

Manage Student: ESE Events

Navigating an ESE Event

Once the Initiate Event button has been clicked on the Manage Student event screen, the selected event will open.

Navigation Menu - Down the left of the screen are all the steps (forms) for the event. Required steps are indicated by a red asterisk.

1. Click on the desired step to open the associated form.

Navigation Menu:

- * Demographics and Desired Outcomes
- * Present Levels (PLAAFP)
- * ESY Eligibility Review
- * Special Factors
- * IEP Goals & Objectives
- * Schedule of Services
- * Accommodations/Modifications
- * State & District Assessments
- * LRE Considerations
- * IEP Team Signatures
- * Meeting Minutes
- * Matrix of Services
- Prior Written Notice
- ESE supplements

Individual Education Plan (IEP)
Demographics and Student Expected Outcomes

Student Name: Dexter D Acosta Student ID: 12345 DOB: 08/19/2008
Grade: 10 Campus: Focus High School - 0041 ELL: Not applicable [ZZ]
Address: Apt. 104 City: Ojixwikow State: UZ ZIP: 11111
Parent/Guardian: Laura Acosta Phone: Email:
Parent/Guardian: Robert Acosta Phone: Email:
Exceptionalities:
Primary: None Currently Assigned
Additional: None Currently Assigned
IEP Type: Select One Amended Date: 3 Year Reeval Due Date: N/A
IEP Plan Date: 04/16/2024 IEP Services Start Date: IEP Plan End Date: 04/15/2025
Transition: Will the student be 14 years of age or entering the first year of high school during the validity period of the IEP?
☐ No ☐ Yes If yes, enter the expected year of graduation and complete all transition sections.

2. Click on the arrow to collapse or expand the steps list.

Navigation tools display at the top to facilitate movement from one step (form) to another, to save and validate the current form, to print the form, and to return to the student's event screen.

3. Click **Previous Step** to go back to the previous form.

4. Click **Next Step** to move forward to the next step displayed in the navigation menu.

5. Click **Notes** to type notes that are important to the event that is open.

i The Notes icon turns blue when there are notes present on the selected event instance. Any notes entered on this screen will not display when printing event forms.

Navigation bar showing: < Previous Step, > Next Step, **Notes**, Save & Validate, ✓ Mark as Complete, Print, History, Return to Manage Student. Progress indicator: 0%.

6. Click **Save & Validate** to save the entered data and to validate that all required fields on the step (form) have been completed.

Navigation bar showing: < Previous Step, > Next Step, Notes, **Save & Validate**, ✓ Mark as Complete, Print, History, Return to Manage Student. Progress indicator: 0%.

i Clicking Save & Validate before completing all required fields saves the entered data as a draft. A pop-up message will display. Click **Yes** to save a draft.

Pop-up message: An error occurred when validating the form. Do you wish to save a draft of this form instead? Buttons: Cancel, Yes.

7. When the "Override Mark as Complete" system permission is enabled for the profile in [User Profile Permissions](#), the **Mark as Complete** button is available. When clicked, it marks the step as complete and saves the step, even when all the step requirements have not been completed.

Navigation bar showing: < Previous Step, > Next Step, Notes, Save & Validate, **Mark as Complete**, Print, History, Return to Manage Student. Progress indicator: 0%.

8. Click **Print** to print the current step (form) or any step in the process. Forms print with a DRAFT watermark until the event has been finalized, unless the watermark is deselected on the print screen. See [Printing an Event](#) for more information.

Navigation bar showing: < Previous Step, > Next Step, Notes, Save & Validate, Mark as Complete, **Print**, History, Return to Manage Student. Progress indicator: 0%.

9. Click **History** to see the history of changes made to a form. See [Viewing Form History](#) for more information.

Navigation bar showing: < Previous Step, > Next Step, Notes, Save & Validate, Mark as Complete, Print, **History**, Return to Manage Student. Progress indicator: 0%.

10. Click **Return to Manage Student** to return to the Manage Student event screen.

Previous Step

Next Step

Notes

Save & Validate

Mark as Complete

Print

History

Return to Manage Student

0%

As required steps are saved and validated, the progress bar will update to show the percentage completed.

15%

Completed required steps will display a green check mark as they are saved and validated.

✓ Demographics and Desired Outcomes

✓ Present Levels (PLAAFP)

* ESY Eligibility Review

* Special Factors

* IEP Goals & Objectives

* Schedule of Services

* Accommodations/Modifications

* State & District Assessments

* LRE Considerations

* IEP Team Signatures

* Meeting Minutes

* Matrix of Services

Prior Written Notice


ESE supplements

Uploads (0)

IEP Meeting Notice

Prior to scheduling an IEP meeting, the parent/guardian must receive a minimum of two notices inviting them to the meeting. The IEP Meeting Notice must be completed and locked prior to initiating the IEP Event.

IEP Team Meeting



The meeting date selected on the IEP Meeting Notice sets the IEP Plan Start Date on the IEP Event, which in turn sets the Goal Start Date.

Previous Step

Next Step

Notes

Save & Validate

Mark as Complete

Print

History

Return to Manage Student

IEP Team Meeting

Receipt of Procedural Safeguards

Excused IEP Team Member Input

IEP Meeting Supplements

Uploads (0)

NOTICE OF INDIVIDUAL EDUCATION PLAN (IEP) TEAM MEETING

To the

Dexter D Acosta

Date of Notice: Date

An Individualized Education Program (IEP) Team meeting for you/your child is scheduled as noted below. You/Your child will be invited to attend if they will be at least 12 years old or in 7th grade during the duration of this IEP (and every year thereafter through age 18 or possibly 22) as transition services and/or post secondary goals will be considered or developed.

1. PURPOSE OF MEETING:

☐ To determine need for evaluation/reevaluation

☐ To develop annual IEP

☐ To review results of evaluation/reevaluation

☐ To review/revise IEP/continue IEP development from previous meeting

☐ To determine initial eligibility for special education and related services

☐ To consider change in placement/services

☐ To determine continued eligibility for special education and related services

☐ To consider Extended School Year services

☐ To determine initial placement

☐ To discuss/develop transition services and/or postsecondary goals (requires student participation)

☐ To develop Interim IEP

☐ To consider dismissal

☐ Other

☐ To conduct Manifestation Determination

☐ To determine need for Functional Behavior Assessment (FBA) or Behavior Intervention Plan (BIP)

2. PERSONS INVITED TO THE MEETING: *Required members of the IEP Team. Consent is required to invite Transition/Agency representative(s).

☐ Parents/Guardians/Adult Student*

☐ Student (required if discussing Transition)

☐ Other/Agency:

☐ LEA Representative*

☐ Principal/Designee

☐ Other/Agency:

☐ ESE Teacher/Service Provider*

☐ Speech/Language Pathologist

☐ Other/Agency:

☐ General Educator*

☐ Transition Representative

☐ Other/Agency:

☐ Evaluation Specialist*

☐ Other/Agency:

1. Select the title(s) of the recipient(s) of the letter from the **To the** pull-down. One or multiple can be selected.

To the

Filter

Check all visible Clear selected

☐ Guardian of

☐ Parent of

☐ Surrogate Parent of

☐ Student

2. Select the **Date of Notice** for the first notice.

TEAM MEETING Date (mm/dd/yyyy)

Date of Notice: Date

I am below. You/Your child/Your child's IEP team member after through age 18

Continue IEP development
Placement/services
School Year services
Transition services and/or
Manifestation Determination
Functional Behavior Assessment

April 2024

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

3. Select the **Purpose of Meeting** and **Persons Invited to the Meeting**.

i When "To discuss/develop transition services and/or postsecondary goals (requires student participation)" is selected in the Purpose of Meeting section, the "Student" check box will be automatically selected in the Persons Invited to the Meeting section.

1. PURPOSE OF MEETING:

<input type="checkbox"/> To determine need for evaluation/reevaluation	<input type="checkbox"/> To develop annual IEP
<input type="checkbox"/> To review results of evaluation/reevaluation	<input type="checkbox"/> To review/revise IEP/continue IEP development from previous meeting
<input type="checkbox"/> To determine initial eligibility for special education and related services	<input type="checkbox"/> To consider change in placement/services
<input type="checkbox"/> To determine continued eligibility for special education and related services	<input type="checkbox"/> To consider Extended School Year services
<input type="checkbox"/> To determine initial placement	<input type="checkbox"/> To discuss/develop transition services and/or postsecondary goals (requires student participation)
<input type="checkbox"/> To develop Interim IEP	<input type="checkbox"/> To consider dismissal
<input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> To conduct Manifestation Determination
	<input type="checkbox"/> To determine need for Functional Behavior Assessment (FBA) or Behavior Intervention Plan (BIP)

2. PERSONS INVITED TO THE MEETING: *Required members of the IEP Team. Consent is required to invite Transition/Agency representative(s).

<input type="checkbox"/> Parents/Guardians/Adult Student*	<input type="checkbox"/> Student (required if discussing Transition)	<input type="checkbox"/> Other/Agency: <input type="text"/>
<input type="checkbox"/> LEA Representative*	<input type="checkbox"/> Principal/Designee	<input type="checkbox"/> Other/Agency: <input type="text"/>
<input type="checkbox"/> ESE Teacher/Service Provider*	<input type="checkbox"/> Speech/Language Pathologist	<input type="checkbox"/> Other/Agency: <input type="text"/>
<input type="checkbox"/> General Educator*	<input type="checkbox"/> Transition Representative	<input type="checkbox"/> Other/Agency: <input type="text"/>
<input type="checkbox"/> Evaluation Specialist*		<input type="checkbox"/> Other/Agency: <input type="text"/>

4. If requesting excusal of a required team member, select **Yes** in part 3 of the form, select the member, and select whether or not they have provided written input.

3. EXCUSAL OF AN IEP TEAM MEMBER: A required team member whose area is being discussed may be excused from an IEP meeting, in whole or in part, with your written consent, provided the team member includes written input with this notice regarding his/her area of curriculum or related services. If YES is checked below, please check the appropriate statement on page 2 and sign in the indicated area.

Is excusal being requested? ☐ NO ☒ YES

The following required IEP team member is unable to attend the IEP meeting in whole or in part: General Education Teacher

The team member has provided written input included with this notice regarding his/her area: ☒ YES ☐ NO ☐ NA

The Excused IEP Team Member Input step will become required and the applicable team member can log in to fill out the form (if they have access to SSS). Additional input forms can be found in the IEP Meeting Supplements step.

5. In the **4. Meeting Information** section, enter the meeting **Date**, **Time**, **Location**, and **Room** (if applicable). This will copy to page 2.

4. MEETING INFORMATION:

Date: 04/16/2024 Time: 9:00 am Location: FHS Room: 100

We encourage you to attend this meeting, as your involvement and active participation is an important part of your child's education.

PLEASE COMPLETE BOX ON PAGE 2 AND RETURN PAGE 2 ONLY TO SCHOOL

6. In the **5. Return Contact and Source for Additional Information** section, enter the **Name**, **Position**, and **Phone** for the person to whom the form should be returned and who parents can contact for questions. This will copy to page 2.

5. RETURN CONTACT AND SOURCE FOR ADDITIONAL INFORMATION:

This form should be returned to the person designated below upon its completion. The designee below should also be contacted if you have any questions that need to be addressed prior to the meeting.

Name: Ms. Jones

Position: Case Manager

Phone: (555) 555-5555


7. In the **6. Procedural Safeguards** section, enter the name/dept and phone/email of the additional source(s) of contact for the parent for assistance with any written communication received.

6. PROCEDURAL SAFEGUARDS:

A notice containing a full explanation of the procedural safeguards available to the parents/guardians of a child with a disability will be provided to parents/guardians 1 time a school year, except that a copy also must be given to the parents/guardians-

- (1) Upon initial referral or your (parent/guardian) request for evaluation;
- (2) Upon receipt of your first State complaint and upon receipt of your first due process complaint in a school year; and
- (3) When a decision is made to take a disciplinary action against your child that constitutes a change of placement and (4) Upon request by you (parent/guardian); and, (5) In accordance with the provisions of 1008.212, F.S., upon the public agency, including a school district, superintendent's recommendation to the Commissioner of Education that an extraordinary exemption for a given state assessment be granted or denied.

For assistance in understanding the Procedural Safeguards and other special education documents, you may contact the designee noted in Section 5. Additional sources for you to contact to obtain assistance in understanding the provisions of the Notice of IEP Team Meeting, Notice of Consent for Evaluation, Procedural Safeguards or any other written communication contact:

 The parent and interpreter (if applicable) can electronically sign the form, or the form can be printed for signatures.

SPECIAL ACCOMMODATIONS

- ☐ I waive the required minimum 10 day notice period between my receipt of the Notice of IEP Meeting and the actual meeting. (Check only if applicable).
- ☐ I will require language assistance during the IEP process. My primary language is
(Please also contact the district designee noted above.)

SIGNATURE:

[Click to Sign](#)

SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT

DATE

CONSENT FOR EXCUSAL

- ☐ I agree to excuse the IEP team member noted on page 1 from the IEP Team meeting.
- ☐ I DO NOT agree to excuse the IEP Team member noted on page 1 from the IEP Team meeting.

Parent/Guardian/Surrogate Parent/Adult Student signature:

[Click to Sign](#)

SIGNATURE OF INTERPRETER, IF REQUIRED

DATE

8. At the bottom of page 2, select **1st Notice**, select the **Date**, select the **Written** radio button, and enter any **Contact Notes**.

<input checked="" type="checkbox"/> 1st Notice	Date: 04/02/2024	Type: <input checked="" type="radio"/> Written
<input type="checkbox"/> 2nd Notice	Date:	Type: <input type="radio"/> Written <input type="radio"/> Verbal
<input type="checkbox"/> 3rd Notice	Date:	Type: <input type="radio"/> Written <input type="radio"/> Verbal

Contact Notes:

4/2/24 - Emailed parent to select meeting date and time

9. After entering the 1st Notice information, click **Save & Validate** at the top of the screen. This will generate an error message because the 2nd Notice fields must still be completed.

10. Click **Yes** to save a draft.

X

An error occurred when validating the form. Do you wish to save a draft of this form instead?

Cancel Yes

A red warning message displays at the top of the form.

Previous Step
Next Step
Notes
Save & Validate
Mark as Complete
Print
History
Return to Manage Student
0%

* IEP Team Meeting
Receipt of Procedural Safeguards
Excused IEP Team Member Input
IEP Meeting Supplements
Uploads (0)

The saved data on this form has not passed validation. This step will not be complete until validation succeeds.

NOTICE OF INDIVIDUAL EDUCATION PLAN (IEP) TEAM MEETING

To the Parent of Amanda Joseph Espinosa Date of Notice: 04/02/2024

An Individualized Education Program (IEP) Team meeting for you/your child is scheduled as noted below. You/Your child will be invited to attend if they will be at least 12 years old or in 7th grade during the duration of this IEP (and every year thereafter through age 18 or possibly 22) as transition services and/or post secondary goals will be considered or developed.

1. PURPOSE OF MEETING:

<input type="checkbox"/> To determine need for evaluation/reevaluation	<input type="checkbox"/> To develop annual IEP
<input type="checkbox"/> To review results of evaluation/reevaluation	<input type="checkbox"/> To review/revise IEP/continue IEP development from previous meeting
<input type="checkbox"/> To determine initial eligibility for special education and related services	<input type="checkbox"/> To consider change in placement/services
	<input type="checkbox"/> To consider Extended School Year services

11. To print the first meeting notice for the parent/guardian, click **Print** at the top of the screen.

Previous Step
Next Step
Notes
Save & Validate
Mark as Complete
Print
History
Return to Manage Student
0%

* IEP Team Meeting
Receipt of Procedural Safeguards
Excused IEP Team Member Input
IEP Meeting Supplements
Uploads (0)

The saved data on this form has not passed validation. This step will not be complete until validation succeeds.

NOTICE OF INDIVIDUAL EDUCATION PLAN (IEP) TEAM MEETING

To the Parent of Amanda Joseph Espinosa Date of Notice: 04/02/2024

An Individualized Education Program (IEP) Team meeting for you/your child is scheduled as noted below. You/Your child will be invited to attend if they will be at least 12 years old or in 7th grade during the duration of this IEP (and every year thereafter through age 18 or possibly 22) as transition services and/or post secondary goals will be considered or developed.

1. PURPOSE OF MEETING:

<input type="checkbox"/> To determine need for evaluation/reevaluation	<input type="checkbox"/> To develop annual IEP
<input type="checkbox"/> To review results of evaluation/reevaluation	<input type="checkbox"/> To review/revise IEP/continue IEP development from previous meeting
<input type="checkbox"/> To determine initial eligibility for special education and related services	<input type="checkbox"/> To consider change in placement/services
	<input type="checkbox"/> To consider Extended School Year services

12. Select **Disable Watermark** to print the forms without the red draft watermark.

Select Steps to Print

Select All

Select None

Print Options

Language

English

Highlight Changes

☐

Disable Watermark

☐

Hide Page Numbers

☐

Hide Event Name

☐

Step Name	Saved Date	Print	Options
IEP Team Meeting		<input checked="" type="checkbox"/>	

Cancel

Preview

13. Deselect the **Print** option for any forms that are not needed.

Select Steps to Print

Select All

Select None

Disable Watermark

☐

Hide Page Numbers

☐

Hide Event Name

☐

Step Name	Saved Date	Print	Options
IEP Team Meeting		<input checked="" type="checkbox"/>	
Receipt of Procedural Safeguards		<input checked="" type="checkbox"/>	
Excused IEP Team Member Input		<input checked="" type="checkbox"/>	
IEP Meeting Supplements		<input type="checkbox"/>	

Cancel

Preview

14. Click **Preview**.

Select Steps to Print

Select All

Select None

Disable Watermark

Hide Page Numbers

Hide Event Name

Step Name	Saved Date	Print	Options
IEP Team Meeting		<input checked="" type="checkbox"/>	
Receipt of Procedural Safeguards		<input checked="" type="checkbox"/>	
Excused IEP Team Member Input		<input checked="" type="checkbox"/>	
IEP Meeting Supplements		<input type="checkbox"/>	

Cancel

Preview

15. Click **Print Form** and follow your printer's prompts.

✕

Return To Focus

Print Form

NOTICE OF INDIVIDUAL EDUCATION PLAN (IEP) TEAM MEETING

To the

Parent of

Amanda Joseph Espinosa

Date of Notice:

04/02/2024

An Individualized Education Program (IEP) Team meeting for you/your child is scheduled as noted below. You/Your child will be invited to attend if they will be at least 12 years old or in 7th grade during the duration of this IEP (and every year thereafter through age 18 or possibly 22) as transition services and/or post secondary goals will be considered or developed.

1. PURPOSE OF MEETING:

☐ To determine need for evaluation/reevaluation
 ☐ To develop annual IEP

☐ To review results of evaluation/reevaluation
 ☐ To review/revise IEP/continue IEP development from previous meeting

☐ To determine initial eligibility for special education and related services
 ☐ To consider change in placement/services

☐ To determine continued eligibility for special education and related services
 ☐ To consider Extended School Year services

☒ To determine initial placement
 ☐ To discuss/develop transition services and/or postsecondary goals (requires student participation)

☐ To develop Interim IEP
 ☐ To consider dismissal

☐ Other
 ☐ To conduct Manifestation Determination

☐
☐ To determine need for Functional Behavior Assessment (FBA) or Behavior Intervention Plan (BIP)

16. Click **Return to Focus** when finished.

Manage Student: ESE Events

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✕ Return To Focus

Print Form

NOTICE OF INDIVIDUAL EDUCATION PLAN (IEP) TEAM MEETING

To the Parent of Amanda Joseph Espinosa Date of Notice: 04/02/2024

An Individualized Education Program (IEP) Team meeting for you/your child is scheduled as noted below. You/Your child will be invited to attend if they will be at least 12 years old or in 7th grade during the duration of this IEP (and every year thereafter through age 18 or possibly 22) as transition services and/or post secondary goals will be considered or developed.

1. PURPOSE OF MEETING:

☐ To determine need for evaluation/reevaluation
☐ To review results of evaluation/reevaluation
☐ To determine initial eligibility for special education and related services
☐ To determine continued eligibility for special education and related services
☒ To determine initial placement
☐ To develop Interim IEP
☐ Other

☐ To develop annual IEP
☐ To review/revise IEP/continue IEP development from previous meeting
☐ To consider change in placement/services
☐ To consider Extended School Year services
☐ To discuss/develop transition services and/or postsecondary goals (requires student participation)
☐ To consider dismissal
☐ To conduct Manifestation Determination
☐ To determine need for Functional Behavior Assessment (FBA) or Behavior Intervention Plan (BIP)

17. At the appropriate time, document the second notice by clicking **View** on the IEP Meeting Notice event for the student.

Active Events(1)
Locked Events(0)
Inactive Events(0)

Export
Filter: OFF

Due Date	Scheduled Date	Event	Contents	Parent Signatures	Status	Campus	Date Initiated	Initiated By	Delete	Set Inactive
	04/02/2024	IEP Meeting Notice	View Steps	Ready to Sign	open Requirements	Focus High School - 0041	04/02/2024 11:46 AM	Ashley Weiss	Delete	Set Inactive

18. At the bottom page 2 of the IEP Team Meeting step, select **2nd Notice**, enter the **Date**, and select the **Type** of notice. Enter any **Contact Notes**.

☒ **1st Notice**
☒ **2nd Notice**
☐ **3rd Notice**

Date: 04/02/2024
Date: 04/09/2024
Date:

Type: ☒ Written
Type: ☐ Written ☒ Verbal
Type: ☐ Written ☐ Verbal

Contact Notes:

4/2/24 - Emailed parent to select meeting date and time

4/9/24 - Called parent to confirm meeting date and time

19. Click **Save & Validate** at the top of the screen. To print the notice, click **Print** and follow the same procedure as in steps 12-16 above.

Previous Step

Next Step

Notes

Save & Validate

Mark as Complete

Print

History

Return to Manage Student

100%

IEP Team Meeting

Receipt of Procedural Safeguards

Excused IEP Team Member Input

IEP Meeting Supplements

Uploads (0)

NOTICE OF INDIVIDUAL EDUCATION PLAN (IEP) TEAM MEETING

To the Parent of

Amanda Joseph Espinosa

Date of Notice: 04/02/2024

An Individualized Education Program (IEP) Team meeting for you/your child is scheduled as noted below. You/Your child will be invited to attend if they will be at least 12 years old or in 7th grade during the duration of this IEP (and every year thereafter through age 18 or possibly 22) as transition services and/or post secondary goals will be considered or developed.

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To consider change in placement/services

To determine continued eligibility for special education and related services

To consider Extended School Year services

To determine initial placement

To discuss/develop transition services and/or postsecondary goals (requires student participation)

To develop Interim IEP

To consider dismissal

To conduct Manifestation Determination

To determine need for Functional Behavior Assessment (FBA) or Behavior Intervention Plan (BIP)

Receipt of Procedural Safeguards

If needed, the Receipt of Procedural Safeguards can be printed for the parent/guardian. Parents can also electronically sign the form.

Previous Step

Next Step

Notes

Save & Validate

Mark as Complete

Print

History

Return to Manage Student

100%

IEP Team Meeting

Receipt of Procedural Safeguards

Excused IEP Team Member Input

IEP Meeting Supplements

Uploads (0)

Student Name: Vernon D Anthony

Student ID: 00078990

Gender: M

Grade: 11

Campus: Focus High School - 0041

DOB: 12/13/2007

Parent: Parent Parent

Address: 123 Main Street
St. Petersburg, FL 33701

Phone: (555) 555-1111

Receipt for Procedural Safeguards For Students with Disabilities

This is to verify that I have received a copy of the **Procedural Safeguards for Parents of Students with Disabilities** which informs me of my rights as a parent of a child with a disability or suspected disability.

Please check one: ☐ Paper copy ☐ Electronic copy

Date received:

Please check one statement below, sign and date the form. Return this form to your child's school.

☐ I have read and understand the **Procedural Safeguards for Parents of Students with Disabilities** and understand my rights and responsibilities as described.

☐ I would like an explanation of the Procedural Safeguards. The Procedural Safeguards have been explained to me by:

Name:

Position:

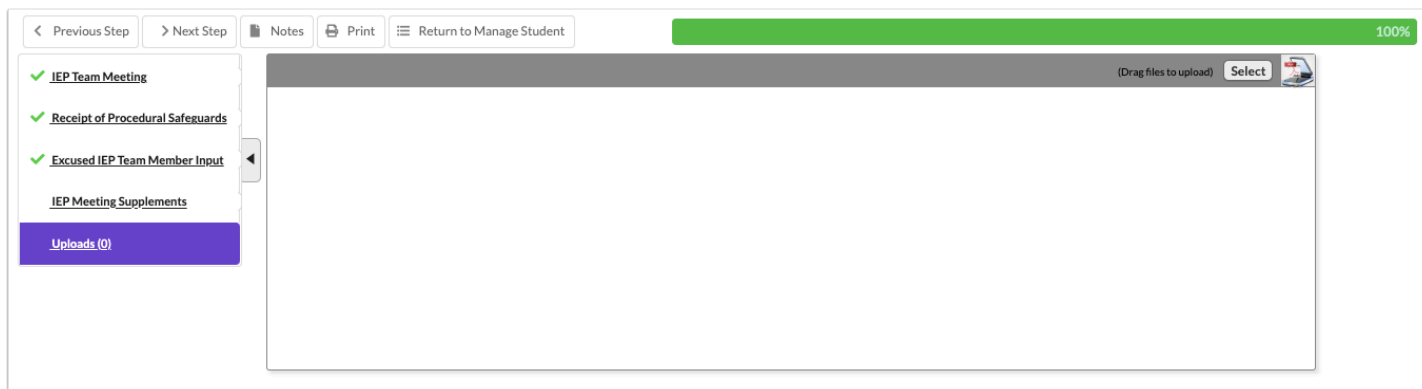
Date Explained:

Uploads

Uploads can be used to add documentation to an event, such as student work samples or forms completed by the parent/guardian of the student. Uploads should be in the PDF format in order to be available when printing.

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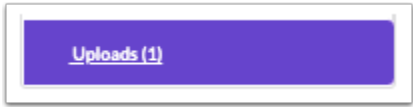
1. Drag a file into the box, click **Select** and select a file from your computer, or click the scan icon and follow prompts to scan the document.



2. Once documentation is scanned or uploaded it will populate in the upload field with edit/delete options.



3. The number of uploads will display in parenthesis on the side menu.



4. Click the pencil icon to edit the title of the file.



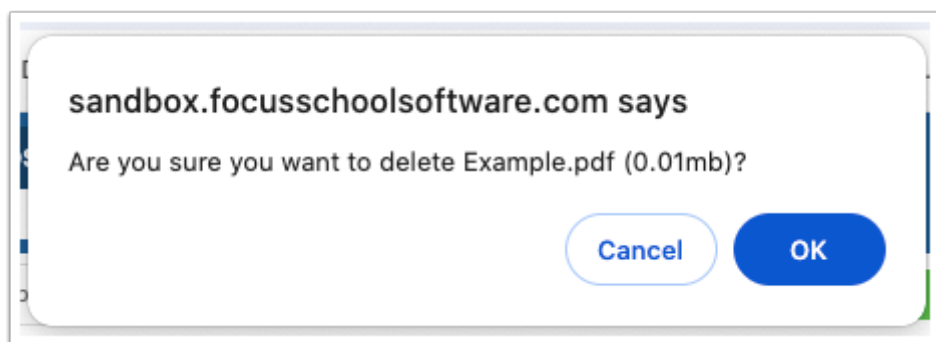
After making a title change, click the green check mark to save the change, or the red X to discard the change and keep the original file name.



5. Click the red minus sign to delete the upload.



6. Click **OK** to confirm deletion.



Locking the IEP Meeting Notice Event

At the appropriate time after both notices have been sent, the IEP Meeting Notice event can be locked by the individual with profile permission.

1. In the Active Events tab, locate the IEP Meeting Notice event and click **Lock**.

Active Events(1) Locked Events(0) Inactive Events(0)									
Export		Filter: OFF							
Due Date	Scheduled Date	Event	Contents	Parent Signatures	Status	Campus	Date Initiated	Initiated By	Delete
04/02/2024		IEP Meeting Notice	View	Steps	Ready to Sign	Lock	Focus High School - 0041	04/02/2024 11:46 AM Ashley Weiss	Delete
									Set Inactive

A pop-up window displays with a form that must be completed.

Complete This Form Before Locking Event

☐ Received parent response
☐ Parent did not respond.

Locked Meeting Notice Rationale

Please select reason for locking this meeting notice:

☐ Meeting will take place as scheduled:

☐ Meeting canceled

Lock

Close

2. Select the check box that indicates the parent's/guardian's response.
3. Select an option to indicate that the meeting will take place as scheduled, the meeting was canceled, or if new notice is required.
4. Click **Lock**.

Complete This Form Before Locking Event

Please select reason for locking this meeting notice:

☒ Meeting will take place as scheduled:

☐ Meeting canceled

☐ New notice required


☐ Parent requested new date.
☐ New date required due to school request
☐ Other:



☐ Meeting will take place as scheduled. Parent waived the 7 day notice. Confirmation of parent waiving 7 day notice is documented with parent signature

Lock

Close


The event is moved to the Locked Events tab.

 To view the form that was completed upon locking the event, click the **View Pre-Lock Form** link in the Status column.

Active Events(0) Locked Events(1) Inactive Events(0)											
Export  		Filter: OFF									
Due Date	Scheduled Date	Event	Contents	Status	Additional Uploads	Campus	Date Initiated	Initiated By	Date Locked	Locked By	Unlock
	04/02/2024	IEP Meeting Notice	View	Steps locked View Pre-Lock Form	View	Focus High School - 0041	04/02/2024 11:46 AM	Ashley Weiss	04/02/2024 12:09 PM	Ashley Weiss	Unl

IEP Event

Once the IEP Meeting Notice event is completed and locked, the IEP Event can be initiated.

 See [IEP 2.0 and Amended IEP 2.0](#) for information on completing the IEP 2.0 and Amended IEP 2.0 events.

Demographics and Desired Student Outcomes

Student demographic information will populate in the appropriate fields on the form.

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[* Demographics and Desired Outcomes](#)

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Student Name: Amanda J Espinosa Student ID: 4400061861 Gender: M Grade: 10 Campus: Focus High School - 0041 DOB: 03/04/2009 Parent: Parent Parent Primary Exceptionality: NA
 Phone: Email: Address: Zxi Zjwxc, UZ 11111

Individual Education Plan (IEP)
Demographics and Student Expected Outcomes

Student Name: Amanda Joseph Espinos Student ID: 00061861 DOB: 03/04/2009
 Grade: 10 Campus: Focus High School - 0041 ELL: Not applicable [ZZ]
 Address: Zxi Zjwxc UZ 11111
 Parent/Guardian: Parent Parent Phone: Email:
 Parent/Guardian: Phone: Email:
 Exceptionalities:
 Primary: None Currently Assigned
 Additional: None Currently Assigned

IEP Type: Select One Amended Date: 3 Year Reeval Due Date: N/A
 IEP Plan Date: 04/16/2024 IEP Services Start Date: IEP Plan End Date: 04/15/2025

Transition: Will the student be 14 years of age or entering the first year of high school during the validity period of the IEP?
☐ No ☐ Yes If yes, enter the expected year of graduation and complete all transition sections.

1. Select the IEP Type.



Do not select Amended for the IEP Type as that is a separate event.

2. The **3 Year Reeval Due Date** may auto-populate if present in the student's SIS record. If not, enter the date.

3. The **IEP Plan Date** and **IEP Plan End Date** will auto-populate from the locked IEP Meeting Notice.



If multiple meeting notices were created, the system pulls the dates from the most recent locked notice.

4. Enter the IEP Services Start Date.

IEP Type: Select One Amended Date: 3 Year Reeval Due Date: N/A
 IEP Plan Date: 04/16/2024 IEP Services Start Date: IEP Plan End Date: 04/15/2025

5. Selecting **Yes** for any of the Transition questions will display the **Transition** step on the left side of the screen.

Transition: Will the student be 14 years of age or entering the first year of high school during the validity period of the IEP?
☐ No ☒ Yes If yes, enter the expected year of graduation and complete all transition sections.
Will the student be in the 7th grade or turning 12 years of age or older during the validity period of the IEP?
☐ No ☐ Yes If yes, complete the Transition areas deemed appropriate by the IEP Team.
Even though the student will not be in the 7th grade or turning 12 years old, the IEP Team has determined that addressing transition is appropriate. ☐ N/A ☐ Yes If yes, complete the Transition areas deemed appropriate by the IEP Team.

6. If **Yes** is selected for the **Self-Determination and Self-Advocacy** section, then self-determination must be addressed through annual goals, short-term objectives/benchmarks, or services in the IEP.

Self-Determination and Self-Advocacy: Identifying transition services, to include the student's need for instruction or the provision of information in the area of self-determination and self-advocacy to assist the student with actively and effectively participating in IEP team meetings and being able to self-advocate, **must begin no later than age 12** so that needed post-secondary and career goals may be identified and **in place by age 14 or the student's first day of their first year in high school** (s.1003.5716, F.S).
Is there a need for instruction or information in the area of self-determination or self-advocacy? ☒ No ☐ Yes
If yes, self-determination must be addressed through annual goals, short-term objectives/benchmarks, or services in the IEP.

7. Indicate if and how the parent/guardian/student was provided with procedural safeguards or transition resources.

i The "Yes" radio button for Transition Resources will be selected by default if any of the transition questions above are answered with "Yes." The "No" radio button will be selected by default if all the transition questions above are answered with "No" or "N/A."

Parent/guardian/adult student was provided with the:
 Procedural Safeguards: ☐ Yes ☐ No Date: Transition Resources: ☐ Yes ☐ No Date:
 Check format provided: ☐ Paper ☐ Electronic Check format provided: ☐ Paper ☐ Electronic

8. Select the **Frequency of IEP Goals Progress Reporting to Parents**.

9. Select whether the parent consented to share information to obtain Medicaid eligibility status. This is a separate form.

i The answer to this question will auto-populate if the data exists in the field `parent_billing_medical_consent`. If the `parent_billing_medical_consent` field is null or Z,

the NA will be auto-populated. If the NA is auto-populated, and the parent provides or fails to provide consent when requested, the NA can be changed to Yes or No. Upon locking the IEP, the event trigger will update the parent_billing_medical_consent field if a change was made.

10. For 12th graders or those who will be in 12th grade during validity period of IEP, select whether the student is deferring receipt of a Standard Diploma.

Frequency of IEP Goals Progress Reporting to Parents:	<input type="text" value="Select One"/>	<input type="text" value="Other"/>
Has the parent consented to share information to obtain medicaid eligibility status?		
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA		
Diploma Deferral: Students must decide to defer receipt of their standard diploma prior to the beginning of the school year in which they are expected to meet those requirements. Decision deadline is May 15th of the year the requirements are expected to be met. See Transition Services page 3 for documentation of deferral discussion/decision, if applicable.		
Is the student deferring receipt of a Standard Diploma?		
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA		

11. Complete the **Statement of Expected Outcomes and Additional Benefits at time of graduation**, which is required for 14 year olds or the 1st year in high school and every year thereafter.

Statement of Expected Outcomes and Additional Benefits at time of graduation - Not required for students prior to age 14 or entering high school for the first time, whichever comes first.
<div style="border: 1px solid red; height: 40px;"></div>

12. Click **Save & Validate** at the top of the screen when finished completing the form.

Present Levels (PLAAFP)

This step features a hyperlink to the student's SIS [Test History](#), which opens in a pop-out window. Standardized test data will also automatically populate from the Test History record. Each Domain in the PLAAFP must be addressed whether or not the student needs instruction, support, or services for that domain.

Present Levels of Academic Achievement and Functional Performance

The PLAAFP describes the student's access to, involvement and progress in the general education curriculum. The following statements provide information regarding the student's strengths, academic, developmental and/or functional challenges; results of state and districtwide assessments; effects of the disability, and, for PreK students, participation in appropriate activities.

District and State Assessment Data:

Results of the most recent state and district assessments (include narrative describing specific sub-test results). [Test History](#)

Florida Statewide Assessments

TEST	DATE	SCORE	LEVEL
FC2 - ELA			
FSA - ALG1			
FSA - ELA	04/28/2017	306	
FSA - GEO			
FSA - MATH	05/01/2019	321	2

Florida Statewide EOC Assessments

TEST	DATE	SCORE	LEVEL
EAH - HIS			
EB1 - BIO			
ECS - CIV	05/01/2019	383	2

- Each Domain must describe the student's strengths and challenges, if any.
- Each Domain must have YES or NO selected as an Area of Concern.
- Only Domains selected as YES will be available for selection on the Goals & Objectives screen.
- Only Domains selected as YES can be edited on the Matrix of Services with the exception of the Health Domain; it can be edited whether Yes or No is selected as a student may need services but not a goal.
- Transition Service Area(s) can also be selected for each Domain for Transition IEPs.

Curriculum and Learning Environment (Domain A):

Area of Concern: ☐ Yes ☐ No

Transition Service Area:

This domain addresses student's needs related to their involvement in the general curriculum or other academic and vocational curricula. This domain includes skills related to obtaining and using information, mathematical concepts and processes, and problem solving. It also includes workplace competencies relating to job preparation, task management, use of tools and technology, and employability skills. Student may have needs that require adjustments in the learning environment, including instruction and assessment procedures, materials, and equipment and adaptations to the classroom setting.

READING/LITERACY/WRITTEN LANGUAGE SKILLS or EMERGENT LITERACY/WRITING SKILLS FOR PRE-K:

Strengths

Challenges

MATHEMATICS or EMERGENT MATH SKILLS FOR PRE-K:

Strengths

Challenges

- The Effect of Disability and The Student's Priority Educational Need(s) statements should consider all domains as there are not separate statements per Domain.

The Effect of the Disability:

Describe how the student's disability affects the student's access to, involvement/participation, and progress in the general curriculum, or, functioning in the typical learning environment for Pre-K. Relate to daily academic, social, and independent functioning requirements. Relate to present levels. Tell what specific skills, behaviors, and capabilities are affected by the disability.

The Student's Priority Educational Need(s) is/are to:

The student's priority educational need(s) should flow from the effect of the disability. It should identify the immediate priority for student learning and progress. It will be targeted in the goals and objectives.

Based on the student's present levels of academic achievement, what instructional supports are necessary to assist the student in mastery of grade level standards and participation in state-wide assessment?:

Include a statement that reflects the specially designed instructional needs that will be addressed to support mastery of grade level Florida Standards and participation in state-wide assessment. Include a statement as to how progress will be monitored and how frequently. **The Schedule of Services should reflect what is in this statement.**

- Domains selected as YES for Area of Concern will be selected at the end of page 5 for verification.
- Any Transition Service Activity Areas selected on one or more Domains can be manually selected at the end of page 5.

Goal Domains/Transition Service Activity Areas Checklist:

The student's needs that result from his or her disability are addressed through the following Domains/Transition Service Areas. Beginning with the IEP that will be in effect when the student turns 14 or enters the first year of high school, the annual goals should address the student's needs that relate to making progress in the desired course of study and high school diploma or needs that relate to transition services and progress toward attainment of the student's measurable postsecondary education and career goals. Although there does not need to be an exact one-to-one match of annual goals to the course of study or measurable postsecondary education and career goals, **for students 14 and older, the annual goals must support the student's needs for transition services.**

Domains

- ☒ A - Curriculum and Learning Environment
- ☒ B - Social and Emotional Behavior
- ☐ C - Independent Functioning
- ☐ D - Health Care
- ☐ E - Communication

Transition Service Activity Areas

- ☒ Education/Instruction
- ☐ Employment/Training
- ☐ Community Engagement
- ☐ Independent Living
- ☒ Daily Living Skills
- ☐ Functional Vocational Assessment
- ☐ Related Services

Click **Save & Validate** when the form is complete.

Transition

The Transition step in the event will ONLY populate if any of the Transition statements were marked as Yes in the Demographics and Desired Outcomes step. This step consists of 3 pages with only Parts I, II, III-A, III-B being required for ALL students an IEP team deems transition should be addressed.

Transition statements in Demographics and Desired Outcomes:

Transition: Will the student be 14 years of age or entering the first year of high school during the validity period of the IEP?
☒ No ☐ Yes If yes, enter the expected year of graduation and complete all transition sections.

Will the student be in the 7th grade or turning 12 years of age or older during the validity period of the IEP?
☒ No ☐ Yes If yes, complete the Transition areas deemed appropriate by the IEP Team.

Even though the student will not be in the 7th grade or turning 12 years old, the IEP Team has determined that addressing transition is appropriate. ☐ N/A ☒ Yes If yes, complete the Transition areas deemed appropriate by the IEP Team.

Transition step:

Parts I, II, III-A and III-B are required beginning not later than the first IEP to be in effect the year the student enters high school, attains the age of 14 or is 12 years of age or in 7th grade, whichever occurs first.

Part I. Describe the planned course(s) of study needed to enable the student to reach stated postsecondary goals. This statement should include the instructional program and experiences the school district will provide. Include a statement on how the student will meet the online course requirement, if applicable.

The student is exempt from the online course requirement: ☐ Yes ☐ No ☐ N/A

If Yes, please select reason: Select One

The parent/guardian/student and the IEP team has discussed the process for a student who meets the requirements for a standard diploma to defer the receipt of such diploma pursuant to 1003.4282(10)(c): ☐ Yes ☐ No Date discussed

The parent/guardian/student has opted for the student to pursue:

☐ Diploma selection not appropriate at this time

Part II. Eligibility for graduation will be based upon meeting course requirements for the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Standard Diploma with Scholar Designation | <input type="checkbox"/> Standard Diploma | <input type="checkbox"/> International Baccalaureate Diploma |
| <input type="checkbox"/> Standard Diploma with Merit Designation | <input type="checkbox"/> CTE Pathways Diploma | <input type="checkbox"/> Deferring Standard Diploma |
| <input type="checkbox"/> Standard Diploma w/Employment Competencies | <input type="checkbox"/> 18 Credit ACCEL | <input type="checkbox"/> Certificate of Completion |
| <input type="checkbox"/> Standard Diploma w/Access Pts | <input type="checkbox"/> GED | <input type="checkbox"/> AICE |

Part III-A. Transition Assessments and Results: (Based on the results of formal and informal, age-appropriate transition assessments, what are the student's current strengths, preferences and interests, to include areas of career, post-secondary education/training, employment, and independent living?) For students 12 years of age or in 7th grade, describe the need for assessments or services to help the student identify postsecondary/career goals.

1. In Part I, enter a description of the student's planned course of study that will enable them to achieve the desired postsecondary goal. Select whether the student is exempt from online course requirement; if Yes, why?

2. In Part II, select whether the parent/guardian/student and the IEP team discussed the process for deferring standard diploma. If Yes is selected, enter the Date. Select the diploma type(s) the student will pursue, or select **Diploma selection is not appropriate at this time**. If the student is a 12th grader, the deferral statement on page 3 must be signed.

Transition Services

Parts I, II, III-A and III-B are required beginning not later than the first IEP to be in effect the year the student enters high school, attains the age of 14 or is 12 years of age or in 7th grade, whichever occurs first.

Part I. Describe the planned course(s) of study needed to enable the student to reach stated postsecondary goals. This statement should include the instructional program and experiences the school district will provide. Include a statement on how the student will meet the online course requirement, if applicable.

The student is exempt from the online course requirement: ☐ Yes ☐ No ☐ N/A

If Yes, please select reason: Select One ▼

The parent/guardian/student and the IEP team has discussed the process for a student who meets the requirements for a standard diploma to defer the receipt of such diploma pursuant to 1003.4282(10)(c): ☐ Yes ☐ No Date discussed

The parent/guardian/student has opted for the student to pursue:

☐ Diploma selection not appropriate at this time

Part II. Eligibility for graduation will be based upon meeting course requirements for the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Standard Diploma with Scholar Designation | <input type="checkbox"/> Standard Diploma | <input type="checkbox"/> International Baccalaureate Diploma |
| <input type="checkbox"/> Standard Diploma with Merit Designation | <input type="checkbox"/> CTE Pathways Diploma | <input type="checkbox"/> Deferring Standard Diploma |
| <input type="checkbox"/> Standard Diploma w/Employment Competencies | <input type="checkbox"/> 18 Credit ACCEL | <input type="checkbox"/> Certificate of Completion |
| <input type="checkbox"/> Standard Diploma w/Access Pts | <input type="checkbox"/> GED | <input type="checkbox"/> AICE |

3. In Part III-A, describe the type and results of age-appropriate transition assessment(s) given to the student.

Part III-A. Transition Assessments and Results: *(Based on the results of formal and informal, age-appropriate transition assessments, what are the student's current strengths, preferences and interests, to include areas of career, post-secondary education/training, employment, and independent living?)* For students NOT 14 or entering the first year of high school, describe the need for assessments or services to help the student identify postsecondary/career goals.

4. In Part III-B, determine if student will participate in Pre-Employment Transition Services provided by the local Vocational Rehabilitation Services Agency. Describe those services in Part V.

Part III-B. Pre-Employment Transition Services:

"Preemployment transition services" means the services of job exploration counseling, work-based learning experiences, counseling on comprehensive transition or postsecondary education programs, workplace readiness training, and instruction in self-advocacy as required by the Workforce Innovation and Opportunity Act of 2014, which may be provided to students with disabilities who are eligible or potentially eligible for vocational rehabilitation services.

Will the student participate in Pre-employment Transition Services? If yes, please describe in Part V.

☐ Yes ☐ No ☐ NA Effective Date:

5. In Part IV, describe the student's current skills in self-determination, self-advocacy, employment, community engagement, and career readiness.

Part IV. Transition Skills: Required for students entering 1st year of high school or turning 14 - 22 during the duration of this IEP. (What are the student's current skills in the areas of self-determination, self-advocacy, employment, community engagement, and career readiness?)

--

6. In Part V, enter how the student's input was obtained.

7. For each applicable "domain", add the goal and enter the activity and/or service necessary to achieve the postsecondary career goal, as well as the responsible person/agency, which may include the student and/or the parent.

Part V. Measurable Post Secondary Goals: Complete if the student will be entering 1st year of high school or turning 14 years of age or older during the duration of this IEP. (Based on the results of formal and informal, age-appropriate transition assessments establish goals that meet the following criteria: Condition, Name of student, Behavior, and Criterion (CNBC). Include areas of career, education/training, employment, and independent living.)

How was the student's input obtained?

--

1. **Career Goal:** (long term)

--

2. **Education/Instruction:**

--

Transition Activities/Services

Person(s)/Agency Responsible

--

--

3. **Employment/Training or Pre-Employment Transition Services :**

--

Transition Activities/Services

Person(s)/Agency Responsible

--

--

8. In the INTERAGENCY RESPONSIBILITIES AND/OR LINKAGES FOR TRANSITION SERVICES section, indicate whether the parent/guardian has signed and returned the release form and list the agency responsible for providing the transition service or activity for any area listed on previous page.

INTERAGENCY RESPONSIBILITIES AND/OR LINKAGES FOR TRANSITION SERVICES:

The Interagency Release Form has been: ☐ Provided, but not returned ☐ Signed and on file ☐ Rejected

Agency:

District designee for agency follow-up:

9. Select whether the IEP will be in effect at the beginning of the school year the student is expected to graduate.

Will this IEP be in effect at the beginning of the school year the student is expected to graduate? ☐ No

☐ Yes

If yes, the parent/guardian or majority-age student must sign the statement below.

My student intends/I intend to receive a standard high school diploma before attaining the age of 22 and understand(s) the process for deferment.

Signature Parent/Guardian/Student: Date:

Describe how the student will fully meet the requirements as outlined in s.1003.4282, including but not limited to a portfolio pursuant to s.1003.4282(10)(b). Expected outcomes and additional benefits described on page 1 of the IEP.

10. In the TRANSFER OF RIGHTS AT AGE OF MAJORITY section, select **Applicable** or **Not Applicable**. If Applicable is selected, fill out the appropriate section.

TRANSFER OF RIGHTS AT AGE OF MAJORITY: ☒ Applicable ☐ Not Applicable

Complete when the student will be turning 17 years of age during the validity period of the IEP.

Beginning at least one (1) year before the student's eighteenth birthday, the student was informed of his or her rights under Part B of the Individuals with Disabilities Education Act (IDEA), if any, that will transfer from the parent to the student on reaching the age of majority, which is 18 years of age.


☐ Yes ☐ No If "Yes", date: Student was informed: ☐ at meeting ☐ mailed home

Complete when the student will be turning 18 years of age during the validity period of the IEP.

A separate and distinct notice was provided closer to the time of the student's eighteenth birthday to the parent/guardian and student.

☐ Yes ☐ No If "Yes", date: Parent/Guardian was informed: ☐ at meeting ☐ mailed home
Student was informed: ☐ at meeting ☐ mailed home

If "Yes", select the *Transfer of Rights at Age of Majority* from IEP Supplements.

 The Transfer of Rights at Age of Majority form can be located in the Supplements step of the IEP Event and may be accessed prior to the IEP meeting.

11. Click **Save & Validate** when finished.

ESY Eligibility Review

The IEP team may determine it appropriate to complete this form prior to completing the Special Factors step. This form must be completed for all students and all sections must be addressed. This form consists of two pages and a rationale must be provided for every YES and/or NO answer. Typically if the Present Levels indicated no goal was needed for a Domain, the answer for the related Domain on this form would be NA.

1. Questions 1 - 4 co-relate to a Domain on the IEP, excluding the Health Domain. The Supporting Data and Rationale may be completed before selecting Yes or No, however:

- If No is selected as an answer, the NA option becomes available for selection.
- When NA is selected, the Rationale for determining Yes or No text block is disabled.
- If Yes or No is selected, enter the Supporting Data Reviewed for the domain. Enter the Rationale for determining Yes or No.

Extended School Year Eligibility Review

The following questions are intended to assist IEP and FSP teams in making decisions regarding the necessity for ESY Services. For each question, provide the rationale for determining YES or NO for each area (NA if the student does not have goals in this area). If "YES" is indicated for one or more questions, the student may need ESY services.

REGRESSION/RECOUPMENT	
<p>1. Does the data indicate the likelihood that significant regression will occur in critical life skills related to academics, or, for Pre-K students, developmentally appropriate pre-academic skills, and that those skills cannot be recouped within a reasonable amount of time without ESY services?</p> <p>Supporting Data Reviewed:</p> <div></div> <p>Rationale for determining Yes or No: <input type="radio"/> NA - Student does not have goals in this area.</p> <div></div>	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>
<p>2. Does the data indicate the likelihood that significant regression will occur in critical life skills related to communication, and that those skills cannot be recouped within a reasonable amount of time without ESY Services?</p> <p>Supporting Data Reviewed:</p> <div></div> <p>Rationale for determining Yes or No: <input type="radio"/> NA - Student does not have goals in this area.</p> <div></div>	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>
<p>3. Does the data indicate the likelihood that significant regression will occur in critical life skills related to independent functioning and self-sufficiency, and that those skills cannot be recouped within a reasonable amount of time without ESY services?</p> <p>Supporting Data Reviewed:</p> <div></div>	<div><input type="radio"/> Yes</div> <div><input type="radio"/> No</div>

2. The CRUCIAL STAGE OF DEVELOPMENT section may include emergent skills for Pre-K students as well as critical points of instruction on existing skills.

CRUCIAL STAGE OF DEVELOPMENT

5. Does the data indicate the likelihood that the student is at a crucial stage in the development of a critical life skill, and that a lapse in services would substantially jeopardize the student's chances of learning that skill? This may include emerging skills as well as critical points of instruction on existing skills.

☐ Yes

☐ No

Supporting Data Reviewed:

Rationale for determining Yes or No:

3. The NATURE/SEVERITY OF DISABILITY section may include the student's rate of progress.

NATURE/SEVERITY OF DISABILITY

6. Is the nature or severity of the student's disability such that the student would be unlikely to benefit from his or her education without the provision of ESY services? The nature of the disability may include the student's rate of progress.

☐ Yes

☐ No

Supporting Data Reviewed:

Rationale for determining Yes or No:

4. In the EXTENUATING CIRCUMSTANCES section, consider the student's current situation(s) that indicate FAPE wouldn't be provided without ESY services.

EXTENUATING CIRCUMSTANCES

7. Are there extenuating circumstances pertinent to the student's current situation that indicate the likelihood that FAPE would not be provided without ESY services? Examples of students who may require ESY services under this criterion include, but are not limited to, the following:

☐ Yes

☐ No

- a student who has recently obtained paid employment and requires the services of a job coach in order to be successful
- a student who requires ESY services in order to remain in his or her existing LRE and prevent movement to a more restrictive setting
- a student whose frequent health-related absences have significantly impeded progress on goals related to critical life skills

Supporting Data Reviewed:

Rationale for determining Yes or No:

5. Select **Yes** or **No** for "Does the data support the need for Extended School Year services?" The answer will be pushed to the student's ESE tab.

Does the data support the need for Extended School Year services? ☐ Yes ☐ No

6. Click **Save & Validate** when finished.

Special Factors

The Individuals with Disabilities Education Act (IDEA) lists special factors that the IEP team must consider in the development, review, and revision of each student's IEP. This form will address this key information and individualized consideration of each factor to be addressed in the student's IEP. Selecting Yes on certain fields will require the completion of additional fields.

Previous Step

Next Step

Notes

Save & Validate

Mark as Complete

Print

History

Return to Manage Student

25%

Demographics and Desired Outcomes

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ESY Eligibility Review

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ESE supplements

Special Factors and Parent Input

The Individuals with Disabilities Act (IDEA) lists specific special factors that the IEP team must consider in the development, review, and revision of every child's IEP. When the IEP team determines the student needs a device or service including an intervention, accommodation or program modification, this must be specifically written in the appropriate section of the IEP.

1. Does the student's behavior interfere with his/her learning or the learning of others?	<input type="radio"/> Yes <input type="radio"/> No
If "Yes", is there a Functional Behavior Assessment (FBA) or Behavior Intervention Plan (BIP)?	<input type="radio"/> Yes <input type="radio"/> No
If "No" (there is no FBA or BIP), describe the strategies, interventions, or supports in place to address the behavior. Development of an FBP or BIP should be considered.	
<div></div>	
2. Does the student have unique communication needs?	<input type="radio"/> Yes <input type="radio"/> No
If "Yes", these needs must be addressed in the appropriate section of the IEP (goals, related services, supplemental services, etc.).	
3. Does the student meet eligibility under Deaf or Hard of Hearing?	<input type="radio"/> Yes <input type="radio"/> No
If "Yes" describe opportunities for direct communication and/or instruction	

1. Complete the form:

Question	Response Info
1. Does the student's behavior interfere with his/her learning or the learning of others?	Selecting Yes will require the FBA question to be addressed.
If "Yes", is there a Functional Behavior Assessment (FBA) or Behavior Intervention Plan (BIP)?	Selecting No will require a description of strategies, interventions, and supports to address the behavior.

Question	Response Info
2. Does the student have unique communication needs?	If Yes, describe the needs in Present Levels, Goals, Services or other appropriate section of the IEP.
3. Does the student meet eligibility under Deaf or Hard of Hearing?	If Yes, the explanation field becomes required and the Communication Plan supplement must be completed.
4. Does the student have limited English Proficiency?	If Yes, the explanation field becomes required to describe how needs are being met.
5. Does the student need instruction in Braille and/or the use of Braille?	Select Yes or No.
6. The IEP Team has considered the student's need for Assistive Technology and has determined:	Select the appropriate option. Explanation is required for the options "Additional information is needed to determine whether there is a need for Assistive Technology" and "Currently using Assistive Technology."
7. Is there a need for extended school year services?	This is automatically set to No if the question "Does the data support the need for Extended School Year services?" is set to No in the Extended School Year Eligibility Review form.
8. Is there a need for specially designed or adaptive physical education?	If Yes, address in Present Levels, Goals & Objectives, and/or Schedule of Services.
9. Is there a need for special transportation services? If Yes, explain below and specify on the Schedule of Services. The student may have multiple schedules of service.	If Yes, describe the need and include it in the Schedule of Services as a Related Service.
10. Information Regarding the Family Empowerment Scholarship for Students with Unique Abilities that is replacing the McKay Scholarship effective July 1, 2022 has been provided/discussed. More information is available at: https://www.fl DOE.org/schools/school-choice/k-12-scholarship-programs/fes/index.shtml	Select Yes if provided at the IEP meeting; otherwise select Mailed.
11. Has the parent/guardian been provided	Select the applicable response.

Question	Response Info
information on the Florida School for the Deaf and Blind?	
Parent Input	Enter the parent's concerns and how the parent's input was obtained.

2. Click **Save & Validate** when the form is complete and all required fields are filled.

IEP Goals and Objectives

Districts have the option to use the default one-domain-per-goal option, or the multiple-domains-per-goal option (consolidated domains). Districts can also require two objectives in order to save a goal. These options are set at the district level in SSS > [General](#). The domains selected as an Area of Concern in Present Levels populates headers in this section of the IEP.

! If no domain was selected as YES for Area of Concern on the Present Levels step, an error will display. Return to the Present Levels step and mark the applicable domain(s) as YES for Area of Concern.

Default Goals & Objectives

If the district is using the default one-goal-per-domain option, this message is displayed until each domain has at least one goal saved.

Create Goal

All domains filled out on the present levels step must have one goal per domain.

Curriculum and Learning
Independent Functioning

If the district also requires two objectives per goal, an additional statement displays indicating that each goal must have at least two objectives.

Create Goal

All domains filled out on the present levels step must have one goal per domain. All goals must have 2 objectives.

Curriculum and Learning
Social/Emotional Behavior

1. Click the **Create Goal** button.

Create Goal

All domains filled out on the present levels step must have one goal per domain.

Curriculum and Learning
Social/Emotional Behavior

Goal Details

Domain

Select One

Responsible Implementers

Service Type

Select One

Goal Start Date

04/16/2024

Goal End Date

04/15/2025

Schedule of Services

☒ Use Plan Start Date

☒ Use Plan Review Date

Enter text below

Condition

Behavior

2. Select the **Domain** in which to add the goal. This pull-down is populated from the domains identified as an Area of Concern selected on the Present Levels step.

Domain

Select One ▼

Filter

Select One

Curriculum and Learning

Social/Emotional Behavior

3. Select the staff and/or teachers that will be responsible for the implementation/progress monitoring of the goal.

Responsible Implementers

ESE Teacher, Gen Ed Teacher ▼

Filter

Check all visible Clear selected

☐ Adapted PE Teacher

☐ Assistive Technology Specialist

☐ Behavior Intervention Specialist

☐ DHH Teacher

☒ ESE Teacher

☒ Gen Ed Teacher

☐ Health Services Provider

☐ In- Home and Parent Trainer

☐ Math Specialist

☐ O&M Specialist

4. Select the **Service Type**.

Service Type

Select One ▼

Filter

Select One

Instructional

Related

5. The **Goal Start Date** and **Goal End Date** will auto-populate but can be edited by turning off the toggles **Use Plan Start Date** and **Use Plan Review Date**.

The Goal Start Date and Goal End Date are auto-populated from the IEP Plan Date and IEP Plan End Date fields in the Demographics and Desired Outcomes step.

Goal Start Date <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;">04/16/2024</div>	Goal End Date <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;">04/15/2025</div>
<div style="display: flex; align-items: center; margin-top: 10px;"> <div style="width: 20px; height: 15px; background-color: #007bff; border-radius: 5px; margin-right: 5px;"></div> <div style="width: 20px; height: 15px; background-color: #fff; border-radius: 5px; margin-right: 5px; border: 1px solid #007bff;"></div> <div>Use Plan Start Date</div> </div>	<div style="display: flex; align-items: center; margin-top: 10px;"> <div style="width: 20px; height: 15px; background-color: #007bff; border-radius: 5px; margin-right: 5px;"></div> <div style="width: 20px; height: 15px; background-color: #fff; border-radius: 5px; margin-right: 5px; border: 1px solid #007bff;"></div> <div>Use Plan Review Date</div> </div>

6. Select the **Schedule of Services.** Options are IEP Duration, ESY, and Additional Schedule of Services.

Schedule of Services

▼

Filter

[Check all visible](#)
[Clear selected](#)

☐ IEP Duration

☐ ESY

☒ Additional Schedule of Services

7. Enter the **Condition, **Behavior**, **Criterion** and **Timeframe** for the goal statement.** As you type, the blue header will update with the goal statement.

Enter text below

Condition

Behavior

Criterion

Timeframe

8. Select the **Mastery Criteria** of the goal. After selecting an option, additional fields will display for entering the criteria. This criteria will be referenced when creating the IEP Goals Progress Report.

Mastery Criteria

Minutes

Minutes

9. Identify the **Assessment Procedures** that will be used for data collection on the student's progress toward goal mastery.

Assessment Procedures

Filter

Check all visible Clear selected

☒ Checklist

☐ Log

☐ Probes

☐ Assessment(s)


☐ Grades

☐ Work Samples

☐ Data Collection

☐ Observation(s)

10. Select how frequently progress monitoring data will be collected. This data will be considered when creating the IEP Goals Progress Report.



The title of this field and the field options are customized by the district in [SSS > General](#). A custom message may also be included above this field.

Frequency of Progress Monitoring

Quarterly

Filter

Daily

Weekly

Bi-Weekly

Monthly

Bi-Monthly

Quarterly

Other

i The Diagnosis, Instructional Area, and Transition Service Area(s) fields may also display on this screen, depending on whether the district has enabled the Additional Goal Fields option in SSS > [General](#).

11. Click the **Add** button to view the Objectives screen, which is a pop-up.

Objectives		Add
Objective	Action	

12. The information entered in **Condition**, **Behavior**, **Criterion** and **Timeframe** for the goal will auto-populate into the Objective Details fields.

Objective Details

Clear

This is a goal to help a student reach academic potential in the current school year.

Condition

This is a goal

Behavior

to help a student

Criterion

reach academic potential

Timeframe

in the current school year.

You need to save the goal once you're done adding, modifying or removing objectives in order for your changes to be reflected in the system.

Add

Cancel

13. Click the **Clear** button at the top of the pop-up to clear the fields and enter different verbiage.

Objective Details

Clear

14. Click the blue **Add** button when finished entering text.

i

You need to save the goal once you're done adding, modifying or removing objectives in order for your changes to be reflected in the system.

Add

Cancel

i

Click **Cancel** or the **X** to exit the pop-up window without adding the objective.

16. Click **Edit** or **Remove** next to the objective to edit or delete the objective.

Objectives

Add

Objective	Action
This is a goal to help a student reach academic potential in the current school year	<div>Edit Remove</div>

17. Click the **Save** button at the bottom of the screen after the goal has been written and objectives have been added.

Cancel

Save

After saving the Goal and Objective, the system reverts to the Create Goal screen where the new goal will display and additional goals can be created in the same or a different domain.

18. Click the links to **Edit** or **Remove** the goal.

Curriculum and Learning			
#	Goal	Responsible Implementer	Action
1	This is a goal to help a student reach academic potential in the current school year	ESE Teacher, Gen Ed Teacher	Edit Remove

Consolidated (Multiple) Domains per Goal

If the district has enabled the option for a goal to apply to multiple domains (consolidated domains), no message displays upon initiating the Goals & Objectives step.

1. Click **Create Goal**.

Create Goal

Curriculum and Learning

Social/Emotional Behavior

2. Select the **Domain** in which to add the goal. This pull-down is populated from the domains identified as an Area of Concern selected on the Present Levels step.

3. In the **Secondary Domain** pull-down, select one or multiple secondary domains. This pull-down is populated from the domains identified as an Area of Concern selected on the Present Levels step.

Goal Details

Domain

Curriculum and Learning

Secondary Domains

Social/Emotional Behavior

Responsible Implementers

Service Type

Select One

Goal Start Date

04/16/2024

Goal End Date

04/15/2025

Schedule of Services

Use Plan Start Date

Use Plan Review Date

4. Select the staff and/or teachers that will be responsible for the implementation/progress monitoring of the goal.

Responsible Implementers

ESE Teacher, Gen Ed Teacher ▼

Filter

[Check all visible](#) [Clear selected](#)

- ☐ Adapted PE Teacher
- ☐ Assistive Technology Specialist
- ☐ Behavior Intervention Specialist
- ☐ DHH Teacher
- ☒ ESE Teacher
- ☒ Gen Ed Teacher
- ☐ Health Services Provider
- ☐ In- Home and Parent Trainer
- ☐ Math Specialist
- ☐ O&M Specialist

5. Select the Service Type.

Service Type

Select One ▼

Filter

Select One

Instructional

Related

6. The Goal Start Date and Goal End Date will auto-populate but can be edited by turning off the toggles Use Plan Start Date and Use Plan Review Date.

The Goal Start Date and Goal End Date are auto-populated from the IEP Plan Date and IEP Plan End Date fields in the Demographics and Desired Outcomes step.

Goal Start Date	Goal End Date
04/16/2024	04/15/2025
<input checked="" type="checkbox"/> Use Plan Start Date	<input checked="" type="checkbox"/> Use Plan Review Date

7. Select the Schedule of Services. Options are IEP Duration, ESY, and Additional Schedule of Services.

Schedule of Services

[Check all visible](#)
[Clear selected](#)

☐ IEP Duration
☐ ESY
☐ Additional Schedule of Services

8. Enter the **Condition**, **Behavior**, **Criterion** and **Timeframe** for the goal statement. As you type, the blue header will update with the goal statement.

Enter text below

Condition

Behavior

Criterion

Timeframe

9. Select the **Mastery Criteria** of the goal. After selecting an option, additional fields will display for entering the criteria. This criteria will be referenced when creating the IEP Goals Progress Report.

Mastery Criteria

Minutes

10. Identify the **Assessment Procedures** that will be used for data collection on the student's progress toward goal mastery.


Assessment Procedures

Filter

Check all visible Clear selected

- ☒ Checklist
- ☐ Log
- ☐ Probes
- ☐ Assessment(s)
- ☐ Grades
- ☐ Work Samples
- ☐ Data Collection
- ☐ Observation(s)

11. Select how frequently progress monitoring data will be collected. This data will be considered when creating the IEP Goals Progress Report.


 The title of this field and the field options are customized by the district in SSS > [General](#). A custom message may also be included above this field.

Frequency of Progress Monitoring

Quarterly

Filter

- Daily**
- Weekly
- Bi-Weekly
- Monthly
- Bi-Monthly
- Quarterly
- Other

 The Diagnosis, Instructional Area, and Transition Service Area(s) fields may also display on this screen, depending on whether the district has enabled the Additional Goal Fields option in SSS > [General](#).

12. Click the **Add** button to view the Objectives screen, which is a pop-up.

Objectives

Add

Objective	Action
-----------	--------

13. The information entered in **Condition, Behavior, Criterion** and **Timeframe** for the goal will auto-populate into the Objective Details fields.

Objective Details

Clear

This is a goal to help a student reach academic potential in the current school year.

Condition
This is a goal

Behavior
to help a student

Criterion
reach academic potential

Timeframe
in the current school year.

i You need to save the goal once you're done adding, modifying or removing objectives in order for your changes to be reflected in the system.

Add **Cancel**

14. Click the **Clear** button at the top of the pop-up to clear the fields and enter different verbiage.

Objective Details

Clear

15. Click the blue **Add** button when finished entering text.

i You need to save the goal once you're done adding, modifying or removing objectives in order for your changes to be reflected in the system.

Add **Cancel**

 Click **Cancel** or the **X** to exit the pop-up window without adding the objective.

16. Click **Edit** or **Remove** next to the objective to edit or delete the objective.

Objectives

Add

Objective	Action
This is a goal to help a student reach academic potential in the current school year	Edit Remove

17. Click the **Save** button at the bottom of the screen after the goal has been written and objectives have been added.

Cancel

Save

After saving the Goal and Objective, the system reverts to the Create Goal screen. The selected secondary domain(s) will display the same goal.

Create Goal

Curriculum and Learning

#	Goal	Responsible Implementer	Action
1	Given... the student will... independently with no more than... by...		Edit Remove

Social/Emotional Behavior

#	Goal	Responsible Implementer	Action
1	Given... the student will... independently with no more than... by...		Edit Remove

18. Click the links to **Edit** or **Remove** the goal.

Create Goal

Curriculum and Learning

#	Goal	Responsible Implementer	Action
1	Given... the student will... independently with no more than... by...		Edit Remove

Social/Emotional Behavior

#	Goal	Responsible Implementer	Action
1	Given... the student will... independently with no more than... by...		Edit Remove

Schedule of Services

To accommodate situations where a student’s IEP may carry from one school year or grade level to the next, the system allows users to create up to 4 different Schedules of Services for an IEP validity period. This also accommodates ESY when service dates and total minutes will be different. This screen contains a hyperlink to view the student’s schedule in a new window.

1. Click **Add Schedule**.

Previous Step

Next Step

Notes

Mark as Complete

Print

Return to Manage Student

Demographics and Desired Outcomes

Present Levels (PLAAPF)

ESY Eligibility Review

Special Factors

IEP Goals & Objectives

Schedule of Services

Add Schedule

Save

41%

Student Schedule

2. Select the **ESE IDEA Educational Environment** from the drop-down. This field is required, and defaults to Z if no option is selected.

Add Schedule

Save

ESE IDEA Educational Environment

[Z] None of the above (defit)[Z]

Select Schedule Type

Total School Minutes: 1890

Calculated ESE Minutes: 0

Percent GE: 100%

Remove

A series of tables will display to select Instructional Services, Related Services, Supplementary Aids and Services, and Supports for School Personnel.

Add ScheduleSave

ESE IDEA Educational EnvironmentStudent Schedule

[Z] None of the above (default)[Z]

Select Schedule TypeTotal School Minutes: 1890 Calculated ESE Minutes: 0 Percent GE: 100%Remove

Start Date:End Date:Total School Minutes per Week:

04/16/202404/15/2025

☒ Use Plan Start Date☒ Use Plan Review Date

Instructional ServicesAdd

Specialty Designed Instruction	Minutes per week	Progress/Grade Determined By	Location	How	Action
--------------------------------	------------------	------------------------------	----------	-----	--------

Related ServicesAdd

Transportation, developmental, corrective, and other supportive services designed to enable a child with a disability to receive a free appropriate public education.

Service	Minutes per week	Provided By	Location	Consult	Transportation Code	Action
---------	------------------	-------------	----------	---------	---------------------	--------

Supplementary Aids and ServicesAdd

Aids, services and other supports including but not limited to assistive technology, accommodations to the physical environment, modified curriculum/assignments, staff support, and changes to presentation of instruction.

Service	Frequency	Provided By	Consult	Action
---------	-----------	-------------	---------	--------

Support Services for School PersonnelAdd

Service	Initiation Date	Duration Date	Frequency	Action
---------	-----------------	---------------	-----------	--------

3. Select a **Schedule Type** from the drop-down. The selected Schedule Type will display on the Accommodations screen so that accommodations will match in the event that multiple schedule types are selected.

Select Schedule Type

Total School Minutes: 1890 Calculated ESE Minutes: 0 Percent GE: 100%Remove

The Total School Minutes will auto-populate with the value entered in Setup > School Information. These are the bell-to-bell minutes. The system will display the Calculated ESE Minutes and Percent GE as ESE minutes are added to the schedule. This will facilitate the LRE Considerations selection.

i The Total School Minutes per Week field can be used for ESY minutes when the student has multiple schedules or in the case of pre-K moving to Kindergarten during the validity period of the IEP.

IEP Duration

Total School Minutes: 1890 Calculated ESE Minutes: 0 Percent GE: 100%

Remove

Start Date:

End Date:

Total School Minutes per Week:

04/16/2024

04/15/2025

☒ Use Plan Start Date

☒ Use Plan Review Date

4. The **Start Date** and **End Date** will auto-populate based on the start date and review date of the IEP. To manually enter a start date, click the **Use Plan Start Date** toggle so that it turns off and enter the date. To manually enter the end date, click the **Use Plan Review Date** toggle so that it turns off and end the date. The IEP Plan Date and IEP Review Date display for reference if one or both of the toggles are turned off.

Dates are typically manually entered to match any specific goal that may only be active for a portion of the IEP validity period, where the selected services for supporting that goal will only be for that timeframe.

If Additional Schedule of Services was selected as the schedule type, the start and end dates will need to be adjusted accordingly. A text field will be provided to enter a title for the schedule.

i The start and end dates will auto-fill on the Accommodations screen when the schedule type is selected. This is to ensure that the goal, schedule of services, and accommodations align as necessary.

IEP Duration

Total School Minutes: 1890 Calculated ESE Minutes: 0 Percent GE: 100%

Remove

Start Date:

End Date:

Total School Minutes per Week:

04/16/2024

04/15/2025

☐ Use Plan Start Date

☐ Use Plan Review Date

IEP Plan Date

04/16/2024

IEP Review Date

04/15/2025

5. In the Instructional Services section, click the **Add** button to select the Specially Designed Instructional Services; this opens a pop-up box.

Instructional Services

Add

Specially Designed Instruction	Minutes per week	Progress/Grade Determined By	Location	How	Action
--------------------------------	------------------	------------------------------	----------	-----	--------

6. Select the **Specially Designed Instruction** the student will receive in support of the goal.
- In the **How?** pull-down, select how the instruction will be provided. Selecting Other will display a open text field to enter a specially designed instruction that does not appear in the pull-down.
- Click the radio button to select the **Location**, either **GE** or **ESE**.
- Enter the number of **Minutes per Week**. This is the total number of minutes of the instruction that will be provided with regard to the frequency (daily, weekly, monthly, etc.). ESE minutes will be subtracted from the Total School Minutes per Week to calculate the LRE. Gen ed minutes are not subtracted.
- In the **Progress/Grade Determined By** pull-down, select who determines the grade or progress for the student. Selecting Other will display an open text field to define the role.

Instructional Service

Specially Designed Instruction

Instruction in handwriting

How?

Individualized Instruction

Location

☒ GE ☐ ESE

Minutes per Week

50

Progress/Grade Determined By

ESE

Cancel

Create

7. Click **Create**. The pop-up will close and you will return to the Schedule of Services screen.
8. In the Related Services section, click the **Add** button to select the Related Services, which opens a pop-up box.

Related Services							Add
<div><div></div><div>Transportation, developmental, corrective, and other supportive services designed to enable a child with a disability to receive a free appropriate public education.</div></div>							
Service	Minutes per week	Provided By	Location	Consult	Transportation Code	Action	

9. Use the **Services** pull-down to select the related service the student will receive in support of the goal. If no services are needed select **The team has addressed this area and determined that services are not appropriate at this time.**

Select the **Service Type** (Direct or Consult). Selecting **Consult** will display an open text field to enter how or to whom the consult will be provided.

Click the radio button to select the **Location**, either **GE** or **ESE**.

Enter the number of **Minutes per Week**. This is the total number of minutes of the instruction that will be provided with regard to the frequency (daily, weekly, monthly, etc.). ESE minutes will be subtracted from the Total School Minutes per Week to calculate the LRE. Gen ed minutes are not subtracted. This does not apply if Transportation is selected as the related service.

Select who the service is **Provided By**.

The screenshot shows a web form titled "Related Service". It contains the following fields and options:

- Services:** A dropdown menu with "Speech Therapy" selected.
- Service Type:** A dropdown menu with "Direct" selected.
- Location:** Radio buttons for "GE" and "ESE", with "ESE" selected.
- Minutes per Week:** A text input field containing the number "30".
- Provided By:** A dropdown menu with "Speech Language Pathologist" selected.
- Buttons:** "Cancel" and "Create" buttons at the bottom right.

Selecting **Transportation** as the related service will require the selection of the **Transportation Code(s)**.

End Date: Total School Minutes

Related Service

Services

Transportation

Transportation Code (ctrl+click when selecting more than one)

- TR3 - Bus Aide or Monitor for student
- CC - Curb-to-Curb
- ESY - Extended School Year
- TR2 - Medical Condition
- TR4 - Medical Equipment

Cancel Create

i The options available for the Transportation Code pull from custom_2125.

10. Click **Create**. The pop-up will close and you will return to the Schedule of Services screen.

i The district may have enabled the option to replace "Minutes per Week" with "Minutes" and "Frequency of Minutes" for Instructional Services and Related Services in SSS > [General](#).

11. In the Supplementary Aids and Services section, click the **Add** button to select any supplementary aids and services the student will receive.

Supplementary Aids and Services **Add**

i Aids, services and other supports including but not limited to assistive technology, accommodations to the physical environment, modified curriculum/assignments, staff support, and changes to presentation of instruction.

Service	Frequency	Provided By	Consult	Action
---------	-----------	-------------	---------	--------

12. Use the **Services** pull-down to select the supplementary aids or service the student will receive. If no services are needed, select **The team has addressed this area and determined that services are not appropriate at this time**.

Select the **Service Type** (Direct or Consult). Selecting **Consult** will display an open text field to enter how or to whom the consult will be provided.

Select the **Frequency** of the aid or service.

Select who the aid or service is **Provided By**.

Supplementary Aids and Services

Services

The team has addressed this area and determined that services are not appropriate

Service Type

Select One

Frequency

Select One

Provided By

Select One

Cancel

Create

13. Click **Create**. The pop-up will close and you will return to the Schedule of Services screen.
14. In the Support Services for School Personnel section of the screen, click the **Add** button to select any support services for school personnel.

Support Services for School Personnel				Add
Service	Initiation Date	Duration Date	Frequency	Action

15. Use the **Services** pull-down to select the support service needed for school personnel. If none needed, select **The team has addressed this area and determined that services are not appropriate at this time**. Selecting **Other** will display an open text field to define a support service not available in the dropdown.
- Select the **Initiation Date** and **Duration Date** of the service.
- Select the **Frequency** in which the service will occur.

Support Services for School Personnel

Services

The team has addressed this area and determined that services are not appropriate

Initiation Date

Duration Date

Frequency

Select One

Cancel

Create

16. Click **Create** when finished.
17. After all services have been added, click **Save** at the top of the screen.

Add Schedule

Save

ESE IDEA Educational Environment
Student Schedule

[Z] None of the above (default)[Z]

IEP Duration

Total School Minutes: 1890 Calculated ESE Minutes: 0 Percent GE: 100%
Remove

Start Date:
04/16/2024

End Date:
04/15/2025

Total School Minutes per Week:

☒ Use Plan Start Date
☒ Use Plan Review Date

Instructional Services
Add

Specialty Designed Instruction	Minutes per week	Progress/Grade Determined By	Location	How	Action
Instruction in handwriting	50	Joint (GE / ESE)	GE	Individualized Instruction	Edit Remove

Related Services
Add

i Transportation, developmental, corrective, and other supportive services designed to enable a child with a disability to receive a free appropriate public education.

Service	Minutes per week	Provided By	Location	Consult	Transportation Code	Action
Speech Therapy	30	Speech Language Pathologist	GE			Edit Remove

The top of the completed Schedule of Services will display the calculated Time with Non-Disabled Peers showing as Percent GE in addition to any ESE minutes. This value will determine the student's LRE Considerations.

Add Schedule

Save

ESE IDEA Educational Environment

Student Schedule

[Z] None of the above (defit)[Z]

IEP Duration

Total School Minutes: 1890 Calculated ESE Minutes: 80 Percent GE: 95.76%

Remove

Start Date:

End Date:

Total School Minutes per Week:

04/16/2024

04/15/2025

1890

☒ Use Plan Start Date

☒ Use Plan Review Date

18. Click **Edit** or **Remove** next to a section on the Schedule of Services to edit or remove the service.

Add Schedule

Save

ESE IDEA Educational Environment

Student Schedule

[Z] None of the above (defit)[Z]

IEP Duration

Total School Minutes: 1890 Calculated ESE Minutes: 80 Percent GE: 95.76%

Remove

Start Date:

End Date:

Total School Minutes per Week:

04/16/2024

04/15/2025

1890

☒ Use Plan Start Date

☒ Use Plan Review Date

Instructional Services

Add

Specialty Designed Instruction	Minutes per week	Progress/Grade Determined By	Location	How	Action
Instruction in handwriting	50	Joint (GE / ESE)	ESE	Individualized Instruction	<div>EditRemove</div>

Related Services

Add

Transportation, developmental, corrective, and other supportive services designed to enable a child with a disability to receive a free appropriate public education.

Service	Minutes per week	Provided By	Location	Consult	Transportation Code	Action
Speech Therapy	30	Speech Language Pathologist	ESE			<div>EditRemove</div>

Supplementary Aids and Services

Add

19. To remove the entire Schedule of Services, click **Remove** at the top of the screen.

Add Schedule

Save

ESE IDEA Educational Environment

Student Schedule

[Z] None of the above (default)[Z]

IEP Duration

Total School Minutes: 1890 Calculated ESE Minutes: 80 Percent GE: 95.76%

Remove

Start Date:

04/16/2024

End Date:

04/15/2025

Total School Minutes per Week:

1890

Use Plan Start Date

Use Plan Review Date

20. If applicable, click **Add Schedule** at the top of the screen to create an additional Schedule of Services that may take effect for a different date range than the first.

Add Schedule

Save

ESE IDEA Educational Environment

Student Schedule

[Z] None of the above (default)[Z]

IEP Duration

Total School Minutes: 1890 Calculated ESE Minutes: 80 Percent GE: 95.76%

Remove

Start Date:

04/16/2024

End Date:

04/15/2025

Total School Minutes per Week:

1890

Use Plan Start Date

Use Plan Review Date

Instructional Services

Add

Specialty Designed Instruction	Minutes per week	Progress/Grade Determined By	Location	How	Action
Instruction in handwriting	50	Joint (GE / ESE)	ESE	Individualized Instruction	Edit Remove

i When adding a schedule of services for ESY, disable the Use Plan Start Date and Use Plan Review Date toggles and manually enter the ESY start date and end date. The Total School Minutes per Week can be manually entered.

ESY

Total School Minutes: 300 Calculated ESE Minutes: 0 Percent GE: 100%

Remove

Start Date:

06/06/2024

End Date:

07/15/2024

Total School Minutes per Week:

300

Use Plan Start Date

Use Plan Review Date

- i** When the Schedule of Services will be for a portion of the validity period as when students are transitioning from middle school to high school, then select Additional Schedule of Services from the Schedule Type pull-down and provide a title. This may need to be done more than once to cover IEP validity period. Disable the Use Plan Start Date and Use Plan Review Date toggles and enter applicable start and end date. Manually enter the Total School Minutes per Week if applicable.

ESE IDEA Educational Environment
[Z] None of the above (default)[Z] ▼

Additional Schedule of Services ▼

End of Middle School

Total School Minutes: **1890** Calculated ESE Minutes: **0** Percent GE: **100%** Remove

Start Date:
04/16/2024

End Date:
04/15/2025

Total School Minutes per Week:

☐ Use Plan Start Date

☐ Use Plan Review Date

- !** Entering a Start Date that precedes the IEP Plan Start Date or an End Date that extends beyond the IEP Plan Review date will display the date fields in red and the Schedule of Services will not save.

- i** For students who require transportation services, validations may require a transportation service to be added to the first schedule. When adding additional schedules, a pop-up window will display after clicking Add Schedule which will ask "Are transportation services required for this schedule?" Clicking Yes will select the "Transportation Service(s) required" check box, which displays above the Related Services table on the added schedule. Adding a transportation service to the schedule will be required. If No is selected in the pop-up window, the "Transportation Service(s) required" check box will not be selected, and adding a transportation service to the schedule will not be required.

X

Are transportation services required for this schedule?

No

Yes

Select Schedule Type

Total School Minutes: 0 Calculated ESE Minutes: 0 Percent GE: NaN%

Remove

Start Date:

05/23/2022

End Date:

05/22/2023

Total School Minutes per Week:

Use Plan Start Date

Use Plan Review Date

Instructional Services

Add

Specialty Designed Instruction	Minutes per week	Progress/Grade Determined By	Location	How	Action
--------------------------------	------------------	------------------------------	----------	-----	--------

Transportation Service(s) required ☒

Related Services

Add

i

Transportation, developmental, corrective, and other supportive services designed to enable a child with a disability to receive a free appropriate public education.

Service	Minutes per week	Provided By	Location	Consult	Transportation Code	Action
---------	------------------	-------------	----------	---------	---------------------	--------

Supplementary Aids and Services

Add

i

Aids, services and other supports including but not limited to assistive technology, accommodations to the physical environment, modified curriculum/assignments, staff support, and changes to presentation of instruction.

Service	Frequency	Provided By	Consult	Action
---------	-----------	-------------	---------	--------

Accommodations/Modifications

The default value for the Instructional Accommodations step is "The Team has determined that the following accommodations/supports are necessary..." and "Determination of Need for Instructional Accommodations and Support," which will only display the Accommodations table for allowable accommodations on state assessments.

Instructional Accommodations

Save

☐ No Accommodations/supports are needed at this time.

☒ The Team has determined that the following accommodations/ supports are necessary to support the student in regular, remedial, and supportive programs including accommodations needed for participation in extracurricular and other non- academic activities. These accommodations are to assist the student in advancing appropriately toward attaining annual goals and to enable the student's involvement in the general curriculum.

☒ Determination of Need for Instructional Accommodations and Support

☐ Other Accommodations may not be allowed on Statewide Assessments

Determination of Need for Instructional Accommodations and Supports

Presentation

Response

Setting

Scheduling

Assistive Devices

Unique Accommodations

Export

Filter: OFF

Reset Insert Row

Schedule	Accommodation	Duration	Location	Frequency
	Select One			Select One

1. For each tab, select the **Schedule** type(s) to which these accommodations will apply. Only the Schedule Types selected on the Schedule of Services will display here. One or multiple can be selected.

Schedule

☒ Exact
 ☒ Check all

☐ IEP Duration

2. Select the **Accommodation**, **Location**, and **Frequency** using the drop-down menus.

Determination of Need for Instructional Accommodations and Supports

Presentation

Response

Setting

Scheduling

Assistive Devices

Unique Accommodations

Export

Filter: OFF



Reset Insert Row

Schedule	Accommodation	Duration	Location	Frequency
IEP Duration	Directions may be Repeated	04/16/2024 - 04/15/2025	Regular Class	Daily

The **Duration** dates will auto-populate based on the Schedule Type(s) selected. When multiple Schedule types are selected, the duration dates will be listed in chronological order.

Determination of Need for Instructional Accommodations and Supports

Presentation Response Setting Scheduling Assistive Devices Unique Accommodations

Export   Filter: OFF Reset Insert Row

Schedule ▾	Accommodation ▾	Duration ▾	Location ▾	Frequency ▾
IEP Duration ▾	Directions may be Repeated ▾	04/16/2024 - 04/15/2025	Regular Class ▾	Daily ▾

3. Press the **Enter** key to add the row. A red save button will also display that must be clicked to save the form.



Instructional Accommodations

Save


- ☐ No Accommodations/supports are needed at this time.
- ☒ The Team has determined that the following accommodations/ supports are necessary to support the student in regular, remedial, and supportive programs including accommodations needed for participation in extracurricular and other non- academic activities. These accommodations are to assist the student in advancing appropriately toward attaining annual goals and to enable the student's involvement in the general curriculum.
- ☒ Determination of Need for Instructional Accommodations and Support
- ☐ Other Accommodations may not be allowed on Statewide Assessments

Determination of Need for Instructional Accommodations and Supports

Presentation Response Setting Scheduling Assistive Devices Unique Accommodations



Export   Filter: OFF Reset Insert Row

Schedule ▾	Accommodation ▾	Duration ▾	Location ▾	Frequency ▾
▾	Select One ▾	04/16/2024 - 04/15/2025	▾	Select One ▾
IEP Duration ▾	Directions may be Repeated ▾	04/16/2024 - 04/15/2025	Regular Class ▾	Daily ▾

 Selecting "Extended Time" as the Accommodation on the Scheduling tab displays an additional Extended Time column where an option must be selected.

Determination of Need for Instructional Accommodations and Supports

Presentation Response Setting **Scheduling** Assistive Devices Unique Accommodations

Export   Filter: OFF Reset Insert Row

Schedule ▾	Accommodation ▾	Extended Time ▾	Duration ▾	Location ▾	Frequency ▾
IEP Duration ▾	Extended Time ▾	Double time ▾	04/16/2024 - 04/15/2025	Regular Class ▾	Daily ▾

4. Selecting the second box for **Other Accommodations may not be allowed on Statewide Assessments** displays the Other Accommodations table below. An open text field displays to

- manually enter the Accommodation details. The accommodation may be an instructional accommodation that may not be allowed on statewide assessments.
5. After entering accommodation information in the blank row, press **Enter** to add the row.
6. Click **Save**.

Instructional Accommodations

No Accommodations/supports are needed at this time.

The Team has determined that the following accommodations/ supports are necessary to support the student in regular, remedial, and supportive programs including accommodations needed for participation in extracurricular and other non- academic activities. These accommodations are to assist the student in advancing appropriately toward attaining annual goals and to enable the student's involvement in the general curriculum.

Determination of Need for Instructional Accommodations and Support

Other Accommodations may not be allowed on Statewide Assessments

Save

Determination of Need for Instructional Accommodations and Supports

PresentationResponseSettingSchedulingAssistive DevicesUnique Accommodations

ExportFilter: OFFReset Insert Row

Schedule	Accommodation	Extended Time	Duration	Location	Frequency
IEP Duration	Extended Time	Double time	04/16/2024 - 04/15/2025	Regular Class	Daily

Other Accommodations

ExportFilter: OFFReset Insert Row

Schedule	Accommodation	Duration	Location	Frequency
IEP Duration	Use of notes	04/16/2024 - 04/15/2025	Regular Class	Daily

If an error is made when making selections in the insert row, click **Reset Insert Row** to clear the selections.

Determination of Need for Instructional Accommodations and Supports

PresentationResponseSettingSchedulingAssistive DevicesUnique Accommodations

ExportFilter: OFFReset Insert Row

Schedule	Accommodation	Extended Time	Duration	Location	Frequency
IEP Duration	Select One	N/A	04/16/2024 - 04/15/2025		Select One
IEP Duration	Extended Time	Double time	04/16/2024 - 04/15/2025	Regular Class	Daily

The district may have enabled one or more of the following accommodation options in SSS > [General](#):

Accommodation Extended Time Custom List - replaces the default Focus list

Accommodation Extended Time Free Text Option - adds a new column next to Extended Time to enter a custom value

Manage Student: ESE Events

Page 60

- Accommodation Small Groups Custom List- replaces the default Focus list of small group options
- Accommodation Small Groups Free Text Option - adds a new column next to Small Groups to enter a custom value

State and District Assessments

This form displays a hyperlink to the student's [Test History](#) screen on the SIS student record.

1. Select **Yes** or **No** for the question "**Do you need to determine Alternate Assessment Eligibility?**" If **Yes** is selected, the radio buttons on the form become required fields.

To determine eligibility for Alternate Assessment, all questions on page 1 and 2 must be answered.

Participation in State and District-Wide Assessments		Test History
Do you need to determine Alternate Assessment Eligibility? <i>If "No", the remaining questions on pages 1 and 2 are not applicable, but Page 3 is still required.</i>		<input checked="" type="radio"/> Yes <input type="radio"/> No
Questions to guide decision-making for how a student with disabilities will be instructed and subsequently participate in the Statewide, Standardized Assessment Program:		
1. Does the student have a most significant cognitive disability as defined by Rule 6A-10943, F.A.C. ? A "most significant cognitive disability" is defined as a global cognitive impairment that adversely impacts multiple areas of functioning across many settings and is a result of a congenital, acquired or traumatic brain injury or syndrome and is verified by either: A). A statistically significant below average global cognitive score that falls within the first percentile rank (i.e., a standard, full-scale score of 67 or under); or B). In the extraordinary circumstance when a global, full-scale intelligence quotient score is unattainable, a school district-determined procedure that has been approved by the Florida Department of Education under paragraph (5)(e) of this rule.	<input type="radio"/> Yes <input type="radio"/> No	
2. Is the student receiving exceptional student education (ESE) services as identified through a current IEP and has been enrolled in the appropriate and aligned courses using alternate achievement standards for two consecutive FTE reporting periods prior to the assessment? Check N/A if initial eligibility.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
3. Is the student receiving specially designed instruction, which provides unique instruction and intervention supports that is determined, designed, and delivered through a team approach, ensuring access to core instruction through the adaptation of content, methodology or delivery of instruction and is exhibiting very limited to no progress in the general education curriculum standards? Check N/A if not the first alternate assessment.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
4. Is the student receiving support through systematic, explicit and interactive small-group instruction focused on foundational skills in addition to instruction in the general education curriculum standards? Check N/A if not the first alternate assessment.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
5. Does the student require modifications to the general education curriculum standards even after documented evidence of exhausting all appropriate and allowable instructional accommodations?	<input type="radio"/> Yes <input type="radio"/> No	

i If the student is found eligible for Alternate Assessment, the selected FSAA type will be pushed to the student's ESE tab upon locking the IEP.

2. On page 3, regardless of the eligibility for Alternate Assessment, select the specific assessment(s) and applicable testing accommodations. Accommodations can only be selected if the **Status** is **Yes-Accommodations**.

State/District Assessment: EOC Algebra 1		Status: Yes - Accommodations	
Accommodation Codes:		*Describe Extended Time (if applicable):	
Paper-Based Accommodations: Select One		Select One	
<input type="checkbox"/> Masking - Online	<input type="checkbox"/> ASL Online & Paper	<input type="checkbox"/> Assistive Devices	<input type="checkbox"/> Flexible Scheduling*
<input type="checkbox"/> Text-to-Speech - Online	<input type="checkbox"/> Closed Captioning - Online	<input type="checkbox"/> Flexible Presentation	<input type="checkbox"/> Flexible Setting
<input type="checkbox"/> Passage Booklet - Online	<input type="checkbox"/> Listening Transcripts - Paper	<input type="checkbox"/> Flexible Responding	<input type="checkbox"/> Unique Accommodations
<input type="checkbox"/> Speech-to-Text- Online	<input type="checkbox"/> Writing Typed Response	<input type="checkbox"/> Text-to-Speech(Writing Response)-Online	

State/District Assessment: Select One		Status: Select One	
Accommodation Codes:		*Describe Extended Time (if applicable):	
Paper-Based Accommodations: Select One		Select One	
<input type="checkbox"/> Masking - Online	<input type="checkbox"/> ASL Online & Paper	<input type="checkbox"/> Assistive Devices	<input type="checkbox"/> Flexible Scheduling*
<input type="checkbox"/> Text-to-Speech - Online	<input type="checkbox"/> Closed Captioning - Online	<input type="checkbox"/> Flexible Presentation	<input type="checkbox"/> Flexible Setting
<input type="checkbox"/> Passage Booklet - Online	<input type="checkbox"/> Listening Transcripts - Paper	<input type="checkbox"/> Flexible Responding	<input type="checkbox"/> Unique Accommodations
<input type="checkbox"/> Speech-to-Text-Online	<input type="checkbox"/> Writing Typed Response	<input type="checkbox"/> Text-to-Speech(Writing Response)-Online	

State/District Assessment: Select One		Status: Select One	
Accommodation Codes:		*Describe Extended Time (if applicable):	
Paper-Based Accommodations: Select One		Select One	
<input type="checkbox"/> Masking - Online	<input type="checkbox"/> ASL Online & Paper	<input type="checkbox"/> Assistive Devices	<input type="checkbox"/> Flexible Scheduling*
<input type="checkbox"/> Text-to-Speech - Online	<input type="checkbox"/> Closed Captioning - Online	<input type="checkbox"/> Flexible Presentation	<input type="checkbox"/> Flexible Setting
<input type="checkbox"/> Passage Booklet - Online	<input type="checkbox"/> Listening Transcripts - Paper	<input type="checkbox"/> Flexible Responding	<input type="checkbox"/> Unique Accommodations
<input type="checkbox"/> Speech-to-Text-Online	<input type="checkbox"/> Writing Typed Response	<input type="checkbox"/> Text-to-Speech(Writing Response)-Online	

If extended time is the intended accommodation for **Flexible Scheduling**, be sure to select a value from the **Describe Extended Time** pull-down above it.

State/District Assessment: EOC Algebra 1		Status: Yes - Accommodations	
Accommodation Codes:		*Describe Extended Time (if applicable):	
Paper-Based Accommodations: Select One		Double time (100%)	
<input type="checkbox"/> Masking - Online	<input type="checkbox"/> ASL Online & Paper	<input type="checkbox"/> Assistive Devices	<input checked="" type="checkbox"/> Flexible Scheduling*
<input checked="" type="checkbox"/> Text-to-Speech - Online	<input type="checkbox"/> Closed Captioning - Online	<input type="checkbox"/> Flexible Presentation	<input type="checkbox"/> Flexible Setting
<input type="checkbox"/> Passage Booklet - Online	<input checked="" type="checkbox"/> Listening Transcripts - Paper	<input type="checkbox"/> Flexible Responding	<input type="checkbox"/> Unique Accommodations
<input type="checkbox"/> Speech-to-Text- Online	<input type="checkbox"/> Writing Typed Response	<input type="checkbox"/> Text-to-Speech(Writing Response)-Online	

3. Click **Save & Validate** after completing the form.

Least Restrictive Environment

The % GE from the blue bar on the Schedule of Services will pre-determine which radio button is selected when this form is opened. If the % GE on the Schedule of Services is less than 40%, the third radio button will be pre-selected, allowing selection of either of the 2 remaining buttons.

Least Restrictive Environment and Justification for Removal from General Education

Least Restrictive Environment

- ☒ **Regular class:** student spends 80% or more of the school week with nondisabled peers
- ☐ **Resource Room:** student spends between 40% to 79% of the school week with nondisabled peers
- ☐ **Separate class:** student spends less than 40% of the school week with nondisabled peers
- ☐ **Special Day School/Exceptional Education Center**
- ☐ **Other Separate Environment** (separate private school, residential facility, or hospital or homebound program)

Alternatives/placements/accommodations/modifications, previously considered or attempted. The Team must always consider the general education classroom: *(Select all that apply.)*

<input type="checkbox"/> Basic education or vocational	<input type="checkbox"/> Title 1/Dropout Prevention/Alternative education
<input type="checkbox"/> Basic education or vocational services with consultation	<input type="checkbox"/> Use of an instructional aide
<input type="checkbox"/> Basic education or vocational services <i>(change in instructional time, methodology, use of special communication system or test modifications)</i>	<input type="checkbox"/> Sensory activities
<input type="checkbox"/> Specialized teaching methodology(ies)	<input type="checkbox"/> Regular breaks
<input type="checkbox"/> Smaller Gen Ed classroom	<input type="checkbox"/> Access to music (through headphones)
<input type="checkbox"/> Teacher with different approach	<input type="checkbox"/> Hourly physical activity
<input type="checkbox"/> Additional training for Gen Ed teacher	<input type="checkbox"/> Prevention of bullying activities
<input type="checkbox"/> ESE resource services	<input type="checkbox"/> Adaptive seating options
<input type="checkbox"/> ESE separate services setting	<input type="checkbox"/> Extended day/year services
<input type="checkbox"/> Peer tutoring	<input type="checkbox"/> Use of non-instructional aide
<input type="checkbox"/> Volunteer tutoring	<input type="checkbox"/> Use of positive behavior reward system
	<input type="checkbox"/> Evaluation of possible sensory issues in current setting
	<input type="checkbox"/> Schedule change for different peer group

Selecting any of the last 3 radio buttons makes the middle of the form required.

Least Restrictive Environment and Justification for Removal from General Education

Least Restrictive Environment

☐ **Regular class:** student spends 80% or more of the school week with nondisabled peers
☐ **Resource Room:** student spends between 40% to 79% of the school week with nondisabled peers
☒ **Separate class:** student spends less than 40% of the school week with nondisabled peers
☐ **Special Day School/Exceptional Education Center**
☐ **Other Separate Environment** (separate private school, residential facility, or hospital or homebound program)


Alternatives/placements/accommodations/modifications, previously considered or attempted. The Team must always consider the general education classroom: (Select all that apply.)

<input type="checkbox"/> Basic education or vocational <input type="checkbox"/> Basic education or vocational services with consultation <input type="checkbox"/> Basic education or vocational services <i>(change in instructional time, methodology, use of special communication system or test modifications)</i> <input type="checkbox"/> Specialized teaching methodology(ies) <input type="checkbox"/> Smaller Gen Ed classroom <input type="checkbox"/> Teacher with different approach <input type="checkbox"/> Additional training for Gen Ed teacher <input type="checkbox"/> ESE resource services <input type="checkbox"/> ESE separate services setting <input type="checkbox"/> Peer tutoring <input type="checkbox"/> Volunteer tutoring <input type="checkbox"/> Before and after school tutoring <input type="checkbox"/> Counseling service <input type="checkbox"/> Health Services	<input type="checkbox"/> Title 1/Dropout Prevention/Alternative education <input type="checkbox"/> Use of an instructional aide <input type="checkbox"/> Sensory activities <input type="checkbox"/> Regular breaks <input type="checkbox"/> Access to music (through headphones) <input type="checkbox"/> Hourly physical activity <input type="checkbox"/> Prevention of bullying activities <input type="checkbox"/> Adaptive seating options <input type="checkbox"/> Extended day/year services <input type="checkbox"/> Use of non-instructional aide <input type="checkbox"/> Use of positive behavior reward system <input type="checkbox"/> Evaluation of possible sensory issues in current setting <input type="checkbox"/> Schedule change for different peer group <input type="checkbox"/> Behavior support services <input type="checkbox"/> Other: <input style="width: 150px;" type="text"/>
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1. Fill in all required fields to complete the form.
2. Click **Save & Validate** after completing the form.

Matrix of Services

The Matrix of Services pulls in student demographic information from SIS to populate the top of the form. The Matrix is designed to work with the Present Levels step to populate and calculate values on the form.

 Once the event is locked, the "Update Cost Factor From Matrix of Services" [scheduled job](#) can be used to update the Charter/McKay field (Matrix Cost Factor) and ESE FEFP Code fields throughout SIS from the Matrix of Services form.

On the SSS > [General](#) screen, the SIS field that will be updated by the scheduled job is set in the Charter/McKay Field setting. The "Push Matrix of Services data to SIS" tool can also be run from the General screen if the "Update Cost Factor From Matrix of Services" scheduled job did not push data to SIS because it did not run on the start date of the matrix.

Student Name: Amanda J Espinosa Student ID: 00061861 Gender: M Grade: 10 Campus: Focus High School - 0041 DOB: 03/04/2009 Parent: Parent Parent Primary Exceptionality: NA
 Phone: Email: Address: Zxi Zjwxx, UZ 11111

Matrix of Services - Student Information/ Areas of Eligibility

(Revised 01/2022)

District: Owl County Schools	Total of Ratings: 0
Date Completed: Services Start Date:	Cost Factor: NA

Areas of Eligibility:

Primary Exceptionality: None Currently Assigned

Additional Exceptionalities: None Currently Assigned

Areas of Related Service: (Please check all that apply.)

☐ Language Therapy - X
 ☐ Occupational Therapy - D
 ☐ Physical Therapy - E
 ☐ Speech Therapy - Y

Names of Persons Completing Initial Matrix:

Initial Matrix Reviewed by Principal/Designee:

[Click to Sign](#)

1. If a domain is selected as an Area of Concern on Present Levels, select the domain level for the domain on the Matrix. Level 1 is disabled for selection.

Matrix of Services - Domain A- Curriculum and Learning Environment

<input checked="" type="radio"/> Level 1 Requires no services or assistance beyond that which is normally available to all students	
<input type="radio"/> Level 2 Requires minimal accommodations/supports to the curriculum or learning environment	<input type="checkbox"/> Accommodations/supports to the general curriculum <input type="checkbox"/> Curriculum compacting <input type="checkbox"/> Differentiated instruction <input type="checkbox"/> Electronic tools used independently <input type="checkbox"/> Accessible instructional materials (AIM) <input type="checkbox"/> Accommodations on assessment/accessible assessment materials <input type="checkbox"/> Assistance with note taking and studying <input type="checkbox"/> Referrals to agencies <input type="checkbox"/> Consultation on a monthly basis with teachers, family, agencies or other providers
<input type="radio"/> Level 3 Requires a differentiated curriculum or extensive use of accommodations	<input type="checkbox"/> Differentiated curriculum <input type="checkbox"/> Electronic tools and assistive technology used with assistance <input type="checkbox"/> Alternative textbooks, materials, assessments, assignments or equipment <input type="checkbox"/> Special assistance in general education class requiring weekly consultation <input type="checkbox"/> Assistance for some learning activities in the general educational setting <input type="checkbox"/> Direct, specialized instruction for some learning activities <input type="checkbox"/> Weekly collaboration with family, agencies or other providers
<input type="radio"/> Level 4 Requires specialized instruction, modified curriculum, extensive modification to the learning	<input type="checkbox"/> Extensive creation of special materials <input type="checkbox"/> Direct, specialized instruction or curriculum for the majority of learning activities <input type="checkbox"/> Instruction delivered within the community <input type="checkbox"/> Assistance for the majority of learning activities

If a domain is not selected as an Area of Concern, it will be marked as a Level 1 in that domain on the matrix. The level cannot be edited unless a change is made to the PLAAFP.

Matrix of Services- Domain C- Independent Functioning

<input checked="" type="radio"/> Level 1	<input type="checkbox"/> Requires no services or assistance beyond that which is normally available to all students
<input type="radio"/> Level 2 Requires periodic personal assistance, monitoring and/or minor intervention	<input type="checkbox"/> Monthly personal assistance with materials or equipment <input type="checkbox"/> Consultation on a monthly basis with teachers, family, therapists, service coordinators or other providers <input type="checkbox"/> Organizational strategies or supports for independent functioning <input type="checkbox"/> Special equipment, furniture, strategies or supports for motor control in the classroom

This does not hold true for the Health Domain, which is able to be edited no matter the selection on the PLAAFP.

Matrix of Services- Domain D - Health Care

<input type="radio"/> Level 1	<input type="checkbox"/> Requires no services or assistance beyond that which is normally available to all students
<input type="radio"/> Level 2 Requires periodic personal assistance, monitoring and/or minor intervention	<input type="checkbox"/> Monthly personal health care assistance <input type="checkbox"/> Consultation on a monthly basis with student, teachers, family, agencies, or other providers <input type="checkbox"/> Monthly monitoring of health status, procedures, or medication <input type="checkbox"/> Specialized administration of medication <input type="checkbox"/> Monthly assistance with agency referrals or coordination
<input type="radio"/> Level 3 Requires weekly personal assistance, monitoring and/or intervention	<input type="checkbox"/> Weekly monitoring or assessment of health status, procedures, or medication <input type="checkbox"/> Weekly counseling with student or family for related health care needs <input type="checkbox"/> Weekly communication with family, physician, agencies or other health-related personnel <input type="checkbox"/> Invasive/specialized administration of medication <input type="checkbox"/> Weekly collaboration with family, physicians, agencies or other providers
<input type="radio"/> Level 4 Requires daily personal	<input type="checkbox"/> Daily assistance with or monitoring and assessment of health status, procedures or medication <input type="checkbox"/> Daily assistance with or monitoring of equipment related to health care needs

Once all fields of the Matrix are completed, the system will display values selected in the domain at the bottom of the page.

Domain C Rating:

The system will calculate the values for Total of Ratings and Cost Factor based on the value of the domain ratings and any applicable special considerations, and will display the values in the appropriate fields throughout the form.

Special Considerations Rating:

		Total of Ratings		Cost Factor
Total of Domain Ratings:	<input type="text" value="7"/>	5	=	250
	+	6-9	=	251
Special Considerations Rating:	<input type="text" value="0"/>	10-13	=	252
	=	14-17	=	253
Total of Ratings:	<input type="text" value="7"/>	18-21	=	254
Cost Factor	<input type="text" value="251"/>	22+	=	255

Student Name	Student ID	Gender	Grade	Campus	DOB	Parent	Primary Exceptionality
Amanda J Espinosa	00061861	M	10	Focus High School - 0041	03/04/2009	Parent Parent	NA

Phone Email Address

Zxi Zjwvx, UZ 11111

Matrix of Services - Student Information/ Areas of Eligibility

(Revised 01/2022)

District: Owl County Schools	Total of Ratings: 7
Date Completed: <input type="text"/>	Services Start Date: 04/16/2024
Cost Factor: 251	

Areas of Eligibility:

Primary Exceptionality: None Currently Assigned

Additional Exceptionalities: None Currently Assigned

Areas of Related Service: (Please check all that apply.)

☐ Language Therapy - X
 ☐ Occupational Therapy - D
 ☐ Physical Therapy - E
 ☐ Speech Therapy - Y

2. Enter the **Services Start Date** on page 1. This must be entered in order to save the form.
3. Complete the rest of the fields on page 1.

Student Name	Student ID	Gender	Grade	Campus	DOB	Parent	Primary Exceptionality
Amanda J Espinosa	00061861	M	10	Focus High School - 0041	03/04/2009	Parent Parent	NA

Phone Email Address

Zxi Zjwvx, UZ 11111

Matrix of Services - Student Information/ Areas of Eligibility

(Revised 01/2022)

District: Owl County Schools	Total of Ratings: 7
Date Completed: <input type="text"/>	Services Start Date: 04/16/2024
Cost Factor: 251	

Areas of Eligibility:

Primary Exceptionality: None Currently Assigned

Additional Exceptionalities: None Currently Assigned

Areas of Related Service: (Please check all that apply.)

☐ Language Therapy - X
 ☐ Occupational Therapy - D
 ☐ Physical Therapy - E
 ☐ Speech Therapy - Y

4. Click **Save & Validate** when the form is complete.

IEP Team Signatures

Participants can electronically sign the form, or a blank signatures page without the Draft watermark can be printed ahead of the meeting and scanned or uploaded back into the IEP event prior to locking the event.

IEP Meeting Participants

The signatures below represent individuals who were in attendance at the meeting. Pre-printed names alone represent individuals who provided written input or participated in the meeting by individual or conference telephone call, video conferencing or other method.

Parents may be accompanied by another adult of their choice at any meeting with school district personnel. The school district may not object, discourage or attempt to discourage the attendance of an adult of the parent's choice.

Parents, surrogate parents, guardians or adult student attending today's meeting - Please complete the following statement of non-coercion per Florida Statute 1002.20 (school/district staff present will sign statement on page 2):

School Personnel **have not** prohibited, discouraged or attempted to discourage me from inviting another adult of my choice to today's meeting. ☐ Agree ☐ Disagree

[Click to Sign](#)

Signature: _____ Date: _____

Prior Written Notice: Does this IEP include a change of placement or change in the provision of a Free and Appropriate Public Education (FAPE) from the previous IEP? If **YES**, please complete the **Prior Written Notice** step.

☐ **YES** ☐ **NO**

SIGNATURES OF IEP TEAM MEMBERS AND OTHER PARTICIPANTS IN ATTENDANCE:

ROLE	SIGNATURE	PRINT NAME	DATE
*Parent/Guardian/Adult Student	Click to Sign	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Parent/Guardian	Click to Sign	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Student	Click to Sign	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
*LEA Representative	Click to Sign	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
*ESE Teacher/Service Provider	Click to Sign	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
*General Education Teacher	Click to Sign	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Selecting **YES** for the **Prior Written Notice** question will change the Prior Written Notice step to required and the FAPE form must be completed.

IEP Meeting Participants

The signatures below represent individuals who were in attendance at the meeting. Pre-printed names alone represent individuals who provided written input or participated in the meeting by individual or conference telephone call, video conferencing or other method.

Parents may be accompanied by another adult of their choice at any meeting with school district personnel. The school district may not object, discourage or attempt to discourage the attendance of an adult of the parent's choice.

Parents, surrogate parents, guardians or adult student attending today's meeting - Please complete the following statement of non-coercion per Florida Statute 1002.20 (school/district staff present will sign statement on page 2):

School Personnel **have not** prohibited, discouraged or attempted to discourage me from inviting another adult of my choice to today's meeting.

☐ Agree ☐ Disagree

[Click to Sign](#)

Signature: _____

Date: _____

Prior Written Notice: Does this IEP include a change of placement or change in the provision of a Free and Appropriate Public Education (FAPE) from the previous IEP? If **YES**, please complete the **Prior Written Notice** step.

☐ YES ☐ NO

SIGNATURES OF IEP TEAM MEMBERS AND OTHER PARTICIPANTS IN ATTENDANCE:

ROLE	SIGNATURE	PRINT NAME	DATE
------	-----------	------------	------

If **Other Accommodations not Allowed on State Assessments** has been selected on the Accommodations step, the parent consent and signature fields on the second page of the form need to be completed.

Has the IEP team recommended classroom accommodations NOT allowable on statewide assessments?

☒ Yes ☐ No If "Yes", parent consent **must be** obtained.

Parental Consent for Accommodations not allowable on Statewide Assessments

Florida School Law 1008.22 - Student Assessment Program for Public Schools

If a student is provided with accommodations or modifications that are not allowable in the statewide assessment program, as described in the test manuals, the district must inform the parent in writing and must provide the parent with information regarding the impact on the student's ability to meet expected proficiency levels in reading, writing, and math. Accommodations address how the curriculum is presented, practiced, and assessed. Accommodations selected must be used as part of classroom instruction to be used for state and district assessment. However, some instructional accommodations are not permitted on state and district assessment.

Your signature below gives consent for special classroom accommodations as part of the regular instruction that will not be available to assist the student while taking the State assessments.

- ☐ Yes, I give consent for instructional accommodations not allowed for state assessment.
- ☐ No, I do not give consent for any accommodations other than those allowed for state assessment.

[Click to Sign](#)

Parent/Surrogate Parent/Guardian/Adult Student Signature

Date

1. Complete the form.
2. Click **Save & Validate** when finished.

Meeting Minutes

The Meeting Minutes can be completed by a team member other than the one filling out the IEP forms, as multiple users can be logged in to the student's IEP Event at the same time (there just can only be one person at a time on any given step or an error message displays stating the step is being edited by person X). Notes can be taken in a different program, such as Word, and copied and pasted into the Meeting Minutes form, if desired.

Meeting Minutes

Save

Date:

Event:

IEP Event

Documented By:

< > B I U | [List Icon] [Table Icon] [Link Icon] [Image Icon] | Format - Size - [Image Icon]

i Please add minutes for each day "IEP Event" takes place. Do not add minutes for the same day.

Add minutes

- 1.** Enter the **Date** of the meeting.

Meeting Minutes

Save


Date: 04/16/2024


Event: IEP Event

Documented By: A. Weiss

← → B I U 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021

5. The Add Minutes button is used if there is an additional meeting on a different date for the event. Clicking the button adds an additional meeting minutes form to the screen. The Add Minutes button should not be clicked to add additional minutes to a meeting already in progress or for a meeting on the same date.

 Please add minutes for each day "IEP Event" takes place. Do not add minutes for the same day.

 **Add minutes**

ESE Supplements

If needed, users can add additional forms to ESE events.

1. Select the form to add as a supplement and click **Add this form.**

No Records Found

Additional IEP Meeting Participants

- Additional IEP Meeting Participants
- Additional Transition Services and Activities
- Annual Medicaid Notification
- Assurance to Parents of Rights to be Accompanied at Meetings
- Behavior Intervention Plan
- Communication Plan
- Consent for Access Points and FSAA
- Consent for Center Placement
- EP Meeting Notice
- ESE Manifestation Determination

Add this form

The selected form is added to the table.

2. Click the **Edit** link.

Form Name		Added By	Last Saved	Last Drafted	Complete	Delete
Communication Plan	Edit	Ashley Weiss				Delete

Additional IEP Meeting Participants

Add this form

3. Complete the form and click **Save & Validate** when finished.

Return To Focus

Student Name

Student ID

Gender

Grade

Campus

DOB

Parent

Primary Exceptionality

Amanda J Espinosa

00061861

M

10

Focus High School - 0041

03/04/2009

Parent Parent

NA

Phone

Email

Address

Zxi Zjwxx, UZ 11111

Communication Plan

Plan Completion Date:

Hearing Age:

Secondary Area(s) of Eligibility (if applicable):

I. CONSIDER THE STUDENT'S LANGUAGE AND COMMUNICATION

1. The student's language (i.e. English, Spanish) is one or more of the following (check all that apply and enter the languages used):

Receptive

Expressive

☐

☐

No emerging language

☐

☐

Spoken language

☐

☐

Sign language

2. The student's primary method(s) to access and use language is one or more of the following (check all that apply)

Receptive

Expressive

☐

☐

Auditory-oral methods (spoken language)

☐

☐

American Sign Language (ASL)

☐

☐

Signed supported speech /sign supporting spoken English)

Save & Validate

4. Click **Return to Focus**.

Manage Student: ESE Events

Page 74

 Return To Focus

Form Name		Added By	Last Saved	Last Drafted	Complete	Delete
Communication Plan	Edit	Ashley Weiss	2024-04-03 15:43:17-04		✓	Delete

Additional IEP Meeting Participants
Add this form

Form Name		Added By	Last Saved	Last Drafted	Complete	Delete
Communication Plan	Edit	Ashley Weiss	2024-04-03 15:43:17-04		✓	Delete

Additional IEP Meeting Participants
Add this form

✓ ESE supplements (1)

Uploads

Uploads can be used to add documentation to an event, such as student work samples or forms completed by the parent/guardian of the student. Uploads must be in PDF format in order to be available for printing.



1. Drag a file into the box, click **Select** and select a file from your computer, or click the scan icon and follow prompts to scan the document.



2. Once documentation is scanned or uploaded it will populate in the upload field with edit/delete options.



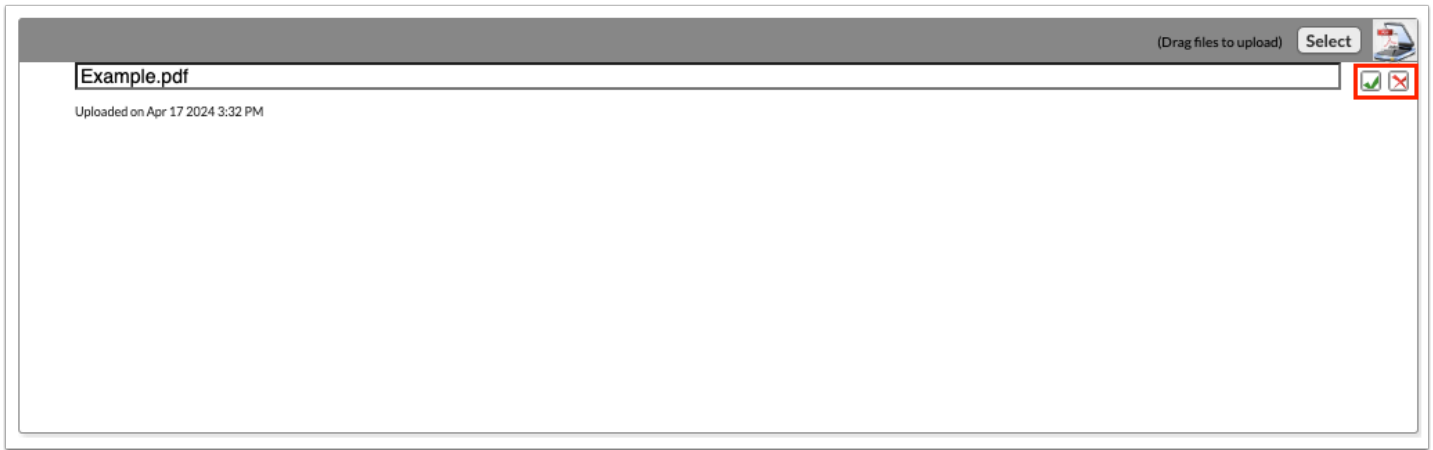
3. The number of uploads will display in parentheses on the side menu.



4. Click the pencil icon to edit the title of the file.



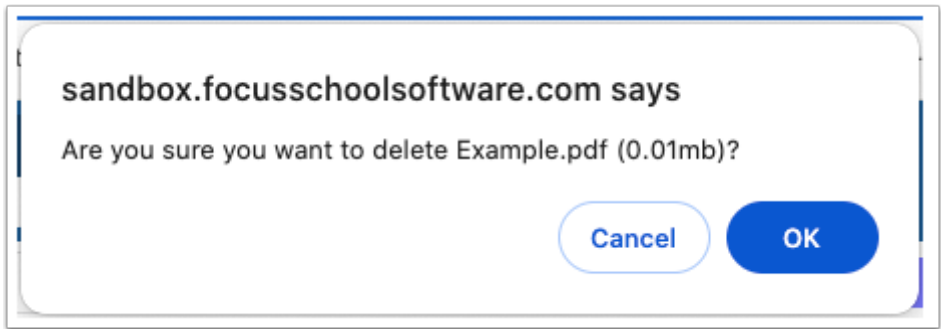
After making a title change, click the green check mark to save the change, or the red X to discard the change and keep the original file name.



5. Click the red minus sign to delete the upload.



6. Click **OK** to confirm deletion.



IEP Goals Progress Report

At the appropriate time, the IEP Goals Progress Report can be created to send to the parent as required by district policy. The IEP Goals Progress Report is housed in the Event pull-

down in the Create New Event section of the Manage Student event screen for ESE. It can only be initiated once the IEP Event has been locked.

❗ Keep the IEP Goals Progress Report event open (not locked) for the duration of the IEP to continue documenting the student's progress towards the goals.

When the IEP Goals Progress Report event is opened, the Progress Monitoring form is displayed. A check mark displays next to the step, as it is not set up as a required step.

The screenshot shows the 'Progress Monitoring' form within the 'Manage Student' event screen. The form is titled 'Progress Monitoring' and includes a 'Progress Codes Legend' section with the following text: 'E = E - Emerging C = C - Continuing M = M - Mastered N/A = N/A - Not Addressed' and a red asterisk indicating 'Denotes a Required Field'. The form has a navigation bar at the top with buttons for '< Previous Step', '> Next Step', 'Notes', 'Mark as Complete', 'Print', and 'Return to Manage Student'. A sidebar on the left shows a list of steps, with 'Progress Monitoring' highlighted and marked with a checkmark. Below the legend, there are three dropdown menus: 'Progress Period (10/16/2023)' with 'Q1' selected, 'Domain' with 'Curriculum and Learning' selected, and 'Goal #' with '1' selected. At the bottom, there is a section for 'IEP Event' with the dates '06/19/2023 - 06/18/2024'. This section contains a 'Progress Code' field with a red asterisk, and four dropdown menus for 'Q1', 'Q2', 'Q3', and 'Q4'. The 'Q1' dropdown is currently open, showing 'Q1' as the selected option. Below the progress code fields is a 'Goal Description' field.

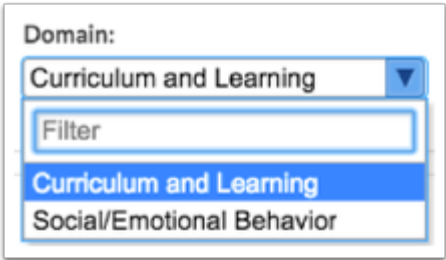
The progress periods populate based on the Frequency of Progress Reporting from the Demographics and Desired Outcomes form of the IEP Event. Data entered on the form is auto-saved.

1. Select the **Progress Period** in which data is being added. The date in parentheses is the last date of grade posting/progress reporting for the marking period. The current marking period will display by default.

The marking period title on the progress code is editable if anything other than "Every grading period" or "Quarterly" was selected for the "Frequency of Progress Monitoring" on the Demographics and Desired Outcomes step of the IEP Event.

This is a close-up of the 'Progress Period (10/16/2023)' dropdown menu. The dropdown is open, showing 'Q1' as the selected option. The dropdown menu is titled 'Progress Period (10/16/2023)' and has a blue arrow pointing down next to the selected option.

2. Select the **Domain**. The first (or only) domain displays in the pull-down by default. Domains populate from the areas of concern identified on the Present Levels step in the IEP Event.



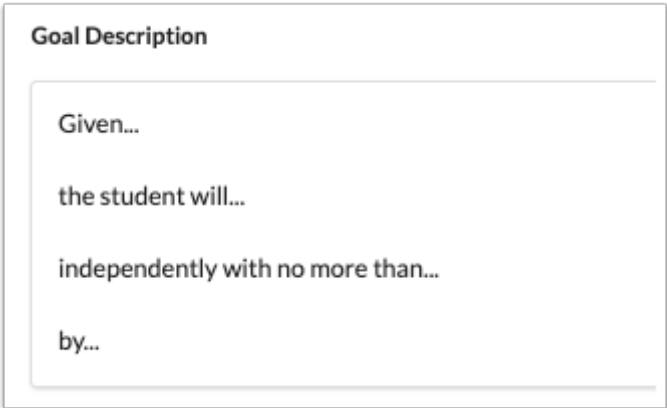
A screenshot of a web form showing a dropdown menu for 'Domain:'. The selected option is 'Curriculum and Learning'. Below the dropdown is a 'Filter' input field. The dropdown list is open, showing two options: 'Curriculum and Learning' (highlighted in blue) and 'Social/Emotional Behavior'.

3. Identify which **Goal #** this domain addresses. If multiple goals were created for this domain, all goals will be available in the pull-down.



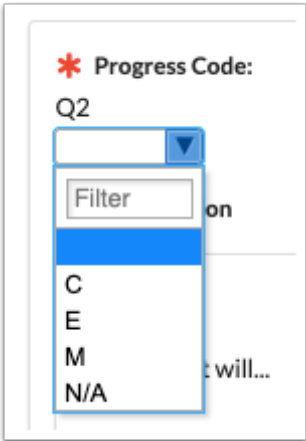
A screenshot of a web form showing a dropdown menu for 'Goal #'. The selected option is '1'. The dropdown list is open, showing only one option: '1'.

The Goal Description will populate based on the Goal # selected.



A screenshot of a web form showing a text area for 'Goal Description'. The text area contains the following text: 'Given...', 'the student will...', 'independently with no more than...', and 'by...'.

4. Use the **Progress Code** pull-down to record the student's progress toward the goal. Refer to the legend at top of the page. Inactive progress periods will be grayed out.



A screenshot of a web form showing a dropdown menu for 'Progress Code:'. The selected option is 'Q2'. Below the dropdown is a 'Filter' input field. The dropdown list is open, showing four options: 'C', 'E', 'M', and 'N/A'.

5. For **Anticipate meeting goal?**, select **Yes** or **No**.

The marking period title is editable if anything other than "Every grading period" or "Quarterly" was selected for the "Frequency of Progress Monitoring" on the Demographics and Desired Outcomes step of the IEP Event.

* Anticipate meeting goal?

Q2

Yes

6. Enter any **Comments on progress for this goal** based upon the Mastery Criteria.

Mastery Criteria:
Minutes: 10

* Comments on progress for this goal ?

7. After completing all the required information for the goal, click **Save** to save your progress.

← Previous Goal

Next Goal →

Save

8. Use the **Previous Goal** and **Next Goal** buttons in the top-right to navigate through student goals, or use the **Goal #** pull-down to move on to the next goal.

Once all goals for a domain have been addressed, clicking the Next Goal button will open the next domain.

← Previous Goal

Next Goal →

Save

The Goal Progress Comment History section displays after the comments section, and includes previous progress comments.

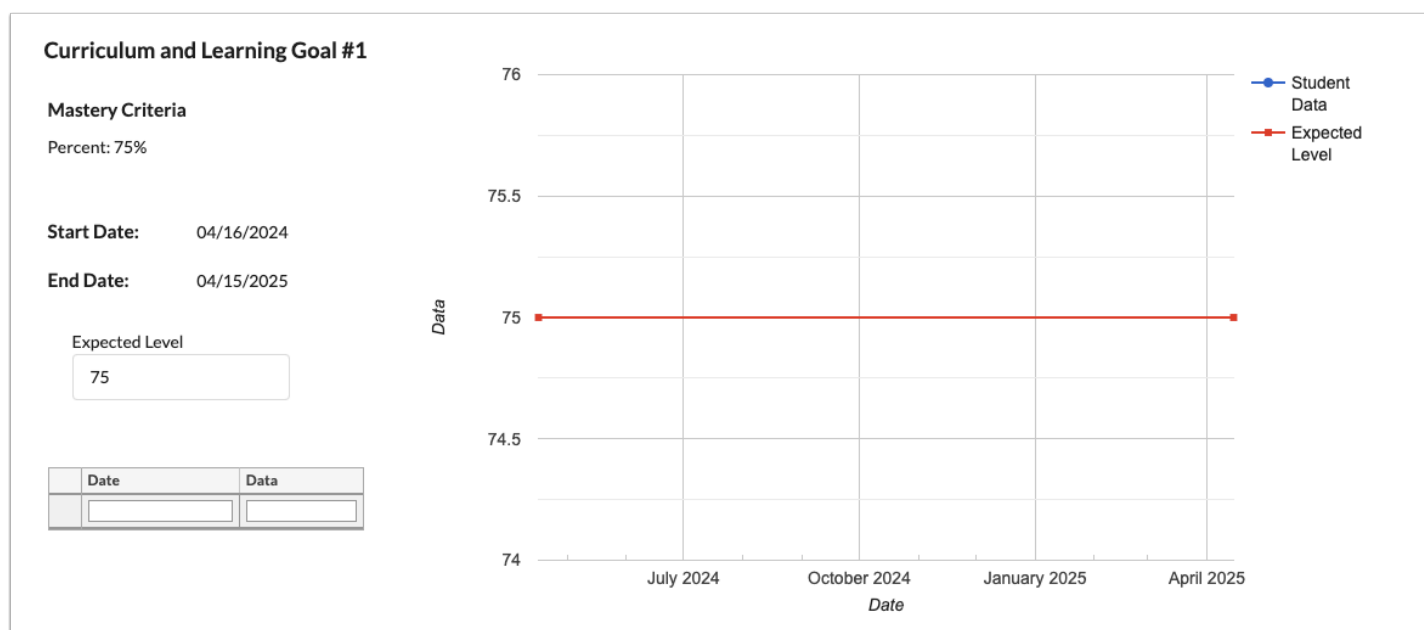
Goal Progress Comment History

Q1

At this time, Nancy is independently using the skill at only 60% in 4 of 5 opportunities.

Q2

If the district has the "Progress Monitoring Charts" setting enabled in SSS > [General](#), users are able to graph progress data for each goal. This section displays beneath the Goal Progress Comment History. The Mastery Criteria, Start Date, and End Date will populate automatically.



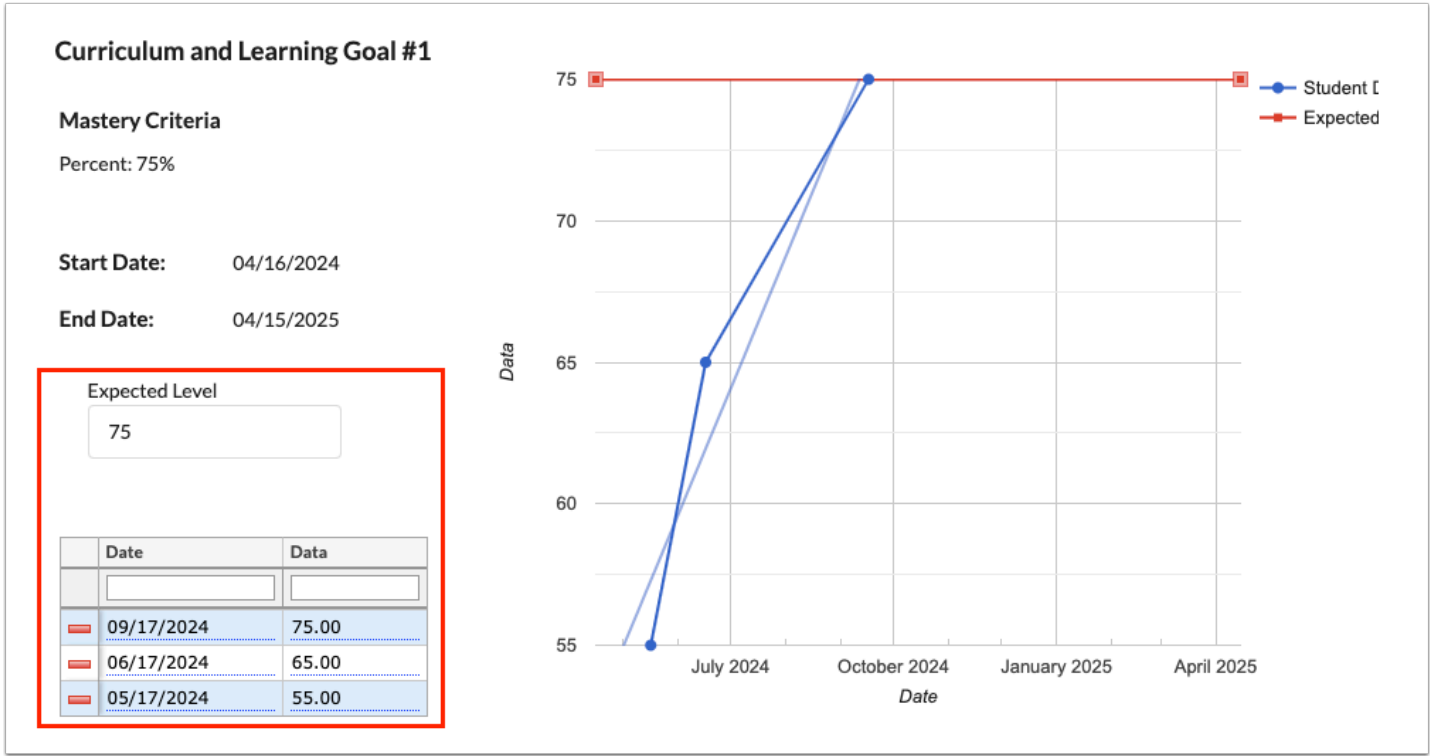
9. Enter the student's **Expected Level**.

10. For the first data point, select the **Date** and enter the **Data**. Press **Enter** to add the row.

11. Add at least two more data points (3 total).

12. Click **Save**.

The graph will display the connected data points, a trend line, and the Expected Mastery level.



13. Select the next domain (or goal if in same domain) from the **Domain** and **Goal** pull-downs at the top of the Progress Report, and repeat the steps listed above until all goals have been progressed monitored and graphed.
14. To print the progress report, click **Print** at the top of the screen.

< Previous Step

> Next Step

Notes

✓ Mark as Complete

Print

≡ Return to Manage Student

✓ Progress Monitoring

Uploads (0)

Progress Monitoring

Progress Codes Legend
E = E - Emerging C = C - Continuing M = M - Mastered N/A = N/A - Not Addressed
* Denotes a Required Field

Progress Period (10/16/2023)
Q1

Domain
Curriculum and Learning

Goal #
1

IEP Event
06/19/2023 - 06/18/2024

< Previous Goal

Next Goal >

Save

15. Select the **Disable Watermark** option and click **Preview**.

Print

Return to Manage Student

Select Steps to Print

Select All

Select None

Print Options

Language	English
Highlight Changes	<input type="checkbox"/>
Disable Watermark	<input checked="" type="checkbox"/>
Hide Page Numbers	<input type="checkbox"/>
Hide Event Name	<input type="checkbox"/>

Step Name	Saved Date	Print	Options
Progress Monitoring	03/18/2024	<input checked="" type="checkbox"/>	

Cancel

Preview

16. Click **Print Form** and then follow your computer's prompts to print the report.

Return To Focus

Progress Monitoring Report

E = E - Emerging	C = C - Continuing	M = M - Mastered	N/A = N/A - Not Addressed
<div>IEP Event</div> <div>06/19/2023 - 06/18/2024</div>			
Q1 (10/16/2023)		Date: 03/18/2024	
Domain: Curriculum and Learning	Goal # 1.0	Progress Code:C	
Goal 1.0: dsggsfewewe bwewrewf dsfdwaer faqwqfegds Mastery Criteria: Minutes: 60			
Anticipate Meeting Goal? Yes			

Print Form

Amended IEP

Focus allows for updates or changes to be made to an annual IEP by initiating the Amended IEP event. The Amended IEP event is housed in the Event pull-down on the Manage Student screen for ESE.



The Amended IEP event cannot be initiated if the current locked IEP event has expired. A warning message will display.



See [IEP 2.0 and Amended IEP 2.0](#) for information on completing the IEP 2.0 and Amended IEP 2.0 events.

When the Amended IEP is opened, it is populated with the information entered on the IEP Event. The IEP Plan Date, IEP Services Start Date, and IEP Plan End Date are locked from editing.

The screenshot shows the 'Individual Education Plan (IEP) Demographics and Student Expected Outcomes' form. The left sidebar lists various sections: Present Levels (PLAAPF), Transition, ESY Eligibility Review, Special Factors, IEP Goals & Objectives, Schedule of Services, Accommodations/Modifications, State & District Assessments, LRE Considerations, IEP Team Signatures, Meeting Minutes, and Matrix of Services. The main form area contains student demographics (Amanda J Espinosa, Student ID: 00061861, Grade: 10, Campus: Focus High School - 0041, DOB: 03/04/2009, Parent: Parent Parent, Primary Exceptionality: NA) and IEP details (IEP Type: Annual, Amended Date: 04/16/2024, 3 Year Reeval Due Date: 04/16/2027). The IEP Plan Date (04/16/2024), IEP Services Start Date (04/16/2024), and IEP Plan End Date (04/15/2025) are highlighted with a red box. The transition section asks if the student will be 14 years of age or entering the first year of high school during the validity period of the IEP, with a 'No' button selected.

1. Update the Amend IEP event according to district policy.

Fields will display with a yellow highlight when changes are made, with the exception of select one or select multiple fields.

2. Click **Save & Validate** on each step.



When the Amended IEP is printed, select the "Highlight Changes" option to display the changed fields with a yellow or gray background.

Amended IEP - IEP Goals Progress Report

When an IEP is amended to add or modify goals, the open IEP Goals Progress Report will reflect those changes on a new tab once the Amended IEP has been locked. Similarly, if the amendment entails a change in the frequency of reporting progress, the historical progress can be viewed on a separate tab along with the new progress.

The screenshot displays the IEP Goals Progress Report interface. At the top right, there are navigation buttons: "← Previous Goal" and "Next Goal →". Below these, the "Progress Period (10/01/2021)" is set to "Q1", the "Domain" is "Curriculum and Learning", and the "Goal #" is "1". A red label "historical data" is positioned below the progress period. Below this, there are two tabs: "IEP Event" (09/29/2021 - 09/28/2022) and "Amended IEP" (09/29/2021 - 09/28/2022). A red link "click to record new data" is next to the "Amended IEP" tab. Below the tabs, there is a section for "Progress Code" with four dropdown menus labeled Q1, Q2, Q3, and Q4. The Q1 dropdown is currently set to "E". Below the progress code section, there is a "Goal Description" text area with the following text: "Given...", "Nancy will...", "Independently with no more than...", and "by...".

1. In the IEP Goals Progress Report, click the **Amended IEP** tab.

If the frequency of reporting progress has been changed to anything but Quarterly or Every Grading Period, the Progress Period dropdown will show PP1, PP2, etc., as will the Marking Period column headers.

[← Previous Goal](#)
[Next Goal →](#)

Progress Period: PP1
 Domain: Curriculum and Learning
 Goal #: 1

The following fields are required and must be filled out:
 Progress code
 Anticipate meeting goal?
 Comments on progress for this goal

IEP Event: 09/29/2021 - 09/28/2022
 Amended IEP: 09/29/2021 - 09/28/2022

* Progress Code:
 PP1
PP2
PP3
PP4
PP5
PP6
PP7
PP8
PP9
PP10

Goal Description

Given...
 Nancy will...
 Independently with no more than...
 by...

* Anticipate meeting goal?
 PP1
PP2
PP3
PP4
PP5
PP6
PP7
PP8
PP9
PP10

The number of Progress Periods (PP) that display is dependent upon the maximum number set by the district in SSS > [General](#).

2. Select a **Progress Period** (or start with the default PP1); the corresponding PP will show as enabled in the Progress Code section.

3. Click in the **Progress Code** column header to edit the PP label.

Progress Period: PP2
 Domain: Curriculum and Learning
 Goal #: 1

The following fields are required and must be filled out:
 Progress code
 Anticipate meeting goal?
 Comments on progress for this goal

IEP Event: 09/29/2021 - 09/28/2022
 Amended IEP: 09/29/2021 - 09/28/2022

* Progress Code:
 PP1
PP2
PP3
PP4
PP5
PP6
PP7
PP8
PP9
PP10

click to edit

The Progress Period will automatically update to match the edited PP label.

4. Select a **Progress Code**.

Progress Period: 10/7/21

Domain: Curriculum and Learning

Goal #: 1

The following fields are required and must be filled out:
 Anticipate meeting goal?
 Comments on progress for this goal

IEP Event: 09/29/2021 - 09/28/2022

Amended IEP: 09/29/2021 - 09/28/2022

* Progress Code:

PP1: 10/7/21
C

PP3: PP4: PP5: PP6: PP7: PP8: PP9: PP10:

The "Anticipate meeting goal?" and "Goal Progress Comment History" sections also show the new reporting frequency and renamed PP title.

5. Select **Yes** or **No** and enter comment.

* Anticipate meeting goal?

PP1: 10/7/21
Yes

PP3: PP4: PP5: PP6: PP7: PP8: PP9: PP10:

Mastery Criteria:
 Percent: 80
 Trials/Opportunities: 4 / 5

* Comments on progress for this goal ?

New frequency of progress reporting (from Quarterly to Monthly):

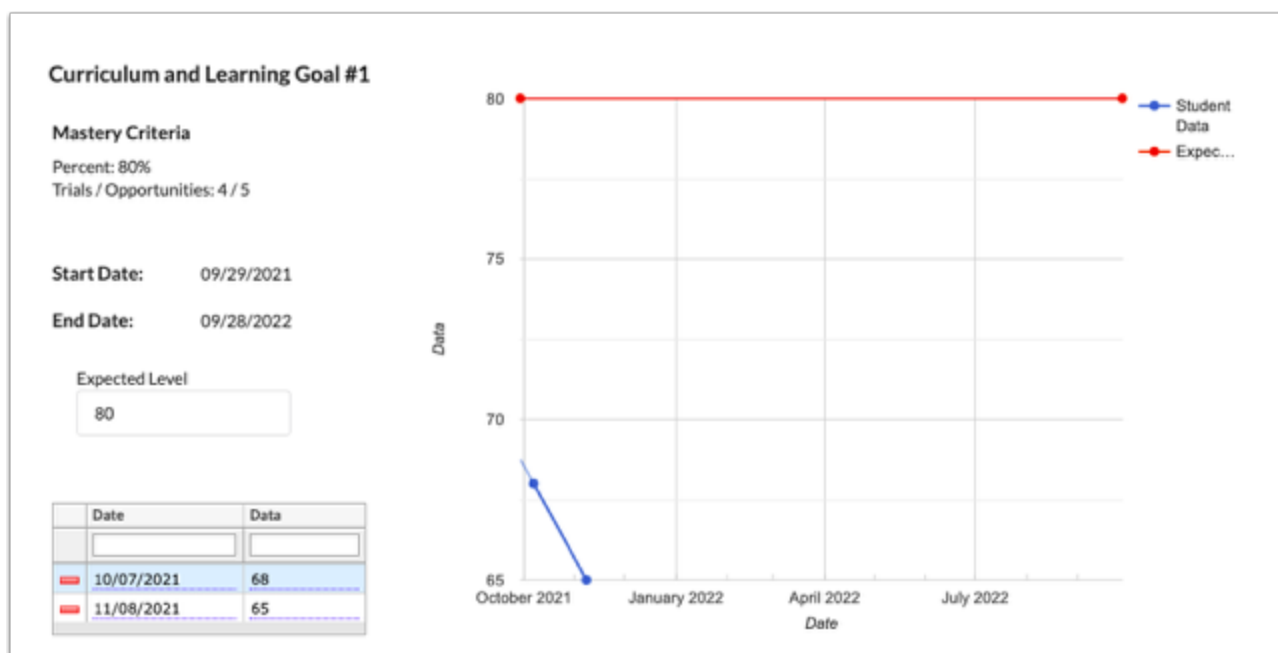
Goal Progress Comment History

PP1: 10/7/21

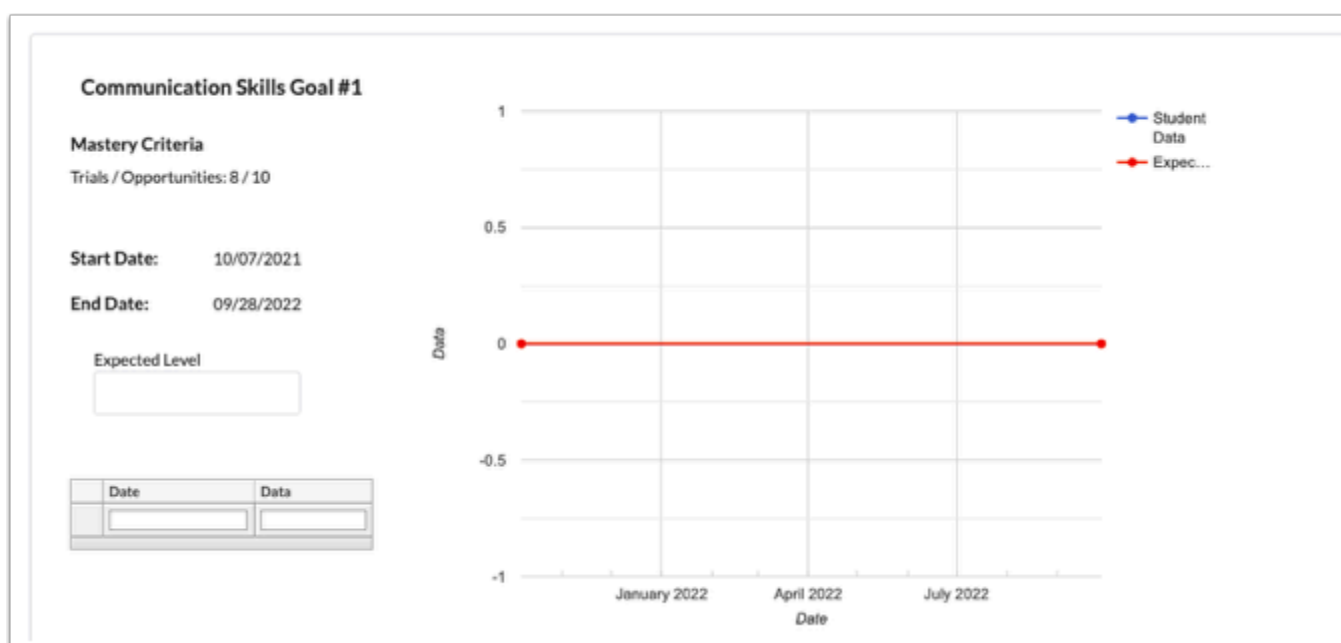
PP3:

6. Update the data chart to create new progress graph for existing goals, or if a new goal was added, enter the data to create a new graph.

Existing Goal with New Frequency of Reporting Progress:



New Goal with New Frequency of Reporting Progress



7. Click the **IEP Event** tab to view the historical progress report. All fields on the original IEP Event tab will be locked and cannot be edited.

Progress Period (10/01/2021) Domain: Communication Skills Goal #: 1

The following fields are required and must be filled out:
 Progress code
 Anticipate meeting goal?
 Comments on progress for this goal

IEP Event 09/29/2021 - 09/28/2022 **Amended IEP** 09/29/2021 - 09/28/2022

*** Progress Code:**

Q1 Q2 Q3 Q4

*** Anticipate meeting goal?**

Q1 Q2 Q3 Q4

Mastery Criteria:
 Minutes: 30

*** Comments on progress for this goal ?**

Independent Functioning Goal #1

Mastery Criteria
 Minutes: 30

Start Date: 09/29/2021
End Date: 09/28/2022

Expected Level

Date	Data
<input type="text"/>	<input type="text"/>
10/05/2021	10
10/19/2021	15
11/02/2021	12
11/16/2021	15

EP Meeting Notice

The EP Meeting Notice event should be completed and locked prior to initiating the EP for Gifted Students event.

Notice of EP Meeting

Previous Step

Next Step

Notes

Save & Validate

Mark as Complete

Print

History

Return to Manage Student

0%

Notice of EP Meeting

Receipt of Procedural Safeguards

EP Supplement

Uploads (0)

District

NOTICE OF GIFTED TEAM MEETING

To the

Select One

 Amanda Joseph Espinos: Date of Notice:

Date

An Education Plan (EP) Team meeting for you/your child is scheduled as noted below.

1. PURPOSE OF MEETING:

To determine need for evaluation/reevaluation

To develop initial EP

To review results of evaluation/reevaluation

To develop a new EP

To determine initial eligibility for gifted education and related services

To review or revise existing EP

To determine continued eligibility for gifted education and related services

To consider change in placement/services

To determine initial placement

To consider revocation of services

To discuss:

Instruction

Behavior

Student Progress

Accommodations

2. PERSONS INVITED TO THE MEETING: *Required members of the EP Team

Parent/Guardian/Adult Student*

Individual to Interpret Evaluation Results*

Other/Agency:

LEA Representative*

Principal/Designee

Other/Agency:

Gifted Education Teacher*

Student

Other/Agency:

General Educator*

3. MEETING INFORMATION:

1. Select the recipient of the notice from the **To the** pull-down.

To the

Select One

An Education Plan (EP) Team meeting for you/your child is scheduled as noted below.

1. PURPOSE OF MEETING:

To determine need for evaluation/reevaluation

To develop initial EP

To review results of evaluation/reevaluation

To develop a new EP

To determine initial eligibility for gifted education and related services

To review or revise existing EP

To determine continued eligibility for gifted education and related services

To consider change in placement/services

To determine initial placement

To consider revocation of services

To discuss:

Instruction

Behavior

Student Progress

Accommodations

2. PERSONS INVITED TO THE MEETING: *Required members of the EP Team

Parent/Guardian/Adult Student*

Individual to Interpret Evaluation Results*

Other/Agency:

LEA Representative*

Principal/Designee

Other/Agency:

Gifted Education Teacher*

Student

Other/Agency:

General Educator*

3. MEETING INFORMATION:

2. Select the date **Date of Notice**.

Date (mm/dd/yyyy)

Date of Notice:

☐ Initial EP
☐ New EP
☐ Revise existing EP
☐ Change in placement/services
☐ Revocation of services
☐ Student Progress

April 2024						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

3. Select the **Purpose of the Meeting** and **Persons invited to the Meeting**.

1. PURPOSE OF MEETING:

☐ To determine need for evaluation/reevaluation
☐ To review results of evaluation/reevaluation
☐ To determine initial eligibility for gifted education and related services
☐ To determine continued eligibility for gifted education and related services
☐ To determine initial placement

☐ To develop initial EP
☐ To develop a new EP
☐ To review or revise existing EP
☐ To consider change in placement/services
☐ To consider revocation of services

To discuss: ☐ Instruction ☐ Behavior ☐ Student Progress ☐ Accommodations

2. PERSONS INVITED TO THE MEETING: *Required members of the EP Team

☐ Parent/Guardian/Adult Student*
☐ LEA Representative*
☐ Gifted Education Teacher*
☐ General Educator*

☐ Individual to Interpret Evaluation Results*
☐ Principal/Designee
☐ Student

☐ Other/Agency:
☐ Other/Agency:
☐ Other/Agency:

4. Enter the **Date**, **Time**, **Location**, and, if applicable, the **Room** in which the meeting will take place.

3. MEETING INFORMATION:

Date: Time: Location: Room:

We encourage you to attend this meeting, as your involvement and active participation is an important part of your child's education.

PLEASE COMPLETE SIGNATURE BOX ON PAGE 2 AND RETURN PAGE 2 ONLY TO SCHOOL

5. Enter the **Name**, **Position**, and **Phone** for the contact and source for additional information.

The values from the Meeting Information and Return Contact and Course for Additional Information sections will copy to the top section of the second page of the form.

6. In the Procedural Safeguards section, enter the name, position, and phone number of the contact person.

5. PROCEDURAL SAFEGUARDS:
A copy of the procedural safeguards must be available to the parents of a child who is gifted, and must be given to the parents, at a minimum of:
(1) Upon initial referral or parent request for evaluation;
(2) Upon receipt of a request for a due process hearing by either the school district or the parent in accordance with subsection 7 of Rule 6A-6.03313;
(3) Upon refusal of a parent's request for an initial evaluation;
(4) Upon notification of each EP meeting.

For assistance in understanding the Procedural Safeguards and other documents, you may contact the designee noted in Section 4. Additional sources for you to contact to obtain assistance in understanding the provisions of the Notice of EP Team Meeting, Notice of Consent for Evaluation, Procedural Safeguards or any other written communication contact:

Name, Position

Phone#

7. Fill in any remaining required fields. At the bottom of page 2, select **1st Notice**, select the **Date**, select the **Written** radio button, and enter any **Contact Notes**.

☒ **1st Notice**
☐ **2nd Notice**
☐ **3rd Notice**

Date: 04/18/2024

Date:

Date:

Type: ☒ Written

Type: ☐ Written ☐ Verbal

Type: ☐ Written ☐ Verbal

Detailed Contact Notes:
4/18/2024 - Sent written notice home with student per parent request after speaking with parent by phone

8. After entering the 1st Notice information, click **Save & Validate** at the top of the screen. This will generate an error message because the 2nd Notice fields must still be completed.

9. Click **Yes** to save a draft.

X

An error occurred when validating the form. Do you wish to save a draft of this form instead?

Cancel

Yes

A red warning message displays at the top of the form.

[Previous Step](#)
[Next Step](#)
[Notes](#)
[Save & Validate](#)
[Mark as Complete](#)
[Print](#)
[History](#)
[Return to Manage Student](#)
0%

*** Notice of EP Meeting**

[Receipt of Procedural Safeguards](#)

[EP Supplement](#)

[Uploads \(0\)](#)

The saved data on this form has not passed validation. This step will not be complete until validation succeeds.

District

NOTICE OF GIFTED TEAM MEETING

To the Parent of Amanda Joseph Espinos Date of Notice: 04/18/2024

An Education Plan (EP) Team meeting for you/your child is scheduled as noted below.

1. PURPOSE OF MEETING:

<input type="checkbox"/> To determine need for evaluation/reevaluation	<input checked="" type="checkbox"/> To develop initial EP
<input type="checkbox"/> To review results of evaluation/reevaluation	<input type="checkbox"/> To develop a new EP
<input type="checkbox"/> To determine initial eligibility for gifted education and related services	<input type="checkbox"/> To review or revise existing EP
<input type="checkbox"/> To determine continued eligibility for gifted education and related services	<input type="checkbox"/> To consider change in placement/services
<input type="checkbox"/> To determine initial placement	<input type="checkbox"/> To consider revocation of services

To discuss: ☒ Instruction ☐ Behavior ☐ Student Progress ☐ Accommodations

2. PERSONS INVITED TO THE MEETING: *Required members of the EP Team

<input checked="" type="checkbox"/> Parent/Guardian/Adult Student*	<input type="checkbox"/> Individual to Interpret Evaluation Results*	<input type="checkbox"/> Other/Agency:
<input type="checkbox"/> LEA Representative*	<input type="checkbox"/> Principal/Designee	<input type="checkbox"/> Other/Agency:
<input checked="" type="checkbox"/> Gifted Education Teacher*	<input type="checkbox"/> Student	<input type="checkbox"/> Other/Agency:
<input checked="" type="checkbox"/> General Educator*		

3. MEETING INFORMATION:

10. To print the first meeting notice for the parent/guardian, click **Print** at the top of the screen.

[Previous Step](#)
[Next Step](#)
[Notes](#)
[Save & Validate](#)
[Mark as Complete](#)
[Print](#)
[History](#)
[Return to Manage Student](#)
0%

*** Notice of EP Meeting**

[Receipt of Procedural Safeguards](#)

[EP Supplement](#)

[Uploads \(0\)](#)

The saved data on this form has not passed validation. This step will not be complete until validation succeeds.

District

NOTICE OF GIFTED TEAM MEETING

To the Parent of Amanda Joseph Espinos Date of Notice: 04/18/2024

An Education Plan (EP) Team meeting for you/your child is scheduled as noted below.

1. PURPOSE OF MEETING:

<input type="checkbox"/> To determine need for evaluation/reevaluation	<input checked="" type="checkbox"/> To develop initial EP
<input type="checkbox"/> To review results of evaluation/reevaluation	<input type="checkbox"/> To develop a new EP
<input type="checkbox"/> To determine initial eligibility for gifted education and related services	<input type="checkbox"/> To review or revise existing EP
	<input type="checkbox"/> To consider change in placement/services

11. Select **Disable Watermark** to print the forms without the red draft watermark.

Select Steps to Print

Select All

Select None

Print Options

Language

English

Highlight Changes

☐

Disable Watermark

☒

Hide Page Numbers

☐

Hide Event Name

☐

Step Name	Saved Date	Print	Options
Notice of EP Meeting		<input checked="" type="checkbox"/>	

Cancel

Preview

12. Deselect the **Print** option for any forms that are not needed.

Select Steps to Print

Select All

Select None

Highlight Changes

☐

Disable Watermark

☒

Hide Page Numbers

☐

Hide Event Name

☐

Step Name	Saved Date	Print	Options
Notice of EP Meeting		<input checked="" type="checkbox"/>	
Receipt of Procedural Safeguards		<input checked="" type="checkbox"/>	
EP Supplement		<input type="checkbox"/>	

Cancel

Preview

13. Click **Preview**.

Select Steps to Print

Select All

Select None

Highlight Changes	<input type="checkbox"/>
Disable Watermark	<input checked="" type="checkbox"/>
Hide Page Numbers	<input type="checkbox"/>
Hide Event Name	<input type="checkbox"/>

Step Name	Saved Date	Print	Options
Notice of EP Meeting		<input checked="" type="checkbox"/>	
Receipt of Procedural Safeguards		<input checked="" type="checkbox"/>	
EP Supplement		<input type="checkbox"/>	

Cancel

Preview

14. Click **Print Form** and follow your printer's prompts.

✕

Return To Focus

Print Form

District

NOTICE OF GIFTED TEAM MEETING

To the

Parent of

▼

Amanda Joseph Espinos

Date of Notice:

04/18/2024

An Education Plan (EP) Team meeting for you/your child is scheduled as noted below.

1. PURPOSE OF MEETING:

☐ To determine need for evaluation/reevaluation

☐ To review results of evaluation/reevaluation

☐ To determine initial eligibility for gifted education and related services

☐ To determine continued eligibility for gifted education and related services

☐ To determine initial placement

☒ To develop initial EP

☐ To develop a new EP

☐ To review or revise existing EP

☐ To consider change in placement/services

☐ To consider revocation of services

To discuss:

☒ Instruction

☐ Behavior

☐ Student Progress

☐ Accommodations

15. Click **Return to Focus** when finished.

Print Form

District

NOTICE OF GIFTED TEAM MEETING

To the

Parent of

Amanda Joseph Espinos

Date of Notice:

04/18/2024

An Education Plan (EP) Team meeting for you/your child is scheduled as noted below.

1. PURPOSE OF MEETING:

☐ To determine need for evaluation/reevaluation
☐ To review results of evaluation/reevaluation
☐ To determine initial eligibility for gifted education and related services
☐ To determine continued eligibility for gifted education and related services
☐ To determine initial placement

☒ To develop initial EP
☐ To develop a new EP
☐ To review or revise existing EP
☐ To consider change in placement/services
☐ To consider revocation of services

To discuss:

☒ Instruction
☐ Behavior
☐ Student Progress
☐ Accommodations

16. At the appropriate time, document the second notice by clicking **View** on the EP Meeting Notice event for the student.

Demographic
Enrollment
Schedule
Requests
Grades
Absences
Activities
Referrals
Test History
Audit Trail
Grad
Communication
Files
SSS
Choice
Billing

Threat Assessment
MTSS
Mental Wellness
Section 504
ESE
ELL
Medical
Student Services
HOPE

Create New Event:

Scheduled Date	Event	Action	Forms	Campus	Date Initiated
4/18/2024	Select One Steps	Initiate Event		Focus High School - 0041	04/18/2024

Active Events(3)
Locked Events(2)
Inactive Events(0)

Export
Filter: OFF

Due Date	Scheduled Date	Event	Contents	Parent Signatures	Status	Campus	Date Initiated	Initiated By	Delete	Set Inactive
	04/18/2024	EP Meeting Notice	View	Ready to Sign	open	Focus High School - 0041	04/18/2024 8:57 AM	Ashley Weiss	Delete	Set Inactive

17. At the bottom page 2 of the Notice of EP Meeting step, select **2nd Notice**, enter the **Date**, and select the **Type** of notice. Enter any **Contact Notes**.

☒ 1st Notice
☐ 2nd Notice
☐ 3rd Notice

Date: 04/18/2024
Date: 04/22/2024
Date:

Type: ☒ Written
Type: ☒ Written ☐ Verbal
Type: ☐ Written ☐ Verbal

Detailed Contact Notes:
4/18/2024 - Sent written notice home with student per parent request after speaking with parent by phone
4/22/2024 - Sent second notice to parent to confirm meeting date and time

18. Click **Save & Validate** at the top of the screen. To print the notice, click **Print** and follow the same procedure as in steps 11-15 above.

Receipt of Procedural Safeguards

The Receipt of Procedural Safeguards can be printed from this event and given to the parent/guardian. The parent/guardian can also electronically sign the form.

Locking the EP Meeting Notice

At the appropriate time after both notices have been sent, the meeting notice event can be locked by the individual with profile permission.

1. In the Active Events tab, locate the EP Meeting Notice event and click **Lock**.

Active Events(3)

Locked Events(2)

Inactive Events(0)

Export

Filter: OFF

Due Date	Scheduled Date	Event		Contents	Parent Signatures	Status	Campus	Date Initiated	Initiated By	Delete	Set Inactive
	04/18/2024	EP Meeting Notice	View	[4] Steps	Ready to Sign	Lock	Focus High School - 0041	04/18/2024 8:57 AM	Ashley Weiss	Delete	Set Inactive

A pop-up window displays with a form that must be completed.

Complete This Form Before Locking Event

☐ Received parent response
 ☐ Parent did not respond.

Locked Meeting Notice Rationale

Please select reason for locking this meeting notice:

☐ Meeting will take place as scheduled:

☐ Meeting canceled

Lock

Close

2. Select the check box that indicates the parent's/guardian's response.
3. Select an option to indicate that the meeting will take place as scheduled, the meeting was canceled, or if new notice is required.
4. Click **Lock**.

Complete This Form Before Locking Event

☒ Received parent response

☐ Parent did not respond.

Locked Meeting Notice Rationale

Please select reason for locking this meeting notice:


☒ Meeting will take place as scheduled: 04/25/2024

☐ Meeting canceled

Lock

Close

The event is moved to the Locked Events tab.

 To view the form that was completed upon locking the event, click the **View Pre-Lock Form** link in the Status column.

Active Events(2) Locked Events(3) Inactive Events(0)												
Due Date	Scheduled Date	Event	Contents	Status	Additional Uploads	Campus	Date Initiated	Initiated By	Date Locked	Locked By	Unlock	Delete
	04/18/2024	EP Meeting Notice	View	View Pre-Lock Form	View	Focus High School - 0041	04/18/2024 8:57 AM	Ashley Weiss	04/18/2024 10:50 AM	Ashley Weiss	Unlock	Delete

EP for Gifted Students

After the EP Meeting Notice is locked, the EP for Gifted Students event can be initiated for the student.

Gifted EP

Previous Step

Next Step

Notes

Save & Validate

Mark as Complete

Print

History

Return to Manage Student

Gifted EP

Gifted Goals Resource

EP Matrix of Services

EP Meeting Participants

EP Supplement

Meeting Minutes

Uploads (0)

Student Name: Amanda J Espinosa

Student ID: 00061861

Gender: M

Grade: 10

Campus: Focus High School - 0041

DOB: 03/04/2009

Parent: Parent Parent

Address: Zxi Zjwko, UZ 11111

Phone:

Educational Plan (EP) for Gifted Students

Date of Meeting:

Plan Type:

Select One

Gifted Procedural Safeguards provided:

EP Initiation Date:

EP Duration Period:

Select One

EP Review Date:

Gifted Services School:

Select One

Present Levels of Educational Performance:

State Assessment Results Dated:

Date of Most Recent Test

Test History

English Language Arts Raw Score:	<input type="text"/>	English Language Arts Developmental Scale Score:	<input type="text"/>	English Language Arts Level:	<input type="text"/>
Math Raw Score:	<input type="text"/>	Math Developmental Scale Score:	<input type="text"/>	Math Level:	<input type="text"/>
Reading Raw Score:	<input type="text"/>	Reading Developmental Scale Score:	<input type="text"/>	Reading Level:	<input type="text"/>

1. Select the **Date of Meeting**.

Date of Meeting:

2. Select the **Plan Type**.

Plan Type:

Select One

Filter...

Select One

Initial EP

Revised

Transfer

3. Select the date for the **Gifted Procedural Safeguards provided**.

Gifted Procedural Safeguards provided:

4. Select the **EP Initiation Date**.

EP Initiation Date:

Date

5. Select the **EP Duration Period**.

EP Duration Period:

Select One

Filter

Select One

1 year

2 years

3 years

4 years

The EP Review Date will auto-populate based on the EP Initiation Date and EP Duration Period.

Educational Plan (EP) for Gifted Students

Date of Meeting:

04/25/2024

Plan Type:

Initial EP

Gifted Procedural Safeguards provided:

04/17/2024

EP Initiation Date:

04/26/2024

EP Duration Period:

1 year

EP Review Date:

04/26/2025

Gifted Services School:

Select One

6. Select the **Gifted Services School** if the student will receive gifted services at a school other than the current school of enrollment.

Gifted Services School:

Select One

7. Enter the student's assessment information. Click the **Test History** link to open the student's Test History in a new tab.

Manage Student: ESE Events

Page 102

Present Levels of Educational Performance:

State Assessment Results Dated: **Test History**

English Language Arts Raw Score:	<input type="text"/>	English Language Arts Developmental Scale Score:	<input type="text"/>	English Language Arts Level:	<input type="text"/>
Math Raw Score:	<input type="text"/>	Math Developmental Scale Score:	<input type="text"/>	Math Level:	<input type="text"/>
Reading Raw Score:	<input type="text"/>	Reading Developmental Scale Score:	<input type="text"/>	Reading Level:	<input type="text"/>

Norm-Referenced Test (NRT) Results Dated:

Math Score:	<input type="text"/>
Reading Score:	<input type="text"/>

List results of most recent state, district, formal and/or informal assessments used to determine eligibility.

Date	Area Assessed	Instrument	Results
<input type="text" value="Date"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	Area Assessed	Instrument	Results
<input type="text" value="Date"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	Area Assessed	Instrument	Results
<input type="text" value="Date"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. At the top of page 2, select whether the student will participate in state and district-wide assessments with or without accommodations.

Student will participate in State and District-wide assessments accommodations. ☐ WITH ☐ WITHOUT

When WITH is selected, the next two questions on page 2 will become enabled and required.

Student will participate in State and District-wide assessments accommodations. ☒ WITH ☐ WITHOUT

Student has a Section 504 Plan with assessment accommodations. ☐ YES ☐ NO
If yes, see Section 504 Plan for assessment accommodations.

Student has Limited English Proficiency. ☐ YES ☐ NO If yes, indicate plan ▼
If yes, see English Language Learner (ELL) plan for assessment accommodations.

9. Enter a narrative description of the student's needs for gifted services beyond the general curriculum and the basis for that determination. Enter the parent, guardian, and/or student input.

A narrative description of the student's **academic** strengths, interests, and current performance needs for gifted services beyond the general curriculum **(for ELL student include language needs as related to the EP)** based on the following:

Parent/Guardian/Student Input:

10. Select one or multiple priority gifted educational needs and enter a description of the area(s).

Student's Priority Gifted Educational Need(s) *(select all that apply):*

☐ Acceleration ☐ Curriculum Compacting ☐ Enrichment of the instructional program in the area(s) of:

11. In the Individual Student Goals & Instructional Objectives section, enter the student's goals and objectives.

Individual Student Goals & Instructional Objectives:

Goal:

Instructional Objectives:

Progress toward goal measured by:

Mastery Level:

Select One ▼

12. Select the gifted services the student will receive.

Gifted Services:

Acceleration Through	Setting	Frequency
<input type="checkbox"/> Curriculum Compacting <input type="checkbox"/> Flexible Grouping <input type="checkbox"/> Independent Study <input type="checkbox"/> Subject Acceleration	<input type="checkbox"/> Consultation <input type="checkbox"/> General education AP, IB, DE, AICE <input type="checkbox"/> General education class <input type="checkbox"/> Gifted AP, IB, DE, AICE <input type="checkbox"/> Gifted content course <input type="checkbox"/> Mentoring/externship <input type="checkbox"/> Resource room - pull out <input type="checkbox"/> Support facilitation	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> 2 times a week <input type="checkbox"/> 3 times a week
Enrichment Through	Setting	Frequency
<input type="checkbox"/> Differentiated Instruction <input type="checkbox"/> Experiential Learning <input type="checkbox"/> Flexible Grouping <input type="checkbox"/> Independent Study <input type="checkbox"/> Modifying curriculum depth, complexity, or abstractness <input type="checkbox"/> Problem Based Learning <input type="checkbox"/> Project Based Learning <input type="checkbox"/> Service Learning	<input type="checkbox"/> Consultation <input type="checkbox"/> General education AP, IB, DE, AICE <input type="checkbox"/> General education class <input type="checkbox"/> Gifted AP, IB, DE, AICE <input type="checkbox"/> Gifted content course <input type="checkbox"/> Mentoring/externship <input type="checkbox"/> Resource room - pull out <input type="checkbox"/> Support facilitation	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> 2 times a week <input type="checkbox"/> 3 times a week
Other Services	Setting	Frequency
<input type="checkbox"/> Consultation <input type="checkbox"/> School Counseling	<input type="checkbox"/> Consultation <input type="checkbox"/> General education AP, IB, DE, AICE <input type="checkbox"/> General education class <input type="checkbox"/> Gifted AP, IB, DE, AICE <input type="checkbox"/> Gifted content course <input type="checkbox"/> Mentoring/externship <input type="checkbox"/> Resource room - pull out <input type="checkbox"/> Support facilitation	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> 2 times a week <input type="checkbox"/> 3 times a week

13. Select the **Frequency of EP Goals Progress Reporting to parent(s)/guardians(s).**

When Other is selected, the text box becomes enabled for you to specify.

Frequency of EP Goals Progress Reporting to parent(s)/guardians(s):

Other (specify)

Other

14. Select whether the student requires related services.

If Yes is selected, the text box becomes enabled to describe the services.

Does the student require Related Services to make progress and/or achieve EP Goals?

☐ Yes ☐ No

If YES, please describe the service(s) including frequency and location of service(s).

15. After completing the form, click **Save & Validate**.

1. Select the **Services Start Date**.

2. For each domain, select a **Level** and select the applicable boxes. The ratings and cost factor will auto-calculate as level values are selected.

Matrix of Services - Domain A- Curriculum and Learning Environment	
<input type="radio"/> Level 1 Requires no services or assistance beyond that which is normally available to all students	<input checked="" type="checkbox"/> Requires no services or assistance beyond that which is normally available to all students
<input type="radio"/> Level 2 Requires minimal accommodations/supports to the curriculum or learning environment	<input type="checkbox"/> Accommodations/supports to the general curriculum <input type="checkbox"/> Curriculum compacting <input type="checkbox"/> Differentiated instruction <input type="checkbox"/> Electronic tools used independently <input type="checkbox"/> Accessible instructional materials (AIM) <input type="checkbox"/> Accommodations on assessment/accessible assessment materials <input type="checkbox"/> Assistance with note taking and studying <input type="checkbox"/> Referrals to agencies <input type="checkbox"/> Consultation on a monthly basis with teachers, family, agencies or other providers
<input type="radio"/> Level 3 Requires a differentiated curriculum or extensive use of accommodations	<input type="checkbox"/> Differentiated curriculum <input type="checkbox"/> Electronic tools and assistive technology used with assistance <input type="checkbox"/> Alternative textbooks, materials, assessments, assignments or equipment <input type="checkbox"/> Special assistance in general education class requiring weekly consultation <input type="checkbox"/> Assistance for some learning activities in the general educational setting <input type="checkbox"/> Direct, specialized instruction for some learning activities <input type="checkbox"/> Weekly collaboration with family, agencies or other providers
<input type="radio"/> Level 4 Requires specialized instruction, modified curriculum, extensive modification to the learning environment or assistive technology used with supervision	<input type="checkbox"/> Extensive creation of special materials <input type="checkbox"/> Direct, specialized instruction or curriculum for the majority of learning activities <input type="checkbox"/> Instruction delivered within the community <input type="checkbox"/> Assistance for the majority of learning activities <input type="checkbox"/> Assistive technology used with supervision for the majority of learning activities

3. After completing the form, click **Save & Validate**.

EP Meeting Participants

Participants can electronically sign the form, or a blank signatures page (2 pages long) without the Draft watermark can be printed ahead of the meeting and scanned or uploaded back into the EP event prior to locking the event.

1. At the bottom of page 1, answer the required questions.

A copy of this EP was provided to the parent/guardian/adult student: <input type="checkbox"/> By Hand <input type="checkbox"/> Mail <input type="checkbox"/> With student <input type="text" value="Date"/>			
*Has the Matrix been reviewed (or updated if applicable)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA			
*Has the Principal/Designee reviewed the Matrix? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="text" value="Principal/Designee Signature"/>			

2. At the top of page 2, answer the required questions.

Accessibility and EP Implementation

The EP is accessible to each of the student's teachers who are responsible for implementation: ☐ Yes ☐ No

All persons responsible for EP implementation were notified at the EP meeting. ☐ Yes ☐ No

If No, how will responsible implementers be notified?

3. Ensure the staff signs the statement of non-coercion.

Statement of Non-coercion

School/district personnel attending today's meeting - Please sign whether you agree or disagree with the following statement of non-coercion per Florida Statute 1002.20:

School personnel **have not** prohibited, discouraged or attempted to discourage the parent, surrogate parent, guardian or adult student from inviting a person of choice to today's meeting.

I AGREE with the above statement:	I DISAGREE with the above statement:
Click to Sign	Click to Sign
Click to Sign	Click to Sign
Click to Sign	Click to Sign
Click to Sign	Click to Sign
Click to Sign	Click to Sign
Click to Sign	Click to Sign
Click to Sign	Click to Sign
Click to Sign	Click to Sign
Click to Sign	Click to Sign
Click to Sign	Click to Sign
Click to Sign	Click to Sign

4. After completing all required fields, click **Save & Validate.**

EP Supplements

If needed, supplemental forms can be selected to be completed at the EP meeting and/or to be sent home for the parent.

1. Select the form to add as a supplement and click **Add this form.**

No Records Found

Additional EP Goals

- Additional EP Goals
- Additional Gifted Services Supplemental
- Additional Transition Services and Activities
- Annual Medicaid Notification
- Assurance to Parents of Rights to be Accompanied at Meetings
- Communication Plan
- Consent for Access Points and FSAA
- Consent for Center Placement
- EP Meeting Notice
- EP Meeting Participants

Add this form

The selected form is added to the table.

2. Click the **Edit** link.

Form Name		Added By	Last Saved	Last Drafted	Complete	Delete
Additional Gifted Services Supplemental	Edit	Ashley Weiss				Delete

Additional EP Goals

Add this form

3. Complete the form and click **Save & Validate** when finished.

Return To Focus

Student Name: Amanda J Espinosa

Student ID: 00061861

Gender: M

Grade: 10

Campus: Focus High School - 0041

DOB: 03/04/2009

Parent: Parent Parent

Address: Zxi Zjwxx, UZ 11111

Phone:

Save & Validate

Additional Gifted Services

Acceleration Through	Setting	Frequency
<input type="checkbox"/> Curriculum Compacting <input type="checkbox"/> Flexible Grouping <input type="checkbox"/> Independent Study <input type="checkbox"/> Subject Acceleration	<input type="checkbox"/> Consultation <input type="checkbox"/> General education AP, IB, DE, AICE <input type="checkbox"/> General education class <input type="checkbox"/> Gifted AP, IB, DE, AICE <input type="checkbox"/> Gifted content course <input type="checkbox"/> Mentoring/externship <input type="checkbox"/> Resource room - pull out <input type="checkbox"/> Support facilitation	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> 2 times a week <input type="checkbox"/> 3 times a week
Enrichment Through	Setting	Frequency
<input type="checkbox"/> Differentiated Instruction <input type="checkbox"/> Experiential Learning <input type="checkbox"/> Flexible Grouping <input type="checkbox"/> Independent Study <input type="checkbox"/> Modifying curriculum depth, complexity, or abstractness <input type="checkbox"/> Problem Based Learning <input type="checkbox"/> Project Based Learning	<input type="checkbox"/> Consultation <input type="checkbox"/> General education AP, IB, DE, AICE <input type="checkbox"/> General education class <input type="checkbox"/> Gifted AP, IB, DE, AICE <input type="checkbox"/> Gifted content course <input type="checkbox"/> Mentoring/externship <input type="checkbox"/> Resource room - pull out <input type="checkbox"/> Support facilitation	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> 2 times a week <input type="checkbox"/> 3 times a week

4. Click **Return to Focus**.



Meeting Minutes

A different team member can be documenting the Meeting Minutes at the same time another team member is completing each of the EP steps/forms. Minutes can also be copied and pasted from a Word document.

⚠ Though two users can view/edit the same student, a warning message will display for one of the users if both try to fill out the same step at the same time. The warning "This step cannot be edited because it is already being edited" displays for the second user when they click on a step that is currently being edited by the first user.

Meeting Minutes

Save

Date:

Event:
EP for Gifted Students

Documented By:

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 Please add minutes for each day "EP for Gifted Students" takes place. Do not add minutes for the same day.

☐ Add minutes

1. Select the **Date** of the meeting.

Date:

◀

April 2024

▶

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

2. Enter who the form is being Documented By.

Documented By:

3. Enter the Meeting Minutes. There must be a minimum of 3 words in the text box in order to save.

4. Click **Save**. Users can add to the text field after clicking Save if it is during the meeting.



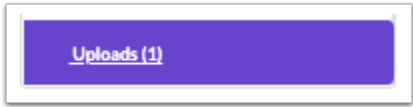
1. Drag a file into the box, click **Select** and select a file from your computer, or click the scan icon and follow prompts to scan the document.



2. Once documentation is scanned or uploaded it will populate in the upload field with edit/delete options.



3. The number of uploads will display in parentheses on the side menu.



4. Click the pencil icon to edit the title of the file.



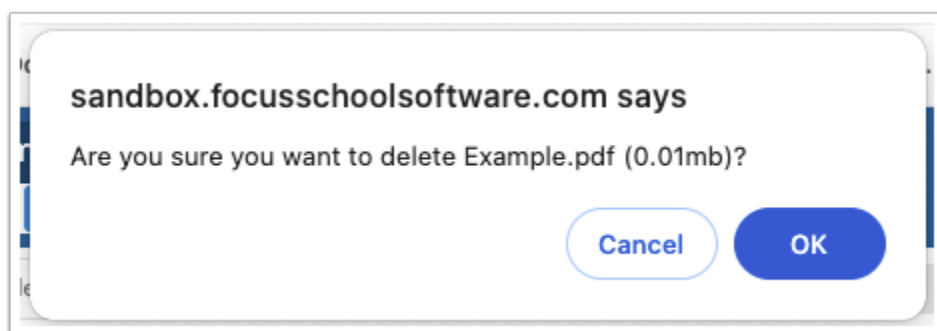
After making a title change, click the green check mark to save the change, or the red X to discard the change and keep the original file name.



5. Click the red minus sign to delete the upload.



6. Click **OK** to confirm deletion.



Eligibility Determination Meeting

Meeting Notification

NOTICE OF INDIVIDUAL EDUCATION PLAN (IEP) TEAM MEETING

To the

▼

Julie

Date of Notice:

Date

An Individualized Education Program (IEP) Team meeting for you/your child is scheduled as noted below. You/Your child will be invited to attend if you/he/she will be at least 14 years old during the duration of this IEP and/or postsecondary goals and transition services will be considered/developed (can be considered at a younger age if determined appropriate by the IEP Team).

1. PURPOSE OF MEETING:

☐ To determine need for evaluation/reevaluation

☐ To develop annual IEP

☐ To review results of evaluation/reevaluation

☐ To review/revise IEP/continue IEP development from previous meeting

☐ To determine initial eligibility for special education and related services

☐ To consider change in placement/services

☐ To determine continued eligibility for special education and related services

☐ To consider Extended School Year services

☐ To determine initial placement

☐ To discuss/develop transition services and/or postsecondary goals (requires student participation)

☐ To develop initial IEP

☐ To consider dismissal or graduation

☐ To develop Interim IEP

☐ To conduct Manifestation Determination/Suspension Review

☐ Other

☐ To determine need for Functional Behavior Assessment (FBA) or Behavior Intervention Plan (BIP)

2. PERSONS INVITED TO THE MEETING:

*Required members of the IEP Team. Consent is required to invite Transition/Agency representative(s).

☐ Parents/Guardians/Adult Student*

☐ Student (required if discussing Transition)

☐ Transition Representative

☐ LEA Representative*

☐ Individual to Interpret Evaluation Results*

☐ Other/Agency:

☐ ESE Teacher/Service Provider*

☐ Principal/Designee

☐ Other/Agency:

☐ General Educator*

☐ Speech/Language Pathologist

☐ Other/Agency:

3. EXCUSAL OF AN IEP TEAM MEMBER:

A required team member whose area is being discussed may be excused from an IEP meeting, in whole or in part, with your written consent, provided the team member includes written input with this notice regarding his/her area of curriculum or related services. If YES is checked below, please check the appropriate statement on page 2 and sign in the indicated area.

Is excusal being requested?

☐ NO

☐ YES

The following required IEP team member is unable to attend the IEP meeting in whole or in part:

Select One

▼

The team member has provided written input included with this notice regarding his/her area:

☐ YES

☐ NO

☐ NA

1. Select the recipient of the letter from the **To the** pull-down menu.

NOTICE OF INDIVIDU

To the

▼

Filter

Check all visible Clear selected

☐ Guardian of

☐ Parent of

☐ Surrogate Parent of

☐ Student

2. Select the **Date of Notice**.

Manage Student: ESE Events

Page 117

Date of Notice:

1 below. You/Your child
thereafter through age 1

ntinue IEP developme
lacement/services
chool Year services
sition services and/or
n Determination
unctional Behavior As

April 2024

Su	Mo	Tu	We	Th	Fr	Sa
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7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

3. Select the **Purpose of Meeting** and **Persons Invited to the Meeting**.

NOTICE OF INDIVIDUAL EDUCATION PLAN (IEP) TEAM MEETING

To the **Date of Notice:**

An Individualized Education Program (IEP) Team meeting for you/your child is scheduled as noted below. You/Your child will be invited to attend if they will be at least 12 years old or in 7th grade during the duration of this IEP (and every year thereafter through age 18 or possibly 22) as transition services and/or post secondary goals will be considered or developed.

1. PURPOSE OF MEETING:

<input type="checkbox"/> To determine need for evaluation/reevaluation	<input type="checkbox"/> To develop annual IEP
<input type="checkbox"/> To review results of evaluation/reevaluation	<input type="checkbox"/> To review/revise IEP/continue IEP development from previous meeting
<input checked="" type="checkbox"/> To determine initial eligibility for special education and related services	<input type="checkbox"/> To consider change in placement/services
<input type="checkbox"/> To determine continued eligibility for special education and related services	<input type="checkbox"/> To consider Extended School Year services
<input type="checkbox"/> To determine initial placement	<input type="checkbox"/> To discuss/develop transition services and/or postsecondary goals (requires student participation)
<input type="checkbox"/> To develop Interim IEP	<input type="checkbox"/> To consider dismissal
<input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> To conduct Manifestation Determination
	<input type="checkbox"/> To determine need for Functional Behavior Assessment (FBA) or Behavior Intervention Plan (BIP)

2. PERSONS INVITED TO THE MEETING: *Required members of the IEP Team. Consent is required to invite Transition/Agency representative(s).

<input checked="" type="checkbox"/> Parents/Guardians/Adult Student*	<input type="checkbox"/> Student (required if discussing Transition)	<input type="checkbox"/> Other/Agency: <input type="text"/>
<input checked="" type="checkbox"/> LEA Representative*	<input checked="" type="checkbox"/> Principal/Designee	<input type="checkbox"/> Other/Agency: <input type="text"/>
<input checked="" type="checkbox"/> ESE Teacher/Service Provider*	<input type="checkbox"/> Speech/Language Pathologist	<input type="checkbox"/> Other/Agency: <input type="text"/>
<input checked="" type="checkbox"/> General Educator*	<input type="checkbox"/> Transition Representative	<input type="checkbox"/> Other/Agency: <input type="text"/>
<input checked="" type="checkbox"/> Evaluation Specialist*		<input type="checkbox"/> Other/Agency: <input type="text"/>

4. Fill in all required fields of the form.

5. The contact and source for additional information and the Date, Time, Location, and Room in which the meeting will take place will auto-populate on the second page of the form when sections 4 and 5 are completed.

4. MEETING INFORMATION:

Date: Time: Location: Room:

We encourage you to attend this meeting, as your involvement and active participation is an important part of your child's education.

PLEASE COMPLETE BOX ON PAGE 2 AND RETURN PAGE 2 ONLY TO SCHOOL

5. RETURN CONTACT AND SOURCE FOR ADDITIONAL INFORMATION:

This form should be returned to the person designated below upon its completion. The designee below should also be contacted if you have any questions that need to be addressed prior to the meeting.

Name: Position:

Phone:

i The parent and interpreter (if applicable) can electronically sign the form, or the form can be printed for signatures.

SPECIAL ACCOMMODATIONS

☐ I waive the required minimum 7 day notice period between my receipt of the Notice of IEP Meeting and the actual meeting. (Check only if applicable).

☐ I will require language assistance during the IEP process. My primary language is
(Please also contact the district designee noted above.)

SIGNATURE:

[Click to Sign](#)

SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT

DATE

CONSENT FOR EXCUSAL

☐ I agree to excuse the IEP team member noted on page 1 from the IEP Team meeting.

☐ I DO NOT agree to excuse the IEP Team member noted on page 1 from the IEP Team meeting.

Parent/Guardian/Surrogate Parent/Adult Student signature:

[Click to Sign](#)

SIGNATURE OF INTERPRETER, IF REQUIRED

DATE

6. Log the attempts to notify the parent/guardian of the meeting. The signed form can be uploaded to the event using the Uploads step.

☐ **1st Notice** Date: Type: ☐ Written

☐ **2nd Notice** Date: Type: ☐ Written ☐ Verbal

☐ **3rd Notice** Date: Type: ☐ Written ☐ Verbal

Contact Notes:

7. Click **Save & Validate** when the form is complete and all require fields contain data.

Receipt of Procedural Safeguards

The Receipt of Procedural Safeguards is included to print for the parent/guardian. The parent/guardian can also electronically sign the form.

Student Name:	Valerie J Esquivel	Student ID:	00080167	Gender:	M
Grade:	09	Campus:	Focus High School - 0041	DOB:	12/31/1969
Parent:	Parent Parent	Address:	Ojxwxw, UZ 11111	Phone:	

Receipt for Procedural Safeguards For Students with Disabilities

This is to verify that I have received a copy of the **Procedural Safeguards for Parents of Students with Disabilities** which informs me of my rights as a parent of a child with a disability or suspected disability.

Please check one: ☐ Paper copy ☐ Electronic copy Date received:

Please check one statement below, sign and date the form. Return this form to your child's school.

☐ I have read and understand the **Procedural Safeguards for Parents of Students with Disabilities** and understand my rights and responsibilities as described.

☐ I would like an explanation of the Procedural Safeguards. The Procedural Safeguards have been explained to me by:

 Name:

 Position:

 Date Explained:

I understand that my rights include the right:

- To receive this and all other notices in the language I understand (primary language) or, if needed, a translation of such orally, in sign language, or in braille as appropriate, and
- To seek answers to my questions from school personnel. Information may also be obtained at

FLDOE, Exceptional Student Education website:
<http://www.fl DOE.org/academics/exceptional-student-edu/>

ESE Determination of Eligibility/Staffing

Student Name:Valerie J Esquivel

Grade:09

Parent:Parent Parent

Student ID:00080167

Campus:Focus High School - 0041

Address:Ojcxwikow, UZ 11111

Gender:M

DOB:12/31/1969

Phone:

ESE Eligibility Determination

Evaluation Category:

Evaluation Instrument: *AX = Assessment

Select One	Select One	Date
Select One	Select One	Date
Select One	Select One	Date
Select One	Select One	Date
Select One	Select One	Date
Select One	Select One	Date
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Select One	Select One	Date
Select One	Select One	Date
Select One	Select One	Date
Select One	Select One	Date
Select One	Select One	Date
Select One	Select One	Date
Select One	Select One	Date
Select One	Select One	Date
Select One	Select One	Date

1. Select the **Evaluation Category** and **Evaluation Instruments** used with the student.
2. Select the **Date** of the evaluation.

Student Name:Valerie J Esquivel

Grade:09

Parent:Parent Parent

Student ID:00080167

Campus:Focus High School - 0041

Address:Ojcxwikow, UZ 11111

Gender:M

DOB:12/31/1969

Phone:

ESE Eligibility Determination

Evaluation Category:

Evaluation Instrument: *AX = Assessment

Academic Achievement	Academic Achievement Ass...	04/05/2024
Select One	Select One	Date
Select One	Select One	Date
Select One	Select One	Date
Select One	Select One	Date
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Select One	Select One	Date
Select One	Select One	Date
Select One	Select One	Date
Select One	Select One	Date
Select One	Select One	Date
Select One	Select One	Date

3. Select the **Date** the Staffing and Eligibility Committee met on.

4. Select the box for the basis of recommendation.

Eligibility Recommendations:

The Staffing committee met on: and made the following recommendations based on:

☐ Grades ☐ State Assessment Scores ☐ Teacher Reports ☐ Re-evaluation Data ☐ Evaluation Data

5. Select the applicable eligibility options.

Eligibility Recommendations:

The Staffing committee met on: and made the following recommendations based on:

☐ Grades ☐ State Assessment Scores ☐ Teacher Reports ☐ Re-evaluation Data ☐ Evaluation Data

☐ Continued eligibility

☐ is already enrolled in

and ☐ does ☐ does not meet current procedures for assignment in:

☐ is an transfer student and meets eligibility criteria for assignment in:

program(s).

☐ is recommended for dismissal from the:

program(s)

due to:

☐ success in the general education curriculum without exceptional student education support.

☐ data indicating the disability no longer interferes with the student's ability to participate and make progress in the general educational program.

☐ sufficient progress in meeting the goals of the IEP and completion of a trial placement in the general curriculum in which the ability to function adequately, considering intellectual level, has been demonstrated.

☐ student no longer meets eligibility criteria for placement in the Intellectual Disabilities program.

☐ the student has reached his/her 9th birthday or has completed grade 2.

☐ Other

☐ **does not meet eligibility** criteria for placement in:

Explain why student does not meet eligibility.

☐ **does meet eligibility** criteria for placement in:

6. Select the **Date**.

7. Enter the names of persons attending the meeting in the Committee Members in attendance section. Attendees can electronically sign the form.

Committee Members in attendance: Date:

Please check box to Agree or Disagree: "School personnel **have not** prohibited, discouraged or attempted to discourage the parent, surrogate parent, guardian or adult student from inviting a person of their choice to today's meeting".

Role/Title	Print Name	Signature	Agree/Disagree
LEA Representative/Designee	<input type="text"/>	Click to Sign	<input type="checkbox"/> A <input type="checkbox"/> D
General Education Teacher	<input type="text"/>	Click to Sign	<input type="checkbox"/> A <input type="checkbox"/> D
Special Education Teacher	<input type="text"/>	Click to Sign	<input type="checkbox"/> A <input type="checkbox"/> D
Parent/Guardian/Adult Student	<input type="text"/>	Click to Sign	<input type="checkbox"/> A <input type="checkbox"/> D
Other <input type="text"/>	<input type="text"/>	Click to Sign	<input type="checkbox"/> A <input type="checkbox"/> D
Other <input type="text"/>	<input type="text"/>	Click to Sign	<input type="checkbox"/> A <input type="checkbox"/> D
Other <input type="text"/>	<input type="text"/>	Click to Sign	<input type="checkbox"/> A <input type="checkbox"/> D
Other <input type="text"/>	<input type="text"/>	Click to Sign	<input type="checkbox"/> A <input type="checkbox"/> D
Other <input type="text"/>	<input type="text"/>	Click to Sign	<input type="checkbox"/> A <input type="checkbox"/> D

NOTE: Obtain parental/guardian written consent for initial placement. (Form is part of this event.)

Dissenting Statement: The following participants do not agree with the Committee's recommendation(s):

Role/Title	Print Name	Signature
<input type="text"/>	<input type="text"/>	Click to Sign
<input type="text"/>	<input type="text"/>	Click to Sign

8. Complete the form and all required fields and **Save & Validate** when finished.

ESE Staffing Supplements

If needed, users can add additional forms to ESE events.

1. Use the pull-down menu to choose the form to add as a supplement form to the event and click **Add this form**.

No Records Found

▼

Add this form

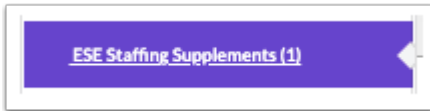
The form will display in a table.

Form Name ▲	▲	Added By ▲	Last Saved ▲	Last Drafted ▲	Complete ▲	Delete ▲
Parent Consent for Placement	Edit	Ashley Weiss				Delete

▼

Add this form

The number of supplemental forms being used will populate in parentheses next to the Supplements step on the steps menu.



2. Click the **Edit** link to open and edit the form.

Form Name		Added By	Last Saved	Last Drafted	Complete	Delete
Parent Consent for Placement	Edit	Ashley Weiss				Delete

Assurance to Parents of Rights to be Accompanied at Meetings

[Add this form](#)

3. After editing the form, click **Save & Validate.**

Return To Focus			
Student Name:	Valerie J Esquivel	Student ID:	00080167
Grade:	09	Campus:	Focus High School - 0041
Parent:	Parent Parent	Address:	Ojxwxkw, UZ 11111
		Gender:	M
		DOB:	12/31/1969
		Phone:	

Informed Consent for Placement and the Initial Provision of Special Education and Related Services

Your child is eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA). To meet your child's educational needs, we are proposing placement in the following program(s):

Primary Exceptionality: G - Language Impaired

Additional Exceptionalities and/or Related Services:

You were invited to participate as a member of the IEP team making this proposal. You were also invited to participate in the development of the Individual Education Plan (IEP) to meet your child's educational needs. The team considered the educational placement options below for implementing the IEP. The recommended placement option for implementing the IEP is marked below:

<input checked="" type="checkbox"/> Regular class (more than 79% with non-disabled peers)	<input type="checkbox"/> Separate Day School
<input type="checkbox"/> Resource Room (more than 40% but ≤ 79% with non-disabled peers)	<input type="checkbox"/> Residential School
<input type="checkbox"/> Special Class (≤ 40% with non-disabled peers)	<input type="checkbox"/> Hospital/Homebound
	<input type="checkbox"/> Other:

The other placement options were rejected by the team because they:

☐ Did not provide the least restrictive environment for your child.

☐ Did not provide the amount of individual or small group instruction required to meet your child's needs.

☒ Did not provide the amount of academic challenge required to meet your child's needs.

☐ Other:

Prior to implementing the IEP, we must obtain your written consent for the recommended initial placement and provision of special education and related services as they apply to your child. Upon consent for initial placement, you will receive prior written notice of any change in this placement or program.

☐ YES ☐ NO This information has been provided in my preferred mode of communication.
If other than English, specify:

4. Click **Return to Focus**.

Meeting Minutes

A different team member can be documenting the Meeting Minutes at the same time another team member is completing each of the steps/forms. Minutes can also be copied and pasted from a Word document.

⚠ Though two users can view/edit the same student, a warning message will display for one of the users if both try to fill out the same step at the same time. The warning "This step cannot be edited because it is already being edited" displays for the second user when they click on a step that is currently being edited by the first user.

Meeting Minutes

Save

Date:

Event:
Eligibility Determination Meeting

Documented By:

< > B I U | [List Icons] | [Link Icon] | [Table Icon] | [Indent Icons] | Format - Size - [Image Icon]

Please add minutes for each day "Eligibility Determination Meeting" takes place. Do not add minutes for the same day.

Add minutes

- 1. Select the **Date** of the meeting.**

Date:

April 2024

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

2. Enter who the form is being **Documented By**.

Documented By:

3. Enter the Meeting Minutes. There must be a minimum of 3 words in the text box in order to save.

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Format

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body

4. Click **Save**. Users can add to the text field after clicking Save if it is during the meeting.

Meeting Minutes

Save

Date: 04/23/2024

Event: Eligibility Determination Meeting

Documented By: A. Weiss

← → B I U | | | ✂ | | | Format - Size - |

Meeting minutes for meeting on 4/23.

body

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Please add minutes for each day "Eligibility Determination Meeting" takes place. Do not add minutes for the same day.

Add minutes

5. The Add Minutes button is used if there is an additional meeting on a different date for the event. Clicking the button adds an additional meeting minutes form to the screen. The Add Minutes button should not be clicked to add additional minutes to a meeting already in progress or for a meeting on the same date.

Uploads



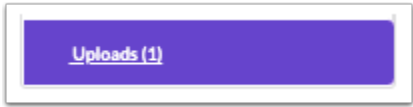
1. Drag a file into the box, click **Select** and select a file from your computer, or click the scan icon and follow prompts to scan the document.



2. Once documentation is scanned or uploaded it will populate in the upload field with edit/delete options.



3. The number of uploads will display in parenthesis on the side menu.



4. Click the pencil icon to edit the title of the file.



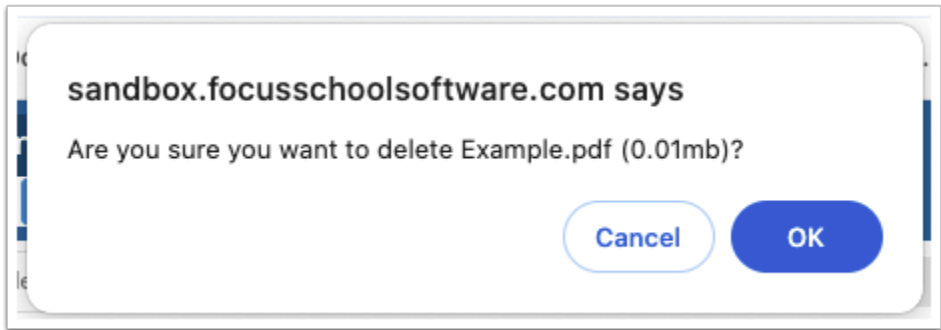
After making a title change, click the green check mark to save the change, or the red X to discard the change and keep the original file name.



5. Click the red minus sign to delete the upload.



6. Click **OK** to confirm deletion.



SP Meeting Notice

Previous Step

Next Step

Notes

Save & Validate

Mark as Complete

Print

History

Return to Manage Student

SP Meeting Notice

SP Excused Member Report

Uploads (0)

NOTICE OF SERVICE PLAN (SP) TEAM MEETING

To the

Select One

Rafaela

Date of Notice:

Date

An individualized Service Plan (SP) Team meeting for you/your child is scheduled as noted below. You/Your child will be invited to attend if you/he/she will be at least 14 years old during the duration of this SP and/or postsecondary goals and transition services will be considered/developed (can be considered at a younger age if determined appropriate by the SP Team).

1. PURPOSE OF MEETING:

☐ To determine need for evaluation/reevaluation

☐ To review results of evaluation/reevaluation

☐ To determine initial eligibility for special education and related services

☐ To determine continued eligibility for special education and related services

☐ To determine initial placement

☐ To develop Initial Service Plan (SP)

☐ To develop Interim Service Plan (SP)

☐ To develop annual Service Plan (SP)

☐ To review/revise SP/continue SP development from previous meeting

☐ To consider change in placement/services

☐ To discuss/develop transition services and/or postsecondary goals (requires student participation)

☐ To consider dismissal or graduation

☐ To conduct Manifestation Determination/Suspension Review

☐ To determine need for Functional Behavior Assessment (FBA) or Behavior Intervention Plan (BIP)

2. PERSONS INVITED TO THE MEETING:

*Required members of the SP Team. Consent is required to invite Transition/Agency representative(s).

☐ Parents/Guardians/Adult Student*

☐ LEA Representative*

☐ ESE Teacher/Service Provider*

☐ General Educator*

☐ Student (required if discussing Transition)

☐ Individual to Interpret Evaluation Results*

☐ Principal/Designee

☐ Speech/Language Pathologist

☐ Transition Representative

Other/Agency:

Other/Agency:

Other/Agency:

3. EXCUSAL OF AN SP TEAM MEMBER:

A required team member whose area is being discussed may be excused from an SP meeting, in whole or in part, with your written consent, provided the team member includes written input with this notice regarding his/her area of curriculum or related services. If YES is checked below, please check the appropriate statement on page 2 and sign in the indicated area.

1. Select the title of the recipient of the letter from the **To the** pull-down.

Manage Student: ESE Events

Page 131

To the Select One

An individual will be at the meeting for consideration of the following:

1. **PURPOSE OF MEETING:**

☐ Adult Student

☐ Guardian of

☐ Parent of

☐ Surrogate Parent of

2. Select the **Date of Notice** for the first notice.

Date (mm/dd/yyyy)

Date of Notice: Date

You/Your child will be in services will be continued.

April 2024

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

3. Select the **Purpose of Meeting** and **Persons Invited to the Meeting**.

1. PURPOSE OF MEETING:

☐ To determine need for evaluation/reevaluation

☐ To review results of evaluation/reevaluation

☐ To determine initial eligibility for special education and related services

☐ To determine continued eligibility for special education and related services

☐ To determine initial placement

☐ To develop initial Service Plan (SP)

☐ To develop Interim Service Plan (SP)

☐ To develop annual Service Plan (SP)

☐ To review/revise SP/continue SP development from previous meeting

☐ To consider change in placement/services

☐ To discuss/develop transition services and/or postsecondary goals (requires student participation)

☐ To consider dismissal or graduation

☐ To conduct Manifestation Determination/Suspension Review

☐ To determine need for Functional Behavior Assessment (FBA) or Behavior Intervention Plan (BIP)

2. PERSONS INVITED TO THE MEETING: *Required members of the SP Team. Consent is required to invite Transition/Agency representative(s).

☐ Parents/Guardians/Adult Student*

☐ LEA Representative*

☐ ESE Teacher/Service Provider*

☐ General Educator*

☐ Student (required if discussing Transition)

☐ Individual to Interpret Evaluation Results*

☐ Principal/Designee

☐ Speech/Language Pathologist

☐ Transition Representative

☐ Other/Agency:

☐ Other/Agency:

☐ Other/Agency:

4. If requesting excusal of a required team member, select **Yes** in part 3 of the form, select the member, and select whether or not they have provided written input.

3. EXCUSAL OF AN SP TEAM MEMBER: A required team member whose area is being discussed may be excused from an SP meeting, in whole or in part, with your written consent, provided the team member includes written input with this notice regarding his/her area of curriculum or related services. If **YES** is checked below, please check the appropriate statement on page 2 and sign in the indicated area.

Is excusal being requested? ☐ NO ☒ YES

The following required SP team member is unable to attend the SP meeting in whole or in part:

The team member has provided written input included with this notice regarding his/her area: ☒ YES ☐ NO ☐ NA

The SP Excused Member Report step will become required and the applicable team member can log in to fill out the form (if they have access to SSS).

5. In the **4. Meeting Information** section, enter the meeting **Date**, **Time**, **Location**, and **Room** (if applicable). This will copy to page 2.

4. MEETING INFORMATION:

Date: **Time:** **Location:** **Room:**

We encourage you to attend this meeting, as your involvement and active participation is an important part of your child's education. You have the right to bring individuals to the meeting who in your determination have knowledge or expertise regarding your child.

PLEASE COMPLETE BOX ON PAGE 2 AND RETURN PAGE 2 ONLY TO SCHOOL

6. In the **5. Return Contact and Source for Additional Information** section, enter the **Name**, **Position**, and **Phone** for the person to whom the form should be returned and who parents can contact for questions. This will copy to page 2.

5. RETURN CONTACT AND SOURCE FOR ADDITIONAL INFORMATION:

This form should be returned to the person designated below upon its completion. The designee below should also be contacted if you have any questions that need to be addressed prior to the meeting.

Name: **Position:**

Phone:

7. Enter the contact information for any additional sources of assistance.

Additional sources for you to contact to obtain assistance in understanding the provisions of the Notice of SP Team Meeting, Notice of Consent for Evaluation, or any other written communication contact:

- i** The parent and interpreter (if applicable) can electronically sign the form, or the form can be printed for signatures.

SPECIAL ACCOMMODATIONS

☐ I waive the required minimum 7 day notice period between my receipt of the Notice of SP Meeting and the actual meeting. (Check only if applicable).

☐ I will require language assistance during the SP process. My primary language is .
(Please also contact the district designee noted above.)

SIGNATURE: [Click to Sign](#)

SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT DATE

CONSENT FOR EXCUSAL

☐ I agree to excuse the SP team member noted on page 1 from the SP Team meeting.

☐ I DO NOT agree to excuse the SP Team member noted on page 1 from the SP Team meeting.

[Click to Sign](#)

Parent/Guardian/Surrogate Parent/Adult Student signature:

[Click to Sign](#)

SIGNATURE OF INTERPRETER, IF REQUIRED DATE

☐ **1st Notice** Date: Type: ☐ Written

☐ **2nd Notice** Date: Type: ☐ Written ☐ Verbal

☐ **3rd Notice** Date: Type: ☐ Written ☐ Verbal

Contact Notes:

District Student ID: 0060781 Student Name:

8. At the bottom of page 2, select **1st Notice**, select the **Date**, select the **Written** radio button, and enter any **Contact Notes**.

☒ **1st Notice** Date: 04/23/2024 Type: ☒ Written

☐ **2nd Notice** Date: Type: ☐ Written ☐ Verbal

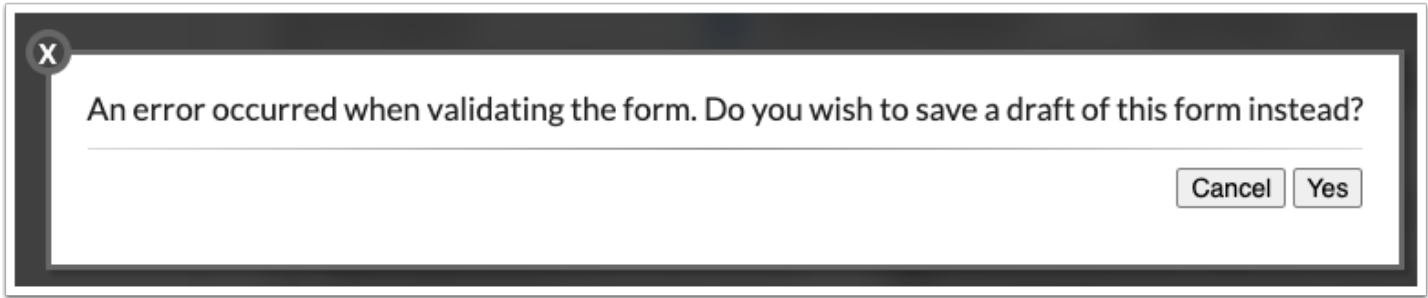
☐ **3rd Notice** Date: Type: ☐ Written ☐ Verbal

Contact Notes:

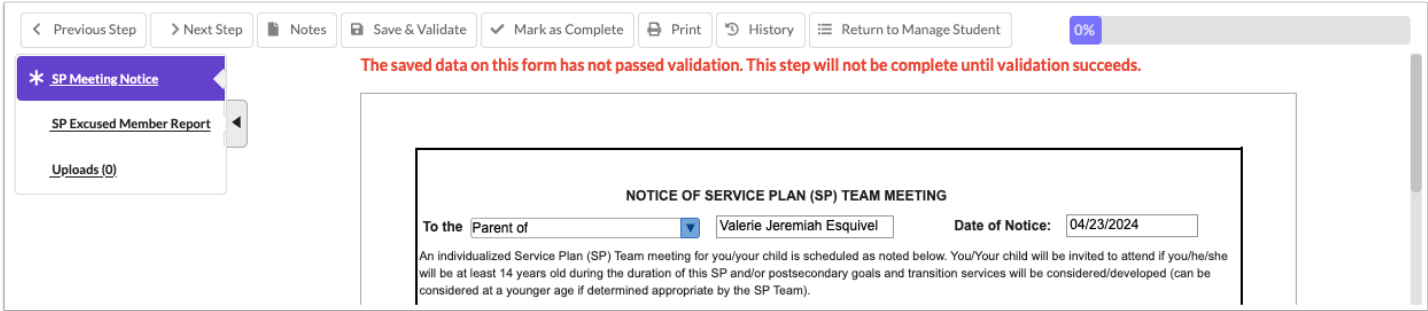
4/23 - Sent written notice of meeting date to parent with parent's preferred date and time

9. After entering the 1st Notice information, click **Save & Validate** at the top of the screen. This will generate an error message because the 2nd Notice fields must still be completed.

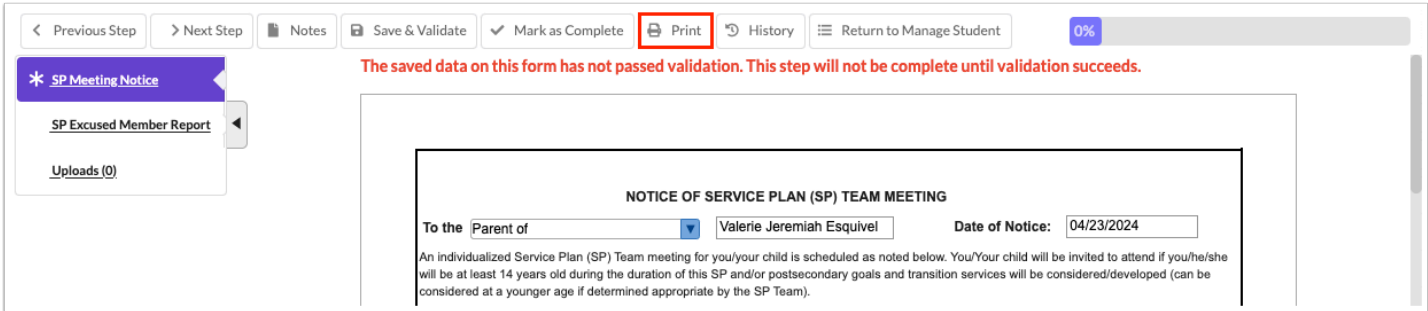
10. Click **Yes** to save a draft.



A red warning message displays at the top of the form.



11. To print the first meeting notice for the parent/guardian, click **Print** at the top of the screen.



12. Select **Disable Watermark** to print the forms without the red draft watermark.

Select Steps to Print

Select All

Select None

Print Options

Language

English

Highlight Changes

☐

Disable Watermark

☒

Hide Page Numbers

☐

Hide Event Name

☐

Step Name	Saved Date	Print	Options
SP Meeting Notice		<input checked="" type="checkbox"/>	
SP Excused Member Report		<input checked="" type="checkbox"/>	

Cancel

Preview

13. Deselect the **Print** option for any forms that are not needed.

Select Steps to Print

Select All

Select None

Print Options

Language

English

Highlight Changes

☐

Disable Watermark

☒

Hide Page Numbers

☐

Hide Event Name

☐

Step Name	Saved Date	Print	Options
SP Meeting Notice		<input checked="" type="checkbox"/>	
SP Excused Member Report		<input type="checkbox"/>	

Cancel

Preview

14. Click **Preview**.

Select Steps to Print

Select All

Select None

Print Options

Language	English
Highlight Changes	<input type="checkbox"/>
Disable Watermark	<input checked="" type="checkbox"/>
Hide Page Numbers	<input type="checkbox"/>
Hide Event Name	<input type="checkbox"/>

Step Name	Saved Date	Print	Options
SP Meeting Notice		<input checked="" type="checkbox"/>	
SP Excused Member Report		<input type="checkbox"/>	

Cancel

Preview

15. Click **Print Form** and follow your printer's prompts.

Return To Focus

Print Form

NOTICE OF SERVICE (SP) TEAM MEETING

To the

Parent of

Valerie Jeremiah Esquivel

Date of Notice:

04/23/2024

An individualized Service Plan (SP) Team meeting for you/your child is scheduled as noted below. You/Your child will be invited to attend if you/he/she will be at least 14 years old during the duration of this SP and/or postsecondary goals and transition services will be considered/developed (can be considered at a younger age if determined appropriate by the SP Team).

1. PURPOSE OF MEETING:

☐

To determine need for evaluation/reevaluation

☐

To review results of evaluation/reevaluation

☐

To determine initial eligibility for special education and related services

☐

To determine continued eligibility for special education and related services

☐

To determine initial placement

☒

To develop initial Service Plan (SP)

☐

To develop Interim Service Plan (SP)

☒

To develop annual Service Plan (SP)

☐

To review/revise SP/continue SP development from previous meeting

☐

To consider change in placement/services

☐

To discuss/develop transition services and/or postsecondary goals (requires student participation)

☐

To consider dismissal or graduation

☐

To conduct Manifestation Determination/Suspension Review

☐

To determine need for Functional Behavior Assessment (FBA) or Behavior Intervention Plan (BIP)

16. Click **Return to Focus** when finished.

Manage Student: ESE Events

Page 137

Print Form

NOTICE OF SERVICE (SP) TEAM MEETING

To the

Parent of

Valerie Jeremiah Esquivel

Date of Notice:

04/23/2024

An individualized Service Plan (SP) Team meeting for you/your child is scheduled as noted below. You/Your child will be invited to attend if you/he/she will be at least 14 years old during the duration of this SP and/or postsecondary goals and transition services will be considered/developed (can be considered at a younger age if determined appropriate by the SP Team).

1. PURPOSE OF MEETING:

☐ To determine need for evaluation/reevaluation
☐ To review results of evaluation/reevaluation
☐ To determine initial eligibility for special education and related services
☐ To determine continued eligibility for special education and related services
☐ To determine initial placement
☒ To develop initial Service Plan (SP)
☐ To develop Interim Service Plan (SP)

☒ To develop annual Service Plan (SP)
☐ To review/revise SP/continue SP development from previous meeting
☐ To consider change in placement/services
☐ To discuss/develop transition services and/or postsecondary goals (requires student participation)
☐ To consider dismissal or graduation
☐ To conduct Manifestation Determination/Suspension Review
☐ To determine need for Functional Behavior Assessment (FBA) or Behavior Intervention Plan (BIP)

17. At the appropriate time, document the second notice by clicking **View** on the Service Plan Meeting Notice event for the student.

Active Events(1) Locked Events(0) Inactive Events(0)

Export

Filter: OFF

Due Date	Scheduled Date	Event	Contents	Parent Signatures	Status	Campus	Date Initiated	Initiated By	Delete	Set Inactive	
	04/23/2024	Service Plan Meeting Notice	View	[Steps]	Ready to Sign	open	[Requirements]	Focus High School - 0041	04/23/2024 10:42 AM	Ashley Weiss	Delete Set Inactive

18. At the bottom page 2 of the SP Meeting Notice step, select **2nd Notice**, enter the **Date**, and select the **Type** of notice. Enter any **Contact Notes**.

☒ 1st Notice

Date:

04/23/2024

Type:

☒ Written

☒ 2nd Notice

Date:

04/29/2024

Type:

☒ Written
☐ Verbal

☐ 3rd Notice

Date:

Type:

☐ Written
☐ Verbal

Contact Notes:

4/23 - Sent written notice of meeting date to parent with parent's preferred date and time
4/29 - Sent second notice to parent

19. Click **Save & Validate** at the top of the screen. To print the notice, click **Print** and follow the same procedure as in steps 12-16 above.

Manage Student: ESE Events

Page 138

Previous Step

Next Step

Notes

Save & Validate

Mark as Complete

Print

History

Return to Manage Student

100%

SP Meeting Notice

SP Excused Member Report

Uploads (0)

NOTICE OF SERVICE PLAN (SP) TEAM MEETING

To the

Parent of

Valerie Jeremiah Esquivel

Date of Notice:

04/23/2024

An individualized Service Plan (SP) Team meeting for you/your child is scheduled as noted below. You/Your child will be invited to attend if you/he/she will be at least 14 years old during the duration of this SP and/or postsecondary goals and transition services will be considered/developed (can be considered at a younger age if determined appropriate by the SP Team).

1. PURPOSE OF MEETING:

☐

 To determine need for evaluation/reevaluation

☐

 To develop annual Service Plan (SP)

☐

 To review results of evaluation/reevaluation

☐

 To review/revise SP/continue SP development from previous meeting

☐

 To determine initial eligibility for special education and related services

☐

 To consider change in placement/services

☐

 To determine continued eligibility for special education and related services

☐

 To discuss/develop transition services and/or postsecondary goals (requires student participation)

☐

 To determine initial placement

☐

 To consider dismissal or graduation

☒

 To develop initial Service Plan (SP)

☐

 To conduct Manifestation Determination/Suspension Review

☐

 To develop Interim Service Plan (SP)

☐

 To determine need for Functional Behavior Assessment (FBA) or Behavior Intervention Plan (BIP)

2. PERSONS INVITED TO THE MEETING: *Required members of the SP Team. Consent is required to invite Transition/Agency representative(s).

Locking the Service Plan Meeting Notice Event

At the appropriate time after both notices have been sent, the Service Plan Meeting Notice event can be locked by the individual with profile permission.

1. In the Active Events tab, locate the Service Plan Meeting Notice event and click **Lock**.

Active Events(1) Locked Events(0) Inactive Events(0)

Export

Filter: OFF

Due Date	Scheduled Date	Event		Contents	Parent Signatures	Status	Campus	Date Initiated	Initiated By	Delete	Set Inactive
	04/23/2024	Service Plan Meeting Notice	View	Steps	Ready to Sign	Lock	Focus High School - 0041	04/23/2024 10:42 AM	Ashley Weiss	Delete	Set Inactive

A pop-up window displays with a form that must be completed.

Complete This Form Before Locking Event

☐ Received parent response

☐ Parent did not respond.

Locked Meeting Notice Rationale

Please select reason for locking this meeting notice:

☐ Meeting will take place as scheduled:

☐ Meeting canceled

Lock

Close

2. Select the check box that indicates the parent's/guardian's response.
3. Select an option to indicate that the meeting will take place as scheduled, the meeting was canceled, or if new notice is required.
4. Click **Lock**.

Complete This Form Before Locking Event

☒ Received parent response

☐ Parent did not respond.

Locked Meeting Notice Rationale

Please select reason for locking this meeting notice:

☒ Meeting will take place as scheduled:

☐ Meeting canceled



Lock


Close

The event is moved to the Locked Events tab.

 To view the form that was completed upon locking the event, click the **View Pre-Lock Form** link in the Status column.

Active Events(0)	Locked Events(1)	Inactive Events(0)
------------------	-------------------------	--------------------

Export  	Filter: OFF
--	-------------

Due Date ▾	Scheduled Date ▾	Event ▾	Contents ▾	Status ▾	Additional Uploads	Campus ▾	Date Initiated ▾	Initiated By ▾	Date Locked ▾	Locked By ▾	Unlock	Delete
	04/23/2024	Service Plan Meeting Notice View	 Steps	locked View Pre-Lock Form	View	Focus High School - 0041	04/23/2024 10:42 AM	Ashley Weiss	04/23/2024 11:17 AM	Ashley Weiss	Unlock	Delete

Service Plan

Once the Service Plan Meeting Notice event is completed and locked, the Service Plan event can be initiated.

SP Student Demographics

Student demographic information will populate in the appropriate fields on the form.

Previous Step

Next Step

Notes

Save & Validate

Mark as Complete

Print

History

Return to Manage Student

0%

SP Student Demographics

SP Present Levels (PLAAPF)

SP Goals & Objectives

SP Support Services

SP Accommodations/Modifications

SP Assessment Participation

SP IRE Considerations

SP Meeting Participants

SP Supplements

Meeting Minutes

Uploads (0)

District

INDIVIDUAL SERVICES PLAN (SP)

Student Demographics

Student Name: Valerie Jeremiah Esquiv

Student ID: 4400080167

DOB:

Grade: 09

Campus: Focus High School - 0041

ELL: Not applicable [ZZ]

Address:

Ojxwxw

UZ

11111

Parent/Guardian: Parent Parent

Phone:

Email:

Parent/Guardian: Parent Parent

Phone:

Email:

Exceptionalities:

Primary: None Currently Assigned

Additional: None Currently Assigned

SP Type: Select One

Amended Date:

3 Year Reeval Due Date: N/A

SP Plan Date: 04/30/2024

SP Services Start Date:

SP Plan End Date: 04/29/2025


Transition: Will the student be 14 years of age or entering the first year of high school during the validity period of the SP?

No

Yes

If yes, enter the expected year of graduation and complete all transition sections.

1. Select the **SP Type**.
2. Select the **3 Year Reeval Due Date**.
3. The **SP Plan Date** and **SP Plan End Date** will auto-populate from the locked SP Meeting Notice.

 If multiple meeting notices were created, the system pulls the dates from the most recent locked notice.

4. Enter the **SP Services Start Date**.

SP Type:	Select One ▼	Amended Date:		3 Year Reeval Due Date:	N/A
SP Plan Date:	04/30/2024	SP Services Start Date:		SP Plan End Date:	04/29/2025

5. Selecting **Yes** for any of the Transition questions will display the **Transition** step on the left side of the screen.

Transition: Will the student be 14 years of age or entering the first year of high school during the validity period of the SP?	
<input type="radio"/> No	<input checked="" type="radio"/> Yes If yes, enter the expected year of graduation <input type="text" value="2026"/> and complete all transition sections.
Will the student be in the 7th grade or turning 12 years of age or older during the validity period of the SP?	
<input type="radio"/> No	<input type="radio"/> Yes If yes, complete the Transition areas deemed appropriate by the SP Team.
Even though the student will not be in the 7th grade or turning 12 years old, the SP Team has determined that addressing transition is appropriate.	
<input type="radio"/> N/A	<input type="radio"/> Yes If yes, complete the Transition areas deemed appropriate by the SP Team.

6. If **Yes** is selected for the **Self-Determination and Self-Advocacy** section, then self-determination must be addressed through annual goals, short-term objectives/benchmarks, or services in the SP.

Self-Determination and Self-Advocacy: Identifying transition services, to include the student's need for instruction or the provision of information in the area of self-determination and self-advocacy to assist the student with actively and effectively participating in SP team meetings and being able to self-advocate, must begin no later than age 12 so that needed post-secondary and career goals may be identified and in place by age 14 or the student's first day of their first year in high school (s.1003.5716, F.S).	
<input checked="" type="radio"/> No	<input type="radio"/> Yes Is there a need for instruction or information in the area of self-determination or self-advocacy?
<i>If yes, self-determination must be addressed through annual goals, or short-term objectives/benchmarks in the SP.</i>	

7. Indicate if and how the parent/guardian/student was provided with procedural safeguards or transition resources.

Parent/guardian/adult student was provided with the:

Procedural Safeguards: ☐ Yes ☐ No Date: Transition Resources ☐ Yes ☐ No Date:

Check format provided: ☐ Paper ☐ Electronic Check format provided: ☐ Paper ☐ Electronic

8. Select the **Frequency of IEP Goals Progress Reporting to Parents**.

Frequency of IEP Goals Progress Reporting to Parents:

9. Enter the **Statement of Expected Outcomes and Additional Benefits at time of graduation**, if applicable.

Statement of Expected Outcomes and Additional Benefits at time of graduation - not required for students prior to age 12 or 7th grade (whichever comes first):

10. Click **Save & Validate** at the top of the screen when finished completing the form.

SP Present Levels (PLAAFP)

This step features a hyperlink to the student's SIS [Test History](#), which opens in a pop-out window. Standardized test data will also automatically populate from the Test History record. Each Domain in the PLAAFP must be addressed whether or not the student needs instruction, support, or services for that domain.

Present Levels of Academic Achievement and Functional Performance

The PLAAFP describes the student's access to, involvement and progress in the general education curriculum. The following statements provide information regarding the student's strengths, academic, developmental and/or functional challenges; results of state and districtwide assessments; effects of the disability, and, for PreK students, participation in appropriate activities.

District and State Assessment Data:

Results of the most recent state and district assessments (include narrative describing specific sub-test results). [Test History](#)

Florida Statewide Assessments

TEST	DATE	SCORE	LEVEL
FC2 - ELA			
FSA - ALG1			
FSA - ELA	04/28/2017	306	
FSA - GEO			
FSA - MATH	05/01/2019	321	2

Florida Statewide EOC Assessments

TEST	DATE	SCORE	LEVEL
EAH - HIS			
EB1 - BIO			
ECS - CIV	05/01/2019	383	2

- Each Domain must describe the student's strengths and challenges, if any.
- Each Domain must have YES or NO selected as an Area of Concern.
- Only Domains selected as YES will be available for selection on the Goals & Objectives screen.
- Transition Service Area(s) can also be selected for each Domain for Transition SPs.

Curriculum and Learning Environment (Domain A):

Area of Concern: ☐ Yes ☐ No

Transition Service Area:

This domain addresses student's needs related to their involvement in the general curriculum or other academic and vocational curricula. This domain includes skills related to obtaining and using information, mathematical concepts and processes, and problem solving. It also includes workplace competencies relating to job preparation, task management, use of tools and technology, and employability skills. Student may have needs that require adjustments in the learning environment, including instruction and assessment procedures, materials, and equipment and adaptations to the classroom setting.

READING/LITERACY/WRITTEN LANGUAGE SKILLS or EMERGENT LITERACY/WRITING SKILLS FOR PRE-K:

Strengths

Challenges

MATHEMATICS or EMERGENT MATH SKILLS FOR PRE-K:

Strengths

Challenges

- The Effect of Disability and The Student's Priority Educational Need(s) statements should consider all domains as there are not separate statements per Domain.

The Effect of the Disability:

Describe how the student's disability affects the student's access to, involvement/participation, and progress in the general curriculum, or, functioning in the typical learning environment for Pre-K. Relate to daily academic, social, and independent functioning requirements. Relate to present levels. Tell what specific skills, behaviors, and capabilities are affected by the disability.

The Student's Priority Educational Need(s) is/are to:

The student's priority educational need(s) should flow from the effect of the disability. It should identify the immediate priority for student learning and progress. It will be targeted in the goals and objectives.

Based on the student's present levels of academic achievement, what instructional supports are necessary to assist the student in mastery of grade level standards and participation in state-wide assessment?:

Include a statement that reflects the specially designed instructional needs that will be addressed to support mastery of grade level Florida Standards and participation in state-wide assessment. Include a statement as to how progress will be monitored and how frequently. **The Schedule of Services should reflect what is in this statement.**

- Domains selected as YES for Area of Concern will be selected at the end of page 5 for verification.
- Any Transition Service Activity Areas selected on one or more Domains can be manually selected at the end of page 5.

Goal Domains/Transition Service Activity Areas Checklist:

The student's needs that result from his or her disability are addressed through the following Domains/Transition Service Areas. Beginning with the IEP that will be in effect when the student turns 14 or enters the first year of high school, the annual goals should address the student's needs that relate to making progress in the desired course of study and high school diploma or needs that relate to transition services and progress toward attainment of the student's measurable postsecondary education and career goals. Although there does not need to be an exact one-to-one match of annual goals to the course of study or measurable postsecondary education and career goals, *for students 16 and older, the annual goals must support the student's needs for transition services.*

Domains

- ☒ A - Curriculum and Learning Environment
- ☒ B - Social and Emotional Behavior
- ☐ C - Independent Functioning
- ☐ D - Health Care
- ☐ E - Communication


Transition Service Activity Areas

- ☒ Education/Instruction
- ☐ Employment/Training
- ☐ Community Engagement
- ☐ Independent Living
- ☒ Daily Living Skills
- ☐ Functional Vocational Assessment
- ☐ Related Services

Click **Save & Validate** when the form is complete.

SP Goals and Objectives

Districts have the option to use the default one-domain-per-goal option, or the multiple-domains-per-goal option (consolidated domains). Districts can also require two objectives in order to save a goal. These options are set at the district level in SSS > [General](#). The domains selected as an Area of Concern in Present Levels populates headers in this section of the SP.

 If no domain was selected as YES for Area of Concern on the Present Levels step, an error will display. Return to the Present Levels step and mark the applicable domain(s) as YES for Area of Concern.

Default Goals & Objectives

If the district is using the default one-goal-per-domain option, this message is displayed until each domain has at least one goal saved.

Create Goal

All domains filled out on the present levels step must have one goal per domain.

Curriculum and Learning

Independent Functioning

If the district also requires two objectives per goal, an additional statement displays indicating that each goal must have at least two objectives.

Create Goal

All domains filled out on the present levels step must have one goal per domain. All goals must have 2 objectives.

Curriculum and Learning

Social/Emotional Behavior

1. Click the **Create Goal** button.

Create Goal

All domains filled out on the present levels step must have one goal per domain.

Curriculum and Learning

Social/Emotional Behavior

Goal Details

Domain Select One ▼ Responsible Implementers

Service Type Select One ▼ Goal Start Date 04/30/2024 Goal End Date 04/29/2025

Schedule of Services ☒ Use Plan Start Date ☒ Use Plan Review Date

Enter text below

Condition

Behavior

Criterion

2. Select the **Domain** in which to add the goal. This pull-down is populated from the domains identified as an Area of Concern selected on the Present Levels step.

Domain

Curriculum and Learning ▼

Filter

Select One

Curriculum and Learning

Social/Emotional Behavior

3. Select the staff and/or teachers that will be responsible for the implementation/progress monitoring of the goal.

Responsible Implementers

ESE Teacher, Gen Ed Teacher ▼

Filter

[Check all visible](#) [Clear selected](#)

- ☐ Adapted PE Teacher
- ☐ Assistive Technology Specialist
- ☐ Behavior Intervention Specialist
- ☐ DHH Teacher
- ☒ ESE Teacher
- ☒ Gen Ed Teacher
- ☐ Health Services Provider
- ☐ In- Home and Parent Trainer
- ☐ Math Specialist
- ☐ O&M Specialist

4. Select the **Service Type**.

Service Type

Instructional ▼

Filter

Select One

- Instructional**
- Related

5. The **Goal Start Date** and **Goal End Date** will auto-populate but can be edited by turning off the toggles **Use Plan Start Date** and **Use Plan Review Date**.

The Goal Start Date and Goal End Date are auto-populated from the SP Plan Date and SP Plan End Date fields in the SP Student Demographics step.

Goal Start Date	Goal End Date
04/30/2024	04/29/2025
<input checked="" type="checkbox"/> Use Plan Start Date	<input checked="" type="checkbox"/> Use Plan Review Date

6. Select the **Schedule of Services**. Options are SP Duration and Additional Schedule of Services.

Schedule of Services

[Check all visible](#) [Clear selected](#)

☐ **SP Duration**

☐ **Additional Schedule of Services**

7. Enter the **Condition**, **Behavior**, **Criterion** and **Timeframe** for the goal statement. As you type, the blue header will update with the goal statement.

Enter text below

Condition

Behavior

Criterion

Timeframe

8. Select the **Mastery Criteria** of the goal. After selecting an option, additional fields will display for entering the criteria.

Mastery Criteria

Minutes


9. Identify the **Assessment Procedures** that will be used for data collection on the student's progress toward goal mastery.

Assessment Procedures

Check all visible Clear selected


- ☒ Checklist
- ☐ Log
- ☐ Probes
- ☐ Assessment(s)
- ☐ Grades
- ☐ Work Samples
- ☐ Data Collection
- ☐ Observation(s)

10. Select how frequently progress monitoring data will be collected.

 The title of this field and the field options are customized by the district in SSS > [General](#). A custom message may also be included above this field.

Frequency of Progress Monitoring

- Daily
- Weekly
- Bi-Weekly
- Monthly
- Bi-Monthly
- Quarterly
- Other

 The Diagnosis, Instructional Area, and Transition Service Area(s) fields may also display on this screen, depending on whether the district has enabled the Additional Goal Fields option in SSS > [General](#).

11. Click the **Add** button to view the Objectives screen, which is a pop-up.

Objectives

Add

Objective	Action
-----------	--------

12. The information entered in **Condition**, **Behavior**, **Criterion** and **Timeframe** for the goal will auto-populate into the Objective Details fields.

13. Click the **Clear** button at the top of the pop-up to clear the fields and enter different verbiage.

14. Click the blue **Add** button when finished entering text.



Click **Cancel** or the **X** to exit the pop-up window without adding the objective.

16. Click **Edit** or **Remove** next to the objective to edit or delete the objective.

Objectives

Add

Objective	Action
This is a goal to help a student reach academic potential in the current school year	Edit Remove

17. Click the **Save** button at the bottom of the screen after the goal has been written and objectives have been added.

Objectives

Add

Objective	Action
This is a goal to help a student reach academic potential in the current school year	Edit Remove

Cancel

Save

After saving the Goal and Objective, the system reverts to the Create Goal screen where the new goal will display and additional goals can be created in the same or a different domain.

18. Click the links to **Edit** or **Remove** the goal.

Create Goal

All domains filled out on the present levels step must have one goal per domain.

Curriculum and Learning

#	Goal	Responsible Implementer	Action
1	This is a goal to help a student reach academic potential in the current school year	ESE Teacher, Gen Ed Teacher	Edit Remove

Consolidated (Multiple) Domains per Goal

If the district has enabled the option for a goal to apply to multiple domains (consolidated domains), no message displays upon initiating the Goals & Objectives step.

1. Click **Create Goal**.

Create Goal

Curriculum and Learning
Social/Emotional Behavior

2. Select the **Domain** in which to add the goal. This pull-down is populated from the domains identified as an Area of Concern selected on the Present Levels step.

3. In the **Secondary Domain** pull-down, select one or multiple secondary domains. This pull-down is populated from the domains identified as an Area of Concern selected on the Present Levels step.

Goal Details

Domain

Curriculum and Learning

Secondary Domains

Social/Emotional Behavior

Responsible Implementers

Service Type

Select One

Goal Start Date

04/30/2024

Goal End Date

04/29/2025

Schedule of Services

Use Plan Start Date

Use Plan Review Date

4. Select the staff and/or teachers that will be responsible for the implementation/progress monitoring of the goal.

Responsible Implementers

ESE Teacher, Gen Ed Teacher ▼

Filter

[Check all visible](#) [Clear selected](#)

- ☐ Adapted PE Teacher
- ☐ Assistive Technology Specialist
- ☐ Behavior Intervention Specialist
- ☐ DHH Teacher
- ☒ ESE Teacher
- ☒ Gen Ed Teacher
- ☐ Health Services Provider
- ☐ In- Home and Parent Trainer
- ☐ Math Specialist
- ☐ O&M Specialist

5. Select the **Service Type**.

Service Type

Instructional ▼

Filter

Select One

- Instructional**
- Related

6. The **Goal Start Date** and **Goal End Date** will auto-populate but can be edited by turning off the toggles **Use Plan Start Date** and **Use Plan Review Date**.

The Goal Start Date and Goal End Date are auto-populated from the SP Plan Date and SP Plan End Date fields in the SP Student Demographics step.

Goal Start Date	Goal End Date
04/30/2024	04/29/2025
<input checked="" type="checkbox"/> Use Plan Start Date	<input checked="" type="checkbox"/> Use Plan Review Date

7. Select the **Schedule of Services**. Options are SP Duration and Additional Schedule of Services.

Schedule of Services

Filter

[Check all visible](#) [Clear selected](#)

☐ SP Duration

☐ Additional Schedule of Services

8. Enter the **Condition**, **Behavior**, **Criterion** and **Timeframe** for the goal statement. As you type, the blue header will update with the goal statement.

Enter text below

Condition

Behavior

Criterion

Timeframe

9. Select the **Mastery Criteria** of the goal. After selecting an option, additional fields will display for entering the criteria.

Mastery Criteria

Minutes

Minutes

10. Identify the **Assessment Procedures** that will be used for data collection on the student's progress toward goal mastery.

Assessment Procedures

Filter

Check all visible Clear selected

- ☒ Checklist
- ☐ Log
- ☐ Probes
- ☐ Assessment(s)
- ☐ Grades
- ☐ Work Samples
- ☐ Data Collection
- ☐ Observation(s)

11. Select how frequently progress monitoring data will be collected.

i The title of this field and the field options are customized by the district in SSS > [General](#). A custom message may also be included above this field.

Frequency of Progress Monitoring

Quarterly

Filter

- Daily
- Weekly
- Bi-Weekly
- Monthly
- Bi-Monthly
- Quarterly
- Other

i The Diagnosis, Instructional Area, and Transition Service Area(s) fields may also display on this screen, depending on whether the district has enabled the Additional Goal Fields option in SSS > [General](#).

12. Click the **Add** button to view the Objectives screen, which is a pop-up.

Objectives

Add

Objective	Action
-----------	--------

13. The information entered in **Condition**, **Behavior**, **Criterion** and **Timeframe** for the goal will auto-populate into the Objective Details fields.

Objective Details

Clear

This is a goal to help a student reach academic potential in the current school year

Condition
This is a goal

Behavior
to help a student

Criterion
reach academic potential

Timeframe
in the current school year

i You need to save the goal once you're done adding, modifying or removing objectives in order for your changes to be reflected in the system.

Add Cancel

14. Click the **Clear** button at the top of the pop-up to clear the fields and enter different verbiage.

Objective Details

Clear

15. Click the blue **Add** button when finished entering text.

i You need to save the goal once you're done adding, modifying or removing objectives in order for your changes to be reflected in the system.

Add Cancel



Click **Cancel** or the **X** to exit the pop-up window without adding the objective.

16. Click **Edit** or **Remove** next to the objective to edit or delete the objective.

Objectives

Add

Objective	Action
This is a goal to help a student reach academic potential in the current school year	Edit Remove

17. Click the **Save** button at the bottom of the screen after the goal has been written and objectives have been added.

Objectives

Add

Objective	Action
This is a goal to help a student reach academic potential in the current school year	Edit Remove

Cancel

Save

After saving the Goal and Objective, the system reverts to the Create Goal screen. The selected secondary domain(s) will display the same goal.

Create Goal

Curriculum and Learning

#	Goal	Responsible Implementer	Action
1	Given... the student will... independently with no more than... by...		Edit Remove

Social/Emotional Behavior

#	Goal	Responsible Implementer	Action
1	Given... the student will... independently with no more than... by...		Edit Remove

18. Click the links to **Edit** or **Remove** the goal.

Create Goal

Curriculum and Learning

#	Goal	Responsible Implementer	Action
1	Given... the student will... independently with no more than... by...		Edit Remove

Social/Emotional Behavior

#	Goal	Responsible Implementer	Action
1	Given... the student will... independently with no more than... by...		Edit Remove

SP Support Services

To accommodate situations where a student's SP may carry from one school year or grade level to the next, the system allows users to create up to 4 different Schedules of Services for an SP validity period. This also accommodates ESY when service dates and total minutes will be different. This screen contains a hyperlink to view the student's schedule in a new window.

1. Click **Add Schedule**.

Add Schedule

Save

2. Select the **ESE IDEA Educational Environment** from the drop-down. This field is required, and defaults to Z if no option is selected.

ESE IDEA Educational Environment

✓ Select One

[A] Age 3-5, Home [A]

[B] Ages 3-5, Special Education in a Residential Facility [B]

[C] Age 6-21, Correction Facility [C]

[D] Age 6-21, Center School [D]

[F] Age 6-21, Public Residential Facility [F]

[H] Age 6-21, Hospital/Homebound [H]

[J] Ages 3-5, Service Provider [J]

[K] Age 3-5, Early Childhood Program [K]

[L] Ages 3-5, Special Education at Regular School Campus [L]

[M] Ages 3-5 Early Childhood Program Receiving the Majority of Special Education Services Outside the Early Childhood Program [M]

[P] Age 6-21, Private Sch with Public Sch Ser [P]

[S] Ages 3-5, Special Education in a Separate School [S]

[Z] None of the above (deflt)[Z]

A series of tables will display to select Instructional Services, Related Services, Supplementary Aids and Services, and Supports for School Personnel.

Add ScheduleSave

ESE IDEA Educational EnvironmentStudent Schedule

[Z] None of the above (deflt)[Z]

Select Schedule Type

Total School Minutes: 1890 Calculated ESE Minutes: 0 Percent GE: 100%Remove

Start Date:04/30/2024End Date:04/29/2025Total School Minutes per Week:

Use Plan Start Date

Use Plan Review Date

Instructional ServicesAdd

Specialty Designed Instruction	Minutes per week	Progress/Grade Determined By	Location	How	Action
--------------------------------	------------------	------------------------------	----------	-----	--------

Related ServicesAdd

Transportation, developmental, corrective, and other supportive services designed to enable a child with a disability to receive a free appropriate public education.

Service	Minutes per week	Provided By	Location	Consult	Transportation Code	Action
---------	------------------	-------------	----------	---------	---------------------	--------

Supplementary Aids and ServicesAdd

Aids, services and other supports including but not limited to assistive technology, accommodations to the physical environment, modified curriculum/assignments, staff support, and changes to presentation of instruction.

Service	Frequency	Provided By	Consult	Action
---------	-----------	-------------	---------	--------

Support Services for School PersonnelAdd

Service	Initiation Date	Duration Date	Frequency	Action
---------	-----------------	---------------	-----------	--------

3. Select a **Schedule Type** from the drop-down. The selected Schedule Type will display on the Accommodations screen so that accommodations will match in the event that multiple schedule types are selected.

Select Schedule Type

Total School Minutes: 1890 Calculated ESE Minutes: 0 Percent GE: 100%Remove

Manage Student: ESE Events

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The Total School Minutes will auto-populate with the value entered in Setup > School Information. These are the bell-to-bell minutes. The system will display the Calculated ESE Minutes and Percent GE as ESE minutes are added to the schedule. This will facilitate the LRE Considerations selection.

i The Total School Minutes per Week field can be used for ESY minutes when the student has multiple schedules or in the case of pre-K moving to Kindergarten during the validity period of the SP.

The screenshot shows a form for a Student Plan (SP). At the top, there is a dropdown menu labeled "Select Schedule Type". To its right, the text "Total School Minutes: 1890 Calculated ESE Minutes: 0 Percent GE: 100%" is displayed, followed by a red "Remove" button. Below this, there are three main sections: "Start Date:" with a date field showing "04/30/2024" and a toggle switch labeled "Use Plan Start Date" (currently turned on); "End Date:" with a date field showing "04/29/2025" and a toggle switch labeled "Use Plan Review Date" (currently turned on); and "Total School Minutes per Week:" with an empty text field.

5. The **Start Date** and **End Date** will auto-populate based on the start date and review date of the SP. To manually enter a start date, click the **Use Plan Start Date** toggle so that it turns off and enter the date. To manually enter the end date, click the **Use Plan Review Date** toggle so that it turns off and end the date. The SP Plan Date and SP Review Date display for reference if one or both of the toggles are turned off.

Dates are typically manually entered to match any specific goal that may only be active for a portion of the SP validity period, where the selected services for supporting that goal will only be for that timeframe.

If Additional Schedule of Services was selected as the schedule type, the start and end dates will need to be adjusted accordingly. A text field will be provided to enter a title for the schedule.

i The start and end dates will auto-fill on the Accommodations screen when the schedule type is selected. This is to ensure that the goal, schedule of services, and accommodations align as necessary.

Select Schedule Type

Total School Minutes: 1890 Calculated ESE Minutes: 0 Percent GE: 100%

Remove

Start Date:
04/30/2024

End Date:
04/29/2025

Total School Minutes per Week:

☐ Use Plan Start Date

☐ Use Plan Review Date

IEP Plan Date
04/30/2024

IEP Review Date
04/29/2025

6. In the Instructional Services section, click the **Add** button to select the Specially Designed Instructional Services; this opens a pop-up box.

Instructional Services

Add

Specially Designed Instruction	Minutes per week	Progress/Grade Determined By	Location	How	Action
--------------------------------	------------------	------------------------------	----------	-----	--------

7. Select the **Specially Designed Instruction** the student will receive in support of the goal.

In the **How?** pull-down, select how the instruction will be provided. Selecting Other will display a open text field to enter a specially designed instruction that does not appear in the pull-down.

Click the radio button to select the **Location**, either **GE** or **ESE**.

Enter the number of **Minutes per Week**. This is the total number of minutes of the instruction that will be provided with regard to the frequency (daily, weekly, monthly, etc.). ESE minutes will be subtracted from the Total School Minutes per Week to calculate the LRE. Gen ed minutes are not subtracted.

In the **Progress/Grade Determined By** pull-down, select who determines the grade or progress for the student. Selecting Other will display an open text field to define the role.

Instructional Service

Specially Designed Instruction

Instruction in handwriting

How?

Individualized Instruction

Location ☒ GE ☐ ESE

Minutes per Week

50

Progress/Grade Determined By

ESE

Cancel Create

8. Click **Create**. The pop-up will close and you will return to the SP Support Services screen.

9. In the Related Services section, click the **Add** button to select the Related Services, which opens a pop-up box.

Related Services Add

i Transportation, developmental, corrective, and other supportive services designed to enable a child with a disability to receive a free appropriate public education.

Service	Minutes per week	Provided By	Location	Consult	Transportation Code	Action
---------	------------------	-------------	----------	---------	---------------------	--------

10. Use the **Services** pull-down to select the related service the student will receive in support of the goal. If no services are needed select **The team has addressed this area and determined that services are not appropriate at this time**.

Select the **Service Type** (Direct or Consult). Selecting **Consult** will display an open text field to enter how or to whom the consult will be provided.

Click the radio button to select the **Location**, either **GE** or **ESE**.

Enter the number of **Minutes per Week**. This is the total number of minutes of the instruction that will be provided with regard to the frequency (daily, weekly, monthly, etc.). ESE minutes will be subtracted from the Total School Minutes per Week to calculate the LRE. Gen ed minutes are not subtracted. This does not apply if Transportation is selected as the related service.

Select who the service is **Provided By**.

End Date: Total School Minutes

Related Service

Services

Speech Therapy

Service Type

Direct

Location ☐ GE ☒ ESE

Minutes per Week

30

Provided By

Speech Language Pathologist

Cancel Create

Selecting **Transportation** as the related service will require the selection of the **Transportation Code(s)**.

End Date: Total School Minutes

Related Service

Services

Transportation


Transportation Code (ctrl+click when selecting more than one)

TR3 - Bus Aide or Monitor for student
 CC - Curb-to-Curb
 ESY - Extended School Year
 TR2 - Medical Condition
 TR1 - Medical Equipment


Cancel Create

 The options available for the Transportation Code pull from custom_2125.

11. Click **Create**. The pop-up will close and you will return to the SP Support Services screen.

 The district may have enabled the option to replace "Minutes per Week" with "Minutes" and "Frequency of Minutes" for Instructional Services and Related Services in SSS > [General](#).

12. In the Supplementary Aids and Services section, click the **Add** button to select any supplementary aids and services the student will receive.

Supplementary Aids and Services				
 Aids, services and other supports including but not limited to assistive technology, accommodations to the physical environment, modified curriculum/assignments, staff support, and changes to presentation of instruction.				
Service	Frequency	Provided By	Consult	Action

13. Use the **Services** pull-down to select the supplementary aids or service the student will receive. If no services are needed, select **The team has addressed this area and determined that services are not appropriate at this time**.

Select the **Service Type** (Direct or Consult). Selecting **Consult** will display an open text field to enter how or to whom the consult will be provided.

Select the **Frequency** of the aid or service.

Select who the aid or service is **Provided By**.

Supplementary Aids and Services

Services
 The team has addressed this area and determined that services are not appropriate ▼

Service Type
 Select One ▼

Frequency
 Select One ▼

Provided By
 Select One ▼

Cancel Create

14. Click **Create**. The pop-up will close and you will return to the SP Support Services screen.

15. In the Support Services for School Personnel section of the screen, click the **Add** button to select any support services for school personnel.

Support Services for School Personnel				
Service	Initiation Date	Duration Date	Frequency	Action
Add				

16. Use the **Services** pull-down to select the support service needed for school personnel. If none needed, select **The team has addressed this area and determined that services are not appropriate at this time**. Selecting **Other** will display an open text field to define a support service not available in the dropdown.

Select the **Initiation Date** and **Duration Date** of the service.

Select the **Frequency** in which the service will occur.

Support Services for School Personnel

Services

The team has addressed this area and determined that services are not appropriate

Initiation Date

Duration Date

Frequency

Select One

Cancel

Create

17. Click **Create** when finished.
18. After all services have been added, click **Save** at the top of the screen.

Add Schedule

Save

ESE IDEA Educational Environment

[Z] None of the above (default)[Z]

Select Schedule Type

Total School Minutes: 1890 Calculated ESE Minutes: 30 Percent GE: 98.41%

Remove

Start Date:

End Date:

Total School Minutes per Week:

04/30/2024

04/29/2025

Use Plan Start Date

Use Plan Review Date

IEP Plan Date

IEP Review Date

04/30/2024

04/29/2025

Instructional Services

Add

Specially Designed Instruction	Minutes per week	Progress/Grade Determined By	Location	How	Action
Instruction in handwriting	50	Joint (GE / ESE)	GE	Individualized Instruction	Edit Remove

The top of the completed Schedule of Services will display the calculated Time with Non-Disabled Peers showing as Percent GE in addition to any ESE minutes. This value will determine the student's LRE Considerations.

ESE IDEA Educational Environment

Student Schedule

[Z] None of the above (deflt)[Z]

Select Schedule Type

Total School Minutes: 1890 Calculated ESE Minutes: 30 Percent GE: 98.41%

Remove

Start Date:04/30/2024

End Date:04/29/2025

Total School Minutes per Week:

19. Click **Edit** or **Remove** next to a section on the Schedule of Services to edit or remove the service.

ESE IDEA Educational Environment

Student Schedule

[Z] None of the above (deflt)[Z]

SP Duration

Total School Minutes: 1890 Calculated ESE Minutes: 30 Percent GE: 98.41%

Remove

Start Date:04/30/2024

End Date:04/29/2025

Total School Minutes per Week:1890

☒ Use Plan Start Date

☒ Use Plan Review Date

Instructional Services

Add

Specialty Designed Instruction	Minutes per week	Progress/Grade Determined By	Location	How	Action
Instruction in handwriting	50	Joint (GE / ESE)	GE	Individualized Instruction	Edit Remove

Related Services

Add

Transportation, developmental, corrective, and other supportive services designed to enable a child with a disability to receive a free appropriate public education.

Service	Minutes per week	Provided By	Location	Consult	Transportation Code	Action
Speech Therapy	30	Speech Language Pathologist	ESE			Edit Remove

Supplementary Aids and Services

Add

Aids, services and other supports including but not limited to assistive technology, accommodations to the physical environment, modified curriculum/assignments, staff support, and changes to presentation of instruction.

20. To remove the entire Schedule of Services, click **Remove** at the top of the screen.

ESE IDEA Educational Environment

Student Schedule

[Z] None of the above (deflt)[Z]

SP Duration

Total School Minutes: 1890 Calculated ESE Minutes: 30 Percent GE: 98.41%

Remove

Start Date:

End Date:

Total School Minutes per Week:

04/30/2024

04/29/2025

1890

Use Plan Start Date

Use Plan Review Date

Instructional Services

Add

Specially Designed Instruction	Minutes per week	Progress/Grade Determined By	Location	How	Action
Instruction in handwriting	50	Joint (GE / ESE)	GE	Individualized Instruction	Edit Remove

21. If applicable, click **Add Schedule** at the top of the screen to create an additional Schedule of Services that may take effect for a different date range than the first.

Add Schedule

Save

ESE IDEA Educational Environment

Student Schedule

[Z] None of the above (deflt)[Z]

SP Duration

Total School Minutes: 1890 Calculated ESE Minutes: 30 Percent GE: 98.41%

Remove

Start Date:

End Date:

Total School Minutes per Week:

04/30/2024

04/29/2025

1890

Use Plan Start Date

Use Plan Review Date

Instructional Services

Add

Specially Designed Instruction	Minutes per week	Progress/Grade Determined By	Location	How	Action
Instruction in handwriting	50	Joint (GE / ESE)	GE	Individualized Instruction	Edit Remove



When the Schedule of Services will be for a portion of the validity period as when students are transitioning from middle school to high school, then select Additional

Schedule of Services from the Schedule Type pull-down and provide a title. This may need to be done more than once to cover SP validity period. Disable the Use Plan Start Date and Use Plan Review Date toggles and enter applicable start and end date. Manually enter the Total School Minutes per Week if applicable.

ESE IDEA Educational Environment
[Z] None of the above (default)[Z] ▼

Additional Schedule of Services ▼
End of Middle School

Total School Minutes: **1890** Calculated ESE Minutes: **0** Percent GE: **100%** Remove

Start Date:
04/30/2024
☐ Use Plan Start Date
IEP Plan Date 04/30/2024

End Date:
04/29/2025
☐ Use Plan Review Date
IEP Review Date 04/29/2025

Total School Minutes per Week:

! Entering a Start Date that precedes the SP Plan Start Date or an End Date that extends beyond the SP Plan Review date will display the date fields in red and the Schedule of Services will not save.

i For students who require transportation services, validations may require a transportation service to be added to the first schedule. When adding additional schedules, a pop-up window will display after clicking Add Schedule which will ask "Are transportation services required for this schedule?" Clicking Yes will select the "Transportation Service(s) required" check box, which displays above the Related Services table on the added schedule. Adding a transportation service to the schedule will be required. If No is selected in the pop-up window, the "Transportation Service(s) required" check box will not be selected, and adding a transportation service to the schedule will not be required.

X

Are transportation services required for this schedule?

No

Yes

Instructional Services

Add

Specially Designed Instruction	Minutes per week	Progress/Grade Determined By	Location	How	Action
--------------------------------	------------------	------------------------------	----------	-----	--------

Transportation Service(s) required

Related Services

Add

i

Transportation, developmental, corrective, and other supportive services designed to enable a child with a disability to receive a free appropriate public education.

Service	Minutes per week	Provided By	Location	Consult	Transportation Code	Action
---------	------------------	-------------	----------	---------	---------------------	--------

Supplementary Aids and Services

Add

i

Aids, services and other supports including but not limited to assistive technology, accommodations to the physical environment, modified curriculum/assignments, staff support, and changes to presentation of instruction.

Service	Frequency	Provided By	Consult	Action
---------	-----------	-------------	---------	--------

SP Accommodations/Modifications

The default value for the Instructional Accommodations step is "The Team has determined that the following accommodations/supports are necessary...." and "Determination of Need for Instructional Accommodations and Support," which will only display the Accommodations table for allowable accommodations on state assessments.

Manage Student: ESE Events

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Instructional Accommodations

Save

☐ No Accommodations/supports are needed at this time.

☒ The Team has determined that the following accommodations/ supports are necessary to support the student in regular, remedial, and supportive programs including accommodations needed for participation in extracurricular and other non- academic activities. These accommodations are to assist the student in advancing appropriately toward attaining annual goals and to enable the student's involvement in the general curriculum.

☒ Determination of Need for Instructional Accommodations and Support

☐ Other Accommodations may not be allowed on Statewide Assessments

Determination of Need for Instructional Accommodations and Supports

Presentation
Response
Setting
Scheduling
Assistive Devices
Unique Accommodations

Export
Filter: OFF
Reset Insert Row

Schedule	Accommodation	Duration	Location	Frequency
Select One	Select One			Select One

1. For each tab, select the **Schedule** type to which these accommodations will apply. Only the Schedule Types selected on the SP Support Services will display here.

Schedule

Select One
Filter
Select One
SP Duration

2. Select the **Accommodation**, **Location**, and **Frequency** using the drop-down menus.

Determination of Need for Instructional Accommodations and Supports

Presentation
Response
Setting
Scheduling
Assistive Devices
Unique Accommodations

Export
Filter: OFF
Reset Insert Row

Schedule	Accommodation	Duration	Location	Frequency
SP Duration	Directions may be Repeated	04/30/2024 - 04/29/2025	Regular Class	Daily

The **Duration** dates will auto-populate based on the Schedule Type selected.

Determination of Need for Instructional Accommodations and Supports

Presentation
Response
Setting
Scheduling
Assistive Devices
Unique Accommodations

Export
Filter: OFF
Reset Insert Row

Schedule	Accommodation	Duration	Location	Frequency
SP Duration	Directions may be Repeated	08/22/2022 - 08/21/2023	Regular Class	Daily

3. Press the **Enter** key to add the row. A red save button will also display that must be clicked to save the form.

Instructional Accommodations

Save

No Accommodations/supports are needed at this time.

The Team has determined that the following accommodations/ supports are necessary to support the student in regular, remedial, and supportive programs including accommodations needed for participation in extracurricular and other non- academic activities. These accommodations are to assist the student in advancing appropriately toward attaining annual goals and to enable the student's involvement in the general curriculum.

☒ Determination of Need for Instructional Accommodations and Support

☐ Other Accommodations may not be allowed on Statewide Assessments

Determination of Need for Instructional Accommodations and Supports

PresentationResponseSettingSchedulingAssistive DevicesUnique Accommodations

ExportFilter: OFFReset Insert Row

Schedule	Accommodation	Duration	Location	Frequency
Select One	Select One			Select One
SP Duration	Directions may be Repeated	08/22/2022 - 08/21/2023	Regular Class	Daily

Selecting "Extended Time" as the Accommodation on the Scheduling tab displays an additional Extended Time column where an option must be selected.

Determination of Need for Instructional Accommodations and Supports

PresentationResponseSettingSchedulingAssistive DevicesUnique Accommodations

ExportFilter: OFFReset Insert Row

Schedule	Accommodation	Extended Time	Duration	Location	Frequency
SP Duration	Extended Time	Double time	04/30/2024 - 04/29/2	Regular Class...	Daily

5. Selecting the second box for **Other Accommodations may not be allowed on Statewide Assessments** displays the Other Accommodations table below. An open text field displays to manually enter the Accommodation details. The accommodation may be an instructional accommodation that may not be allowed on statewide assessments.

6. After entering accommodation information in the blank row, press **Enter** to add the row.

7. Click **Save**.

Manage Student: ESE Events

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Instructional Accommodations

Save

- ☐ No Accommodations/supports are needed at this time.
- ☒ The Team has determined that the following accommodations/ supports are necessary to support the student in regular, remedial, and supportive programs including accommodations needed for participation in extracurricular and other non- academic activities. These accommodations are to assist the student in advancing appropriately toward attaining annual goals and to enable the student's involvement in the general curriculum.
- ☒ Determination of Need for Instructional Accommodations and Support
- ☒ Other Accommodations may not be allowed on Statewide Assessments

Determination of Need for Instructional Accommodations and Supports

Presentation | Response | Setting | Scheduling | Assistive Devices | Unique Accommodations

Export Filter: OFF Reset Insert Row

Schedule	Accommodation	Duration	Location	Frequency
<input type="text"/>	Select One	04/30/2024 - 04/29/2025	<input type="text"/>	Select One
SP Duration	Directions may be Repeated	04/30/2024 - 04/29/2025	Regular Class	Daily

Other Accommodations

Export Filter: OFF Reset Insert Row

Schedule	Accommodation	Duration	Location	Frequency
<input type="text"/>	<input type="text"/>	04/30/2024 - 04/29/2025	<input type="text"/>	Select One
SP Duration	Use of notes	04/30/2024 - 04/29/2025	Regular Class	Daily

If an error is made when making selections in the insert row, click **Reset Insert Row** to clear the selections.

Determination of Need for Instructional Accommodations and Supports

Presentation | Response | Setting | Scheduling | Assistive Devices | Unique Accommodations

Export Filter: OFF Reset Insert Row

Schedule	Accommodation	Duration	Location	Frequency
SP Duration	Select One	04/30/2024 - 04/29/2025	<input type="text"/>	Select One
SP Duration	Directions may be Repeated	04/30/2024 - 04/29/2025	Regular Class	Daily

The district may have enabled one or more of the following accommodation options in SSS > [General](#):

- Accommodation Extended Time Custom List - replaces the default Focus list
- Accommodation Extended Time Free Text Option - adds a new column next to Extended Time to enter a custom value

- Accommodation Small Groups Custom List- replaces the default Focus list of small group options
- Accommodation Small Groups Free Text Option - adds a new column next to Small Groups to enter a custom value

SP Assessment Participation

This form displays a hyperlink to the student's [Test History](#) screen on the SIS student record.

1. Select **Yes** or **No** for the question "**Do you need to determine Alternate Assessment Eligibility?**" If **Yes** is selected, the radio buttons on the form become required fields.

To determine eligibility for Alternate Assessment, all questions on page 1 and 2 must be answered.

Participation in State and District-Wide Assessments		Test History
Do you need to determine Alternate Assessment Eligibility? <i>If "No", the remaining questions on pages 1 and 2 are not applicable, but Page 3 is still required.</i>		<input type="radio"/> Yes <input type="radio"/> No
Questions to guide the decision-making for how a student with disabilities will be instructed and subsequently participate in the Statewide, Standardized Assessment Program:		
1. Does the student have a most significant cognitive disability as defined by Rule 6A-10943, F.A.C.? A "most significant cognitive disability" is defined as a global cognitive impairment that adversely impacts multiple areas of functioning across many settings and is a result of a congenital, acquired or traumatic brain injury or syndrome and is verified by either: A). A statistically significant below average global cognitive score that falls within the first percentile rank (i.e., a standard, full scale score of 67 or under); or B). In the extraordinary circumstance when a global, full-scale intelligence quotient score is unattainable, a school district-determined procedure that has been approved by the Florida Department of Education under paragraph (5)(e) of this rule.	<input type="radio"/> Yes <input type="radio"/> No	
2. Is the student receiving exceptional student education (ESE) services as identified through a current SP and has been enrolled in the appropriate and aligned courses using alternate achievement standards for two consecutive FTE reporting periods prior to the assessment?	<input type="radio"/> Yes <input type="radio"/> No	
3. Is the student receiving specially designed instruction, which provides unique instruction and intervention supports that is determined, designed and delivered through a team approach, ensuring access to core instruction through the adaptation of content, methodology or delivery of instruction and is exhibiting very limited to no progress in the general education curriculum standards?	<input type="radio"/> Yes <input type="radio"/> No	
4. Is the student receiving support through systematic, explicit and interactive small-group instruction focused on foundational skills in addition to instruction in the general education curriculum standards?	<input type="radio"/> Yes <input type="radio"/> No	
5. Does the student require modifications to the general education curriculum standards even after documented evidence of exhausting all appropriate and allowable instructional accommodations?	<input type="radio"/> Yes <input type="radio"/> No	
6. Does the student require modifications to the general curriculum education standards even after documented evidence of accessing a variety of supplementary instructional materials?	<input type="radio"/> Yes <input type="radio"/> No	
7. Does the student require modifications to the general education curriculum standards even with documented evidence of the provision and use of assistive technology?	<input type="radio"/> Yes <input type="radio"/> No	
8. Even with direct instruction in all core academic areas (i.e., English/Language Arts, math, social studies and science), does the student exhibit limited to no progress on the general education curriculum standards	<input type="radio"/> Yes <input type="radio"/> No	

i If the student is found eligible for Alternate Assessment, the selected FSAA type will be pushed to the student's ESE tab upon locking the SP.

2. On page 3, regardless of the eligibility for Alternate Assessment, select the specific assessment(s) and applicable testing accommodations. Accommodations can only be selected if the **Status** is **Yes-Accommodations**.

State/District Assessment: EOC Algebra 1		Status: Yes - Accommodations
Accommodation Codes: Paper-Based Accommodations: Select One		*Describe Extended Time (if applicable): Select One
<input type="checkbox"/> Masking - Online <input type="checkbox"/> Text-to-Speech - Online <input type="checkbox"/> Passage Booklet - Online	<input type="checkbox"/> ASL Online & Paper <input type="checkbox"/> Closed Captioning - Online <input type="checkbox"/> Listening Transcripts - Paper	<input type="checkbox"/> Assistive Devices <input type="checkbox"/> Flexible Presentation <input type="checkbox"/> Flexible Responding
		<input type="checkbox"/> Flexible Scheduling* <input type="checkbox"/> Flexible Setting <input type="checkbox"/> Unique Accommodations

State/District Assessment: Select One		Status: Select One
Accommodation Codes: Paper-Based Accommodations: Select One		*Describe Extended Time (if applicable): Select One
<input type="checkbox"/> Masking - Online <input type="checkbox"/> Text-to-Speech - Online <input type="checkbox"/> Passage Booklet - Online	<input type="checkbox"/> ASL Online & Paper <input type="checkbox"/> Closed Captioning - Online <input type="checkbox"/> Listening Transcripts - Paper	<input type="checkbox"/> Assistive Devices <input type="checkbox"/> Flexible Presentation <input type="checkbox"/> Flexible Responding
		<input type="checkbox"/> Flexible Scheduling* <input type="checkbox"/> Flexible Setting <input type="checkbox"/> Unique Accommodations

State/District Assessment: Select One		Status: Select One
Accommodation Codes: Paper-Based Accommodations: Select One		*Describe Extended Time (if applicable): Select One
<input type="checkbox"/> Masking - Online <input type="checkbox"/> Text-to-Speech - Online <input type="checkbox"/> Passage Booklet - Online	<input type="checkbox"/> ASL Online & Paper <input type="checkbox"/> Closed Captioning - Online <input type="checkbox"/> Listening Transcripts - Paper	<input type="checkbox"/> Assistive Devices <input type="checkbox"/> Flexible Presentation <input type="checkbox"/> Flexible Responding
		<input type="checkbox"/> Flexible Scheduling* <input type="checkbox"/> Flexible Setting <input type="checkbox"/> Unique Accommodations

If extended time is the intended accommodation for **Flexible Scheduling**, be sure to select a value from the **Describe Extended Time** pull-down above it.

State/District Assessment: EOC Algebra 1 **Status:** Yes - Accommodations

Accommodation Codes:

Paper-Based Accommodations: ***Describe Extended Time (if applicable):** Double time (100%)

<input type="checkbox"/> Masking - Online	<input type="checkbox"/> ASL Online & Paper	<input type="checkbox"/> Assistive Devices	<input checked="" type="checkbox"/> Flexible Scheduling*
<input checked="" type="checkbox"/> Text-to-Speech - Online	<input type="checkbox"/> Closed Captioning - Online	<input type="checkbox"/> Flexible Presentation	<input type="checkbox"/> Flexible Setting
<input type="checkbox"/> Passage Booklet - Online	<input checked="" type="checkbox"/> Listening Transcripts - Paper	<input type="checkbox"/> Flexible Responding	<input type="checkbox"/> Unique Accommodations
<input type="checkbox"/> Speech-to-Text- Online	<input type="checkbox"/> Writing Typed Response	<input type="checkbox"/> Text-to-Speech(Writing Response)-Online	

3. Click **Save & Validate** after completing the form.

SP LRE Considerations

The % GE from the blue bar on the SP Support Services will pre-determine which radio button is selected when this form is opened. If the % GE on the SP Support Services is less than 40%, the third radio button will be pre-selected, allowing selection of either of the 2 remaining buttons.

Least Restrictive Environment and Justification for Removal from General Education

Least Restrictive Environment

- ☒ **Regular class:** student spends 80% or more of the school week with nondisabled peers
- ☐ **Resource Room:** student spends between 40% to 79% of the school week with nondisabled peers
- ☐ **Separate class:** student spends less than 40% of the school week with nondisabled peers
- ☐ **Special Day School/Exceptional Education Center**
- ☐ **Other Separate Environment** (separate private school, residential facility, or hospital or homebound program)

Alternatives/placements/accommodations/modifications, previously considered or attempted. The Team must always consider the general education classroom: (Select all that apply.)

<input type="checkbox"/> Basic education or vocational	<input type="checkbox"/> Title 1/Dropout Prevention/Alternative education
<input type="checkbox"/> Basic education or vocational services with consultation	<input type="checkbox"/> Use of an instructional aide
<input type="checkbox"/> Basic education or vocational services (change in instructional time, methodology, use of special communication system or test modifications)	<input type="checkbox"/> Sensory activities
<input type="checkbox"/> Specialized teaching methodology(ies)	<input type="checkbox"/> Regular breaks
<input type="checkbox"/> Smaller Gen Ed classroom	<input type="checkbox"/> Access to music (through headphones)
<input type="checkbox"/> Teacher with different approach	<input type="checkbox"/> Hourly physical activity
<input type="checkbox"/> Additional training for Gen Ed teacher	<input type="checkbox"/> Prevention of bullying activities
<input type="checkbox"/> ESE resource services	<input type="checkbox"/> Adaptive seating options
<input type="checkbox"/> ESE separate services setting	<input type="checkbox"/> Extended day/year services
<input type="checkbox"/> Peer tutoring	<input type="checkbox"/> Use of non-instructional aide
<input type="checkbox"/> Volunteer tutoring	<input type="checkbox"/> Use of positive behavior reward system
	<input type="checkbox"/> Evaluation of possible sensory issues in current setting
	<input type="checkbox"/> Schedule change for different peer group

Selecting any of the last 3 radio buttons makes the middle of the form required.

Least Restrictive Environment and Justification for Removal from General Education

Least Restrictive Environment

- ☐ **Regular class:** student spends 80% or more of the school week with nondisabled peers
- ☐ **Resource Room:** student spends between 40% to 79% of the school week with nondisabled peers
- ☒ **Separate class:** student spends less than 40% of the school week with nondisabled peers
- ☐ **Special Day School/Exceptional Education Center**
- ☐ **Other Separate Environment** (separate private school, residential facility, or hospital or homebound program)

Alternatives/placements/accommodations/modifications, previously considered or attempted. The Team must always consider the general education classroom: (Select all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Basic education or vocational | <input type="checkbox"/> Title 1/Dropout Prevention/Alternative education |
| <input type="checkbox"/> Basic education or vocational services with consultation | <input type="checkbox"/> Use of an instructional aide |
| <input type="checkbox"/> Basic education or vocational services
(change in instructional time, methodology, use of
special communication system or test modifications) | <input type="checkbox"/> Sensory activities |
| <input type="checkbox"/> Specialized teaching methodology(ies) | <input type="checkbox"/> Regular breaks |
| <input type="checkbox"/> Smaller Gen Ed classroom | <input type="checkbox"/> Access to music (through headphones) |
| <input type="checkbox"/> Teacher with different approach | <input type="checkbox"/> Hourly physical activity |
| <input type="checkbox"/> Additional training for Gen Ed teacher | <input type="checkbox"/> Prevention of bullying activities |
| <input type="checkbox"/> ESE resource services | <input type="checkbox"/> Adaptive seating options |
| <input type="checkbox"/> ESE separate services setting | <input type="checkbox"/> Extended day/year services |
| <input type="checkbox"/> Peer tutoring | <input type="checkbox"/> Use of non-instructional aide |
| <input type="checkbox"/> Volunteer tutoring | <input type="checkbox"/> Use of positive behavior reward system |
| <input type="checkbox"/> Before and after school tutoring | <input type="checkbox"/> Evaluation of possible sensory issues in current setting |
| <input type="checkbox"/> Counseling service | <input type="checkbox"/> Schedule change for different peer group |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Behavior support services |
| | <input type="checkbox"/> Other: <input type="text"/> |

1. Fill in all required fields to complete the form.
2. Click **Save & Validate** after completing the form.

SP Meeting Participants

Meeting participants may electronically sign the form, or a blank version of the form without the Draft watermark can be printed ahead of the meeting and scanned or uploaded back into the Service Plan event prior to locking the event.

SP Meeting Participants

The signatures below represent individuals who were in attendance at the meeting. Pre-printed names alone represent individuals who provided written input or participated in the meeting by individual or conference telephone call, video conferencing or other method.

Parents may be accompanied by another adult of their choice at any meeting with school district personnel. The school district may not object, discourage or attempt to discourage the attendance of an adult of the parent's choice.

Parents, surrogate parents, guardians or adult student attending today's meeting - Please complete the following statement of non-coercion per Florida Statute 1002.20 (school/district staff present will sign statement on page 2):

School Personnel **have not** prohibited, discouraged or attempted to discourage me from inviting another adult of my choice to today's meeting. ☐ Agree ☐ Disagree

[Click to Sign](#)

Signature: _____

Date: _____

SIGNATURES OF SP TEAM MEMBERS AND OTHER PARTICIPANTS IN ATTENDANCE:

ROLE	SIGNATURE	PRINT NAME	DATE
*Parent/Guardian/Adult Student	Click to Sign	<input type="text"/>	<input type="text"/>
Parent/Guardian	Click to Sign	<input type="text"/>	<input type="text"/>
Student (Required if 14 or older or if transition discussed)	Click to Sign	<input type="text"/>	<input type="text"/>
*LEA Representative	Click to Sign	<input type="text"/>	<input type="text"/>
*ESE Teacher/Service Provider	Click to Sign	<input type="text"/>	<input type="text"/>
*General Education Teacher	Click to Sign	<input type="text"/>	<input type="text"/>
*Individual who interprets instructional implications of evaluation results	Click to Sign	<input type="text"/>	<input type="text"/>
Principal/Designee	Click to Sign	<input type="text"/>	<input type="text"/>

1. Select responses to the required items on pages 1 and 2.

The parent/guardian/adult student received a copy of the SP: ☐ By Hand ☐ Mail ☐ With student

Accessibility and IEP Implementation

The SP is accessible to each of the student's teachers who are responsible for implementation:

☐ Yes ☐ No

All persons responsible for SP implementation were notified at the SP meeting.

☐ Yes ☐ No

If No, how will responsible implementers be notified?

Has the SP team recommended classroom accommodations NOT allowable on statewide assessments?

Choose NA if the school does not participate in Florida's Statewide Assessments program.

☐ Yes ☐ No ☐ NA If "Yes", parent consent **must be** obtained.

2. After completing the form, click **Save & Validate**.

SP Supplements

If needed, users can add additional Service Plan Meeting Notice forms to Service Plan events.

1. Select the form to add as a supplement and click **Add this form**.

Service Plan Meeting Notice

Filter

Service Plan Meeting Notice

Add this form

The selected form is added to the table.

2. Click the **Edit** link.

Form Name		Added By	Last Saved	Last Drafted	Complete	Delete
Service Plan Meeting Notice	Edit	Ashley Weiss				Delete

Service Plan Meeting Notice

Add this form

3. Complete the form and click **Save & Validate** when finished.

Return To Focus

Save & Validate

NOTICE OF SERVICE PLAN (SP) TEAM MEETING

To the Parent of Valerie Jeremiah Esquivel

Date of Notice: 04/24/2024

An individualized Service Plan (SP) Team meeting for you/your child is scheduled as noted below. You/Your child will be invited to attend if you/he/she will be at least 14 years old during the duration of this SP and/or postsecondary goals and transition services will be considered/developed (can be considered at a younger age if determined appropriate by the SP Team).

1. PURPOSE OF MEETING:

☐ To determine need for evaluation/reevaluation

☐ To develop annual Service Plan (SP)

☐ To review results of evaluation/reevaluation

☐ To review/revise SP/continue SP development from previous meeting

☐ To determine initial eligibility for special education and related services

☐ To consider change in placement/services

☐ To determine continued eligibility for special education and related services

☐ To discuss/develop transition services and/or postsecondary goals (requires student participation)

☐ To determine initial placement

☐ To consider dismissal or graduation

☒ To develop initial Service Plan (SP)

☐ To conduct Manifestation Determination/Suspension Review

☐ To develop Interim Service Plan (SP)

☐ To determine need for Functional Behavior Assessment (FBA) or Behavior Intervention Plan (BIP)

2. PERSONS INVITED TO THE MEETING: *Required members of the SP Team. Consent is required to invite Transition/Agency representative(s).

4. Click **Return to Focus**.

Return To Focus

Save & Validate

NOTICE OF SERVICE PLAN (SP) TEAM MEETING

To the Parent of

▼ Valerie Jeremiah Esquivel

 Date of Notice:

04/24/2024

An individualized Service Plan (SP) Team meeting for you/your child is scheduled as noted below. You/Your child will be invited to attend if you/he/she will be at least 14 years old during the duration of this SP and/or postsecondary goals and transition services will be considered/developed (can be considered at a younger age if determined appropriate by the SP Team).

1. PURPOSE OF MEETING:

☐ To determine need for evaluation/reevaluation

☐ To review results of evaluation/reevaluation

☐ To determine initial eligibility for special education and related services

☐ To determine continued eligibility for special education and related services

☐ To determine initial placement

☒ To develop initial Service Plan (SP)

☐ To develop Interim Service Plan (SP)

☐ To develop annual Service Plan (SP)

☐ To review/revise SP/continue SP development from previous meeting

☐ To consider change in placement/services

☐ To discuss/develop transition services and/or postsecondary goals (requires student participation)

☐ To consider dismissal or graduation


☐ To conduct Manifestation Determination/Suspension Review

☐ To determine need for Functional Behavior Assessment (FBA) or Behavior Intervention Plan (BIP)

2. PERSONS INVITED TO THE MEETING: *Required members of the SP Team. Consent is required to invite Transition/Agency representative(s).

A green check mark will display in the Complete column of the table once all required fields of the form are completed. The Last Saved column will populate with the date and time the form was last saved.

5. To delete a supplement, click **Delete.**

 The number of supplemental forms added to the student's event will display in parentheses next to the Supplement step on the steps menu.

Meeting Minutes

A different team member can be documenting the Meeting Minutes at the same time another team member is completing each of the steps/forms. Minutes can also be copied and pasted from a Word document.

⚠ Though two users can view/edit the same student, a warning message will display for one of the users if both try to fill out the same step at the same time. The warning "This step cannot be edited because it is already being edited" displays for the second user when they click on a step that is currently being edited by the first user.

Meeting Minutes

Save

Date:Event:

Service Plan

Documented By:

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Please add minutes for each day "Service Plan" takes place. Do not add minutes for the same day.

Add minutes

- 1. Select the **Date** of the meeting.**

Date:

April 2024

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

2. Enter who the form is being **Documented By**.

Documented By:

3. Enter the Meeting Minutes. There must be a minimum of 3 words in the text box in order to save.

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body

4. Click **Save**. Users can add to the text field after clicking Save if it is during the meeting.

Meeting Minutes

Save

Date: 04/24/2024

Event:
Service Plan

Documented By: A. Weiss

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Service plan meeting minutes...

body

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Please add minutes for each day "Service Plan" takes place. Do not add minutes for the same day.

Add minutes

5. The Add Minutes button is used if there is an additional meeting on a different date for the event. Clicking the button adds an additional meeting minutes form to the screen. The Add Minutes button should not be clicked to add additional minutes to a meeting already in progress or for a meeting on the same date.

i Please add minutes for each day "Service Plan" takes place. Do not add minutes for the same day.

☐ Add minutes

Uploads

Uploads can be used to add documentation to an event, such as the signature form and any evaluations completed. Uploads must be in PDF format in order to be available for printing.



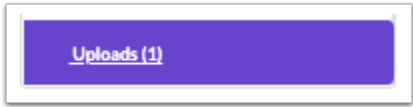
1. Drag a file into the box, click **Select** and select a file from your computer, or click the scan icon and follow prompts to scan the document.



2. Once documentation is scanned or uploaded it will populate in the upload field with edit/delete options.



3. The number of uploads will display in parenthesis on the side menu.



4. Click the pencil icon to edit the title of the file.



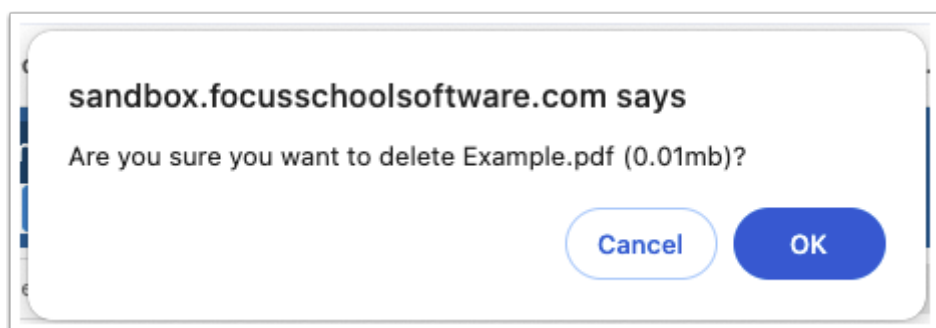
After making a title change, click the green check mark to save the change, or the red X to discard the change and keep the original file name.



5. Click the red minus sign to delete the upload.



6. Click **OK** to confirm deletion.



Reevaluation Consideration

The Reevaluation Consideration event is used to document whether further evaluations and testing are needed for an IEP student upon the IEP team reviewing the student's records.

Data Review No Testing

If the IEP team determines no further evaluations are needed for the student, the Data Review No Testing step can be completed. If evaluations are needed, complete the [Data Review Testing Needed](#) step.

Previous Step

Next Step

Notes

Save & Validate

Mark as Complete

Print

History

Return to Manage Student

Data Review No Testing

Data Review Testing Needed

Reevaluation Supplements

Uploads (0)

Student Name	Student ID	Gender	Grade	Campus	DOB	Parent
Nancy Atencio	00060190	F	09	Focus High School - 0041	12/31/1969	Parent Parent
Primary Exceptionality	Phone	Email	Address			
K - Specific Learning Disability	ZUZ ZUOUO, UZ 11111					

Re-evaluation Data Review

The IEP Team reviewed current records for the student and determined that no additional evaluations are required at this time. Parent is in agreement with the decision.

Date of contact:

Type of contact: ☐ Written ☐ Phone ☐ Email ☐ Other:

Student remains eligible for special education and related services.

Re-evaluation Due Date:

LEA Representative: [Click to Sign](#)

1. Enter the **Date of contact** and select the **Type of contact** with the parent/guardian.
2. Select the **Re-evaluation Due Date**.
3. If the LEA representative is electronically signing the form, click the e-signature link.

Re-evaluation Data Review

The IEP Team reviewed current records for the student and determined that no additional evaluations are required at this time. Parent is in agreement with the decision.

Date of contact:

Type of contact: ☒ Written ☐ Phone ☐ Email ☐ Other:

Student remains eligible for special education and related services.

Re-evaluation Due Date:

LEA Representative: [Click to Sign](#)


4. Enter your Focus **Username** and **Password** and click **Authenticate**.
5. Draw your signature and click **Sign**.

Sign Below

Username

Password

Authenticate

Please authenticate before signing


Cancel

Clear

Sign

6. In the **Print Name** field, enter the name of the LEA Representative and select the **Date**.

7. Click **Save & Validate**.

Re-evaluation Data Review

The IEP Team reviewed current records for the student and determined that no additional evaluations are required at this time. Parent is in agreement with the decision.

Date of contact:

Type of contact: ☒ Written ☐ Phone ☐ Email ☐ Other:

Student remains eligible for special education and related services.

Re-evaluation Due Date:

LEA Representative: Pending Save (click to clear)

Data Review Testing Needed

If the IEP team determines further evaluations are needed for the student, the Data Review Testing Needed step can be completed. If evaluations are not needed, complete the [Data Review No Testing](#) step.

[Previous Step](#)
[Next Step](#)
[Notes](#)
[Save & Validate](#)
[Mark as Complete](#)
[Print](#)
[History](#)
[Return to Manage Student](#)

[Data Review No Testing](#)
[Data Review Testing Needed](#)
[Reevaluation Supplements](#)
[Uploads \(0\)](#)

Student Name	Student ID	Gender	Grade	Campus	DOB	Parent	Primary Exceptionality
Emily D Aguilar	00022481	M	12	Focus High School - 0041	12/14/2007	Parent Parent	NA

Phone Email Address

Ojxwikxw, UZ 11111

Informed Notice and Consent for Reevaluation

Today's Date:

Dear Parent/Guardian:

A reevaluation review of each exceptional student is required at least every three (3) years or more frequently if necessary. The IEP/EP Team met to review your child's need for re-evaluation on

A Reevaluation assessment is proposed for your child to help us determine whether he/she continues to need the special program and services in which he/she is currently placed or because a new eligibility is suspected. The following reports, evaluation procedures, records and/or tests were reviewed by the IEP/EP Team and are the basis for the proposed reevaluation:

<input type="checkbox"/> Achievement Tests	<input type="checkbox"/> Functional Behavior Assessment	<input type="checkbox"/> Teacher-provided information
<input type="checkbox"/> Academic Assessments	<input type="checkbox"/> Parent-provided information	<input type="checkbox"/> Intellectual Assessments
<input type="checkbox"/> Classroom grades	<input type="checkbox"/> IEP/EP Goals Progress Reports	<input type="checkbox"/> Hearing Evaluation
<input type="checkbox"/> Cumulative Folder	<input type="checkbox"/> Speech/language Evaluations	<input type="checkbox"/> Vision Evaluation
<input type="checkbox"/> Psychological reports	<input type="checkbox"/> Medical Reports	<input type="checkbox"/> Social/Developmental History report
<input type="checkbox"/> Other: <input type="text"/>		

Sufficient data does not exist to determine:

☐ Whether your child continues to have a disability

☐ The present levels of performance and educational needs of your child

☐ Whether your child continues to need special education and related services

☐ Whether any additions or modifications to the Gifted or special education and related services are needed to enable your child to meet measurable annual goals set out in your child's IEP/EP and to participate, as appropriate, in the general curriculum.

1. Select **Today's Date**.
2. Select the date the IEP/EP team met to review the student's needs for re-evaluation.
3. Select which reports, evaluation procedures, records, or tests were reviewed by the IEP/EP team.

Student Name	Student ID	Gender	Grade	Campus	DOB	Parent	Primary Exceptionality
Emily D Aguilar	00022481	M	12	Focus High School - 0041	12/14/2007	Parent Parent	NA

Phone Email Address

Ojxwikxw, UZ 11111

Informed Notice and Consent for Reevaluation

Today's Date:

Dear Parent/Guardian:

A reevaluation review of each exceptional student is required at least every three (3) years or more frequently if necessary. The IEP/EP Team met to review your child's need for re-evaluation on

A Reevaluation assessment is proposed for your child to help us determine whether he/she continues to need the special program and services in which he/she is currently placed or because a new eligibility is suspected. The following reports, evaluation procedures, records and/or tests were reviewed by the IEP/EP Team and are the basis for the proposed reevaluation:

<input checked="" type="checkbox"/> Achievement Tests	<input type="checkbox"/> Functional Behavior Assessment	<input checked="" type="checkbox"/> Teacher-provided information
<input checked="" type="checkbox"/> Academic Assessments	<input type="checkbox"/> Parent-provided information	<input type="checkbox"/> Intellectual Assessments
<input checked="" type="checkbox"/> Classroom grades	<input checked="" type="checkbox"/> IEP/EP Goals Progress Reports	<input type="checkbox"/> Hearing Evaluation
<input checked="" type="checkbox"/> Cumulative Folder	<input type="checkbox"/> Speech/language Evaluations	<input type="checkbox"/> Vision Evaluation
<input checked="" type="checkbox"/> Psychological reports	<input type="checkbox"/> Medical Reports	<input type="checkbox"/> Social/Developmental History report
<input type="checkbox"/> Other: <input type="text"/>		

4. Select whether there will be a **3 yr reevaluation**, **A more frequent reevaluation**, or **No reevaluation warranted at this time**, and enter the applicable **Due Date**.
5. Select what items the reevaluation assessment will include.

The team has chosen the following option:

- ☒ 3 yr reevaluation Due Date: 11/27/2026
- ☐ A more frequent reevaluation Due Date:
- ☐ No reevaluation warranted at this time.

The other options were rejected because they did not meet the needs of your child at this time.

The reevaluation assessment will include the following areas:

- ☐ **PSYCHO-EDUCATIONAL:** To assess any or all of the following:
- ☐ **VISION:** To assess any or all of the following:
- ☐ **HEARING:** To assess hearing ability.
- ☐ **SPEECH:** To assess any or all of the following:
- ☐ **PHYSICAL/OCCUPATIONAL SKILLS:** To assess any or all of the following:
- ☐ **MEDICAL:** To assess physical status that may influence learning and may include:
This may include requesting consent to exchange information with your child's health care provider(s).
- ☐ **SOCIAL/DEVELOPMENTAL:** To assess any or all of the following:
- ☐ **BEHAVIORAL:** To assess any or all of the following:
- ☐ **LANGUAGE:** To assess any or all of the following:
- ☒ **LANGUAGE(include pragmatic language):** To assess any or all of the following: Communication Skills
- ☐ **OTHER:**

6. Enter the names of the IEP/EP team members.

The IEP/EP Team making this recommendation was comprised of:

LEA Rep:	Susan Martinez	ESE Teacher:	John Brown
Parent:	Cynthia Abe	Gen Ed Teacher:	
Student:		Gifted Teacher:	Genevieve Fallon
Evaluator:	Ashley Weiss	Other/Title:	

7. Towards the bottom of the second page, enter the **Name and **Title** of the person the parent or guardian will return the form to. Enter the **Name**, **Title**, and **Phone #** of the person the parent or guardian can contact with questions.**

Susan Martinez, LEA Rep

Please return this form to: _____

Name and Title

As a parent of a child with a disability, you have specific rights under the Procedural Safeguards of the Individuals with Disabilities Education Act (IDEA) and Rule 6A-6.03311 and/or Rule 6A-6.03313, *Procedural Safeguards for Exceptional Students who are Gifted*. The appropriate document describing these rights is being/has been provided to you.

If you have any questions regarding the procedural safeguards, you may contact:

Susan Martinez	LEA Rep	(555) 555-5555
Name	Title	Phone #

To obtain additional assistance in understanding provisions of IDEA, please contact the:

- Exceptional Student Education contact at your child's school.
- Florida Diagnostic and Learning Resource System (FDLRS) – 800-358-8525.
- Bureau of Exceptional Education and Student Services at the Florida Department of Education (850-245-0475).

8. Select the **Date of 1st Notice** and the **Date of 2nd Notice**.

9. Click **Save & Validate** when finished.

The parent or guardian will complete their portion of the form. The form can be electronically signed. If the form is printed for the parent/guardian, the completed form can be scanned and uploaded in the Uploads step.

I would like to share the following information regarding my child:

Please check one and provide your signature with date.

☐ **YES**, I give consent to the proposed assessment and acknowledge receipt of Procedural Safeguards.

☐ **NO**, I do not consent to the proposed assessment but acknowledge receipt of Procedural Safeguards.

☐ I am requesting a conference to discuss the proposed reevaluation before I provide consent. Please contact me at _____

Click to Sign

Signature of Parent, Guardian, or Surrogate Parent

Date

Reevaluation Supplements

If needed, users can add an Assurance to Parents of Rights to be Accompanied at Meetings form to the Re-evaluation Consideration event.

1. Select the form to add as a supplement and click **Add this form**.

No Records Found

Assurance to Parents of Rights to be Accompanied at Meetings



Add this form

The selected form is added to the table.

2. Click the **Edit** link.

Form Name		Added By	Last Saved	Last Drafted	Complete	Delete
Assurance to Parents of Rights to be Accompanied at Meetings	Edit	Ashley Weiss				Delete

Assurance to Parents of Rights to be Accompanied at Meetings



Add this form

3. Complete the form and click **Save & Validate** when finished.

[Return To Focus](#)

[Save & Validate](#)

Student Name Student ID Gender Grade Campus DOB Parent
Nancy Atencio 0060190 F 09 Focus High School - 0041 12/31/1969 Parent Parent
Primary Exceptionality Phone Email Address
K - Specific Learning Disability ZUZ ZUOUO, UZ 11111

Assurance to Parents of Rights to be Accompanied at Meetings

Parents of public school students may be accompanied by another adult of their choice at any meeting with school district personnel. Such meetings include, but are not limited to, meetings related to:

- ☐ Eligibility for Section 504
- ☐ Eligibility for Exceptional Student Education or Related Services
- ☒ Development or amendment of an Individual Educational Plan (IEP)
- ☐ Development of a 504 Accommodation plan
- ☐ Transition from Early Intervention Services
- ☐ Manifestation Determination
- ☐ Educational Planning Team meetings
- ☐ English Language Learners (ELL) Committee meetings
- ☐ Other issues that may affect a student's educational environment, discipline, or placement

(describe):

Parents and school personnel attended a meeting on 02/08/2023 to discuss the topics indicated above for

Nancy Atencio

at

Focus High School

The signatures below assure that no school district personnel have prohibited, discouraged, or attempted to discourage the parents from inviting a person of their choice to this meeting [Section 1002.20 (21) (a), F.S., effective July 1, 2013]. This form is to be signed and attached to conference notes or other documents applicable to the results of this meeting.

Title	Name	Signature	Date
Parent/Guardian			
Teacher			
Teacher			

4. Click **Return to Focus**.

Save & Validate

Student Name	Student ID	Gender	Grade	Campus	DOB	Parent
Nancy Atencio	00060190	F	09	Focus High School - 0041	12/31/1969	Parent Parent
Primary Exceptionality	Phone	Email	Address			
K - Specific Learning Disability			ZUZ ZUOUO, UZ 11111			

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- ☐ Educational Planning Team meetings
- ☐ English Language Learners (ELL) Committee meetings
- ☐ Other issues that may affect a student's educational environment, discipline, or placement

(describe):

A green check mark will display in the Complete column of the table once all required fields of the form are completed. The Last Saved column will populate with the date and time the form was last saved.

Form Name		Added By	Last Saved	Last Drafted	Complete	Delete
Assurance to Parents of Rights to be Accompanied at Meetings	Edit	Ashley Weiss	2023-01-25 15:21:55-05		✓	Delete

Assurance to Parents of Rights to be Accompanied at Meetings
Add this form

5. To delete a supplement, click **Delete**.

Form Name		Added By	Last Saved	Last Drafted	Complete	Delete
Assurance to Parents of Rights to be Accompanied at Meetings	Edit	Ashley Weiss	2023-01-25 15:21:55-05		✓	Delete

Assurance to Parents of Rights to be Accompanied at Meetings
Add this form

The number of supplemental forms added to the student's event will display in parentheses next to the Supplement step on the steps menu.



Uploads

Uploads can be used to add documentation to an event, such as the signature form and any evaluations completed. Uploads must be in PDF format in order to be available for printing.



1. Drag a file into the box, click **Select** and select a file from your computer, or click the scan icon and follow prompts to scan the document.



2. Once documentation is scanned or uploaded it will populate in the upload field with edit/delete options.



3. The number of uploads will display in parenthesis on the side menu.



4. Click the pencil icon to edit the title of the file.



After making a title change, click the green check mark to save the change, or the red X to discard the change and keep the original file name.



5. Click the red minus sign to delete the upload.



6. Click **OK** to confirm deletion.

