





## SPECIAL EDUCATION SERVICE GOAL

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

MEASURABLE ANNUAL GOAL(S):

SHORT-TERM INSTRUCTIONAL OBJECTIVE(S)	T.A. *	Method(s)	Report of Progress									
			1st	2nd	3rd	4th	5th	6th				
STIOs are only required for students who are Significantly Cognitively Disabled (SCD). (Per IDEA '04)												
BEGINNING/ENDING DATES OF SERVICES:	FREQUENCY:	PROGRESS TOWARD ANNUAL GOAL:										
PHYSICAL LOCATION OF SERVICES:		REASON(S) FOR NOT MEETING GOAL:										

### EXPLANATION OF CODING SYSTEM

METHOD(S) OF MEASUREMENT	REPORT OF PROGRESS	PROGRESS TOWARD ANNUAL GOAL	REASON FOR NOT MEETING GOAL
1. Written Observation 2. Written Performance 3. Oral Performance 4. Criterion-Referenced Test 5. Time Sample 6. Demonstration/Performance 7. Other (Specify) _____	1. Not applicable during this grading period 2. No progress made 3. Little progress made 4. Progress made; Objective not yet met 5. Objective met	1. Anticipate meeting goal 2. Do not anticipate meeting goal (note reason) 3. Goal met (indicate date)	1. More time needed 2. Excessive absences/tardies 3. Assignments not completed 4. Need to review/revise IEP 5. Other (Specify) _____ _____

\* Check if objective is a transition activity. (Student age 14 – 20)

W-3a

**SPECIAL EDUCATION SERVICE GOAL (NON SCD)**

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

Goal #	MEASURABLE ANNUAL GOALS:	Method(s) of Measurement	Area(s): Use codes on W-2

Record the information for the annual goals listed above and record progress on dates mastery reviewed. (If you do not anticipate meeting a goal, note the reason.)

**Pr AG = Progress Toward Annual Goal R= Reason**

Date:	Date:	Date:	Date:	Date:	Date:
-------	-------	-------	-------	-------	-------

Goal #	Beginning/Ending Dates of Services:	Physical Location of Services:	Frequency:	T.A. *	Pr AG	R										

**EXPLANATION OF CODING SYSTEM**

METHOD(S) OF MEASUREMENT	PROGRESS TOWARD ANNUAL GOAL	REASON FOR NOT MEETING ANNUAL GOAL
1. Written Observation 2. Written Performance 3. Oral Performance 4. Criterion-Referenced Test 5. Time Sample 6. Demonstration/Performance 7. Other (Specify) _____	1. Anticipate meeting goal 2. Do not anticipate meeting goal (Note reason) 3. Goal met (Indicate date)	1. More time needed 2. Excessive absences/tardies 3. Assignments not completed 4. Need to review/revise IEP 5. Other (Specify) _____ _____

\* Check if goal is a transition activity. (Student age 14 – 20)

W-3b

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

**PARTICIPATION IN STATEWIDE AND DISTRICTWIDE ASSESSMENT PROGRAMS**

Indicate the type of assessment in which the student will participate (state or district assessments).

TYPE OF TEST (SPECIFY BELOW.) Indicate whether the assessment is **Grade Level** or an **Alternate Assessment**. Refer to *Making Assessment Decisions for Students with Disabilities under IDEA*.

Type of Assessment	Grade level (Circle the appropriate grade level.)*		Mississippi Alternate Assessment of Extended Curriculum Frameworks (MAAECF) for SCD students ONLY (Circle the appropriate grade level.)**			
			Elementary		Middle	
MCT2 Language Arts	3	4 5	6	7	8	3 4 5 6 7 8
MCT2 Math	3	4 5	6	7	8	3 4 5 6 7 8
MS Elementary and Middle Grades Science Test		5			8	5 8
Grades 4 & 7 Writing		4			7	
Other (please specify)						

**SECONDARY ASSESSMENT PROGRAMS**

Check the applicable assessment(s)*	MAAECF (Grade 12) for SCD students ONLY**
Algebra I _____	Mathematics _____
Biology _____	Science _____
English II _____ English II Writing _____	Language Arts _____
US History from 1877 _____	
MS-CPAS _____	

\*If the student cannot take the grade/course level assessment or grade/course level assessment with accommodations (allowable accommodation or accommodation approved through the petition for special consideration), then explain why the student's disability requires the administration of a grade/course level alternative assessment and indicate the subject and grade/course level alternative assessment the student will take.

\_\_\_\_\_

\_\_\_\_\_

\*\*For non-graded students (coded 56, 58, or 78), the peer grades are based on the student's age as of September 1<sup>st</sup> of the applicable school year (8 yrs old = grade 3, 9 yrs old = grade 4, 10 yrs old = grade 5, 11 yrs old = grade 6, 12 yrs old = grade 7, 13 yrs old = grade 8, and 18 yrs old = grade 12 [See MAAECF (high school) below]).

**NONPARTICIPATION IN HIGH SCHOOL SUBJECT AREA TESTS**

I have had Mississippi's assessment system explained to me. I understand that all students will be assessed in some way, but only those students who pass every subject area test and pass the courses will be eligible to receive a standard high school diploma.

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Student's Name:

**Significant Cognitive Disability (SCD) Determination:**

To be classified as a student having a "significant cognitive disability," ALL of the criteria below must be true.

- Yes  No The student demonstrates significant cognitive deficits and poor adaptive skill levels (as determined by that student's comprehensive assessment) that prevent participation in the standard academic curriculum or achievement of the academic content standards, even with accommodations and modifications.
- Yes  No The student requires extensive direct instruction in both academic and functional skills in multiple settings to accomplish the application and transfer of those skills.
- Yes  No The student's inability to complete the standard academic curriculum is neither the result of excessive or extended absences nor is primarily the result of visual, auditory, or physical disabilities, emotional-behavioral disabilities, specific learning disabilities or social, cultural, or economic differences.

**RELATED SERVICES**

SERVICE	BEGINNING/ENDING DATE	PHYSICAL LOCATION	AMOUNT OF TIME	FREQUENCY

**GRADUATION OPTIONS**

- Explanation of graduation options have been reviewed with the parent and, as appropriate, the child.
- The graduation option determined appropriate for the child is
- Standard High School Diploma       Mississippi Occupational Diploma       Certificate of Life Skills Diploma

**\* CONSIDERATION OF SPECIAL FACTORS**

- (Document that the IEP Committee has considered the special factors for the child by placing a checkmark (✓) by all factors considered.)
- Limited English Proficient
  - Assistive Technology
  - Language/Communication Needs
  - IFSP for Students Transitioning from Part C to Part B
  - Braille Instruction
  - Behavior

**METHOD OF INFORMING PARENTS/GUARDIANS OF PROGRESS**

- Method(s) used** to ensure that progress is sufficient to enable the student to reach the annual goals by the end of the school year:
- progress notes       report cards       goal sheets
  - other means (specify) \_\_\_\_\_
- Frequency of Notification:**
- Every 6 weeks       Every 9 weeks       Other (specify): \_\_\_\_\_

\* Indicate the specifics of the consideration of special factors in the Summary of Performance on W-1. If services are necessary in any of the areas, the IEP committee must address the student's needs utilizing the necessary IEP components.

**PRESCHOOL (Ages 3-5) LRE CLASSIFICATION (Check one below):**

<input type="checkbox"/> PA/General Ed Early Childhood Program At Least 80% of Time	<input type="checkbox"/> PE/Residential Facility
<input type="checkbox"/> PB/General Ed Early Childhood Program Less than 40% Time	<input type="checkbox"/> PF/Separate School
<input type="checkbox"/> PC/Home	<input type="checkbox"/> PG/Separate Class
<input type="checkbox"/> PD/General Ed Early Childhood Program 40 to 79% of Time	<input type="checkbox"/> PH/Service Provider Location

**SCHOOL AGE (Ages 6-21) LRE CLASSIFICATION (Check one below):**

<input type="checkbox"/> SA/Inside General Education Class 80% or More of the Day	<input type="checkbox"/> SF/Residential Facility
<input type="checkbox"/> SB/Inside General Education Class 40 to 79% of the Day	<input type="checkbox"/> SH/Home-Hospital
<input type="checkbox"/> SC/Inside General Education Class Less than 40% of the Day	<input type="checkbox"/> SI/Correctional Facilities
<input type="checkbox"/> SD/Separate School	<input type="checkbox"/> SJ/Parentally Placed in Private Schools

W-5

**EXTENDED SCHOOL YEAR SERVICES**

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

Summer Session: \_\_\_\_\_

**Documentation of ESY Decision**

Criterion used in determining eligibility:  Regression-Recoupment     Critical Point of Instruction 1     Extenuating Circumstances  
 MEETS criteria for ESY services     Critical Point of Instruction 2

DOES NOT MEET the criteria for ESY services (Documentation indicating how the decision was made must be included in the student's file.)

Comments: \_\_\_\_\_

Annual Goals or Short-Term Instructional Objective(s) (Codes or key phrases may be used)	T.A. *	Method(s)	Physical Location of Services	Report of Progress
STIOs are only required for students who are Significantly Cognitively Disabled (SCD). (Per IDEA '04)				

**EXPLANATION OF CODING SYSTEM**

Method(s) of Measurement		Report of Progress	
1. Written Observation	5. Time Sample	1. Not applicable during this grading period	4. Progress made; Annual Goal or Objective not yet met
2. Written Performance	6. Demonstration/Performance	2. No progress made	5. Annual Goal or Objective met
3. Oral Performance	7. Other (Specify) _____	3. Little progress made	6. Annual Goal or Objective maintained
4. Criterion-Referenced Test			

** Committee Members Present		Types of Services:	# of Weeks	# of Days	Amount of time per day	Beginning/Ending Dates	Names and positions of excused IEP Team Members (Documentation must be included in the student's file.):	
Name: _____	Special Education Teacher							
Name: _____	General Education Teacher	Transportation						
Name: _____	Agency Representative	Educational Services						
Name: _____	Parent(s)/Guardian	Related Services						
Name: _____	Student (if applicable)							
Name: _____	Other							
Name: _____	Other							
Name: _____	Other							
Date of Meeting: _____		Date copy is given to the parent/guardian: _____				IEP meeting conducted via alternate means of technology: <input type="checkbox"/> Video Conferencing <input type="checkbox"/> Conference Call <input type="checkbox"/> Other (Specify) _____		The Report of Student Progress will be given to parents/guardians every _____ weeks or _____ at the end of the student's ESY.

\* Check if goal/objective is a transition activity. (Student age 14 – 20)  
 \*\* Does not require signatures; this section is utilized only to document individuals present at the meeting.

9 - W



Student's Name:

**EVALUATION(S):** Indicate plan(s) to conduct a Functional Behavioral Assessment (FBA), evaluation for Assistive Technology or other evaluation(s)/follow up(s) to determine special education and related service needs.

<p><b>WRITTEN PARENTAL PERMISSION FOR INITIAL PLACEMENT</b>                  My rights and those of my child regarding procedural safeguards have been fully explained. I understand that my child has a disability and I know what that disability is; and I hereby give consent for my child to receive special education services based on his/her eligibility determination and his/her individualized education program.</p>	<p><b>TRANSFER OF RIGHTS</b>                  I have been informed of my rights under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA '04), Part B, as amended, that will transfer to me when I reach the age of majority.</p>
<p><b>Parent's Signature:</b> _____ <b>Date:</b> _____</p>	<p><b>Student's Signature:</b> _____ <b>Date:</b> _____</p>
<p style="text-align: center;"><b>* Annual IEP Meeting</b></p> <p>Name: _____ Special Education Teacher                  Name: _____ General Education Teacher                  Name: _____ Agency Representative                  Name: _____ Parent(s)/ Guardian                  Name: _____ Student, If Applicable                  Name: _____ Other                  Name: _____ Other                  Name: _____ Other</p>	<p style="text-align: center;"><b>* IEP Action: <input type="checkbox"/> Review <input type="checkbox"/> Revise <input type="checkbox"/> Amend</b></p> <p>Name: _____ Special Education Teacher                  Name: _____ Regular Education Teacher                  Name: _____ Agency Representative                  Name: _____ Parent(s)/Guardian                  Name: _____ Student, If Applicable                  Name: _____ Other                  Name: _____ Other                  Name: _____ Other</p>
<p><b>Names and positions of excused IEP Team Members (Documentation must be included in the student's file.):</b></p>	<p><b>Names and positions of excused IEP Team Members (Documentation must be included in the student's file.):</b></p>
<p><b>Date of Meeting:</b> _____</p>	<p><b>Date of Meeting:</b> _____</p>
<p><b>IEP meeting conducted via alternate means of technology:</b>  <input type="checkbox"/> Video Conferencing    <input type="checkbox"/> Conference Call  <input type="checkbox"/> Other (Specify): _____</p>	<p><b>IEP meeting conducted via alternate means of technology:</b>  <input type="checkbox"/> Video Conferencing    <input type="checkbox"/> Conference Call  <input type="checkbox"/> Other (Specify): _____</p>
<p><b>Date copy of the IEP is given to the parent/guardian:</b> _____</p>	<p><b>Date copy of the IEP is given to the parent/guardian:</b> _____</p>
<p><b>Projected Date of Review/Revision of the IEP:</b> _____</p>	

\* Does not require signatures; this section is utilized only to document individuals present at the meeting.