

**Kentucky Department of Education**  
**Division of Learning Services Services**  
**NOTICE OF SHORTENED SCHOOL DAY and/or WEEK**  
**2016-2017**

**Date of Request:** 4/11/17

Special Education Cooperative	Central Kentucky Educational Cooperative		
District:	Nelson	District Number:	451
Director of Special Education:	Cheryl Pile	Phone Number:	502-349-7000
School:	Nelson County High School		
Principal:	Shelly Hendricks		

Student Information			
Full Name:	[REDACTED]	Disability:	Functional Mental Disability
Age:	17	SSID:	[REDACTED]

Teacher Information			
Full Name:	Chris Upton	Grade Taught:	9 through 12
Classroom Type:	Separate Class		
Special Education Code:	Select from drop list		

**Type of Request** (Check all that apply):

☐ Shortened Week    ☒ Shortened Day

**Shortened School Week (SWD):**

1a. What are the days of attendance for this student according to current IEP?

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1b. Describe the reason(s) why this student requires a **Shortened School Week**:

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1c. Provide the typical beginning and ending time for students in this school?

BEGINNING TIME:                      ENDING TIME:

1d. Provide the beginning and ending times for this student according to current IEP?

BEGINNING TIME:                      ENDING TIME:

**Shortened School Day (SSD):**

2a. Describe the reason(s) why this student requires a **Shortened School Day**:

Student has anxiety issues. He is currently receiving outside therapy working on coping skills.

2b. Provide the typical beginning and ending time for students in this school?

BEGINNING TIME: 8:25 ENDING TIME: 3:10

2c. Provide the beginning and ending times for this student according to current IEP?

BEGINNING TIME: 8:25 ENDING TIME: 12:25

3. Is this student returning to school after being in a Home/Hospital Instruction Program?

☐

Yes

☒

No

If yes, describe circumstances:

4. Identify steps the ARC will take to promote full attendance for this student in the future?

Student is working with outside therapist and the ARC will meet back at the beginning of next school year to determine if he is ready to return to full days.

5. Has a shortened school day been requested for this student in previous school years?

☐

Yes

☒

No

If yes, list the previous school year(s):

6. Is there a signed Physician statement:

☒

Yes

☐

No

**IMPORTANT**

The district must maintain the following documentation for all Shortened School Days approved by the Local Board of Education:

- Approval by the Local Board of Education (**STUDENT CONFIDENTIALITY** procedures **MUST** be followed when listing student information in the Local Board Minutes.);
- Minutes of the ARC meeting documenting the ARC decision that a shortened school day is needed;
- A copy of the student's IEP documenting the shortened school day; and
- A copy of the Physician statement of the medical need.

**FOR LOCAL USE ONLY**

LOCAL BOE APPROVED:

☐

Yes

☐

No

DATE:

**FOR KDE USE ONLY**

WAIVER NO.:

DATE:

RECEIVED AT KDE:

DATE:

(Reviewer's Initials)

<b>Nelson County</b> 288 Wildcat Ln Bardstown, KY 400045277 (502)349-7000x2330	<b>CONFERENCE SUMMARY REPORT</b>
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Student's Full Name: ██████████	SSID: ██████████	ARC Date: 03/23/2017
Date of Birth: ██████████	Grade: 10	
School: NELSON COUNTY HIGH SCHOOL		

BASIS FOR THE ARC DECISIONS		
<b>I. DESCRIPTION OF EACH EVALUATION PROCEDURE, TEST, RECORD, OR REPORT USED AS BASIS FOR THE ARC DECISIONS.</b> The following items were considered. (See attached explanation of evaluation procedures.):		
<input type="checkbox"/> Written Assessment Report Date:	<input type="checkbox"/> Developmental Assessment	<input type="checkbox"/> Academic Performance Assessment
<input type="checkbox"/> Student Progress in Achieving IEP Goals	<input type="checkbox"/> Behavior Observations	<input type="checkbox"/> Physical Therapy Assessment
<input type="checkbox"/> Intervention Data	<input type="checkbox"/> Communication Assessment	<input type="checkbox"/> Occupational Therapy Assessment
<input type="checkbox"/> Referral	<input type="checkbox"/> Receptive Language Assessment	<input type="checkbox"/> Assistive Technology Evaluation
<input type="checkbox"/> Educational History	<input type="checkbox"/> Expressive Language Assessment	<input type="checkbox"/> Social/Cultural Factors
<input type="checkbox"/> Developmental History	<input type="checkbox"/> Speech Sound Production Assessment	<input type="checkbox"/> Behavior Rating Scales
<input type="checkbox"/> Vision Screening	<input type="checkbox"/> Oral Mechanism Evaluation	<input type="checkbox"/> Adaptive Behavior Scale
<input type="checkbox"/> Hearing Screening	<input type="checkbox"/> Fluency Evaluation	<input type="checkbox"/> Social Competence Assessment (Emotional/Behavioral)
<input type="checkbox"/> Health Screening	<input type="checkbox"/> Voice Evaluation	<input type="checkbox"/> Behavioral Data/Logs
<input type="checkbox"/> Communication Screening	<input type="checkbox"/> Augmentative Comm. Assessment	<input type="checkbox"/> Discipline Referral(s)
<input type="checkbox"/> Cognitive Screening	<input type="checkbox"/> Hearing Evaluation	<input type="checkbox"/> Functional Behavior Assessment (FBA)
<input type="checkbox"/> Academic Performance Screening	<input type="checkbox"/> Vision Evaluation	<input type="checkbox"/> Technical/Vocational Assessment
<input type="checkbox"/> Motor Screening	<input type="checkbox"/> Braille Skills Inventory	<input type="checkbox"/> Individual Family Service Plan (IFSP)
<input type="checkbox"/> Social/Emotional Competence Screening	<input type="checkbox"/> Individual Learning Plan (ILP)	<input type="checkbox"/> Orientation and Mobility Assessment
<input type="checkbox"/> Motor Abilities	<input type="checkbox"/> Functional Vision/Learning Media Assessment	<input checked="" type="checkbox"/> Health/Medical Evaluation or Statement
<input checked="" type="checkbox"/> Multi-Year Course of Study	<input type="checkbox"/> Perceptual Abilities Assessment	<input type="checkbox"/> Cognitive/Intellectual Assessment
Home/Hospital Application	<input checked="" type="checkbox"/> Other Data: (Specify Below if Any)	

<b>II. DOCUMENT PARENT CONCERNS AND INPUT</b> ██████████ waived 7-10 day notice of meeting. ██████████ stated that she does think that school is beneficial for ██████████ but concerned that a full day might be too much. She said that she's never wanted him to be out of school.
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<b>III. OPTIONS/ACTIONS CONSIDERED AND REASONS FOR THE DECISIONS</b>
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<b>E. IEP DEVELOPED/REVIEWED/REVISED</b>
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• (A new IEP must be developed at least annually for continued eligibility).
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**SUMMARY NOTES****Summary Notes**

In Attendance: Amber Ervin, Donna Neal, Chris Upton, Tyler Lee, Kate Kirzinger, Kendra Long, Cindy Willis, Trevor Mason, [REDACTED], and Anthony [REDACTED] and Mr. [REDACTED] invited Yolanda Williams, In Home and Community Behavior Specialist to the meeting. Adam was not present for the meeting.

7-10 day notice of meeting was waived.

Introductions were made and purpose of meeting was stated. A Copy of procedural safeguards were offered and explained to grandmother and father.

ARC met to discuss Home/Hospital paperwork that had been received by the school. Teachers updated parent and guardian on progress and observations.

Ms. Kirzinger, 2nd period English Resource, stated that [REDACTED] participates in her class but doesn't talk. He will speak to her but not to the other students. She stated he appears very anxious, especially with changes in his routines.

Mr. Lee, speech therapist, stated that he sees [REDACTED] in a small speech group. He reports that [REDACTED] is different from years past. He said that he doesn't want to socialize as much and wants to write things down. He stated that he has the ability but doesn't want to speak even when prompted. [REDACTED] reports [REDACTED] doesn't want to talk at home either. She stated that he used to call friends on the phone but hasn't done that recently either.

Mrs. Long, 3rd period resource, has recently returned from medical leave but very excited to see her. She has provided headphones to help with distracting noises. She stated that his writings would talk about didn't want to go in FMD room. He will do the work assigned to him.

Mrs. Willis, 6th period reading, stated that [REDACTED] doesn't talk unless something is bothering him. He works on any assignment given to him. He will take breaks to walk if he becomes upset. Mrs. Long reported that he did have guidelines about if he needed to take a break.

Mr. Mason, cardinal crew and 7th period geometry teacher, reports that [REDACTED] participates with his peers during cardinal crew. He does communicate but it is typically on paper. He stated he encourages him to verbalize his thoughts. He stated that he has expressed anxiety over fire drills.

Ms. Neal, [REDACTED] general education childhood development teacher, reported her observations in his class. She stated that peer tutors help him with the assignments. [REDACTED] had sent an email to her requesting that he be in her class more.

Mr. Upton, 5th period resource reading teacher, said that [REDACTED] is able to read and answer the assignments provided to him. He does read aloud and answer questions. He reported that [REDACTED] will state during that class that he doesn't want to be in there. There are about 5 students in the room at that time.

Mrs. Long asked about what interventions Ms. Williams has been working on. She stated that she has worked with him for approximately one month and it is very centered around school. She reports that he has a lot of avoidance behaviors. Behaviors at home have included self-injurious behavior (i.e., hitting himself in the head when he becomes frustrated), physical



**SUMMARY NOTES**

aggression, non-compliance/defiance, and hygiene issues. School staff have not seen the self-injury behavior and physical aggression. Most staff members have not observed the non-compliance either. She reports that they have been working on verbal responses and delayed responses. They have been working on behavior shaping and modification (reinforcing desired behaviors).

Dad reports that [REDACTED] does not like he used to. He also does not visit him like he used to. Ms. [REDACTED] stated that he just wants to stay home and not go out much. She reports while he is at home, he helps her with cooking. He also is responsible for chores around the house. He has stopped feeding his animals - now has to be reminded. He used to try to find more cats and dogs but has even stopped that. He doesn't want to be told no or have people talking about him. He does not watch television as much as he used to. He will occasionally play games on his phone. She stated that he just isn't as active as he used to be. She stated that the doctor reports that the not speaking is the way [REDACTED] can control things.

Ms. Williams stated that she was concerned with [REDACTED] not attending school. She was concerned that [REDACTED] is already displaying some of these behaviors at home and that if he is pulled out of school, he will miss out on social opportunities at school with peers and staff. [REDACTED] stated that she does think that school is beneficial for [REDACTED] but concerned that a full day might be too much. She said that she's never wanted him to be out of school.

[REDACTED] has been prescribed Zoloft, he does not want to take his medication. Ms. Williams stated that [REDACTED] says it makes him feel weird. [REDACTED] reports that [REDACTED] even flushed his medication. Ms. Williams discussed about working on a behavioral contract in order to get him to take his medication.

ARC discussed a shortened school day. It was reported that seems to be more successful in the mornings than the afternoons. ARC modified IEP to reflect time on IEP to reflect a shortened school day (SpEd - 240 min./day) to begin on 3/27/17.

Other:

Minutes were reviewed. There were no further questions/concerns. Conference summary was signed by present members.

### VII. ADMISSIONS AND RELEASE COMMITTEE MEMBERS

I have been advised, in my native language, and I understand the contents of this notice. I have a copy and have received an explanation of my procedural safeguards as parent of a student with a disability or as a student with a disability. I understand that I can receive an additional copy of my procedural safeguards, a further explanation of my rights, or assistance in understanding the content of this notice by contacting the student's school or the Director of Special Education.

Parent(s)/Student\*: [REDACTED]



Parent participated via alternate means.

Typed/Printed Name(s): [REDACTED]

\*(if age 18 or older or younger if appropriate)



Parents did not attend meeting. A copy of Parent Rights, if necessary, and appropriate Due Process forms were:

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



Mailed



Delivered by school personnel



Sent home with student



Emailed



Sent by fax

Amber Ervin

ARC Chairperson

Signature

Donna Neal

General Education  
Teacher

Signature

Chris Upton

Special Education  
Teacher

Signature

Kendra Long

Special Education  
Teacher

Signature

Cindy Willis

Special Education  
Teacher

Signature

Kate Kirzinger

Special Education  
Teacher

Signature

Trevor Mason

Special Education  
Teacher

Signature

Tyler Lee

Speech Therapist

Signature

Yolanda Williams

In Home & Community  
Behavior Specialist

Signature

MSCC-SEP



### EVALUATION, PROCEDURE, TEST, RECORD, OR REPORT

**Oral Mechanism Evaluation** measures the ability of the oral motor structure and function to support speech.

**Orientation and Mobility Assessment** measures the ability of the student with visual limitations to travel safely and efficiently in familiar and unfamiliar environments.

**Perceptual Abilities Assessment** measures the student's visual-motor integration abilities.

**Rating Scales** measure a student's behavior in a variety of areas such as hyperactivity, inattention, impulsivity, depression and inappropriate behaviors across settings.

**Receptive Language Assessment** measures the ability to process and understand language as well as same age peers of the same community and examines the skills in the area of listening.

**Referral** means information about a student suspected of having a disability that is used by the ARC to help determine the need for an evaluation.

**Screening** means a systematic effort to identify physical and mental health barriers impacting the learning of an individual student.

**Social Competence Assessment (emotional/behavioral)** measures the student's adaptive behaviors in social situations and social skills that enable the student to meet environmental demands and to assume responsibility for his/her own welfare.

**Social/Cultural Factors** include relationships with peers, family, and others; dominant language of the student and the family and any cultural factors; expectations of the parents for the student in the home, school and community environments; services received in the community; economic influences; and the impact of home, school, and community.

**Speech Sound Production** is a disorder of the phonological system and/or its articulatory aspect and is characterized by speech that is difficult to understand or that calls attention to the production of speech. An evaluation includes but is not limited to administration of norm-referenced measure and functional procedures which assess use of speech sounds in conversation.

**Student Progress in Achieving IEP Goals** refers to data collected related to the performance of the student toward mastery of the IEP objectives.

**Technical/Vocational Assessment** may include general work habits; dexterity; following directions; working independently or with job support or accommodation(s); job interests or preferences; abilities (aptitude); other special needs; job-specific work skills; interpersonal relationships and socialization; and related work skills.

**Vision Evaluation** may include vision screening, functional vision evaluation, visual examination, and/or medical examination.

**Voice Evaluation** measures respiration, phonation and resonance regarding vocal quality and the appropriate use of voice throughout the day. This also includes a physical examination of the oral structure and a medical examination conducted by an appropriate medical professional (e.g. otolaryngologist).

**Voice Evaluation** measures respiration, phonation and resonance regarding vocal quality and the appropriate use of voice throughout the day. This also includes a physical examination of the oral structure and a medical examination conducted by an appropriate medical professional (e.g. otolaryngologist).

**Written Assessment Report** includes interpretations of each test or procedure used and gives an analysis of the student's strengths and weaknesses as they relate to his or her educational needs.

Date: 3/20/17

☒ First Notice

☐ Second Notice

☐ Third Notice

Nelson County

NOTICE OF ADMISSIONS AND RELEASE COMMITTEE MEETING

Dear [REDACTED],

I am inviting you to attend a conference to discuss the educational needs of:

04/03/2000

Student's Full Name

Date of Birth

PURPOSE FOR CONFERENCE (Check all which apply):

- ☐ To discuss a referral for an individual evaluation  
☐ To discuss results of an individual evaluation and develop an IEP if eligible  
☒ To develop, review, and/or revise the student's IEP and make placement decisions  
☒ To discuss post-secondary transition needs and/or services  
☐ To determine reevaluation needs  
☐ At your request to discuss: \_\_\_\_\_  
☒ Other: Home/Hospital Application

This conference has been scheduled for:

Date: Thur., March 23, 2017

Time: 3:15 p.m.

Location: NCHS

Address (Optional): \_\_\_\_\_

☒ Parent agreed to meet prior to 7 calendar days from the date of this notice.

Other persons who have been invited to attend this meeting include:

- ☒ Chairperson (or District Representative) ☒ Regular Education Teacher ☒ Special Education Teacher  
☐ Educational Diagnostician ☒ Speech-Language Pathologist ☐ Physical Therapist  
☐ School Psychologist ☐ Occupational Therapist ☒ Student  
☐ Other (Specify): \_\_\_\_\_ ☐ Other (Specify): \_\_\_\_\_

Agencies that have been invited to send a representative to discuss Transition needs and/or services (Required, if appropriate, by the child's 16<sup>th</sup> birthday and thereafter)

- ☐ Vocational Rehabilitation ☐ Other (Specify): \_\_\_\_\_ ☒ Not Appropriate at this time

You are welcome to bring any information, including formal or informal test results, work samples, etc. to the meeting. You may bring someone who has knowledge or special expertise regarding the student or someone to assist you at the meeting if you would like.

If you need us to schedule the conference at a different time, date, or location or if you require an interpreter please:

- call the District Representative listed below at the telephone number provided, or
- complete the bottom of this form and return it to the District Representative.

Sincerely,  
Amber Ervin

502-349-7010

Name of District Representative

Telephone Number

Call or complete and return to the student's school.

Name of Student: [REDACTED]

- ☐ I will be attending this meeting ☐ I will NOT be attending this meeting

☐ I would like this meeting rescheduled – Suggested Date, Time and Location:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

☐ I need to participate through alternate means: ☐ Phone Conference – Phone No.: \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ I need an interpreter to attend the ARC Meeting Type of Interpreter: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Application for Home/Hospital Instruction  
(please type or print neatly)

Parent/Student Information

Section I

To be completed by the parent (s) /guardian (s) prior to full completion by the licensed medical or mental health professional.

School District Nelson Co School Nelson Co High

Grade 10 County of Residence Nelson

Last Date Attended 03-05-17 Special Education Student ☒ Yes ☐ No

Name of Student [REDACTED] Date of Birth 0 [REDACTED]

Address of Student [REDACTED] Zip Code 40004

Sex M Race C Social Security # [REDACTED] Telephone # [REDACTED]

Full Name of Father/Guardian [REDACTED] Work Phone [REDACTED]

Full Name of Mother/Guardian [REDACTED] Work Phone [REDACTED]

List any Special Education Programs in which your son or daughter may be enrolled: \_\_\_\_\_

Directions to Student's Home [REDACTED]  
[REDACTED]

Pursuant to KRS 159.030, Section (2), before granting an exemption under paragraph (d) of subsection (1) of this section, the board of education shall require satisfactory evidence, in the form of a signed statement of a licensed physician, advanced registered nurse practitioner, psychologist, psychiatrist, chiropractor or public health officer, that the condition of the child prevents or renders inadvisable attendance at school or application to study. On the basis of such evidence the board may exempt the child from compulsory attendance. Eligibility for home/hospital instruction for students with disabilities shall be determined by the Admissions and Release Committee (ARC) in accordance with their Individual Education Program (IEP). In lieu of this application, the ARC chairperson shall provide written notice of this eligibility to the local Director of Pupil Personnel (DPP) for purposes of program enrollment.

Any child who is excused from school attendance more than six (6) months must have two (2) signed statements from two different local health personnel which can be a combination of the following professional persons: a licensed physician, advanced registered nurse practitioner, psychologist, psychiatrist, chiropractor and health officer. If a medical professional certifies that a student has a chronic physical condition unlikely to substantially improve within one (1) year, then the one signed statement is sufficient for services that extend beyond six (6) months. This exception does not apply to students with mental health conditions.

Exemptions of all children under the provisions of subsection (1) (d) of this section must be reviewed annually with the evidence required being updated, except that children with disabilities certified by a medical professional to have a chronic physical condition unlikely to substantially improve within three (3) years may continue to be eligible for home/hospital instruction services, based on the admissions and release committee's (ARC) annual review of documentation to determine if updated evidence is required. Updated documentation of evidence of need for home/hospital services for children with chronic physical conditions shall be provided as requested by the ARC, or at least every three (3) years.

Pursuant to 704 KAR 7:120, the condition of pregnancy is not to be considered a physical or health impairment in and of itself, and the nature and extent of any complication shall be delineated prior to consideration of home/hospital instruction for this condition.

RELEASE OF INFORMATION

I understand that the Home/Hospital Review Committee may request a review of the information provided on these forms by local health personnel. I hereby authorize this committee to have access to pertinent information regarding this request.

[REDACTED]  
Parent/Guardian Signature

3-10-2017  
Date

What is the treatment plan for the patient?

- ① V of Anxiety + Patient to learn coping skills
- ② Prepare a return to school next school year in an ARC meeting that is collaborative and student centered.

What is the expected duration of treatment?

Ongoing treatment (Behavioral Support (ABA) and Psychological)

Check here if this student has a chronic physical condition that is unlikely to substantially improve within one year.

What ancillary services are involved in treatment?

Michelle P Waiver Services

List consultants/specialist to whom this student has been referred.

Name

Dr. Ylanda Williams

Specialty

LPCA (Behavior Specialist) Through Heartfelt Solutions

Phone

(502) 807-0162

Will you be following the patient? ☒ Yes ☐ No If not, who will?

Name

N/A

Phone Number

Address

Anticipated date of student's return to school

2017-2018 school year

What are your recommendations to assist this student in his/her return to school?

- ① ↑ Collaboration w outside providers - Allow treatment and support of young man @ school.

Remarks/Comments:

- ② ↑ Collaboration + team oriented approach to education @ ARC meetings

- ③ If ARC guidelines and/or Parental Rights impacted - Referral to legal counsel. (Mr. Ed) Dave

Signature of Licensed Professional

Title

Date

Please Print or Type Name of Professional:

Jason Keller, Psy.D., BCBA-D

Office Address

800 Stone Creek Pkwy  
Ste. 7  
Louisville, Ky 40223

Phone Number

(502) 423-0332

Fax Number

(502) 423-0337

Pursuant to 704 KAR 7:120, the condition of pregnancy is not to be considered a physical or health impairment in and of itself, and the nature and extent of any complication shall be delineated prior to consideration of home/hospital instruction for this condition.



## Individual Education Program (IEP)

Nelson County  
288 Wildcat Ln  
Bardstown, KY 400045277  
(502)349-7000x2330

### Plan Information

Meeting Date: 01/05/2017	Start Date: 03/27/2017	End Date: 12/07/2017	
Special Ed Status: Active		Special Ed Setting: (age 6-21) <40% of the day general ed programs	
Primary Disability: Functional Mental Disability			

### Plan Amendments

Amended Section	Reason for Amendment
Education Plan	Amend to reflect Shortened School Day time
Special Ed Services	Amend to reflect Shortened School Day time

### Student Information

Student Name: [REDACTED]	DOB: [REDACTED]	Student Number: [REDACTED]
Address: 25 [REDACTED]	District of Residence:	
School of Attendance: NELSON COUNTY HIGH SCHOOL	Grade: 10	Gender: M Race (Ethnicity Code): White

### Present Level of Academic Achievement and Functional Performance

**Present Levels of Academic Achievement and Functional Performance, including how the disability affects the student's involvement and progress in the general curriculum:**

(For preschool children include the effect on participation in appropriate activities. Beginning in the child's 8th grade year or when the child has reached the age of 14, a statement of transition needs is included.)

#### Communication Status

- ☐ Performance commensurate with similar age peers

At the present time [REDACTED]'s main area of difficulty is his ability to clearly express himself in which he is clearly understood. [REDACTED] has several articulation errors which limit his ability to be understood at times. Speech Therapy is no longer targeting individual sounds due to lack of carryover and progress. The main focus of therapy will be to increase independence with strategies so that he is understood 100% of the time.

[REDACTED] has difficulty orally expressing his thoughts and ideas. Adults and peers who are unfamiliar with [REDACTED] speech pattern can only understand [REDACTED] on average about 80% of the time. [REDACTED] can at times become frustrated and want to shut down when he is unsuccessful with communication. Education impact is present due to his speech affecting his educational, social-emotional, and vocational progress.

#### Academic Performance

- ☐ Performance commensurate with similar age peers

According to the CORE Vocabulary screening administered in November 2016, [REDACTED] instructional level for vocabulary is on a fourth grade level. [REDACTED] decodes words on a second grade level according to the High Frequency Word Survey and the San Diego Quick Assessment for Reading Ability completed in the fall of 2016. [REDACTED] reads orally with an average of 67 Words Correct Per Minute on a first grade level. [REDACTED] does not always read completely across the words to decode them so he omits several endings (-ed, -ing, -s, etc.). According to the MAZE assessment administered on December 2, 2016, [REDACTED] meets benchmark for comprehension at second grade level. Progress monitoring of IEP objectives indicates that [REDACTED] can answer comprehension questions about written text up to 250 Lexile level (upper first grade) with 90% accuracy on average and write a summary of the text with 80% accuracy on average.

When writing [REDACTED] struggles to put his thoughts in a coherent sentence structure. According to the ATP Written Language Assessment administered in December 2016, [REDACTED] Written Language Quotient (WLQ) is 50 which falls in the 1 percentile when compared to his peers. This score indicates significant discrepancies in [REDACTED]'s writing skills with weaknesses in productivity, complexity, and readability. However, with modeling and scaffolding, [REDACTED] can write a cohesive and coherent paragraph.

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

**Adrian** can calculate one digit addition and subtraction with 80% accuracy without a calculator, although he does still require manipulatives (fingers, touch points, etc.). He knows how to multiply by 2, 5, and 10. He can compute basic division facts with 40% accuracy using manipulatives. **Adrian** can identify the value of individual coins and dollars with 100% accuracy. He can determine money amounts with 70% accuracy. **Adrian** can tell time on an analog clock to the hour with 100% accuracy, to the half-hour with 75% accuracy, and to the quarter hour with 50% accuracy. However, when using a calculator **Adrian** can compute given addition, subtraction, multiplication, or division problems with 95% accuracy.

Impact statement: **Adrian's** reading skills, writing skills, and math computation skills adversely affect his performance in the classroom. His areas of weaknesses negatively impact his ability to learn core content.

**Health, Vision, Hearing, Motor Abilities**

☒ Not an area of concern at this time

**Social and Emotional Status**

☐ Performance commensurate with similar age peers

**Adrian** is currently seeing outside counseling for significant behavioral health issues dealing with significant anxiety. **Adrian** becomes agitated and anxious around peers who are loud and impulsive. Otherwise **Adrian** is extremely friendly. He converses regularly with adults and peers. He wants to be helpful in all situations. He is compliant in following rules and directions.

Impact statement: **Adrian's** anxiety can have an adverse affect on his ability to concentrate on instruction in the classroom.

**General Intelligence**

☐ Performance commensurate with similar age peers

**Adrian's** general intelligence falls in the lower extreme range compared to his peers. He has difficulty with processing, memory recall, sequencing items and patterns. He has trouble with problem solving tasks. He struggles with focus and remaining on task. He needs items paired with pictures and answer choices to be successful.

Impact statement: **Adrian's** general intelligence negatively impacts his ability to comprehend concepts and retain information at the same rate as his peers.

**Functional Vision/Learning Media Assessment**

☒ Not an area of concern at this time

**Functional Hearing, Listening, & Communication Assessment**

☒ Not an area of concern at this time

**Transition Needs**

☐ Not an area of concern at this time (Checking this box is not an option when the student is in the 8th Grade or 14 years or older because transition must be addressed for these students)

Check all areas of need as identified by the Admissions and Release Committee (More than one area may be checked.)

☒ Instruction

☐ Related services

☐ Community Experiences

☒ Employment

☐ Daily Living Skills

☐ Post School Adult Living Objectives

☐ Functional Vocational Evaluation

**Adrian** is a 16 year old high school sophomore who is on track to graduate with an alternate diploma in May of 2019. (See multi-year course of study). According to a student survey, **Adrian** enjoys playing video games, taking care of his cat, and going to the movies. **Adrian** does not socialize much with peers outside of the school setting. According to a student interview, **Adrian** feels his needs to be successful in school are using a calculator, having someone read to him, and help with spelling.

Instruction: **Adrian** continue to need direct instruction in language skills, reading, and writing. His deficits in these



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

areas will directly impact his ability to complete tasks that require language skills across all settings.

Employment: According to the student survey, [REDACTED] would like to fix laptops as a job. He is interested in going to a technical college to receive training on fixing laptops. Also according to teacher interviews, [REDACTED] works hard to complete task, but occasionally becomes anxious when he doesn't understand something and will say he can't do it. [REDACTED]'s limited self-advocacy skills impact his ability to appropriately interact with authority figures or satisfactorily complete tasks. Occasionally, [REDACTED] has a difficult time orally expressing his thoughts which leads to a breakdown in communication with peers and adults. When this occurs, [REDACTED] does not always attempt appropriate communication repair. In order to be a successful employ, [REDACTED] needs to improve his management of difficult tasks, self-advocacy skills, communication repair skills and independent work skills. This will also impact his post-secondary career choices.

Independent living skills: According to student survey and interview, [REDACTED] plans on living with relatives after graduating high school. He wants to get a driver's license to be able to drive to school and work. He thinks he can take care of his personal needs including his laundry. However, [REDACTED] feels he will need help learning how to cook and pay his bills.

**Transition Services Needs**

(Beginning in the child's 8th grade year or when the child has reached the age of 14 and thereafter)

What transition assessments were used to determine the child's preference and interests? (Check all that apply)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Student Interview        | <input checked="" type="checkbox"/> Student Survey |
| <input type="checkbox"/> Student Portfolio                   | <input type="checkbox"/> Vocational Assessments    |
| <input type="checkbox"/> Interest Inventory                  | <input type="checkbox"/> Parent Interview          |
| <input type="checkbox"/> Career Awareness                    | <input type="checkbox"/> Career Aptitude           |
| <input checked="" type="checkbox"/> Individual Learning Plan | <input type="checkbox"/> Other:                    |

**Needs Related to The Course of Study - See Present Levels of Performance**

- ☒ The Multi Year Course of Study is included with this IEP.
- ☐ The Multi Year Course of Study has been uploaded and attached.

Do transition service needs focus on the child's course of study and are they addressed in the Present Levels?

- ☐ No ☒ Yes

**Postsecondary Goal(s)**

(By age 16, or younger if appropriate, and thereafter)

**Postsecondary Goal(s) Related to Education/Training & Employment**

Upon completion of high school, [REDACTED]'s goal is to receive training in repairing laptops and computer to be able to seek employment in a computer repair store.

Transition Service	Agency Responsible
Provide opportunity to attend transition fair or career fair at school and/or in the community; Instruction and practice of communication skills; Instruction and practice of social skills; Observe job site and develop a task analysis for job activities; Provide opportunities to visit possible employment sites	Nelson County High School Office of Employment and Training

**Postsecondary Goal(s) Related to Independent Living**

Upon completion of high school, [REDACTED]'s goal is to take care of his own personal needs to the maximum extent possible in his daily living activities.

Transition Service	Agency Responsible
Enrollment in courses in foods, family life, child development, and life management Instruction in how to manage money and pay bills	Nelson County High School

Student Name: [REDACTED]

DOB: [REDACTED]

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Date of ARC: 01/05/2017

**Course of Study**

Proposed courses of study to assist the student in reaching the measurable postsecondary goals.

Grade: 9	Grade: 10	Grade: 11	Grade: 12
Reading	Reading	Reading	Reading
Writing	English	English	English
Math	Math	Math	Math
Animal Science	P.E.	Science	Social Studies
Vocational Skills	Elective	Elective	Elective
	Functional/Vocational Skills	Functional/Vocational Skills	Community Work Experience
			Functional/Vocational Skills
Grade: 14			
Functional/Vocational Skills			
Community Work Experience			

**Transfer of Rights at Age of Majority**

If applicable, one year before the student reaches age 18 the student and parent have been informed of the student's rights under Part B of the Individuals with Disabilities Education Act, if any, that will transfer on reaching the age of majority.

Date student was first informed of the transfer of rights: 12/17/2015

**Consideration of Special Factors for IEP Development**

(The ARC MUST address each question below and consider these issues in the review and revision of the IEP.)

Does the child's behavior impede his/her learning or that of others?

☒ Yes    ☐ No

If Yes, consider, if appropriate, strategies, including positive behavioral intervention strategies and supports to address that behavior.

[REDACTED] will be taught strategies to help relieve his anxiety in certain situations.

Does the child have limited English proficiency?

☐ Yes    ☒ No

If Yes, what is the relationship of language needs to the IEP?

Is the child blind or visually impaired?

☐ Yes    ☒ No

If Yes, the IEP Team must consider:

• Is instruction in Braille needed? ☐ Yes    ☐ No• Is use of Braille needed? ☐ Yes    ☐ No• Will Braille be the student's primary mode of communication? ☐ Yes    ☐ No

(See evaluation data for supporting evidence.)



### Consideration of Special Factors for IEP Development

(The ARC MUST address each question below and consider these issues in the review and revision of the IEP.)

For Math & Science, student will need: (Please check one)

- ☐ Unified English Braille (UEB) only  
☐ Unified English Braille (UEB) w/Nemeth Code

Does the child have communication needs? ☒ Yes ☐ No If Yes, specify below:

- ☒ See Present Levels for Communication Status  
☐ Other (Specify):

Is the child deaf or hard of hearing? ☐ Yes ☒ No If Yes, the IEP Team must consider:

- The child's language and communication needs; Describe:  
☐ See Present Levels for Communication Status and Functional Hearing, Listening and Communication Assessment.  
☐ Other (Specify):
- Opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level and full range of needs; Describe:
- Any necessary opportunities for direct instruction in the child's language and communication mode. Describe:

Are assistive technology devices and services necessary in order to implement the child's IEP?

- ☒ Yes ☐ No

If Yes, include appropriate devices in the 'Statement of Devices/Services' below.

Calculator; text to speech; word processing

**Statement of Devices/Services:** If the ARC answers Yes to any of the questions above, include a statement of services and or devices to be provided to address the above special factors.

- ☒ See Specially Designed Instruction  
☒ See Supplemental Aids and Services  
☐ See Behavior Intervention Plan  
☐ Other (Specify):

### Measurable Annual Goals and Benchmarks

**Annual Measurable Goal (# 1):**

When presented with occurrences that cause anxiety, [REDACTED] will ask for adult assistance in using coping strategies to remedy the situation appropriately 90% of the time as measured by progress monitoring.

**Method(s) of Measurement:**

Direct Measures

**Specially Designed Instruction:**

direct instruction in stress releasing strategies; Corrective feedback with re-teaching; modeling

**Measurable Annual Goals and Benchmarks****For the IEP to be in effect by the child's 16th birthday and thereafter:**

This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of:

☒ Education/training      ☒ Employment      ☐ Independent living

**Benchmarks/Short-Term Instructional Objectives**

1. When presented with occurrences that cause anxiety, [REDACTED] will ask for adult assistance in using coping strategies to remedy the situation appropriately 70% of the time as measured by progress monitoring.
2. When presented with occurrences that cause anxiety, [REDACTED] will ask for adult assistance in using coping strategies to remedy the situation appropriately 80% of the time as measured by progress monitoring.

**Annual Measurable Goal (# 2):**

When presented with a text on 375-525 Lexile level, [REDACTED] will orally read the passage and independently answer comprehension questions about the passage with 80% accuracy on 4 out of 5 probes.

**Method(s) of Measurement:**

Authentic Assessment, Direct Measures

**Specially Designed Instruction:**

Auditory strategies including language structure at the word, sentence, and text level; decoding strategies such as identifying word families, chunking, point & slide, looking for known words inside words; Direct Instruction in: monitoring for meaning, determining importance, creating mental images, synthesizing, relating new to known, questioning, inferring; Modeling through Think aloud strategy

**For the IEP to be in effect by the child's 16th birthday and thereafter:**

This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of:

☒ Education/training      ☒ Employment      ☒ Independent living

**Benchmarks/Short-Term Instructional Objectives**

1. When presented with a text on 250-350 Lexile level, [REDACTED] will orally read the passage and answer comprehension questions with assistance about the passage with 100% accuracy on 5 out of 5 probes.
2. When presented with a text on 250-350 Lexile level, [REDACTED] will orally read the passage and independently answer comprehension questions about the passage with 80% accuracy on 4 out of 5 probes.
3. When presented with a text on 375-525 Lexile level, [REDACTED] will orally read the passage and answer comprehension questions with assistance about the passage with 100% accuracy on 5 out of 5 probes.

**Annual Measurable Goal (# 3):**

Given a topic or writing prompt, [REDACTED] will independently write a coherent and cohesive paragraph including a topic sentence, 3 detail sentences and a concluding sentence about the topic with 80% accuracy on 4 out of 5 opportunities as measured by writing samples.

**Method(s) of Measurement:**

Authentic Assessment

**Specially Designed Instruction:**

Direct instruction in idea development, structural patterns, sequencing, organization, standards of correctness, awareness of audience and purpose; Explicit structured approach to sentence writing

**For the IEP to be in effect by the child's 16th birthday and thereafter:**

This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of:

☒ Education/training      ☐ Employment      ☐ Independent living



**Measurable Annual Goals and Benchmarks****Benchmarks/Short-Term Instructional Objectives**

1. When given 5 topic sentences that are out of order, [REDACTED] will rearrange the words to create topic sentences with coherent sentence structure with 80% accuracy on 4 out of 5 trials as measured by work samples.
2. When presented with a topic sentence, [REDACTED] will write with assistance 3 coherent and cohesive detail sentences about the topic with 100% mastery on 5 out of 5 trials as measured by progress monitoring.
3. When presented with a topic sentence, [REDACTED] will independently write 3 coherent and cohesive detail sentences about the topic with 80% mastery on 4 out of 5 trials as measured by progress monitoring.
4. When presented with 5 paragraphs missing the concluding sentences, [REDACTED] will read each paragraph and independently write an appropriate concluding sentence for each paragraph for 3 out of 5 paragraphs as measured by progress monitoring.
5. When presented with 5 paragraphs missing the concluding sentences, [REDACTED] will read each paragraph and independently write an appropriate concluding sentence for each paragraph for 4 out of 5 paragraphs as measured by progress monitoring.

**Annual Measurable Goal (# 4):**

When given 10 real-world math problems and a calculator, [REDACTED] will independently solve and answer the problems with 90% accuracy for 4 out of 5 trials as measured by work samples and progress data collection.

**Method(s) of Measurement:**

Direct Measures

**Specially Designed Instruction:**

Direct instruction in computation and reasoning strategies; word problem strategies; direct instruction in use of a calculator; direct instruction of specialized vocabulary and mathematical symbols; Most to least prompts

**For the IEP to be in effect by the child's 16th birthday and thereafter:**

This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of:

☒ Education/training      ☒ Employment      ☒ Independent living

**Benchmarks/Short-Term Instructional Objectives**

1. When presented with 5 simple equations containing one variable, [REDACTED] will use a calculator and an equation solving process to determine the value of the variables with 60% accuracy on 4 out of 5 opportunities as measured by work samples.
2. When presented with 5 simple equations containing one variable, [REDACTED] will use a calculator and an equation solving process to determine the value of the variables with 80% accuracy on 4 out of 5 opportunities as measured by work samples.
3. When given 10 real-world math problems and a calculator, [REDACTED] will independently solve and answer the problems with 80% accuracy for 4 out of 5 trials as measured by work samples and progress data collection.

**Annual Measurable Goal (# 5):**

When given the opportunity to communicate, [REDACTED] will be completely independent with using intelligibility strategies, so that communication partners understand his speech 100% of the time during conversations over three consecutive sessions as measured by progress data.

**Method(s) of Measurement:**

Direct Measures, Indirect Measures

**Specially Designed Instruction:**

Instruction in the use of strategies such as over-articulation, effective Oral motor movements, use of technology to assist speech, and increased awareness of his speech and ability to be understood.

**For the IEP to be in effect by the child's 16th birthday and thereafter:**

This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of:

☒ Education/training      ☐ Employment      ☐ Independent living

### Measurable Annual Goals and Benchmarks

#### Benchmarks/Short-Term Instructional Objectives

1. When given the opportunity to communicate [REDACTED] will be completely independent with using intelligibility strategies, so that communication partners understand his speech 80% of the time during conversations over three consecutive sessions as measured by progress data.
2. When given the opportunity to communicate [REDACTED] will be completely independent with using intelligibility strategies, so that communication partners understand his speech 90% of the time during conversations over three consecutive sessions as measured by progress data.

### Reporting Progress

- ☒ Concurrent with the issuance of Report Cards  
☐ Other, specify

### Supplementary Aids and Services

Statement of Supplementary Aids and Services, to be provided to the child or on behalf of the child.

Extended time; Graphic organizers; Highlighted material; Manipulatives (i.e., letter tiles, flash cards, etc.); Calculator (large display, talking, graphing, audible graphing calculator software); Repetitive practice; Reader; Paraphrasing; Visual prompts; Scribe (specify how and when a scribe will be used); visual cues; seated away from extraneous noise; seated in close proximity to the presenter

[REDACTED] will participate in Non-Traditional School (BEST) days. On these days, he will work on activities related his IEP goals. Each activity will have the appropriate modifications and accommodations made for him to be successful.

### Accommodations for Administration of State Assessments and Assessments in the Classroom

- ☐ ARC determined no accommodations needed.

In order to justify appropriateness of accommodations for any state mandated tests, the testing accommodations must be used consistently as part of routine instruction and classroom assessment as well as meet all additional requirements established by the *Inclusion of Special Populations in the State-Required Assessment and Accountability Programs, 703 KAR 5:070* document.

**NOTE:** The Kentucky Administrative Regulations regarding accommodations on state testing dictate whether a student may use a particular accommodation during the administration of state tests. Any IEP test accommodation that the regulations determine will invalidate a particular test or type of test shall not be utilized in administration of such tests to the student.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Readers                                 | <input checked="" type="checkbox"/> Scribes  |
| <input checked="" type="checkbox"/> Paraphrasing                            | <input checked="" type="checkbox"/> Calculator   |
| <input type="checkbox"/> Reinforcement and behavior modification strategies | <input checked="" type="checkbox"/> Use of Technology                                    |
| <input checked="" type="checkbox"/> Manipulatives                           | <input type="checkbox"/> Braille   |
| <input type="checkbox"/> Interpreters                                       | <input checked="" type="checkbox"/> Extended time  |
| <input type="checkbox"/> Other, specify:                                    | <input checked="" type="checkbox"/> Time and a Half <input type="checkbox"/> Double Time |

### Alternate Assessment Participation Guidelines

- ☒ Student has been determined eligible for participation in the Alternate Assessment Program. Complete the Alternate Assessment Participation Guidelines if selecting this checkbox. If determined eligible for the Alternate Assessment the ARC must also determine if the student is Dimension A or Dimension B.

- ☒ Dimension A  
☐ Dimension B

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> Reader (Scripted Assessment)                    | <input checked="" type="checkbox"/> Scribe               | <input checked="" type="checkbox"/> Paraphrasing | <input checked="" type="checkbox"/> Manipulatives |
| <input type="checkbox"/> Reinforcement and Behavior Modification Strategies         | <input checked="" type="checkbox"/> Assistive Technology | <input checked="" type="checkbox"/> Calculator   | <input type="checkbox"/> Interpreter              |
| <input checked="" type="checkbox"/> Other (Specify): Visual/verbal prompts and cues |  |  |   |

The Admissions and Release Committee has determined and verified that the student meets all of the following criteria:



## Alternate Assessment Participation Guidelines

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	1.	Student's Individual Program is current.
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	2.	Has the student's current level of communication been determined through observations and evaluations?
Performance Dimension A:	<input checked="" type="checkbox"/>	Student uses verbal or written words, signs, Braille, or language-based augmentative systems to request, initiate and respond to questions, describe things or events, and express refusal.
Attainment	<input type="checkbox"/>	Student uses intentional communication, but not at a symbolic language level: Student uses understandable communication through such modes as gestures, pictures, objects/textures, points, etc. to clearly express a variety of intentions.
Performance Dimension B:	<input type="checkbox"/>	Student communicates primarily through cries, facial expressions, change in muscle tone but no clear use of objects/textures, regularized gestures, pictures, signs, etc. to communicate.
Progress	<input type="checkbox"/>	Student alerts to sensory input from another person (auditory, visual, touch, movement) BUT requires actual physical assistance to follow simple directions. Or the student's response to sensory stimuli (e.g. sound/voice, sight/gesture, touch, movement, smell) is unclear.
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	3.	Current and longitudinal data across settings in all academic areas include progress in monitoring (IEP data and progress in general education curriculum) AND adaptive behavior(s) have been reviewed and documents the ARC decision.

Indicate data sources and dates below

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Current Data	School Year: 2016-2017
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Longitudinal Data (across time and settings)	School Year(s): 2008-2015

LOCATION OF DOCUMENTATION TO SUPPORT ADMISSIONS AND RELEASE COMMITTEE DECISION (Check all that apply)

<input checked="" type="checkbox"/> Individual Education Program	<input type="checkbox"/> Due Process Folder	<input checked="" type="checkbox"/> Classroom Observation	<input checked="" type="checkbox"/> Diagnostic Assessment
<input checked="" type="checkbox"/> Informal Assessment	<input type="checkbox"/> Evidence of Interventions (academic and behavioral)	<input checked="" type="checkbox"/> Student Work Folder (general core curriculum)	
<input type="checkbox"/> Other (Specify):			

Comments (Optional):

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Demonstrates cognitive ability and adaptive behavior which prevent completion of the Kentucky Core Academic Standards without modifications that exceed the accommodations allowed in the general assessments as described in the <u>Inclusions Document</u> and set forth in 703 KAR 5:070.
--	--

LOCATION OF DOCUMENTATION TO SUPPORT ADMISSIONS AND RELEASE COMMITTEE DECISION (Check all that apply)

<input checked="" type="checkbox"/> Individual Education Program	<input type="checkbox"/> Due Process Folder	<input type="checkbox"/> Classroom Observation	<input checked="" type="checkbox"/> Diagnostic Assessment
<input type="checkbox"/> Informal Assessment	<input type="checkbox"/> Evidence of Interventions (academic and behavioral)	<input checked="" type="checkbox"/> Student Work Folder (general core curriculum)	
<input type="checkbox"/> Other (Specify):			

Comments (Optional):

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	The student's inability to complete the Kentucky Core Academic Standards is not the result of excessive or extended absences, or primarily the result of visual or auditory disabilities, emotional, behavioral disabilities, specific learning disabilities, communication disorder, or social, cultural, and economic differences and those identified as English Language Learners (ELL).
--	--

LOCATION OF DOCUMENTATION TO SUPPORT ADMISSIONS AND RELEASE COMMITTEE DECISION (Check all that apply)

<input checked="" type="checkbox"/> Individual Education Program	<input checked="" type="checkbox"/> Due Process Folder	<input checked="" type="checkbox"/> Classroom Observation	<input checked="" type="checkbox"/> Diagnostic Assessment
<input type="checkbox"/> Informal Assessment	<input type="checkbox"/> Evidence of Interventions (academic and behavioral)	<input type="checkbox"/> Student Work Folder (general core curriculum)	
<input type="checkbox"/> Other (Specify):			

Comments (Optional):

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Current adaptive behavior requires extensive, individualized direct instruction across multiple settings, utilizing intensive accommodations, modifications and assistive technology to access the Kentucky Core Academic Standards.
--	--

LOCATION OF DOCUMENTATION TO SUPPORT ADMISSIONS AND RELEASE COMMITTEE DECISION (Check all that apply)

<input checked="" type="checkbox"/> Individual Education Program	<input type="checkbox"/> Due Process Folder	<input type="checkbox"/> Classroom Observation	<input checked="" type="checkbox"/> Diagnostic Assessment
--	---	--	---

**Alternate Assessment Participation Guidelines**

☒ Informal Assessment ☐ Evidence of Interventions (academic and behavioral) ☒ Student Work Folder (general core curriculum)

☐ Other (Specify):

Comments (Optional):

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	At this time the Admissions and Release Committee members agree that the student meets the participation guidelines for Kentucky's Alternate Assessment. All data sources referenced can be verified with supporting documentation. Eligibility is determined on an annual basis and <u>must</u> occur in order to determine future participation in Alternate Assessment.
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Should the Admissions and Release Committee determine the student continues to meet Alternate Assessment Participation Guidelines during high school, the student will be considered to be on a non-diploma track. This means the student would not be able to earn a high school diploma and would therefore receive an <u>Alternative High School Diploma</u> as stated in 704 KAR 3:305. An <u>Alternative High School Diploma</u> is <u>not</u> a traditional high school diploma.
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	The Admissions and Release Committee has explained the difference between an <u>Alternative High School Diploma</u> and a <u>High School Diploma</u> .
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	The parent was provided a copy of the <u>Alternate Assessment Parent Guide</u> with an opportunity to ask questions. If yes, indicate below when the guide was provided to the parents.
	<input type="checkbox"/> Prior to ARC <input checked="" type="checkbox"/> During the ARC <input type="checkbox"/> Other:
	Date Guide Provided to Parents: 12/08/2016
<input type="checkbox"/> Y <input type="checkbox"/> N	Prior to being considered for placement into Performance Dimension B: Progress, an Admissions and Release Committee must convene to develop a communication plan as part of the student's Individual Education Program. Documentation of this decision is required on the IEP.

Comments (Optional):

**ADDITIONAL COMMENTS HERE:**

**Program Modifications/Supports for school personnel that will be provided**

Supports for school personnel:

Staff will be informed of what speech strategies [REDACTED] is working on and shown how to reinforce them. Staff will be informed of strategies [REDACTED] uses to calm his anxieties.

☐ Not needed at this time

**Least Restrictive Environment (LRE) and General Education**

Explain the extent, if any, to which the student will **not** participate in general education (content area):

[REDACTED]'s least restrictive environment was determined to include home/hospital services (45 min/day) through the end of the fall semester (12/16/16) and resource (360 min/day) beginning in January. Speech will continue in the home setting through December and in the school wide setting beginning in January (30 min., 4x/week). He will also have special transportation (30 min., 2x/day).

**Special Education Services**

Type of Service	Anticipated Frequency and Duration of Service					Service Provider (by Position)	Location (e.g., Regular Classroom, Resource Room, Separate Class)
	Service Minutes (Per Service Frequency)	Service Frequency (Number of times provided per Service Period)	Service Period (Daily, Weekly, Monthly, Annually)	Start Date	End Date		
Special Education	240.0 minutes	1.0 times per	day	03/27/2017	12/07/2017	Special Education Teacher	Resource



Student Name: [REDACTED]  
DOB: [REDACTED]

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Date of ARC: 01/05/2017

### Related Services

Type of Service	Anticipated Frequency and Duration of Service					Service Provider (by Position)	Location (e.g., Regular Classroom, Resource Room, Separate Class)
	Service Minutes (Per Service Frequency)	Service Frequency (Number of times provided per Service Period)	Service Period (Daily, Weekly, Monthly, Annually)	Start Date	End Date		
Speech/ Language Therapy	30.0 minutes	4.0 times per	month	03/27/2017	12/16/2016	Speech	Home/Hospital
Speech/ Language Therapy	30.0 minutes	4.0 times per	month	03/27/2017	12/07/2017	Speech	School wide

### Extended School Year

Are extended school year services required for this student?

☐ Yes ☒ No ☐ More data needed

If the ARC determines ESY services are to be provided, describe the service and indicate to which annual goal or goals the service is related. If the ARC determines no ESY services are to be provided, please document the reason(s) for this decision.

Data shows that [REDACTED] adequately recoups skills after extended breaks.