



School District Name: Nashoba Regional School District
School District Address: 50 Mechanic Street, Bolton, MA 01740
School District Contact: TBD TEAM CHAIR, School Psychologist/Team Chairperson

Student: IEP Blank **Grade:** 02 **DOB:** 10/25/2012 **LASID#:** 123123123123 **SASID#:**

To: Student's Parent/Guardian #1 Student's Parent/Guardian #2

Subject: **The school district proposes the following:**

- An Evaluation
- An IEP
- An Amendment
- A Placement
- Other:

Notice Date: October 25, 2019

The school district has recently discussed this student and, with your input, has developed a proposal. We have described our actions and our reasons for these actions in this memo.

As you know, special education regulations provide protection to you and your child. You will find specific information about your legal rights in the *Parent's Notice of Procedural Safeguards*, including sources that you may contact for help in understanding your rights. This notice is enclosed for initial evaluations. You should have received your *Parent's Notice of Procedural Safeguards* if you will be attending an IEP/Amendment or Placement meeting during the school year. We will also disseminate the notice at your request and upon disciplinary removal to an interim alternative education setting. You should carefully review this brochure and the enclosed material before making any decisions.

The school district staff is available to speak to you or meet with you about your rights and the school district's proposal. We strongly encourage you to call us if you have any questions. Please contact us through the district contact person listed below. Thank you.

An Evaluation Consent Form, an IEP or an IEP Amendment must be signed and returned, as we are required by law to have a signed copy on file regardless of your decision. Please return a copy as soon as possible but no later than the date listed below. Thank you.

Document Return Date: Sunday, November 24, 2019

Procedural Safeguards Sent: October 25, 2019

District Contact Person:

Contact Information:

Enclosures:

- Parent's Notice of Procedural Safeguards



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Directions to School Staff:

This notice must be sent to parents in their native language or other mode of communication used by the parent. School districts must ensure that parents understand the content of this notice. (Federal Regulation §300.503)

Describe one or more of the following actions: Initial Evaluation, Reevaluation, Emergency Evaluation, Extended Evaluation Period, IEP, IEP Amendment, Placement (include the specific placement location and transportation requirements, if any), Graduation or any other proposal used to initiate or change the identification, evaluation, educational placement or the provision of special education services by answering the following questions:

1. *What action is the school district proposing to take?*
2. *Why is the school district proposing to act?*
3. *What rejected options were considered and why was each option rejected?*
4. *What evaluation procedure, test, record or report was used as a basis for the proposed action?*
5. *What other factors were relevant to the school district's decision.*
6. *What next steps, if any, are recommended?*

Narrative Description of School District Proposal

Enclosures:

- Parent's Notice of Procedural Safeguards

School District Name: Nashoba Regional School District
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Administrative Data Sheet

Student Information:

Full Name: IEP Blank LASID#: 12312312312 SASID#: _____
Birth Date: 10/25/2012 Age (as of Meeting): 8 Grade/Level: 02
Primary Language: _____ Language of Instruction: _____
Address: _____
Home Telephone: _____ Place of Birth: _____
If 18 or older: Acting on Own Behalf Shared Decision-Making Delegate Decision-Making Court Appointed Guardian
Name of Shared / Delegated / Appointed Person: _____

Parent/Guardian Information:

Name: Student's Parent/Guardian #1 Relationship to Student: _____
Address: _____ Legal Guardian: Yes
Home Telephone: _____ Work Phone: _____
Cell Phone: _____ Primary Language: _____
email Address: lmilton@nrsd.net Secondary Language: _____

Parent/Guardian Information:

Name: Student's Parent/Guardian #2 Relationship to Student: _____
Address: _____ Legal Guardian: Yes
Home Telephone: _____ Work Phone: _____
Cell Phone: _____ Primary Language: _____
email Address: _____ Secondary Language: _____

Meeting Information:

Date of Meeting: _____
Type of Meeting: Eligibility Determination: Initial Eligibility Evaluation Placement
 IEP Development: Initial IEP Transition
 Other: _____
Next Scheduled Annual Review Meeting: _____
Next Scheduled Three Year Reevaluation Meeting: _____

Assigned School Information: (Complete after a placement has been made.)

School Name: Florence Sawyer School Telephone: 978-779-2821
Address: 100 Mechanic Street, Bolton, MA 01740 Fax: 978-779-0121
Contact Person: _____ Telephone: _____
Role: _____
Cost-Shared Placement: No Yes
If yes, specify agency: _____

After a meeting, attach to an IEP, an IEP Amendment or Extended Evaluation Form.

Individualized Education Program

IEP Dates __ to __

Student: IEP Blank

Grade: 02 DOB: 10/25/2012 LASID#: 123123123123 SASID#:

Parent and/or Student Concerns

What concern(s) does the parent and/or student want to see addressed to enhance the student's education?

Student Strengths and Key Evaluation Results Summary

What are student's educational strengths, interest areas, significant personal attributes and personal accomplishments?

What is the student's type of disability(ies), general education performance including MCAS/district test results, achievement towards goals and lack of expected progress, if any?

Vision Statement

What is the vision for this student?

Consider the next 1 to 5 year period when developing this statement. Beginning no later than age 14, the statement should be based on the student's preferences and interests, and should include desired outcomes in adult living, post-secondary and working environments.

Student: IEP BlankGrade: 02 DOB: 10/25/2012 LASID#: 123123123123 SASID#:

Present Levels of Educational Performance A: General Curriculum

Check all that apply.

- English Language Arts
- History and Social Sciences
- Science and Technology
- Mathematics
- Other Curriculum Area

General curriculum area(s) affected by this student's disability(ies):

Consider the language, composition, literature (including reading) and media strands.

Consider the history, geography, economic and civics and government strands.

Consider the inquiry, domains of science, technology and science, technology and human affairs strand.

Consider the number sense, patterns, relations and functions, geometry and measurement and statistics and probability strands.

Specify:

How does the disability(ies) affect progress in the curriculum area(s)?**What type(s) of accommodation, if any, is necessary for the student to make effective progress?****What type(s) of specially designed instruction, if any, is necessary for the student to make effective progress?****Check the necessary instructional modification(s) and describe how such modification(s) will be made.** **Content:** **Methodology/Delivery of Instruction:** **Performance Criteria:**

Student: IEP BlankGrade: 02 DOB: 10/25/2012 LASID#: 123123123123 SASID#:

Present Levels of Educational Performance

B: Other Educational Needs

Check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Adapted physical education | <input type="checkbox"/> Assistive tech devices/ services | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Braille needs (blind/visually impaired) | <input type="checkbox"/> Communication (all students) | <input type="checkbox"/> Communication (deaf/hard of hearing students) |
| <input type="checkbox"/> Extra curriculum activities | <input type="checkbox"/> Language needs (LEP students) | <input type="checkbox"/> Nonacademic activities |
| <input type="checkbox"/> Social/emotional needs | <input type="checkbox"/> Travel training | <input type="checkbox"/> Skill development related to vocational preparation or experience |
| <input type="checkbox"/> Other: _____ | | |

General Considerations**Age-Specific Considerations**

- For children ages 3 to 5 - participation in appropriate activities
- For students ages 14+ (or younger if appropriate) - student's course of study
- For students ages 16 (or younger if appropriate) to 22 -transition to post-school activities including community experiences, employment objectives, other post school adult living objectives and, if appropriate, daily living skills.

How does the disability(ies) affect progress in the indicated area(s) of other educational needs?

What type(s) of accommodation, if any, is necessary for the student to make effective progress?

What type(s) of specially designed instruction, if any, is necessary for the student to make effective progress?

Check the necessary instructional modification(s) and describe how such modification(s) will be made.

Content:

Methodology/Delivery of Instruction:

Performance Criteria:

Individualized Education Program

IEP Dates __ to __

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Current Performance Levels/Measurable Annual Goals

Goal #:	Specific Goal Focus:
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Current Performance Level: What can the student currently do?

Measurable Annual Goal: What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period?

How will we know that the student has reached this goal?

Benchmark/Objectives: What will the student need to do to complete this goal?

Progress Reports are required to be sent to parents at least as often as parents are informed of their nondisabled children's progress. Each progress report must describe the student's progress toward meeting each annual goal.

Student: IEP Blank

 Grade: 02 DOB: 10/25/2012 LASID#: 123123123123 SASID#:

Service Delivery

What are the total service delivery needs of this student?

Include services, related services, program modifications and supports (including positive behavioral supports, school personnel and/or parent training/supports). Services should assist the student in reaching IEP goals, to be involved and progress in the general curriculum, to participate in extracurricular/nonacademic activities and to allow the student to participate with nondisabled students while working towards IEP goals.

School District Cycle: 6 days

A. Consultation (Indirect Services to School Personnel and Parents)					
Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date	
B. Special Education and Related Services in General Education Classroom (Direct Service)					
Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date
1	Academic Support	Special Educator / Para	1 X 30 example	10/10/2019	10/09/2020
C. Special Education and Related Services in Other Settings (Direct Service)					
Focus on Goal #	Type of Service	Type of Personnel	Frequency and Duration/Per Cycle	Start Date	End Date
1	Academic Support	Special Needs Teacher	1 X 30 Example	10/10/2019	10/09/2020

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Nonparticipation Justification

Is the student removed from the general education classroom at any time? (Refer to IEP5 -- Service Delivery, Section C.)

No Yes If yes, why is removal considered critical to the student's program?

IDEA 2004 Regulation 20 U.S.C. §612 (a) (5).550:"... removal of children with disabilities from the regular educational environment occurs only when the nature or severity is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily." (Emphasis added.)

Schedule Modification

SHORTER: Does this student require a shorter school day or shorter school year?

No Yes -- shorter day Yes -- shorter year If yes, answer the questions below.

LONGER: Does this student require a longer school day or longer school year to prevent substantial loss of previously learned skills and / or substantial difficulty in relearning skills?

No Yes -- longer day Yes -- longer year If yes, answer the questions below.

How will the student's schedule be modified? Why is this schedule modification being recommended?

If a longer day or year is recommended, how will the school district coordinate services across program components?

Transportation Services

Does the student require transportation as a result of the disability(ies)?

- No Regular transportation will be provided in the same manner as it would be provided for students without disabilities. If the child is placed away from the local school, transportation will be provided.
- Yes Special transportation will be provided in the following manner:
- on a regular transportation vehicle with the following modifications and/or specialized equipment and precautions:
 - on a special transportation vehicle with the following modifications and/or specialized equipment and precautions:

After the Team makes a transportation decision and after a placement decision has been made, a parent may choose to provide transportation and may be eligible for reimbursement under certain circumstances. Any parent who plans to transport their child to school should notify the school district contact person.

Student: IEP Blank

 Grade: 02 DOB: 10/25/2012 LASID#: 123123123123 SASID#:

State or District-Wide Assessment

Identify state or district-wide assessments planned during this IEP period:

Fill out the table below. Consider any state or district-wide assessment to be administered during the time span covered by this IEP. For each content area, identify the student's assessment participation status by putting an "X" in the corresponding box for column 1, 2, 3.

	1. Assessment participation: Student participates in on-demand testing under routine conditions in this content area.	2. Assessment participation: Student participates in on-demand testing with accommodations conditions in this content area. (See ❶ below)	3. Assessment participation: Student participates in alternate assessment in this content area. (See ❷ below)
CONTENT AREAS	COLUMN 1	COLUMN 2	COLUMN 3
English Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History and Social Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science and Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

❶ For each content area identified by an "X" in column 2 above: note in space below, the content area and describe the accommodations necessary for participation in the on-demand testing. Any accommodations used for assessment purposes should be closely modeled on the accommodations that are provided to the student as part of his/her instructional program.

❷ For each content area identified by an "X" in column 3 above: note in space below, the content area, why the on-demand assessment is not appropriate and how that content area will be alternately assessed. Make sure to include the learning standards that will be addressed in each content area, the recommended assessment method(s) and the recommended evaluation and reporting method(s) for the student's performance on the alternative assessment.

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Additional Information

- Include the following transition information: the anticipated graduation date; a statement of interagency responsibilities or needed linkages; the discussion of transfer of rights at least one year before age of majority; and a recommendation for Chapter 688 Referral.
- Document efforts to obtain participation if a parent and/or student did not attend meeting or provide input.
- Record other relevant IEP information not previously stated.

Response Section

School Assurance

I certify that the goals in this IEP are those recommended by the Team and that the indicated services will be provided.

Signature and Role of the LEA Representative_____
Date

Parent Options/Responses

It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district. Thank you.

- I accept the IEP as developed.
- I reject the IEP as developed.
- I reject the following portions of the IEP with the understanding that any portion(s) that I do not reject will be considered accepted and implemented immediately. Rejected portions are as follows:

- _____

 I request a meeting to discuss the rejected IEP or rejected portion(s).

Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over*_____
Date

**Required signature once a student reaches 18 unless there is a court appointed guardian.*

Parent Comment: I would like to make the following comment(s) but realize any comment(s) made that suggest changes to the proposed IEP will not be implemented unless the IEP is amended.

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Placement Consent Form - PL1: 6-21 year olds

IEP Dates to

Team Recommended Educational Placement	Corresponding Placement
The team identified that IEP services are provided outside the general education classroom less than 21% of the time (80% inclusion).	<input type="checkbox"/> Full Inclusion Program
The team identified that IEP services are provided outside the general education classroom at least 21% of the time, but no more than 60% of the time.	<input type="checkbox"/> Partial Inclusion Program
The team identified that IEP services are provided outside the general education classroom for more than 60% of the time.	<input type="checkbox"/> Substantially Separate Class
The team identified that all IEP services should be provided outside the general education classroom and in a public or private separate school that only serves student with disabilities.	Separate Day School <input type="checkbox"/> <input type="checkbox"/> Public or <input type="checkbox"/> Private
The team identified that IEP services require a 24-hour educational program.	<input type="checkbox"/> Residential school
The team has identified a mix of IEP services that are not provided in primarily school-based settings but are in a neutral or community-based setting.	<input type="checkbox"/>

Other Authority Required Placements (Non-Educational)	
Note: These non-educational placements are not determined by the Team and therefore service delivery may be limited.	
The placement has been made by a state agency to an institutionalized setting for non-educational reasons.	<input type="checkbox"/> The Department of Youth Services has placed the student in a facility for committed or detained youth.
	<input type="checkbox"/> The Department of Mental Health has placed the child in a hospital psychiatric unit or residential treatment program.
	<input type="checkbox"/> The Department of Public Health has placed the child in the Massachusetts Hospital School. <input type="checkbox"/> Day or <input type="checkbox"/> Residential
	<input type="checkbox"/> The student is incarcerated in the county house of corrections or in a department of correctional facility.
A medical doctor has determined that the student must be served in a home setting.	<input type="checkbox"/> Home-based Program
A medical doctor has determined that the student must be served in a hospital setting.	<input type="checkbox"/> Hospital-based Program

Placement Consent Form

Location(s) for Service Provision and Dates:

Parent Options / Responses

It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district along with your response to the IEP. Thank you.

- I consent to the placement.
- I refuse the placement.
- I request a meeting to discuss the refused placement.

 Name of Parent, Guardian, Educational Surrogate
 Parent, Student 18 and Over

 Signature of Parent, Guardian, Educational
 Surrogate Parent, Student 18 and Over*

 Date

**Required signature once a student reaches 18 unless there is a court appointed guardian.*