Mathematics, Science and/or Social Studies. If ACT does not approve the request, student may be required to test without the requested accommodations. If not a MME Participant, student must participate in MI-Access.	Check Box when Accommodations are Needed
	Yes	No		
ACT Plus Writing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
ACT WorkKeys-Reading For Info	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
ACT WorkKeys-Applied Math	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Michigan Mathematics	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Michigan Science	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Michigan Social Studies	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Section 4: District-wide Assessment

District-wide Assessments: ARE administered ARE NOT administered at the grade level(s) covered by this IEP.

District-wide Assessment Name	Participate?		If YES, for each content area, indicate if the student needs any district-determined assessment accommodation(s) and what specifically is needed. If NO, state the reason why specific district-wide assessment is not appropriate for student and indicate what alternate assessment the student will be administered.	Check Box when Accommodations are Needed
	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Student Name

IEP Date: / /

OTHER CONSIDERATIONS (formerly Page 5A)

NO Other Considerations were noted at this IEP.

IEP Adjournment Notes & Date to Reconvene	Additional Parent Input	Behavior Modification Plans	Positive Behavior Supports	Other Needs	Classroom & Program Modifications	Other Agency Responsibilities
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LEAST RESTRICTIVE ENVIRONMENT Based on this IEP, the student will:

● Fully participate with students who are non-disabled in the **general education setting** except for the time spent in separate special education programs / services provided outside the general education classroom as specified in this IEP.

Yes If **No**, here are specific exceptions: _____

● Be fully involved in and make progress in the **general education curriculum** including physical education.

Yes If **No**, here are specific exceptions: _____

● Will have the same opportunity as general education students to participate in **nonacademic and extracurricular activities**.

Yes If **No**, here are specific exceptions: _____

OPERATING DISTRICT COMMITMENT

The operating district **AGREES** with this IEP, agrees to conduct subsequent IEP meetings and **ASSIGNS THIS STUDENT TO:**

The operating district **DISAGREES** with this IEP, **BUT WILL ALLOW IMPLEMENTATION** of this IEP.

The operating district **DISAGREES** with this IEP, and requests **MEDIATION**.

District: _____ District: _____

Building: _____ Building: _____

Starting Date: (mm/dd/yy) _____ Starting Date: (mm/dd/yy) _____

Ending Date: (mm/dd/yy) _____ Ending Date: (mm/dd/yy) _____

Person to implement this IEP: _____ Person to implement this IEP: _____

Signed: _____
 Operating District Superintendent or Designee District Date

RESIDENT DISTRICT COMMITMENT

ONLY complete this section for students being placed OUT OF THE RESIDENT DISTRICT.

The resident district **AGREES** with this IEP, and authorizes the non-resident operating district to conduct subsequent IEP meetings.

The resident district **DISAGREES** with this IEP, **BUT WILL ALLOW IMPLEMENTATION** of this IEP.

The resident district **DISAGREES** with this IEP, and requests **MEDIATION**.

Signed: _____
 Resident District Superintendent or Designee District Date

PARENT/ADULT STUDENT CONSENT

Please **initial** items that apply, and sign below. At least one signature **is required** if this is an initial placement into special education.

___ I/we have been **FULLY INFORMED** of my/our procedural safeguards (parent rights), and sources to obtain assistance.

___ I/we **UNDERSTAND** the contents of this IEP.

___ I/we **AGREE** with this IEP.

___ I/we **AGREE** that our student is ineligible for Special Education programs/services.

___ I/we **DISAGREE** with this IEP, and **REFUSE** the **INITIAL PROVISION** of special education and related services.

___ I/we **DISAGREE** with this IEP, **BUT WILL ALLOW IMPLEMENTATION** of this IEP at this time.

___ I/we **DISAGREE** with this IEP and request **MEDIATION**.

___ I/we **DISAGREE** with this IEP and desire **INFORMATION ABOUT REQUESTING A DUE PROCESS HEARING**.

Signed: _____
 Legal Parent/Guardian or Adult Student Date

Signed: _____
 Legal Parent/Guardian or Adult Student Date

STUDENT SIGNATURE -- optional for students under the Age of Majority (18)

Signature here shows student desires to work with this plan. _____ Date

DISSENTING REPORT (required if an IEPT member disagrees with SLD eligibility)

Any participant who disagrees with this IEP can state their opinions here.

A dissenting report may also be added. Is a dissenting report attached? Yes No

ABSENTEE FOLLOW-UP (for district staff use)

Absent from this IEP: Parent Resident District Adult Service Agency

This IEP will be forwarded to the absentees by _____ on or before _____

Parent/Guardian/Adult Student Consent For Medicaid School Based Services Program

The Medicaid School Based Services Program in Michigan provides partial reimbursement from Medicaid for services such as Occupational Therapy, Physical Therapy, Speech Therapy, Psychological Services, Social Work Services, Orientation and Mobility Services, Transportation, Nursing Services, Case Management and Assistive Technology Services.

Information about your child's school based services (which could include date of birth, disability, gender, school, date of therapy, type of therapy, and progress reports) is required by the Michigan Medicaid and billing agencies to obtain this reimbursement.

If your child receives any of the above services and qualifies for Medicaid benefits at any time during the school year, we request your permission for Macomb Intermediate School District and its local school districts to bill your child's Medicaid insurance to receive reimbursement.

You have the right to refuse consent to bill Medicaid, and you have the right to revoke this consent to bill Medicaid.

If you do not provide consent, the district will still provide the services but the district will not receive any Medicaid reimbursement for these services.

Your consent does NOT affect a family's Medicaid insurance benefits or other insurance plans (Blue Cross/Blue Shield, HAP, MiChild, etc.) and there is NO cost to the family, now or in the future.

I give permission for Macomb Intermediate School District and its local school districts to bill my child's Medicaid insurance for reimbursement of School Based Services provided during the school year as described in my child's IEP (Individualized Education Program) or IFSP (Individualized Family Service Plan).

Parent/Guardian/Adult Student Signature

Signature Consent Date

For Staff and Office Use Only

Documentation of failure to obtain signed consent on this date: _____

Staff Person Name: _____ presented this information page requesting parental signature and consent for Medicaid School Based Service billing.

The parent refused to provide a signature when requested.

District: _____

School: _____

To: _____

From: _____
Primary Case Load Teacher/Provider

Date: _____

Student: _____ Grade: _____ IEP Date: / /

The attached pages were completed at this student's most recent IEPT meeting and....

1. Identify this student's **ability to participate with non-impaired peers** in:
 - General Education Settings
 - General Education Curriculum
 - Non-Academic and Extra-Curricular ActivitiesExceptions, if any, to full participation are noted.
2. List the accommodations, modifications, classroom supports, supplementary aids and services that were agreed upon to assist the student in participating with non-impaired peers. **As one of the student's teachers, you will be asked to report on the success of these accommodations at the next IEPT meeting.**
3. List the decisions of the IEPT as to the student's participation in the MEAP, MI-Access, ACT/MME or District assessments. Any assessment accommodations identified by the IEPT are also noted.

You are an important partner in implementing these IEPT decisions. Please take a moment to review the attached pages.

If you have any questions please feel free to contact this student's case load teacher or other IEP Team member.

Additional Comments: