



Student: \_\_\_\_\_ STN: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

**Effective  
Dates:** \_\_\_\_\_

**File Date:** \_\_\_\_\_

**Guardian Information:**

**Relation:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Business**  
**Phone:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Mobile**  
**Phone:** \_\_\_\_\_  
**Home**  
**Address:** \_\_\_\_\_

**Relation:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Business**  
**Phone:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Mobile**  
**Phone:** \_\_\_\_\_  
**Home**  
**Address:** \_\_\_\_\_

**Purposes of the Case Conference:**

- |                                                               |                                                                               |
|---------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Initial Evaluation                   | <input type="checkbox"/> Consider Placement in an Alternative Program         |
| <input type="checkbox"/> Reevaluation Review                  | <input type="checkbox"/> Consider Placement at a State School                 |
| <input type="checkbox"/> Annual IEP Review                    | <input type="checkbox"/> Consider Placement in a Private Facility             |
| <input type="checkbox"/> Revise IEP                           | <input type="checkbox"/> Consider Service Plan                                |
| <input type="checkbox"/> Transition IEP                       | <input type="checkbox"/> Consider PA placement with a different PA of Service |
| <input type="checkbox"/> Move-in                              | <input type="checkbox"/> Manifestation Determination                          |
| <input type="checkbox"/> First Steps Intake                   | <input type="checkbox"/> Interim Alternative Educational Placement            |
| <input type="checkbox"/> Exit from Secondary Education        | <input type="checkbox"/> Out-of-school placement 60-day Review                |
| <input type="checkbox"/> Revoke Consent for Special Education |                                                                               |

Additional Information regarding the purpose(s) of this Case Conference:

**Annual Case Conference** \_\_\_\_\_

**Case Conference Committee Meeting Scheduled:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Place:** \_\_\_\_\_

<b>Evaluation Information and Student Data:</b>
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Strengths of the student:

Response to instructional Strategies and research based interventions:

Progress Monitoring Data:

**Present Level of Academic and Functional Performance:**

**Reevaluation:**

The public agency must consider reevaluation for each student receiving special education and related services at least once every three (3) years unless the parent and the public agency agree that it is unnecessary. In addition, the public agency must consider reevaluation if the public agency determines at any time during the three (3) year cycle that additional information is needed to address the special education or related services needs of the student, or if the student's parent or teacher requests an evaluation.

**Initial Eligibility Date:**

**Anniversary Reevaluation Date:**

There is a need for reevaluation information to:

- ☐ Reestablish eligibility for special education and related services
- ☐ Determine that the student is eligible for special education under a different or additional eligibility category
- ☐ Inform the student's case conference committee of the student's special education and related service needs
- ☐ There is no need for reevaluation information

<b>Concerns of Parent:</b>
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**Eligibility:**

Is this student Eligible for Special Education Services?

☐ Yes ☐ No

**Eligibility Areas: (Please indicate one Primary disability and all Secondary disabilities)**

<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Language Impairment
<input type="checkbox"/> Blind or Low Vision	<input type="checkbox"/> Speech Impairment
<input type="checkbox"/> Cognitive Disability	<input type="checkbox"/> Multiple Disabilities
<input type="checkbox"/> Deaf or Hard of Hearing	<input type="checkbox"/> Other Health Impaired
<input type="checkbox"/> Deaf-Blind	<input type="checkbox"/> Orthopedic Impairment
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> Emotional Disability	<input type="checkbox"/> Traumatic Brain Injury

**Reasons for Eligibility Decisions:****Special Considerations:**

Does the student have needs related to Limited English Proficiency?

☐ Yes ☐ No

If yes, please describe the student's needs:

Are there considerations regarding the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student'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? (Only Deaf or Hard of Hearing or Deaf-Blind eligibility areas require this response.)

☐ Yes ☐ No

If yes, please describe the student's language and communication needs:

Are there considerations regarding the instruction in Braille and the use of Braille? (Only Blind or Deaf-Blind Eligibility Areas require this response.)

☐ Yes ☐ No

If yes, please describe the considerations regarding Braille:

Does the Behavior of this student impede his or her progress or that of others?

☐ Yes ☐ No

If yes, please complete the following prompts:

Behaviors of Concern: *(Please describe the patterns of concerning behaviors.)*

Functions of the Behavior: *(Please include evidence of factors affecting behavior.)*

Positive Strategies/Instructional Experiences: *(Please articulate the plan to provide behavioral support/intervention.)*

**Outcomes:**

Summary of findings from Age Appropriate Transition Assessment:

Post Secondary Goals:

Regarding Employment after high school, I will...

Regarding Education and Training after high school, I will...

Regarding Independent Living Skills after high school, I will...

**Anticipated date of Graduation:**

☐ **This student will pursue a Certificate of Completion.**

- Therefore, the student's goals and objectives are generally prerequisites to grade-level academics or are highly individualized extensions to the standards.

☐ **The student will pursue a High School Diploma.**

- Therefore, the student's academic goals are the same as non-disabled peers at grade-level or generally aligned to grade-level curriculum.

**Participation in Testing Programs:**

- ☐ Student does not attend an accredited school and will not participate in statewide assessments.
- ☐ Student will not yet be in grade 3.
- ☐ Student will be in grades 3-8 at an accredited school.

**High School Diploma is the selected outcome for this student.**

Math (grade 3-8)		Language Arts (grade 3-8)		Science (grade 4 & 6)		Social Studies (grade 5 & 7)	
<input type="checkbox"/>	ISTEP+ without accommodations	<input type="checkbox"/>	ISTEP+ without accommodations	<input type="checkbox"/>	ISTEP+ without accommodations	<input type="checkbox"/>	ISTEP+ without accommodations
<input type="checkbox"/>	ISTEP+ with accommodations	<input type="checkbox"/>	ISTEP+ with accommodations	<input type="checkbox"/>	ISTEP+ with accommodations	<input type="checkbox"/>	ISTEP+ with accommodations
<input type="checkbox"/>	Modified Assessment	<input type="checkbox"/>	Modified Assessment	<input type="checkbox"/>	Modified Assessment	<input type="checkbox"/>	Modified Assessment

**Certificate of Completion is the selected outcome of this student.**

Math (Grade 3-8)		Language Arts (grade 3-8)		Science (grade 4 & 6)		Social Studies (grade 5 & 7)	
<input type="checkbox"/>	ISTAR for academic competence	<input type="checkbox"/>	ISTAR for academic competence	<input type="checkbox"/>	ISTAR for academic competence	<input type="checkbox"/>	ISTAR for academic competence
<input type="checkbox"/>	ISTAR for independent functioning	<input type="checkbox"/>	ISTAR for independent functioning	<input type="checkbox"/>	ISTAR for independent functioning	<input type="checkbox"/>	ISTAR for independent functioning

- ☐ Student will be in high school.
- ☐ Student will not be in 10<sup>th</sup> grade. Therefore, State Assessment is not required.

**High School Diploma is the selected outcome for this student.**

Algebra (HS)		Language Arts (HS)		Biology (HS)	
<input type="checkbox"/>	End of Course Assessment without accommodations	<input type="checkbox"/>	End of Course Assessment without accommodations	<input type="checkbox"/>	End of Course Assessment without accommodations
<input type="checkbox"/>	End of Course Assessment with accommodations	<input type="checkbox"/>	End of Course Assessment with accommodations	<input type="checkbox"/>	End of Course Assessment with accommodations
<input type="checkbox"/>	Student has passed this assessment.	<input type="checkbox"/>	Student has passed this assessment.	<input type="checkbox"/>	Student has passed this assessment.
<input type="checkbox"/>	Tested course is not yet in course of study.	<input type="checkbox"/>	Tested course is not yet in course of study.	<input type="checkbox"/>	Tested course is not yet in course of study.
<input type="checkbox"/>	GQE retake	<input type="checkbox"/>	GQE retake	<input type="checkbox"/>	GQE retake

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<input type="checkbox"/>	ISTAR for academic competence	<input type="checkbox"/>	ISTAR for academic competence	<input type="checkbox"/>	ISTAR for academic competence
<input type="checkbox"/>	ISTAR for independent functioning	<input type="checkbox"/>	ISTAR for independent functioning	<input type="checkbox"/>	ISTAR for independent functioning

Please explain why the chosen assessments are appropriate for this student:

Please explain the plan for the student's participation in district-wide, national or international assessments:

**Annual Goals:**

Title:

Needs addressed through this annual goal:

Annual Goal Statement:

If student is of transition age, which post-secondary goal(s) does this annual goal support?

☐ Employment      ☐ Education and Training      ☐ Independent Living (if required)

Method/Instrumentation for Measuring Progress:

Progress Monitoring Design:

☐ Descriptive Documentation      ☐ Single Point      ☐ Single Rubric      ☐ Collection of Indicators

Standards aligned to this Annual Goal:

Progress Monitoring Parameters: (Please include Objectives, Benchmarks, Initial Dates and Values, Metrics, Frequency of Collection, and Rubric information required by the Progress Monitoring Design selected.)

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Standards aligned to this Annual Goal:

Progress Monitoring Parameters: (Please include Objectives, Benchmarks, Initial Dates and Values, Metrics, Frequency of Collection, and Rubric information required by the Progress Monitoring Design selected.)

**Accommodations:**

Please record all accommodations selected for state assessment purposes and additional accommodations if appropriate: (All accommodations selected for assessment purposes must be provided on a regular basis.)

**Services and other Provisions:**

**Transition Services (if necessary)**

Description	By Whom	To Support	Completion Date

**(Transition IEP only)** Please document the written information presented to the parent and student regarding available adult services provided through state and local agencies and other organizations to facilitate student movement from the public agency to adult life:



### **Special Education Services**

Description	Initiation (date)	Frequency	Length (time)	Duration (date)	Location	To Support

**If the purpose of the IEP is First Steps Intake, please record the Service Initiation Date:**

### **Related Services**

Description	Initiation (date)	Frequency	Length (time)	Duration (date)	Location	To Support

### **Transportation:**

If the student's transit time or needs are different from that of non-disabled peers, please describe and justify these needs. Please, record as a related service if additional provisions are necessary.

### **Health Plan:**

Please describe any medical conditions requiring school health or nurse services. The description should include frequency, and the provider of this service. Be sure to record any related services appropriately.

### **Does this student require an Emergency Evacuation Plan?**

☐ Yes   ☐ No

**Accessible Materials:**

If this student requires any instructional materials provided in an accessible format, please describe the environments, tasks, tools, and services related to their provision:

**Assistive Technology:**

Please describe this student's assistive technology needs:

**Extended School Year:**

Please record extended school year services required in order to provide a free and appropriate education for this student: (Record ESY services under special education and related services if needed.)

**Technical Assistance:**

Please document the types of supports necessary to provide public agency personnel with the knowledge and skills necessary to implement the student's individualized education program and the general intent of the supports:

**Program Modifications:**

Please describe any program modifications needed to enable the student to advance appropriately toward attaining the annual goals, be involved in and make progress in the general education curriculum, participate in extracurricular and other nonacademic activities or be educated or participate with other students with disabilities and non-disabled students.

**Progress Reporting:**

Please describe when periodic reports on the progress the student is making toward meeting the annual goals will be provided:

<b>Least Restrictive Environment and Program:</b>
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School of Legal Settlement:

School of Service:

Additional information regarding school of service:

**(For Transition IEPs)** Course of Study focused on improving academic and functional achievement of the student in order to support the attainment of post-secondary goals:

LRE Placement Category based Federal Program Types:

<b>School Age (6-21)</b> - Student <b>will be</b> Age 6+ as of next December 1st		
<input type="checkbox"/>	50	Regular class 80% or more (In a regular classroom for 80% or more of the day)
<input type="checkbox"/>	51	Resource Room (In a regular class for 40% to 79% of the day)
<input type="checkbox"/>	52	Separate Class (In a regular class for less than 40% of the day)
<input type="checkbox"/>	53	Separate day school facility
<input type="checkbox"/>	54	Residential Facility
<input type="checkbox"/>	55	Correctional Facility
<input type="checkbox"/>	56	Parentally placed in private school
<input type="checkbox"/>	57	Homebound/hospital

<b>Preschool Age (3-5)</b> - Student <b>will not</b> be 6+ as of the next December 1st		
<input type="checkbox"/>	30	Regular Early Childhood class 80% of the time
<input type="checkbox"/>	31	Regular Early Childhood 40-79% of the time
<input type="checkbox"/>	32	Regular Early Childhood 40% or less of the time
<input type="checkbox"/>	33	Separate Class
<input type="checkbox"/>	34	Separate School
<input type="checkbox"/>	35	Residential Facility
<input type="checkbox"/>	36	Service Provider Location
<input type="checkbox"/>	37	Home

Additional Descriptors:

Any potentially harmful effects of the services on the student or on the quality of services needed:

**Reasons for placement determination including reasons for rejecting other options:**

**Considerations:**

Please consider the student's participation in general education and record any supplementary aids and services that are determined by the case conference committee to be appropriate and necessary in order to afford the student equal opportunity for participation with non-disabled students.

**Student will be able to participate in all educational programs and activities available to non-disabled students.**

☐ Yes ☐ No

(If No, please state the exceptions and describe the reasoning for these exceptions:

**Student will be able to participate in all non-educational and extracurricular activities available to non-disabled students.**

☐ Yes ☐ No

(If No, please state the exceptions and describe the reasoning for these exceptions:

**Student will participate in the general physical education program available to non-disabled students.**

☐ Yes ☐ No

(If No, please state the exceptions and describe the reasoning for these exceptions:

**Student will be educated in the school he or she would attend if not disabled.**

☐ Yes ☐ No

(If No, please state the exceptions and describe the reasoning for these exceptions:

**The length of the instructional day will be the same as the instructional day for non-disabled peers.**

☐ Yes ☐ No

(If No, please state the exceptions and describe the reasoning for these exceptions:

<b>Participants:</b>
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The following individuals participated in the case conference committee meeting. Those individuals identified as Teacher of Record, General Education Teacher, Public Agency Rep and Instructional Strategist attended the entire meeting unless parental excusal was obtained before the meeting.

Position	Name	Additional Title


Written Notes and Other Relevant Factors: