Student: _____ **DOB:** _____ **District:** _____ **Meeting Date:** _____
Last Name, First Name   mm/dd/yyyy   mm/dd/yyyy

PLANNING AND PLACEMENT TEAM (PPT) COVER PAGE

Current Enrolled School: _____ Age: ____ Current Grade: ____ H.S. Credits: ____ Grade Next Yr: ____ Gender: ☐ Female ☐ Male

Current Home School: _____ School Next Year: _____ Home School Next Year: _____

SASID #: _____ If your school district does not have its own high school, is the student attending his/her designated high school?

Case Manager: _____ ☐ Yes   ☐ No   ☐ NA

Student Address[1]: _____ Student Instructional Lang: ☐ English ☐ Other: (specify) _____

Parent/Guardian (Name): _____ Home Dominant Lang: ☐ English ☐ Other: (specify) _____

Parent/Guardian (Address): ☐ Same _____ Student Home Phone: _____ Parent Home Phone: _____

Surrogate Name: _____ Parent Work Phone: _____ Misc. Phone: _____

Surrogate Address: _____ Most Recent Eval. Date: _____ Next Reevaluation Date: _____
                                                                      mm/dd/yyyy   mm/dd/yyyy

Most Recent Annual Review Date: _____ Next Annual Review Date: _____
                                        mm/dd/yyyy   mm/dd/yyyy

Reason for Meeting[2]: ☐ Review Referral ☐ Plan Eval/Reeval ☐ Review Eval/Reeval ☐ Determine Eligibility ☐ Determine Continuing Eligibility ☐ Develop IEP

☐ Review or Revise IEP ☐ Conduct Annual Review ☐ Transition Planning ☐ Manifestation Determination ☐ Other (specify) _____

Primary Disability:
☐ Autism ☐ Emotional Disturbance ☐ Multiple Disabilities ☐ Orthopedic Impairment ☐ Speech or Language Impaired ☐ Other Health Impairment

☐ Deaf – Blindness ☐ Hearing Impairment (Deaf or Hard of Hearing) ☐ Specific Learning Disabilities ☐ Traumatic Brain Injury ☐ OHI – ADD/ADHD

☐ Developmental Delay (ages 3-5 only) ☐ Intellectual Disability ☐ Specific Learning Disabilities/Dyslexia ☐ Visual Impairment ☐ To be determined

The next projected PPT meeting date is: _____
                                                        mm/dd/yyyy

- Eligible as a student in need of Special Education (The child is evaluated as having a disability, and needs special education and related services) ☐ Yes ☐ No

- Is this an amendment to a current IEP using Form ED634? YES, attached is the ED634 and amendments (revised IEP pages 1, 2, 3 and other supporting IEP documents) ☐ No

  If YES, what is the date of the IEP being amended? _____
                                                                mm/dd/yyyy

Team Member Present (required)

Admin/Designee: _____	Spec. Educ. Teacher: _____	OT: _____
Parent/Guardian: _____	School Psych: _____	PT: _____
Parent/Guardian: _____	Social Work: _____	Agency: _____
Surrogate Parent: _____	Speech/Lang: _____	Other: (specify) _____
Student: _____	Guidance: _____	Other: (specify) _____
Student's Reg. Ed. Teacher: _____	Nurse: _____	Other: (specify) _____

[1] Address of student's primary residence.   [2] May choose more than one

Student: _____ **DOB:** _____ **District:** _____ **Meeting Date:** _____

Last Name, First Name mm/dd/yyyy mm/dd/yyyy

LIST OF PPT RECOMMENDATIONS

_____

_____

_____

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PLANNING AND PLACEMENT TEAM MEETING SUMMARY (OPTIONAL)

_____

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Parents please note: Effective October 1, 2009, parents must be provided with a copy of the state developed *Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools* (https://portal.ct.gov/SDE/Special-Education/Special-Education-Legal-and-Due-Process) at the first PPT meeting following a child's initial referral for special education.

☐ A copy of the *Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools* has been provided to the parents on _____ (date).

PRIOR WRITTEN NOTICE

Actions Proposed	Reasons for proposed actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions proposed (dated)		Date these actions will be implemented
	☐ Educational performance supports proposed actions ☐ Evaluation results support proposed actions ☐ Previous IEP goals and objectives have been satisfactorily achieved ☐ Student has met Exit Criteria ☐ Other _____	☐ Achievement _____ ☐ Adaptive _____ ☐ Classroom Observation _____ ☐ Cognitive _____ ☐ Communication _____ ☐ Developmental _____ ☐ Health/Medical _____	☐ Motor _____ ☐ Report Cards _____ ☐ Review of Records _____ ☐ Social Emotional Behavior _____ ☐ Teacher Reports _____ ☐ Other (specify and dated) _____	

Actions Refused	Reasons for refused actions	Evaluation procedure, assessment, records, or reports used as a basis for the actions refused (dated)	
	☐ Educational performance supports refusal ☐ Evaluation results support refusal ☐ Previous IEP goals and objectives have been satisfactorily achieved ☐ Student has met Exit Criteria ☐ Other _____	☐ Achievement _____ ☐ Adaptive _____ ☐ Classroom Observation _____ ☐ Cognitive _____ ☐ Communication _____ ☐ Developmental _____ ☐ Health/Medical _____	☐ Motor _____ ☐ Report Cards _____ ☐ Review of Records _____ ☐ Social emotional Behavior _____ ☐ Teacher Reports _____ ☐ Other (specify and dated) _____

Other options considered and rejected in favor of the proposed actions	Rationale for rejecting other options	Other factors that are relevant to this action	Exit Information
☐ Full-time placement in general education with supplementary aids and services. ☐ No other options were considered and rejected. ☐ Other options considered and _____ rejected in favor of this action:	☐ Options would not provide student with an appropriate program in the least restrictive environment ☐ Other: _____ (specify)	☐ There are no other factors that are relevant to the PPT decision ☐ Information/concerns shared by the parents ☐ Information/preferences shared by the student ☐ Other: _____ (specify)	☐ Date of exit from Special Education _____ ☐ Returning to general education ☐ Reason for exiting _____ Special Education:

Parents please note: Under the procedural safeguards of IDEA, a copy of the Procedural Safeguards in Special Education shall be given to the parents of a child with a disability only one time per year, except that a copy also shall be given to the parents: 1) upon initial referral or parental request for evaluation, 2) upon the first occurrence of the filing of a complaint under Section 615(b)(6), 3) upon request by a parent, and 4) upon a change of placement resulting from a disciplinary action. A copy of Procedural Safeguards in Special Education which explains these protections ☐ **was made available previously this school year (date)**_____ ☐ **is enclosed with this document** A copy of Procedural Safeguards in Special Education is available on school district website: http://www **[Delete if not available on line]**. If you need assistance in understanding the provisions of IDEA, please contact your child's principal, the district's special education director or the CT's federally designated Parent Training and Information Center (CPAC at 800-445-2722). For a copy of "A Parent's Guide to Special Education in CT" and other resources contact SERC (800-842-8678) or go to: https://portal.ct.gov/SDE/Special-Education/Special-Education-Resources-for-Families.

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE
(The following information was derived from: report data, documentation from classroom performance, observations, parent/student reports, and curriculum based and standardized assessments, including Smarter Balanced and CT Alternate Assessments results and student samples).

Parent and Student input and concerns	

Area (briefly describe current performance)	Strengths (include data as appropriate)	Concerns/Needs (requiring specialized instruction)	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities.
Academic/Cognitive Language Arts: ☐ Age Appropriate			
Academic/Cognitive: Math: ☐ Age Appropriate			
Other Academic/ Nonacademic Areas: ☐ Age Appropriate			

Student: _____ **DOB:** _____ **District:** _____ **Meeting Date:** _____

Last Name, First Name   mm/dd/yyyy   mm/dd/yyyy

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Area (briefly describe current performance)	Strengths (include data as appropriate)	Concerns/Needs (requiring specialized instruction)	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities.
Behavioral/Social/Emotional: ☐ Age Appropriate			
Communication: ☐ Age Appropriate			
Vocational/Transition: ☐ Age Appropriate			
Health and Development including Vision And Hearing: ☐ Age Appropriate			
Fine and Gross Motor: ☐ Age Appropriate			
Activities of Daily Living: ☐ Age Appropriate			
Other: ☐ Age Appropriate			

Student: _____ DOB: _____ District: _____ Meeting Date: _____

mm/dd/yyyy mm/dd/yyyy

TRANSITION PLANNING

1. ☐ **Not Applicable: Student has not reached the age of 15 and transition planning is not required or appropriate at this time.**

   ☐ **This is either the first IEP to be in effect when the student turns 16 (or younger if appropriate and transition planning is needed) or the student is 16 or older and transition planning is required.**

2. **Student Preferences/Interests – document the following:**
   a) Was the student invited to attend her/his Planning and Placement Team (PPT) meeting?   ☐ Yes   ☐ No
   b) Did the student attend?   ☐ Yes   ☐ No
   c) How were the student's preferences/interests, as they relate to planning for transition services, determined?
   ☐ Personal Interviews   ☐ Comments at Meeting   ☐ Functional Vocational Evaluations   ☐ Age appropriate transition assessments   ☐ Other _____

   d) Summarize student preferences/interests as they relate to planning for transition services: _____

   _____

3. **Age Appropriate Transition Assessment(s) performed: (Specify assessment(s) and dates administered)** _____

   _____

4. **Agency Participation:**
   a) Were any outside agencies invited to attend the PPT meeting?   ☐ Yes with written consent   ☐ No   (If No, MUST specify reason as listed in the IEP Manual)_____
   b) If yes, did the agency's representative attend?   ☐ Yes ☐ No
   c) Has any participating agency agreed to provide or pay for services/linkages?   ☐ Yes ☐ No (If Yes, specify) _____

5. **Post-School Outcome Goal Statement(s) and Transition Services recommended in this IEP**

   a) **Post-School Outcome Goal Statement - Postsecondary Education or Training**: _____

   _____

   ☐   Annual goal(s) and related objectives regarding Postsecondary Education or Training have been developed and are included in this IEP

   b) **Post-School Outcome Goal Statement – Employment:** _____

   _____

   ☐   Annual goal(s) and related objectives regarding Employment have been developed and are included in this IEP

   c) **Post-School Outcome Goal Statement - Independent Living Skills (if appropriate):** _____

   _____

   ☐   Annual goals and related objectives regarding Independent Living have been developed and are included in this IEP (may include Community Participation)

6. **Please select ONLY one:**

   ☐ **The course of study** needed to assist the child in reaching the transition goals and related objectives **will include** (including general education activities):

   ☐ **Student has completed academic requirements**; no academic course of study is required – student's IEP includes **only** transition goals and services.

7. **At least one year prior to reaching the age of 18, the student must be informed of her/his rights under IDEA which will transfer at age 18.**

   ☐ NA (Student will not be 17 within one year)   ☐ The student has been informed of her/his rights under IDEA which will transfer at age 18   ☐ No IDEA rights will transfer

8. **For a child whose eligibility under special education will terminate the following year due to graduation with a regular education diploma or due to exceeding the age of eligibility, the Summary of Performance will be completed on or before: (specify date)** _____

Parents please note: Rights afforded to parents under the Individuals with Disabilities Education Act (IDEA) transfer to students at the age of 18, unless legal guardianship has been obtained.

☐ Academic/Cognitive   ☐ Social/Behavioral   ☐ Communication   ☐ Gross/Fine Motor   ☐ Postsecondary Education/Training
☐ Self Help   ☐ Employment   ☐ Independent Living   ☐ Health   ☐ Other: (specify)

Enter Dates for Evaluating and Reporting Progress in Boxes Below

☐ **Check here if the student is 15 years of age.** (Note: Page 6, Transition Planning must be completed if this box is checked)

1	2	3	4
5	6	7	8

Measurable Annual Goal* (Linked to Present Levels of Performance) #

Eval. Procedure: _____
Perf. Criteria: _____
(%, Trials, etc.) _____

Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

Short Term Objectives/Benchmarks (Linked to achieving progress towards Annual Goal)

Objective #1

Eval. Procedure: _____
Perf. Criteria: _____
(%, Trials, etc.) _____

Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

Objective #2

Eval. Procedure: _____
Perf. Criteria: _____
(%, Trials, etc.) _____

Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

Objective #3

Eval. Procedure: _____
Perf. Criteria: _____
(%, Trials, etc.) _____

Report Progress Below (Use Reporting Key)

1	2	3	4
5	6	7	8

Evaluation Procedures		**Performance Criteria**	
1. Criterion-Referenced/Curriculum Based Assessments	7. Behavior/Performance Rating Scale	A. Percent of Change	F. Duration
2. Pre and Post Standardized Assessment	8. Smarter Balanced and CT Alternate Assessments	B. Months Growth	G. Successful Completion of Task/Activity
3. Pre and Post Base Line Data	9. Work Samples, Job Performance or Products	C. Standard Score Increase	H. Mastery
4. Quizzes/Tests	10. Achievement of Objectives *(Note: use with goal only)*	D. Passing Grades/Score	I. Other: (specify)
5. Student Self-assessment/Rubric	11. Other (specify)	E. Frequency/Trials	J. Other: (specify)
6. Project/Experiment/Portfolio	12. Other (specify)		

Progress Reporting Key: (indicating extent to which progress is sufficient to achieve goal by the end of the year)   **M** = Mastered   **S** = Satisfactory Progress – Likely to achieve goal
U=Unsatisfactory Progress – Unlikely to achieve goal   **N** = No Progress – Will not achieve goal   **NI** = Not Introduced   **O** = Other: (specify)

*Related to meeting the student's needs that result from the individual's disability, to enable the student to be involved in and make progress in the general curriculum, and to meet each of the student's other educational needs that result from the student's disability.

Page ____ of ____ Goal Pages

Student: _____ **DOB:** _____ **District:** _____ **Meeting Date:** _____

Last Name, First Name   mm/dd/yyyy   mm/dd/yyyy

Program Accommodations and Modifications - INCLUDING NONACADEMIC AND EXTRACURRICULAR ACTIVITIES/COLLABORATION/SUPPORT FOR SCHOOL PERSONNEL

Accommodations and Modifications to be provided to enable the child:	Sites/Activities Where Required and Duration
– To advance appropriately toward attaining his/her 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 and participate with other children with and without disabilities. **Accommodations may include Assistive Technology Devices and Services**	
Materials/Books/Equipment: _____ _____	
Tests/Quizzes/Assessments: _____ _____	
Grading: _____ _____	
Organization: _____ _____	
Environment: _____ _____	
Behavioral Interventions and Support: _____ _____	
Instructional Strategies: _____ _____	
Other: _____ _____	

Note: When specifying required supports for personnel to implement this IEP, include the specific supports required, how often they are to be provided (frequency) and for how long (duration)

Frequency and Duration of Supports Required for School Personnel to Implement this IEP include: _____

_____

Student:		DOB:		District:		Meeting Date:	
	Last Name, First Name		mm/dd/yyyy				mm/dd/yyyy

STATE AND DISTRICT TESTING AND ACCOMMODATIONS
STATEWIDE ASSESSMENTS AND DISTRICTWIDE ASSESSMENTS section must be completed

STATEWIDE ASSESSMENTS	**DISTRICTWIDE ASSESSMENTS**
Check the grade the student will be in when the test is given.	Check the grade(s) the student will be in when the tests are given.

STATEWIDE ASSESSMENTS

☐ Grade Pre-K ☐ Grade K ☐ Grade 1 ☐ Grade 2 ☐ **Grade 3**

☐ **Grade 4** ☐ **Grade 5** ☐ **Grade 6** ☐ **Grade 7** ☐ **Grade 8**

☐ Grade 9 ☐ Grade 10 ☐ **Grade 11** ☐ Grade 12

DISTRICTWIDE ASSESSMENTS

☐ Grade Pre-K ☐ Grade K ☐ Grade 1 ☐ Grade 2 ☐ Grade 3

☐ Grade 4 ☐ Grade 5 ☐ Grade 6 ☐ Grade 7 ☐ Grade 8

☐ Grade 9 ☐ Grade 10 ☐ Grade 11 ☐ Grade 12

Standard Assessments and Alternate Assessments

Smarter Balanced Assessments (**Grades 3-8**), Connecticut SAT (**Grade 11**) and the Connecticut Alternate Assessments (CTAA), include English Language Arts and Mathematics (**Grades 3-8 & 11**). Standard Science Assessment or Alternate Science Assessment required in **Grades 5, 8 and 11**.

Assessment Options: (Select ONE Option)

☐ 1. **Smarter Balanced Assessments (Includes Standard Science Assessment – Grades 5 & 8)**

☐ 2. **CTAA– (Includes Alternate Science Assessment for Grades 5, 8, and 11) ★**

☐ 3. **Connecticut SAT and Standard Science Assessment (Grade 11)**

English Language Proficiency Assessment

☐ **English Language Proficiency Assessment** required for all English Learners Grades K-12

☐ Student requires designated supports/accommodations on the ELP assessment

Administration Options – Accommodations will be provided. (Select One Option):

☐ The student is participating in the Smarter Balanced Assessments & Standard Science Assessment and requires designated supports and/or accommodations*

☐ The student is participating in the Connecticut SAT & Standard Science Assessment and will request accommodations**

Districtwide Assessments
(Select all appropriate options.)

☐ **N/A** - No districtwide assessments are scheduled during the term of this IEP.

☐ **Alternate Assessment(s) ★**

Select one of the following options:

☐ **No accommodations will be provided, *OR***

☐ **Accommodations will be provided as specified on Page 8, *OR***

☐ **Accommodations will be provided as specified below.**

_____

_____

_____

---

* If supports/accommodations are given, attach a copy of the *Test Designated Supports/Accommodations Form* for the IEP and provide a copy to the district test coordinator for required registration.

** Please note: There are two options for requesting accommodations for the Connecticut SAT. One option is through the **College Board (CB) process**: If all accommodations are approved through the CB process, test scores can be used for college admission and state accountability. The other option is through the **State Allowed Accommodations (SAA) process**: If accommodations are approved through the SAA process, test scores can ONLY be used for state accountability and NOT for college admission. **Please make sure to discuss these options at a PPT meeting before completing this page of the IEP.**

☐ The *Alternate Assessment Eligibility Form* must be submitted and approved for Statewide Assessments.

The form is recommended for use in determining the need for alternate Districtwide Assessments.

★ Alternate assessments must be specified and a statement provided for each as to why the child cannot participate in the standard assessment and why the particular alternate assessment selected is appropriate for the child.

_____

_____

NOTE: A PPT decision to assess the student using the CTAA and Alternate Science Assessment must be recorded on page 3 of the IEP, Prior Written Notice.

SPECIAL FACTORS, PROGRESS REPORTING, EXIT CRITERIA

1. For students whose behavior impedes her/his learning or that of others, the PPT has considered strategies, including positive behavioral interventions and supports to address that behavior, and :

   ☐ NA   ☐ A behavioral intervention plan has been developed.   ☐ IEP Goals and Objectives have been developed to address the behavior.   ☐ Other (specify): _____

2. For students with limited English proficiency, the PPT has considered the language needs of the student as they relate to the student's IEP and recommended the following:

   ☐ NA   ☐ Recommendation: (specify) _____

3. For students who are blind/visually impaired (VI):   ☐ NA   ☐ Instruction in braille or use of braille is being provided, as required.   ☐ The PPT has determined, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future need for instruction in braille or the use of braille), that instruction in braille or the use of braille is not appropriate for this student.

4. For students with print-related disabilities (such as SLD/Dyslexia, blind/VI, physical limitations or organic dysfunction):   ☐ NA ☐ The PPT has considered accessible instructional/educational material (AEM) and/or accommodations noted on *page 8 of the IEP*– if so which format/accommodation utilized: ☐ Large Print ☐ Digital Text ☐ Audio ☐ Other (specify):_____.

5. For students who are deaf or hard of hearing: ☐ NA   ☐ See attached **required** *Language and Communication Plan* (Form ED638) – The PPT has determined (after considering the student's language and communication needs), opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode, and considering whether the student requires assistive technology.

PROGRESS REPORTING

1. A report of progress toward meeting the Measurable Annual Goals and Short Term Objectives included in this IEP will be sent to parents periodically, according to the following schedule:
   ☐ Quarterly   ☐ Consistent with grade level report cards   ☐ Other (specify): _____

EXIT CRITERIA

1. Exit Criteria: Student will be exited from Special Education upon: (Check One)   ☐ Ability to succeed in Regular Education without Special Education support   ☐ Graduation   ☐ Age 21   ☐ Other: _____ (specify)

INFORMATION ON IEPs and SECONDARY TRANSITION

1. Parents, including Surrogate Parents and the student if 18 or older have been provided (☐ electronically or ☐ in hard copy) with relevant information and resources relating to IEPs created by the CSDE (including, but not limited to, information relating to transition resources and services for high school students) immediately upon the formal identification of <u>any</u> child as a child requiring special education and at <u>each</u> PPT meeting thereafter: ☐ *Building a Bridge*   ☐ *Parent's Guide to Special Education*   ☐ *IEP Manual*   ☐ OTHER: _____

2. The *Parent's Transition Bill of Rights* has been provided to parents of students in sixth through twelfth grade to ensure that the PPT discusses transition services: *Parent's Transition Bill of Rights*: ☐ is available on the school district website; ☐ is enclosed with this document; ☐ was already provided, reviewed and discussed this school year (date) _____.

Student:	DOB:	District:	Meeting Date:
Last Name, First Name	mm/dd/yyyy		mm/dd/yyyy

SPECIAL EDUCATION, RELATED SERVICES, AND REGULAR EDUCATION

Special Education Services	Goal(s) #	Frequency	Responsible Staff	Service Implementer	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Site*	If needed, description of Instructional Service Delivery (e.g. small group, team taught classes, etc.)
Related Services								

*Instructional Site:	1. Regular Classroom	2. Resource/Related Service Room	3. Self-Contained Classroom	4. Community-Based	5. Other:
Description of participation in General Education					

Note: **Each Item #1-13 must include a response**

1. Assistive Technology: ☐ Not Required ☐ Required: See Pg. 8

2. Applied (Voc.) Ed: ☐ Regular ☐ Special (specify) ☐ N/A

3. Physical Education: ☐ Regular ☐ Special (specify) ☐ N/A

4. Transportation: ☐ Regular ☐ Special (specify) ☐ N/A

5. Length of School Day: (Specify)

6. Number of Days/Week: (Specify)

7. Length of School Year: (Specify)

8. Total School Hours/Week: (Specify)	9. Special Education Hours/Week: (Specify)	10. Hours per week the student will spend with children/students who do not have disabilities (time with non-disabled peers):

11. Since the last Annual Review, has the student participated in school sponsored extracurricular activities with non-disabled peers? ☐ Yes ☐ No

12. Extended School Year Services: ☐ Not Required ☐ Required: See service delivery grid above or an additional page 11 for services to be provided ☐ Required: Continue to implement current IEP

13. a) The extent, if any, to which the student will not participate in regular classes and in extracurricular and other nonacademic activities, including lunch, recess, transportation, etc., with students who do not have disabilities:

☐ Not Applicable: Student will participate fully

b) If the IEP requires any removal of the student from the school, classroom, extracurricular, or nonacademic activities, (e.g., lunch, recess, transportation, etc.) that s/he would attend if not disabled, the PPT must justify this removal from the regular education environment. ☐ Not applicable: Student will participate fully

☐ The IEP requires removal of the student from the regular education environment because: (provide a detailed explanation – use additional pages if necessary)

Note: The LRE Checklist (ED632) must be completed and attached to this IEP if the student is to be removed from the regular education environment for 60% or more of the time. It is recommended that the LRE Checklist be utilized when making any placement decision to ensure conformity with the LRE provisions of the individuals with Disabilities Education Act.

Student: _____	DOB: _____	District: _____	Meeting Date: _____
Last Name, First Name	mm/dd/yyyy		mm/dd/yyyy

Required Data Collection
(Collect and/or update at every PPT)

For Children 3 years of age

Free Appropriate Public Education (FAPE) by age 3. ☐ Yes ☐ No

If the Oct 1st reported "Annual Review/PPT Meeting Date" and child's DOB indicate that the child did not receive FAPE by their 3rd birthday, why?

☐ Late referral (less than 90 days before 3rd birthday) ☐ Moved into district late ☐ Other (Specify) _____

☐ Child initially found not eligible at age 3 (re-referred to district at a later date) ☐ Parent Choice ☐ FAPE met via earlier PPT. Date of initial PPT was _____

Early Childhood (E.C.) Placement Settings (children ages 5 or younger OR grade is preschool):

1. **Provide the hours per week the child participates in an early childhood program which is <u>not</u> provided as a part of the IEP** (hours from pg 2): _____

2. **Identify the E.C. Placement Setting where the child spends the majority of the week which is a combination of programming from both pages 2 AND 11:**

☐ Regular E.C. Preschool or Kindergarten Program

☐ E.C. Special Education Program in **Separate Class**

☐ E.C. Special Education Program in **Separate School**

☐ E.C. Special Education Program in **Residential Facility**

☐ Home

☐ Service Provider Location (Itinerant Services) – applies <u>only</u> when a child does not spend time in any environment with non-disabled peers

Education Placement 3 to 21 years of age

1. **Does the student live at any of the following locations?**

☐ None of these locations (Default - 00)

☐ Temporary Housing Situation: Foster Home, Group Home, Safe Home, Supported Housing; and Temporary Shelters. (02)
(Housing that is subsidized by DCF, DDS, DMHAS or other state agency.)

☐ Hospital (03)

☐ Private Residential Facility (09)