

Individualized Education Program Forms

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Translations of the Individualized Education Program forms are available here:

<https://www.fcps.edu/academics/academic-overview/special-education-instruction/forms-related-special-education>

Individualized Education Program

IEP Meeting Agenda for Parents

The Individualized Education Program (IEP) is a written plan that describes the special education and related services specifically designed to meet the unique needs of a student with a disability. A team composed of school staff members and the parent of the student develop the IEP. The team works together to identify the student's needs, what special education services, classroom accommodations, state assessment participation, and placement will be provided to meet those needs. Parents receive a copy of this IEP Meeting Agenda for Parents document as well as a document called Your Family's Special Education Rights prior to the IEP meeting when invited to the IEP meeting.

The agenda items listed below will be discussed at your student's initial or annual review IEP meeting.

1. INTRODUCE IEP TEAM MEMBERS

At the beginning of the meeting, team members are introduced. Along with each member's name, the person's position or relationship to the student should be explained. As the parent or guardian of the student, you are a member of the IEP team. The student who is in eighth grade or 14 years of age or older is invited to attend and be a member of the IEP team. Each team member should sign the front page of the IEP to indicate that they are present at the IEP meeting.

2. EXPLAIN THE PURPOSE OF THE IEP TEAM MEETING

There are several reasons that an IEP team meeting might be scheduled. For instance, the IEP team must develop an initial IEP, meet and revise an IEP at least once a year, or at any time the parent or school staff thinks a change to the student's IEP might be appropriate.

3. DISCUSS THE STUDENT'S CURRENT EDUCATIONAL PERFORMANCE AND CONSIDER SPECIAL FACTORS

A. The team will discuss and consider the following factors that may be affecting the student's education:

- The student's strengths
- Parent input about the student's educational needs and learning style
- The results of the student's initial or most recent evaluations
- The academic, developmental, and functional needs of the student

B. The IEP team will also consider the following special factors. If these factors are relevant, the IEP team will determine and document which services, supports, or strategies are appropriate for the student.

- The student's behavior impedes his/her learning or that of others.
 - If the student's behavior is impeding his/her progress or that of others, specific goals, a functional behavior assessment (FBA) and behavior intervention plan (BIP) may be necessary.
 - An FBA focuses on identification of the function of the behavior(s) that are impeding the student's progress or the progress of others, and the BIP is the plan of action to respond to and teach replacement behavior.
- The student has language needs, due to limited English proficiency.
- The student requires accessible, alternative format versions of printed text and printed core instructional materials (Braille, audio text, electronic text, and/or large print) due to a documented visual, physical, or print disability.
- The student has communication and/or language needs.
- The student requires short-term objectives (required for students participating on adapted curriculum).
- Due to the student being deaf or hard of hearing, the student requires opportunities for direct communication with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode.
- The student requires assistive technology support or services.

4. DETERMINE AREAS OF NEED AND DEVELOP THE PRESENT LEVEL OF EDUCATIONAL PERFORMANCE

After information about the student has been discussed, the IEP team will determine the academic, developmental, and functional needs of the student. For each area of need, on page IEP 306, the IEP team will write a statement about how the student is currently functioning and indicate how this area of need affects the student's participation and progress in the general education curriculum. If the student is a preschool-aged child, the IEP team will indicate how the student's disability affects his/her participation in age appropriate activities.

5. DETERMINE GOALS, OBJECTIVES, ACCOMMODATIONS

The IEP team will develop measurable goals, and objectives if necessary, designed to meet the student's needs, to enable the student to be involved in and progress in the general education curriculum, or for preschool children, as appropriate, to participate in age-appropriate activities. If the student is 14 years of age or in eighth grade, the IEP team, including the student, must create a transition plan for the student, to include goals, objectives, and services.

Individualized Education Program

IEP Meeting Agenda for Parents

After determining the goals and objectives for the current IEP, the IEP team will decide how progress toward the goals will be measured. Parents will receive an *IEP Progress Report* related to each goal quarterly, at the same time report cards are distributed to all students.

6. DISCUSS THE STATE ASSESSMENT PROGRAM AND DIPLOMA OPTIONS

The team will discuss the state assessment options and the parent will be given a written document that explains the diploma options and graduation requirements for students with disabilities.

7. DETERMINE PARTICIPATION IN STATE AND FCPS ASSESSMENT PROGRAMS

The state assessment program consists of the Standards of Learning (SOL) assessments and alternative assessments. The IEP team will decide which assessments the student will participate in and what accommodations the student will require, as a result of his/her disability, in order to participate in the assessments.

There are several district wide assessments that are given to students at certain grade levels in Fairfax County Public Schools (FCPS). If the student is in a grade for which there is a district wide assessment, the IEP team will decide whether the student will participate and, if so, whether the student requires accommodations for the assessment.

8. CONSIDER THE LEAST RESTRICTIVE ENVIRONMENT (LRE)

The IEP team must consider the factors below when determining the LRE for each student:

- To the maximum extent appropriate, the student is educated with children without disabilities.
- Special classes, separate schooling, or other removal of the student from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.
- The student's placement should be as close as possible to the child's home and unless the IEP of the student with a disability requires some other arrangement, the student is educated in the school that he or she would attend if he or she did not have a disability.
- In selecting the LRE, consideration is given to any potential harmful effect on the student or on the quality of services that he/she needs.
- The student with a disability shall be served in a program with age-appropriate peers, unless it can be shown that for a particular student with a disability, the alternative placement is appropriate as documented by the IEP.

9. DETERMINE SPECIAL EDUCATION AND RELATED SERVICES AND PLACEMENT

The IEP team will determine which special education services are required to meet the student's areas of need. After consideration of the above factors in #8, the IEP team will discuss and document the services the student will receive that would be appropriate to meet his or her needs.

The IEP team will discuss the continuum of placement alternatives and indicate all that were considered along with the one selected and proposed.

The IEP team will determine whether the student requires special transportation and any accommodations he or she needs.

In addition, the parent will receive a copy of the *Extended School Year* (ESY) information sheet and an explanation of whether this program is appropriate for the student, or if the IEP team needs to convene at a later date to make this determination.

10. PARENT CONSENT

Parental consent is required prior to the initial provision of special education and related services, and for any revisions to the student's IEP. The parent is to indicate whether he/she agrees with the contents of the IEP by signing the *Prior Notice and Consent* page. The parent will be provided with a *Prior Written Notice*, within a reasonable time, when FCPS proposes or refuses to initiate or change the identification, evaluation, or educational placement or the provision of a free appropriate public education for the child.

DATE: _____

RE: _____

SCHOOL: _____

ID NO.: _____

Dear _____,

The Individuals With Disabilities Education Act (IDEA), as amended, and the regulations governing special education programs in Virginia specify that an individualized education program (IEP) must be written for every student who receives special education services. The IEP is a written statement of the special education and related services your child will receive during the year. The law specifies that the IEP be developed by a team including the parent and appropriate school personnel.

This is to confirm that your child's IEP meeting is scheduled on (date) _____ at (time) _____, at (location) _____.

The purpose of this meeting is to develop:

☐ an initial IEP ☐ an IEP addendum ☐ an annual IEP ☐ other _____

School staff who will be present at this meeting include:

☐ principal or designee ☐ special education teacher ☐ general education teacher ☐ _____
☐ _____ ☐ _____ ☐ _____

A member of the IEP team may be absent from an IEP meeting, in whole or in part, if you give your consent. All members indicated above, if appropriate, have provided input into the development of the draft IEP, which can be made available to you upon request.

Other individuals who have knowledge or special expertise regarding your child may participate in the meeting at the discretion of you or the school. The determination of the knowledge or special expertise shall be made by the party who invited the individual.

If your preschool aged child has an existing individualized family service plan (IFSP), the coordinator or a representative of the Part C system may be invited, at your request, to participate in the initial IEP meeting to assist with smooth transition of services.

If your child is 14 years of age or older (or younger if determined appropriate by the IEP team), an additional purpose of the meeting is to consider a transition plan. Your child is invited and expected to participate. If appropriate, a representative(s) of an agency or agencies will be invited, with your permission.

Any questions you may have concerning your child's program will be discussed at the IEP meeting. If this is an initial or annual IEP meeting, copies of *Your Family's Special Education Rights (Virginia Procedural Safeguards Notice)*, *IEP Meeting Agenda for Parents*, and a *Parent Information for IEP* form are enclosed for your information. If you have questions or desire assistance in understanding the provisions of these procedural safeguards, please contact Due Process and Eligibility at 571-423-4470. Additional copies of these documents are available at the school or on-line at <https://www.fcps.edu/academics/special-education/forms>.

If you would like to provide information prior to the meeting, or if I may be of further assistance to you, please contact me at _____.

Sincerely,

Enclosures

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.

Parent Consent for Non-Attendance of IEP Team Members

Student Name: _____ ID#: _____ Date of Meeting: _____

The following IEP team members have indicated that they are not able to attend the IEP meeting. Attached is written input provided for your review.

IEP Team Member (position) _____

IEP Team Member (position) _____

IEP Team Member (position) _____

Parent signature indicates agreement with the following statement:

I have been informed and agree that the IEP team member(s) indicated above be excused from the IEP meeting, and I have received written input.

Parent Signature

Date

CONSENT TO EXCHANGE CONFIDENTIAL STUDENT INFORMATION

The purpose of this form is for parents, guardians, or emancipated students to authorize Fairfax County Public Schools (FCPS) staff to exchange (written, verbal, or both) confidential information with individuals or agencies designated on this form. To provide consent for exchange of educational records, please see form SS/SE-79.

Student	ID Number	DOB	Date	
Parent/Legal Guardian Name	Parent/Legal Guardian Name	School	Grade	

CHECK ONE:

- ☐ I am the parent/guardian of the above named student, a non-emancipated student under the age of 18. I hereby consent to the exchange of confidential student information* relating to this student between FCPS and the individuals or agencies named below.
- ☐ I am the parent/guardian of the above named student, for whom I have educational decision making rights. I hereby consent to the exchange of confidential student information* relating to this student between FCPS and the individuals or agencies named below.
- ☐ I am an emancipated student under the age of 18. I hereby consent to the exchange of confidential student information* between FCPS and the individuals or agencies named below.
- ☐ I am a student over the age of 18. I hereby consent to the exchange of confidential information* between FCPS and the individuals or agencies named below.

* **CHECK ALL THAT APPLY:** ☐ Written ☐ Verbal

Name of Agency/Individual	Contact Information	Relationship to Student
Name of Agency/Individual	Contact Information	Relationship to Student
Name of Agency/Individual	Contact Information	Relationship to Student
Name of Agency/Individual	Contact Information	Relationship to Student

PURPOSE OF EXCHANGE: If consent is being given to exchange this information for a particular purpose, please describe

TIME LIMIT: If consent is being given to exchange this information during a particular period of time, please write the beginning date and ending date of consent.

Beginning Date

Ending Date

CONSENT:

I GIVE CONSENT

Parent/Guardian Signature

Date

**CONFIDENTIAL**

Fairfax County Public Schools
Individualized Education Program

DRAFT UNTIL IEP
IS SIGNED

IEP Meeting Agenda

To be used at initial or annual IEP meetings

Student Name: _____ ID #: _____ Date of Meeting: _____

Check each item after discussed:

1. ☐ Introduce IEP team members
2. ☐ Explain the purpose of the IEP team meeting
3. ☐ Discuss the student's current educational performance and consider special factors
 - A. ☐ The team will discuss and consider the following factors that may be affecting the student's education:
 - ☐ The student's strengths
 - ☐ Parent input about the student's educational needs and learning style
 - ☐ The results of the student's initial or most recent evaluations
 - ☐ The academic, developmental, and functional needs of the student
 - B. ☐ The IEP team will also consider the following factors. If these factors are relevant, the IEP team will determine and document which services, supports, or strategies are appropriate for the student.
 - ☐ The student's behavior impedes his/her learning or that of others.
 - ☐ The student has language needs, due to limited English proficiency.
 - ☐ The student requires accessible, alternative format versions of printed text book and printed core instructional materials (Braille, audio text, electronic text, and/or large print) due to a documented visual, physical, or print disability.
 - ☐ The student has communication and/or language needs.
 - ☐ The student requires short-term objectives (required for students participating on adapted curriculum).
 - ☐ Due to the student being deaf or hard of hearing, the student requires opportunities for direct communication with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode.
 - ☐ The student requires assistive technology support.
4. ☐ Determine areas of need and develop the present level of educational performance
5. ☐ Determine goals, objectives, accommodations
6. ☐ Discuss the state assessment program and diploma options
7. ☐ Determine participation in state and FCPS assessment programs
8. ☐ Consider the least restrictive environment (LRE)
9. ☐ Determine special education and related services and placement
10. ☐ Parent consent

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Fairfax County Public Schools
Individualized Education Program
IEP Cover Page

DRAFT UNTIL IEP
IS SIGNED

Student Name:		ID Number:	Date of IEP Meeting:	
Base School:		Current Attending School:		
Grade:	Date of Birth:	Family Home Language:		ELP Level:
Parent/Guardian:		Home Phone:		Work Phone:
		E-Mail:		E-Mail:
Parent/Guardian:		Home Phone:		Work Phone:
		E-Mail:		E-Mail:
Student Address:				
Number and Street		Apartment Number	City and State	Zip Code

Most Recent Eligibility Date:		3-Year Reevaluation Date:	
Area(s) of Eligibility:			
Date of this IEP Meeting:		Date this IEP will be Reviewed:	
IEP Addendum <input type="checkbox"/> with meeting <input type="checkbox"/> without meeting		<input type="checkbox"/> ESY Services Included	

IEP Team: Who participated in or provided input for this IEP?	Date
Parent/Guardian:	
Parent/Guardian:	
Student:	
Principal/Designee:	
Special Education Teacher:	
General Education Teacher:	
Other:	
Other:	
Other:	

Title of Team Member Responsible for Sharing Information in the IEP with All Service Providers:

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Fairfax County Public Schools

DRAFT UNTIL IEP
IS SIGNED**Transition Goals**

Complete with student no later than Grade 8 or Age 14, whichever comes first.

Student Name _____ ID# _____ Date of meeting _____

Anticipated Graduation Year _____ Anticipated Diploma(s) _____

Does the IEP team need to consider the Credit Accommodations to graduate with Standard Diploma? (If yes complete the Credit Accommodations Eligibility Form) ☐ Yes ☐ No**Credit Accommodations Participation:**

The student will participate in the following Credit Accommodations for a Standard diploma:

- ☐ Substitute Assessment ☐ Locally Awarded Verified Credit (LAVC)
- ☐ VMAST (EOC English: Reading Only) ☐ Division of Minimum Coursework ☐ Other _____

Student Participation in Transition Planning

_____ I have participated in drafting my Transition Plan. All parts include my interests and preferences.

Student's Initials

The student has not been available to provide input into the Transition Plan; therefore, this IEP will be addended in ____ days to include the student's interests, preferences, and goals.

☐ Principal Designee Confirmation**Transition Assessment Information** related to training, education, employment, and, where appropriate, independent living.

Check off assessment information reviewed for this IEP on the left and summarize results on the right.

- ☐ Comprehensive Assessment Center Report
- ☐ Career Scope
- ☐ Most recent reevaluation information
- ☐ Standardized Assessment _____
- ☐ Grades
- ☐ Classroom assessments
- ☐ Interest inventory
- ☐ Class based Career Assessments
- ☐ Job coach reports
- ☐ Work experience
- ☐ Situational assessment
- ☐ Career Portfolio (Naviance Documents)
- ☐ Academic and Career Plan
- ☐ Interview
- ☐ Observation
- ☐ Other _____

Interests:

Strengths/Capabilities:

Career Goal:

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Fairfax County Public Schools
Individualized Education Program
Transition Goals (continued)

DRAFT UNTIL IEP
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Student Name _____ ID# _____ Date of meeting _____

Measurable Postsecondary Goals consider assessment information and develop corresponding postsecondary goals for education, training, employment and, where appropriate, independent living.

Postsecondary Education: After high school, I will

Postsecondary Training: After high school, I will

Postsecondary Employment: After high school, I will

Postsecondary Independent Living: After high school, I will

Transition Objectives: Based on the postsecondary goals, develop transition objectives for the current year that include: (a) Instruction; (b) Related services; (c) Community experience; (d) The development of employment and other post school adult living objectives; and (e) If appropriate, acquisition of daily living skills and functional vocational evaluation.

Career (C): I will

Self Advocacy (SA): I will

Independent Living (IL): I will

How will progress toward these goals be measured? (check all that apply)	Indicate below which area will be assessed		
	C	SA	IL
Anecdotal Records			
Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criterion Referenced Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Norm Referenced Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tests and Quizzes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Samples	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Transition Services

Complete with student no later than Grade 8 or Age 14, whichever comes first

Student Name _____ ID # _____ Date of IEP Meeting _____

School Services Discussed and Considered: The following options were considered by the IEP team based on the student's input.

"Explore"

"Select"

- | | | |
|--------------------------|--------------------------|--------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Career or College Guidance |
| <input type="checkbox"/> | <input type="checkbox"/> | Academy Support Services |
| <input type="checkbox"/> | <input type="checkbox"/> | Career Assessment (time-limited) |
| <input type="checkbox"/> | <input type="checkbox"/> | Work Awareness & Transition (WAT) |
| <input type="checkbox"/> | <input type="checkbox"/> | Job Coach Services (time-limited) |
| <input type="checkbox"/> | <input type="checkbox"/> | Employment and Transition Services (ETR) |
| <input type="checkbox"/> | <input type="checkbox"/> | Education for Employment for the Office (formerly OTP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Special Education Career Center |
| <input type="checkbox"/> | <input type="checkbox"/> | Community Work Experience |
| <input type="checkbox"/> | <input type="checkbox"/> | Career or College Related Course(s)/Experiences: |
| _____ | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: _____ |

☐ Yes ☐ No **Post-Secondary Services were discussed.** If yes, document discussion on the Present Level Performance page 309.

Once a signed Permission for Release of Information is obtained, a referral will be submitted for:

- ☐ Virginia Department of Aging and Rehabilitative Services (DARS)
- ☐ Postsecondary Education Rehabilitation Training (PERT)
- ☐ Fairfax-Falls Church Community Services Board: Intellectual Disabilities Services (CSB-DD)
- ☐ Fairfax-Falls Church Community Services Board: Mental Health Services (CSB-MH)
- ☐ Virginia Department for the Blind and Vision Impaired (DBVI)
- ☐ Other: _____

Notice of Rights Upon Age of Majority (to be completed at the IEP meeting on or immediately preceding student's 17th birthday)

The parent and student received the *Age of Majority* brochure and student's rights pertaining to special education upon reaching the age of 18 have been explained.

☐ Student received brochure ☐ Parent received brochure

Termination of Services upon Graduation

This student is scheduled to graduate with a standard or advanced studies diploma in _____. At this time, this student will have met all Fairfax County Public Schools and Commonwealth of Virginia requirements for a standard or advanced studies diploma. The awarding of such diploma will terminate all special education and related services for this student in Fairfax County Public Schools.

This statement does not apply to students who receive an applied studies diploma.

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World Language Credit Accommodation Form

For Students who have an Individualized Education Program
and are Pursuing the Advanced Studies Diploma

Student Name: _____ ID#: _____ Date of Meeting: _____

DIRECTIONS: The World Language credit accommodation for the Advanced Studies Diploma shall be determined by the student's Individualized Education Program (IEP) team, at any point after the student's eighth-grade year. Students should be included in these meetings, when appropriate. After a review of the student's academic history and full disclosure of options, the IEP team must secure the informed written consent of the parent/guardian and the student, as appropriate, to choose credit accommodations. This information must be documented in the IEP.

Course Substitution for Certain Students with Disabilities- Beginning with the 2020-2021 school year, a student who is pursuing an advanced diploma and whose individualized education program specifies a credit accommodation for world language may substitute two standard units of credit in computer science for two standard units of credit in a world language. This credit accommodation could apply towards either the 3 consecutive years or the 2 + 2 option for fulfilling the world language requirement. §22.1-253.13:4 of the *Code of Virginia*.

For a full list of options available to meet the World Language requirement for the Advanced Studies Diploma, refer to pages 12-15 of the [Board of Education Approved Courses](#).

For any student that elects to substitute a credit in Computer Science for credit in World Language, documentation of the informed written consent must show that the student's school counselor has provided notice to the student and parent or guardian of possible impacts related to college entrance requirements §22.1-253.13:4 of the *Code of Virginia*. The following criteria must be met in order for the student to be eligible to receive the World Language credit accommodation for the Advanced Studies Diploma:

- The student must have a current IEP with standards-based content goals.
- The student is working toward an Advanced Studies Diploma.
- The student is learning grade-level content, but due to the impact of his/her disability, the youth may not meet the World Language requirement for the Advanced Studies Diploma.
- Based on multiple objective measures of past performance, data indicates that the student is unlikely to achieve the required standard units of credit in World Language within the standard time frame.
- The student was a first-time ninth-grader during the 2018-2019 school year or later.
- The student must be enrolled in or have completed at least one year of any World Language.

Options for meeting the World Language requirement for the Advanced Diploma through credit accommodation:

Students take a combination of World Language and Computer Science courses. Students may use this accommodation for up to two credits in World Language as determined by the IEP team. For example:

- 2 sequential credits of any one World Language + 1 course from the list of approved computer science courses.
- 1 credit of any World Language + 2 credits from the list of approved computer science courses.

To identify appropriate students for credit accommodations, a student's IEP team must address each section of this form and provide the required supporting documentation.

World Language Credit Accommodation Form
For Students who have an Individualized Education Program
and are Pursuing the Advanced Studies Diploma

Section I: Student Information

Student's Name		Date of Birth	State Testing Identifier (STI)
School	Current Grade of Enrollment	Date IEP was Signed by Parent and/or Adult Student	
Credit Accommodation Considered			

Section II: Qualifying Questions and Supporting Documentation

To participate in credit accommodations for the Advanced Studies Diploma, the student's IEP team must determine that the student is eligible based on responses to all of the questions below and a review of the supporting information provided. A response of "No" for any single question or failure to provide supporting documentation indicates that the student is NOT eligible for the credit accommodation(s) listed in Section I of this form.

- Yes No 1. Is the student learning grade-level content, yet is unlikely to achieve and make progress commensurate with grade-level expectations due to the impact of his/her disability?
- ☐ ☐

- Provide a brief overview of the student's disability:

- Describe the impact of the disability on the student's classroom performance:

- Yes No 2. Would the student require significant instructional support to access the world language curriculum?
- ☐ ☐

- Describe the individualized supports, specialized program, intervention, etc., provided to the student to access the World Language curriculum:

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World Language Credit Accommodation Form
For Students who have an Individualized Education Program
and are Pursuing the Advanced Studies Diploma

- Describe the amount of time the student has used the individualized supports, specialized program, intervention, etc., and the impact on progress:

Yes ☐ No ☐

3. Based on multiple objective measures of past performance, is it expected that the student will not achieve the required standard units of World Language credits within the standard time frame?

- List any assessments and performance data used to determine that the student is likely not to meet the expected standard for this content or is not progressing at the rate expected for the grade level or course:

- Describe any instructional remediation provided for the student to progress in the grade level content:

- Describe the amount of time the student has used the instructional remediation and the impact on progress:

World Language Credit Accommodation Form
For Students who have an Individualized Education Program
and are Pursuing the Advanced Studies Diploma

Section III: Option Selected for World Language Credit

Course Substitution for Students with an IEP available to:

- Students who enter the ninth grade for the first time in the 2018-2019 school year or later,
- who are pursuing an advanced diploma, and
- whose IEP specifies eligibility for a credit accommodation in World Language.

Eligible students may substitute up to two standard units of credit in Computer Science for two standard units of credit in a World Language. The IEP team will determine the number of course substitutions appropriate for the student. ***This credit accommodation could apply towards either the 3 consecutive years or the 2 + 2 option for fulfilling the world language requirement §22.1-253.13:4 of the Code of Virginia.***

Courses that apply:

Any two courses from those listed below can be used to meet the graduation requirements for a sequence or as a world language alternative (for those students where it is indicated within their IEP, under the new graduation requirements).

Computer Science Courses

- AP Computer Science A
- AP Computer Science Principles
- Computer Science Principles
- Computer Science Foundations
- Computer Science Programming
- IB Computer Science

Career and Technical Computer Science Foundational Courses

- Programming
- Advanced Programming
- Game Design and Development
- Game Design and Development, Advanced
- Software Engineering Essentials -PLTW
- Software Engineering -PLTW

Section IV: Justification Statement

The IEP team must also provide a justification statement summarizing why the student is eligible for a World Language credit accommodation. Include in this statement the credit accommodation option(s) being considered. The justification cannot be based on a specific disability category, extraneous factors, or forecasts (examples include disability, gender, social, cultural or economic status, excessive or extended absences without other qualifying factors).

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Fairfax County Public Schools
Individualized Education Program

World Language Credit Accommodation Form
For Students who have an Individualized Education Program
and are Pursuing the Advanced Studies Diploma

By signing this form, I acknowledge that I have received information regarding the impact related to college entrance and/or completion requirements by using the World Language credit accommodation for the Advanced Studies Diploma.

This form must be signed by those present (IEP team) at this meeting.

Title	Signature	Date
Parent:		
Parent:		
Student:		
General Education Teacher:		
Special Education Teacher:		
Principal / Designee:		
School Counselor / Designee:		
Other:		
Other:		

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Fairfax County Public Schools
Individualized Education Program/504 Plan
Credit Accommodations Eligibility Form

Student Name: _____ ID#: _____ Date of Meeting: _____

DIRECTIONS: Credit accommodations for the Standard Diploma shall be determined by the student's individualized education program (IEP) team or 504 knowledgeable committee, which includes the student, where appropriate, at any point after the student's eighth grade year. **The school must secure informed written consent from the parent and/or guardian and the student, as appropriate, to choose credit accommodations after a review of the student's academic history and full disclosure of the student's options.** More information regarding Locally Awarded Verified Credit (LAVC) can be found at: <http://www.doe.virginia.gov/instruction/graduation/credits/index.shtml>.

Section I: Qualifying Questions and Supporting Documentation

To participate in credit accommodations for the Standard Diploma, the student's IEP team/504 knowledgeable committee must determine that the student is eligible based on responses to the three criteria outlined in this document and reviewing the information provided below. A response of "No" for any single criterion or failure to provide supporting documentation indicates that the student is **NOT** eligible for the credit accommodation listed in Section 1 of this form.

- Yes** **No** 1. Is the student learning grade level content, yet is unlikely to achieve and make progress commensurate with grade level expectations due to the impact of his/her disability?

☐ ☐

- Provide a brief overview of the student's disability:

- Describe the impact of the disability on the student's classroom performance:

- Yes** **No** 2. Does the student require significant instructional support to access grade-level SOL's and show progress?

☐ ☐

- Describe the individualized supports, specialized program, and/or intervention provided to the student to access grade level SOL content:

- Describe the amount of time the student has used the individualized supports and/or specialized program and/or intervention, and the impact of the support:

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Yes ☐ No ☐

3. Based on multiple objective measures of past performance, the student is not expected to achieve the required standard and verified units of credit within the standard time frame.

- List the assessments and the student's performance used to determine that the student is not progressing at the rate expected for the grade level or course:

- Describe the instructional remediation provided for the student in order to progress in the grade level SOL content:

- Describe the amount of time the student has used the instructional remediation and the impact on his or her progress:

Section II: Justification Statement

The IEP team/504 knowledgeable committee must also provide a justification statement summarizing why the IEP/504 team has determined that the student is eligible for credit accommodations. This justification cannot be based on any specific categorical label (disability, gender, social, cultural or economic status, excessive or extended absences, belief that student will fail the test, does not need the test for promotion or graduation, or the student's behavior.)

Section III: Credit Accommodations Considered

- ☐ Credit Accommodations will be identified at later date
- ☐ Expanded Use of Locally Awarded Verified Credit (LAVC) for a Standard diploma based when the student entered 9th grade for the first time. More information can be found at: <http://www.doe.virginia.gov/instruction/graduation/credits/index.shtml>
- ☐ Expanded Expedited Retake Range (350-374)
- ☐ Use of Algebra 1, Part 1 and Algebra as two mathematics graduation requirements
- ☐ Use of Geometry, Part 1 and Geometry as two mathematics graduation requirements
- ☐ Use of Biology 1, Part 1 and Biology as two science graduation requirements
- ☐ Use of Personal Living and Finance math course to meet the Economics and Personal Finance graduation requirement
- ☐ Special Permission Credit Accommodation for Locally Awarded Verified Credit(s) (Requires VDOE review)
Complete form SS/SE-348

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Special Permission Locally Awarded

Verified Credit Accommodation (SPLAVC-A) Criteria Form

Student Name _____ ID# _____ Grade _____

Document Type: ☐ IEP ☐ 504 Plan

Subject/Course Information

Consider all relevant data including student disability information; and standards of learning (SOL) testing history to include number of attempts, scores, formats, and substitute assessments previously provided to the student. Upon completion attach this document to the student's IEP/504 Plan.

Name of Course _____ Name of SOL Assessment _____

Eligibility Criteria

1. **Yes** ☐ **No** ☐ The student passed or is currently passing the subject/course based on a non-modified curriculum.
2. **Yes** ☐ **No** ☐ The student participated in the subject/course related SOL test and scored below 375.
3. **Yes** ☐ **No** ☐ The student's disability(ies) presents a unique and/or significant challenge to the degree that he/she is unable to demonstrate knowledge of the course content on the SOL test using the available accommodations.
4. **Yes** ☐ **No** ☐ The committee has exhausted all allowable **test** accommodations appropriate to the needs of the student.
5. **Yes** ☐ **No** ☐ The committee has exhausted all allowable **credit** accommodations appropriate to the needs of the student.

Justification

In 250 words or less explain how the student is/was able to demonstrate sufficient knowledge to pass this course, but is/was unable to demonstrate his/her knowledge of the content on the SOL test. Include information that describes classroom activities and/or assignments, projects, quizzes, tests, performance-based assessments, etc.

Outcome

After review of the relevant data and consideration of the criteria statements and assessment documentation:

- ☐ The student meets the criteria for SPLAVC-A; relevant documentation will be sent to the Virginia Department of Education (VDOE) for review.
- ☐ The student does **NOT** meet the criteria for SPLAVC-A based on the documentation available. Additional information is required.

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What is "Age of Majority"?

In the Commonwealth of Virginia, a student reaches the age of majority on his or her eighteenth (18) birthday and is

- considered to be an adult in the eyes of the law
- legally able to vote
- able to enter into binding contracts

Under most circumstances, when a person reaches the age of majority, the rights related to special education provided by the school system transfer from the parents or guardians to the student.

Age of Majority FAQs

(Frequently Asked Questions)

If I am a student receiving special education services in Fairfax County Public Schools (FCPS), why is the "transfer of rights" important?

At least one year prior to your 18th birthday, FCPS is required by law to notify you and your parents or guardians that this transfer of rights will take place. On your 18th birthday you are legally considered an adult. You are then responsible for advocating for yourself and for making your own decisions concerning your educational program. You may continue to rely on your parents or guardians for guidance. Your teachers and school administrators are also available to provide additional advice and support when you need or request it.

What changes occur when I reach the age of majority?

Changes that occur when you reach the age of majority include the following:

- all required notices must be provided to both you and your parent or guardian
- all rights afforded to the parents or guardians transfer to you and FCPS must notify both parties of the transfer of rights
- you have the right to participate in making decisions about your individualized education program (IEP)
- you have the right to sign your IEP
- you have the primary role of self-advocacy and responsibility for making good educational choices

Why is an IEP important to me?

It is your IEP. It is a legal document which outlines the services you are entitled to as a student with a disability. The IEP describes your present level of educational performance, includes individualized goals and objectives, provides information about your participation in state and FCPS assessments and describes other information about your educational program. The IEP is the document designed to ensure communication among your parents, teachers, other school professionals, and you, the student.

Why do I still need an IEP when I reach the age of majority?

The Individuals with Disabilities Education Act (IDEA) requires that students who receive special education services in the public-school setting have an IEP. This document is written specifically to address your educational needs.

When I am participating in my IEP team meeting or making decisions about my IEP, what things about me should be considered?

You and the members of the team should consider the following:

- strengths
- interests
- areas needing improvement
- ways to address the areas needing improvement
- learning styles and preferences (how you learn best)
- participation in general education and extra-curricular activities
- accommodations required for assignments and tests
- academic and career goals
- post-graduation plans

What is my role during the IEP team meeting?

It is important that you serve as an active participant in the IEP team meeting. You play an important role in making well-informed decisions concerning your educational program. This can be achieved if you do the following:

- make sure that the team members understand your personal goals
- take into account your strengths and weaknesses
- discuss your plans for future learning experiences
- identify specific strategies you find helpful as you attempt to achieve your goals
- express your career interests openly and discuss how you might achieve them
- keep in mind that your teachers and administrators will continue to assist you

ARE YOU READY?

If additional information concerning age of majority is required, please contact Due Process and Eligibility of Fairfax County Public Schools (FCPS) by telephone at 571-423-4470 or by fax at 571-423-4037.

If parents or guardians are concerned about the need to continue to make educational decisions for their child, refer to the *Educational Representation for Adult Students* brochure.

For questions or additional resources, contact:

Your school's Employment & Transition Representative (ETR)

Your school's special education department chair

Career and Transition Services

571-423-4150

Due Process and Eligibility

571-423-4470

Correspondence may be addressed to the above offices at:

8270 Willow Oaks Corporate Drive
Fairfax, Virginia 22031

Fairfax County Public Schools

Dr. Michelle Reid, Superintendent
8115 Gatehouse Road
Falls Church, Virginia 22042
571-423-1200



Area of Need / Annual Goal and Short Term Objectives

Student Name _____ ID# _____ Date of meeting _____

Area of Need _____

Documentation:

Present Level of Performance

Strengths:

Needs:

How does this area of need impact this student's participation/progress in the general education curriculum or for preschool children, the child's participation in age appropriate activities?

Annual Goal: What does this student need to know or be able to do?

Short Term Objectives:

How will progress toward this annual goal be measured? (check all that apply)

- | | |
|-----------------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Anecdotal Records | <input type="checkbox"/> Rubric: _____ |
| <input type="checkbox"/> Checklist | <input type="checkbox"/> Running Records |
| <input type="checkbox"/> Criterion Referenced test: _____ | <input type="checkbox"/> Tests and Quizzes |
| <input type="checkbox"/> Data Sheets (frequency, interval, duration, etc.): _____ | <input type="checkbox"/> Work Samples: _____ |
| <input type="checkbox"/> Norm Referenced test: _____ | <input type="checkbox"/> Other: _____ |

An IEP Progress Report related to this goal and objectives will be provided to parents quarterly, at the same time report cards are sent.

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Fairfax County Public Schools
Individualized Education Program
Area of Need / Annual Goal

**DRAFT UNTIL IEP
IS SIGNED**

Student Name _____ ID# _____ Date of meeting _____

Area of Need _____

Documentation:

Present Level of Performance

Strengths:

Needs:

How does this area of need impact this student's participation/progress in the general education curriculum or for preschool children, the child's participation in age appropriate activities?

Annual Goal: What does this student need to know or be able to do?

How will progress toward this annual goal be measured? (check all that apply)

- | | |
|-----------------------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Anecdotal Records | <input type="checkbox"/> Rubric: _____ |
| <input type="checkbox"/> Checklist | <input type="checkbox"/> Running Records |
| <input type="checkbox"/> Criterion Referenced test: _____ | <input type="checkbox"/> Tests and Quizzes |
| <input type="checkbox"/> Data Sheets (frequency, interval, duration, etc.): _____ | <input type="checkbox"/> Work Samples: _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Norm Referenced test: _____ | |

An IEP Progress Report related to this goal will be provided to parents quarterly, at the same time report cards are sent.

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Curriculum/Classroom Accommodations and Modifications

Student Name _____ ID # _____ Date of IEP Meeting _____

What accommodations, supplementary aids and services, supports in general education and/or special education programs, or modifications to the general curriculum does this student require because of his/her area(s) of need?

The supports indicated below are implemented daily, across all settings, and for the duration of the IEP unless otherwise specified below.

FLEXIBLE SCHEDULE

- ☐ Extended Time (Classroom Only) --Describe Below
- ☐ Test Over Multiple Days --Describe Below
- ☐ Order of Tests --Describe Below
- ☐ Test During Specific Time of Day --Describe Below
- ☐ Frequent Breaks --Describe Below

VISUAL AIDS

- ☐ Place Keeper
- ☐ Magnifying Glass/Screen Magnifier
- ☐ Graphic Organizers
- ☐ Electronic Magnifying Device
- ☐ Color Overlays/Tinted Screen

AMPLIFICATION EQUIPMENT

- ☐ Assistive Listening Device

INCREASE SIZE OF ANSWER DOCUMENT

- ☐ Enlarged Answer Document

READ ALOUD

(Complete Criteria form if for English: Reading SOL)

- ☐ Read Entire Assignments/Assessments to Student
- ☐ Read to Student Upon Request (Read on Demand)
- ☐ Read Back Student Response

COMM BOARDS/CHOICE CARDS

- ☐ Communication Board
- ☐ Choice Cards

BILINGUAL DICTIONARY

- ☐ Bilingual Dictionary

ENGLISH DICTIONARY

- ☐ English Dictionary (Student must be identified as both LEP and SWD)

ALT MEANS OF RESP

- ☐ Mark in Assignment Document
- ☐ Student Indicates a Response (Verbally, Pointing or Otherwise) --Describe Below
- ☐ Access to Markers, Highlighters, Colored Pens/Pencils --Describe Below
- ☐ Access to Dry Erase Board
- ☐ Audio Recording of Student Answers (Class Accom Only)

ACCESSIBLE TEXT (Complete verification form if using AIM VA)

- ☐ Braille
- ☐ Large Print
- ☐ Electronic Text

MATH AIDS

- ☐ Access to Colored Shapes, Number Lines, and Fraction Circles --Describe Below

ALT WRITTEN RESP

- ☐ Respond using Word Processor with Speech to Text Functionality
- ☐ Respond using Braille
- ☐ Respond using Word Processor
- ☐ Keyboard Modification
- ☐ Respond using Word Prediction Software

AUGMENTATIVE COMMUNICATION DEVICE

- ☐ Augmentative Communication Device

SETTING

- ☐ Adaptive and Special Furniture --Describe Below
- ☐ Location
- ☐ Special Lighting

***Student must be receiving individualized assistive technology support from Assistive Technology Services (ATS) to access this accommodation.**

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Curriculum/Classroom Accommodations and Modifications

Student Name _____ ID # _____ Date of IEP Meeting _____

SOL ACCOMMODATIONS

- ☐ Access to SOL Online Audio (Complete Criteria form if for English: Reading SOL)
- ☐ VDOE Approved Special Accommodation Request

SPELL AIDS

- ☐ Spell Checker
- ☐ Spelling Dictionary

USE REC DEVICE: PRE WRITING

- ☐ Use of Recording Device for Prewriting (if used for state testing only allowed on Short Paper test)

DICTATION

- ☐ Dictation in English to Scribe

CALCULATOR (Complete Criteria form if for Math SOL)

- ☐ Calculator or Arithmetic Tables
- ☐ Use of a Calculator with Functions Beyond what is Routinely Supplied to Students

PRES OF MATERIALS/ASSIGN

- ☐ Interpret/Translate Directions
- ☐ Provide Copy of Directions
- ☐ Reduced Language Level/Reading Level/Plain English
- ☐ Provide Specific Verbal Prompts --(if used for state testing check for list of acceptable verbal prompts and list below)

☐

OTHER

- ☐ Shortened Assignment --Describe Below
- ☐ Clearly Defined Limits/Expectations --Describe Below
- ☐ Positive Reinforcement System
- ☐ Behavior Intervention Plan
- ☐ Reduced Pencil and Paper Tasks
- ☐ Highlighted Text/Materials
- ☐ Peer Tutoring/Paired Working Assignment
- ☐ Assignment Notebook
- ☐ Assistive Technology Support from ATS*
- ☐ Access to Noise Canceling Headphones, Ear Muffs or Ear Plugs
- ☐ Other Interpreting

***Student must be receiving individualized assistive technology support from Assistive Technology Services (ATS) to access this accommodation.**

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Information Related to Present Level of Educational Performance:

Student Name _____ ID # _____ Date of IEP Meeting _____

Record additional important information about the student including, but not limited to:

- Parent/family concerns about the student's education
- Current academic, behavioral, environmental, social/emotional, and/or medical issues
- Strengths and interests in the home, school, and community
- Discussion related to the consideration of evaluations for IEP

DRAFT

Student Name _____ ID# _____ Date of IEP meeting _____

School Name	State Student Test ID	
School Address		
City	State	Zip

A student is eligible to receive AIM-VA services if they meet both of the following criteria:

1. A student has an IEP that indicates the student may benefit from using alternative print material for reading
2. A student has a print disability due to one of the following:
 - a. Low Vision/Blindness - a student who is blind or has low vision and who is unable to read standard print is eligible for AIM-VA if a competent authority confirms that the student is legally blind or has a significant problem accessing standard text.
 - b. Physical Disabilities - a student with a physical disability who is unable to access standard print is eligible for AIM-VA if a competent authority confirms that the disability significantly interferes with reading.
 - c. Other disabilities - a student with a disability is eligible for AIM - VA if a competent authority confirms that the disability significantly interferes with reading.

Note: As of 2018 persons who can certify eligibility is NO longer limited to a Principal/Designee.

* I certify that the student listed above is unable to read or use standard printed material for the following reason:	
<input type="checkbox"/> Blindness, Visual Impairment, or Physical Impairment	<input type="checkbox"/> Other Disabilities
Name	Title
Signature	Date

* Competent authority confirms a student's print disability and can be school personnel such as administrator, principal/designee, special education teacher's, speech pathologists, occupational therapists, or school psychologists.

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Student Name _____ ID# _____ Date of meeting _____

Virginia State Assessment Program

☐ This student is not in a grade that participates in the Virginia Assessment Program.

Check grade level for assessment participation: ☐ 3 ☐ 4 ☐ 5 ☐ 6

Which assessment is being considered for participation? ☐ SOL ☐ Virginia Alternate Assessment Program (VAAP)

SOL Participation: This student will participate in the following SOL assessments:

Check all tests that the student will take:

- ☐ English: Reading ☐ Math ☐ Science ☐ Social Studies: VA Studies
- ☐ VGA Grade 3 English: Reading ☐ VGA Grade 3 Math ☐ VGA Grade 4 English: Reading ☐ VGA Grade 4 Math
- ☐ VGA Grade 5 English: Reading ☐ VGA Grade 5 Math ☐ VGA Grade 6 English: Reading ☐ VGA Grade 6 Math
- ☐ This student will participate without accommodations
- ☐ This student will participate with accommodations
(See attached testing accommodations)

Online Accommodations: GUIDELINES FOR ACCESSING THE ONLINE AUDIO ACCOMMODATION FOR STATE ASSESSMENT PURPOSES - The online audio accommodation on the SOL test may be provided to students who typically have a read-aloud accommodation during regular, classroom instruction including those who use audiocassettes/CDs or text readers in the classroom. Since it is difficult for schools to provide an online audio accommodation during regular instruction, VDOE has determined that it is acceptable for a student to receive the read-aloud accommodation throughout the school year and the audio accommodation during SOL testing. If determined appropriate, IEP teams may select accommodation 10/14 (read aloud) for classroom testing and accommodation 11/15 (audio or online audio) for SOL tests. If the IEP team determines that the online audio accommodation is the more appropriate accommodation, the student should practice accessing the online audio accommodation using sample items available on the VDOE website.

Does the IEP team need to consider the online SOL audio accommodation according to VDOE guidelines above?

☐ Yes ☐ No

Does the IEP team need to consider the read aloud/audio accommodation on the Reading SOL?

☐ Yes ☐ No

If yes, complete the *Read Aloud/Audio Criteria* form.

Does the IEP team need to consider the calculator accommodation?

☐ Yes ☐ No

If yes, complete the *Calculator Criteria* form.

VAAP Participation: This student meets the criteria for the Virginia Alternate Assessment Program (VAAP). (If considering this assessment, the *VAAP Criteria* form must be completed).

- ☐ This student will participate in the VAAP.
- ☐ This student has previously participated in and passed the VAAP in the current grade level.



Fairfax County Public Schools
Individualized Education Program
Elementary School Assessment

Student Name _____ ID# _____ Date of meeting _____

Retakes

- ☐ Retakes for the elementary school SOL tests are possible but not mandatory. This student will participate in SOL retakes if available and necessary, using classroom testing accommodations, if required and allowed by the test. These accommodations apply throughout the duration of the current IEP. An addendum must be written if the IEP team determines that a change in accommodations is necessary.

Additional State and/or Divisionwide Assessments

- ☐ This student will participate in any additional state or divisionwide assessments, if required based on student's grade level, using classroom testing accommodations, if required and allowed by the test. (See attached testing accommodations.)
- ☐ This student is exempt from additional state and/or divisionwide assessments. (Complete chart below.)

Are there any state or divisionwide assessments that this student will not take? ☐ Yes ☐ No **If yes, complete this section**

Assessment	Reason	Indicate how the Student will be Assessed

The parent (or student age 18 or older) has been informed about the consequences of these decisions and has received written information about graduation requirements and diploma options for students in Fairfax County Public Schools.

- ☐ Parent/student (age 18 or older) received *Diploma Options and Requirements* Information

If the parent (or student age 18 and older) is not at the IEP meeting, the written information about graduation requirements and diploma options for students in Fairfax County Public Schools will be sent to the parent or student.

- ☐ Principal Designee Confirmation

Student Name _____ ID# _____ Date of meeting _____

The accommodations marked below are required for this student to participate in the assessments indicated. Only those accommodations allowed by the assessment and used by the student during daily classroom instruction may be considered.

SOL Accommodation Code		Classroom Testing Accommodations	SOL Grade 3 English: Reading	SOL Grade 3 Math	SOL Grade 4 English: Reading	SOL Grade 4 Math	SOL Grade 4 VA Studies	SOL Grade 5 English: Reading	SOL Grade 5 Math	SOL Grade 5 Advanced Math	SOL Grade 5 Science	SOL Grade 6 English: Reading	SOL Grade 6 Math	SOL Grade 6 Advanced Math	VGA Grade 3 English: Reading	VGA Grade 3 Math	VGA Grade 4 English: Reading	VGA Grade 4 Math	VGA Grade 5 English: Reading	VGA Grade 5 Math	VGA Grade 5 Advanced Math	VGA Grade 6 English: Reading	VGA Grade 6 Math	VGA Grade 6 Advanced Math
	<i>A student with an identified disability (SWD) or identified as Limited English Proficient (LEP) who has passed an SOL assessment utilizing any accommodation has passed for all purposes.</i>																							
1	Multiple Test Sessions Over Multiple Days																							
2	Dry Erase Board																							
3	Additional Writing Implements																							
4	Visual Aids																							
5	Auditory Aides																							
5A	Auditory Aides: Noise Dampening Equipment																							
6	Large Print Test																							
7	Test Directions Delivery																							
8	Enlarged Copy of Answer Document																							
9	Braille Test/Braille Answer Document																							
10	Read - Aloud: Entire Test (except on the English: Reading test)																							
11A	Audio for paper-formatted tests (except on the English: Reading test)																							
11O	Online Audio (except on the English: Reading test)																							
11B	Read - Aloud: On Demand (except on the English: Reading test)																							
12	Interpreting/Transliterating (except on the English: Reading test)																							
13	Communication Board or Choice Cards																							
14*	Read - Aloud on the English: Reading test: Entire Test																							
15A*	Audio for paper-formatted tests (on the English: Reading test)																							
15O*	Online Audio on the English: Reading test																							
15B*	Read - Aloud on the English: Reading test: On Demand																							
16*	Interpreting/Transliterating on the English: Reading test																							
17	Bilingual Dictionary	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
18	Examiner Records Responses																							
19	Math Aids (Math tests only)																							
20*	Specific Verbal Prompts																							
21	Response Devices: Access to Braille																							
21A	Response Devices: Access to Word Processor (Short paper only)																							
21B	Response Devices: Access to Word Processor with Speech-to-Text (Short paper only)																							
21C	Response Devices: Word Prediction Software																							
22	Augmentative Communication Device																							
23	Spelling Aids (Short paper only)																							
24	Dictation to a Recording Device (Short paper only)																							
25	Dictation to a Scribe (Short paper only)																							
26**	Calculators and Arithmetic Tables (when not allowed by test; Grades 3-7 Math tests only)																							
27	VDOE Approved Special Accommodation Request (documented description required)																							

Student Name _____ ID# _____ Date of meeting _____

SOL Accommodation Code		Classroom Testing Accommodations	SOL Grade 3 English: Reading	SOL Grade 3 Math	SOL Grade 4 English: Reading	SOL Grade 4 Math	SOL Grade 4 VA Studies	SOL Grade 5 English: Reading	SOL Grade 5 Math	SOL Grade 5 Advanced Math	SOL Grade 5 Science	SOL Grade 6 English: Reading	SOL Grade 6 Math	SOL Grade 6 Advanced Math	VGA Grade 3 English: Reading	VGA Grade 3 Math	VGA Grade 4 English: Reading	VGA Grade 4 Math	VGA Grade 5 English: Reading	VGA Grade 5 Math	VGA Grade 5 Advanced Math	VGA Grade 6 English: Reading	VGA Grade 6 Math	VGA Grade 6 Advanced Math
	<i>A student with an identified disability (SWD) or identified as Limited English Proficient (LEP) who has passed an SOL assessment utilizing any accommodation has passed for all purposes.</i>																							
28**	Calculator with Additional Functions (Grades 4-8 and EOC Math tests and Grades 5, 8 and EOC Science tests only)																							
29	English Dictionary	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
30	Read Back Student Response (Short paper only)																							
31‡	Flexible Schedule: Time of Day																							
31A‡	Flexible Schedule: Order of the Tests																							
31B‡	Flexible Schedule: Breaks																							
32‡	Setting: Location (documented description required)																							
32A‡	Setting: Adaptive or Special Furniture																							
32B‡	Setting: Special Lighting																							
32C‡	Setting: Fidgets/Sensory Devices																							

*Accommodations 14, 15 and 16 are only available to students who meet the criteria: visual impairment or documented weakness in decoding that prevents the student from accessing text at any level of difficulty (documented on the Read Aloud or Audio Accommodations Criteria Form (SS/SE-274)).

** Accommodations 26 and 28 are only available to students who meet the criteria outlined on the Calculator Criteria Form (SS/SE-272).

Abbreviation Codes: L Must be identified as LEP (Limited English Proficient) or LEP/SWD (Student with a Disability) ■ Not allowed for this assessment

Documented Description Recommended

‡ For SOL Accommodation 20, 31, 31A, 31B, and 32: The IEP team must clearly explain how these accommodations are implemented to meet this student's individual needs:

SOL Accommodation Code B: Non-Standard Accommodation (only selected if directed by the Office of Student Testing), or Accommodation 27 (VDOE Approved Special Accommodation Request):

Describe accommodation below:

Please review the examiner's manual for each test being administered to ensure that an accommodation is available on the test, review how to implement the accommodation, and review how to document the accommodation on the student's answer document.

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Student Name _____ ID# _____ Date of meeting _____

Virginia State Assessment Program

Check grade level for assessment participation: ☐ 7 ☐ 8

Which assessment is being considered for participation? ☐ SOL ☐ Virginia Alternate Assessment Program (VAAP)

SOL Participation: This student will participate in the following SOL assessments:

Check all tests that the student will take:

☐ English: Reading ☐ English: Writing ☐ Math ☐ Science ☐ Social Studies: Civics & Economics

☐ VGA Grade 7 English: Reading ☐ VGA Grade 7 Math ☐ VGA Grade 8 English: Reading ☐ VGA Grade 8 Math

☐ This student will participate without accommodations

☐ This student will participate with accommodations

(See attached testing accommodations)

Online Accommodations: GUIDELINES FOR ACCESSING THE ONLINE AUDIO ACCOMMODATION FOR STATE ASSESSMENT PURPOSES - The online audio accommodation on the SOL test may be provided to students who typically have a read-aloud accommodation during regular, classroom instruction including those who use audiocassettes/CDs or text readers in the classroom. Since it is difficult for schools to provide an online audio accommodation during regular instruction, VDOE has determined that it is acceptable for a student to receive the read-aloud accommodation throughout the school year and the audio accommodation during SOL testing. If determined appropriate, IEP teams may select accommodation 10/14 (read aloud) for classroom testing and accommodation 11/15 (audio or online audio) for SOL tests. If the IEP team determines that the online audio accommodation is the more appropriate accommodation, the student should practice accessing the online audio accommodation using sample items available on the VDOE website.

Does the IEP team need to consider the online SOL audio accommodation according to VDOE guidelines above?

☐ Yes ☐ No

Does the IEP team need to consider the read aloud/audio accommodation on the Reading SOL?

☐ Yes ☐ No

If yes, complete the *Read Aloud/Audio Criteria* form.

Does the IEP team need to consider the calculator accommodation?

☐ Yes ☐ No

If yes, complete the *Calculator Criteria* form.

VAAP Participation: This student meets the criteria for the Virginia Alternate Assessment Program (VAAP). (If considering this assessment, the *VAAP Criteria* form must be completed).

☐ This student will participate in the VAAP.

☐ This student has previously participated in and passed the VAAP in the current grade level.

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Student Name _____ ID# _____ Date of meeting _____

Retakes

- ☐ Retakes for the middle school SOL tests are possible but not mandatory. This student will participate in SOL retakes if available and necessary, using classroom testing accommodations, if required and allowed by the test. These accommodations apply throughout the duration of the current IEP. An addendum must be written if the IEP team determines that a change in accommodations is necessary.

Additional State and/or Divisionwide Assessments

- ☐ This student will participate in any additional state or divisionwide assessments, if required based on student's grade level, using classroom testing accommodations, if required and allowed by the test. (See attached testing accommodations.)
- ☐ This student is exempt from additional state and/or divisionwide assessments. (Complete chart below.)

Are there any state or divisionwide assessments that this student will not take? ☐ Yes ☐ No **If yes, complete this section**

Assessment	Reason	Indicate how the Student will be Assessed

The parent (or student age 18 or older) has been informed about the consequences of these decisions and has received written information about graduation requirements and diploma options for students in Fairfax County Public Schools.

- ☐ Parent/student (age 18 or older) received *Diploma Options and Requirements* Information

If the parent (or student age 18 and older) is not at the IEP meeting, the written information about graduation requirements and diploma options for students in Fairfax County Public Schools will be sent to the parent or student.

- ☐ Principal Designee Confirmation

Student Name _____ ID# _____ Date of meeting _____

The accommodations marked below are required for this student to participate in the assessments indicated. Only those accommodations allowed by the assessment and used by the student during daily classroom instruction may be considered.

SOL Accommodation Code	<i>A student with an identified disability (SWD) or identified as Limited English Proficient (LEP) who has passed an SOL assessment utilizing any accommodation has passed for all purposes.</i>	Classroom Testing Accommodations	SOL Grade 7 English: Reading	SOL Grade 7 Math	SOL Grade 7 Math Honors	SOL Algebra 1	SOL Grade 8 Civics & Economics	SOL Grade 8 English: Reading	SOL Grade 8 Math	SOL Grade 8 Science	SOL Grade 8 English: Writing	VGA Grade 7 English: Reading	VGA Grade 7 Math	VGA Grade 8 English: Reading	VGA Grade 8 Math
1	Multiple Test Sessions Over Multiple Days														
2	Dry Erase Board														
3	Additional Writing Implements														
4	Visual Aids														
5	Auditory Aides														
5A	Auditory Aides: Noise Dampening Equipment														
6	Large Print Test														
7	Test Directions Delivery														
8	Enlarged Copy of Answer Document														
9	Braille Test/Braille Answer Document														
10	Read - Aloud: Entire Test (except on the English: Reading test)														
11A	Audio for paper-formatted tests (except on the English: Reading test)														
11O	Online Audio (except on the English: Reading test)														
11B	Read - Aloud: On Demand (except on the English: Reading test)														
12	Interpreting/Transliterating (except on the English: Reading test)														
13	Communication Board or Choice Cards														
14*	Read - Aloud on the English: Reading test: Entire test														
15A*	Audio for paper-formatted tests (on the English: Reading test)														
15O*	Online Audio on the English: Reading test														
15B*	Read - Aloud on the English: Reading test: On Demand														
16*	Interpreting/Transliterating on the English: Reading test														
17	Bilingual Dictionary	L	L	L	L	L	L	L	L	L	L	L	L	L	L
18	Examiner Records Responses														
19	Math Aids (Math Tests Only)														
20†	Specific Verbal Prompts														
21	Response Devices: Access to Braille														
21A	Response Devices: Access to Word Processor (Short paper only)										SP				
21B	Response Devices: Access to Word Processor with Speech-to-Text (Short paper only)										SP				
21C	Response Devices: Word Prediction Software										SP				
22	Augmentative Communication Device														
23	Spelling Aids (Short paper only)										SP				
24	Dictation to a Recording Device (Short paper only)										SP				
25	Dictation to a Scribe (Short paper only)										SP				
26**	Calculators and Arithmetic Tables (when not allowed by test; Grades 3-7 Math tests only)														
27	VDOE Approved Special Accommodation Request (documented description required)														
28**	Calculator with Additional Functions (Grades 4-8 and EOC Math tests and Grades 5, 8 and EOC Science tests only)														
29	English Dictionary	L	L	L	L	L	L	L	L	L	L	L	L	L	L
30	Read Back Student Response (Short paper only)										SP				
31†	Flexible Schedule: Time of Day														
31A†	Flexible Schedule: Order of the Tests														
31B†	Flexible Schedule: Breaks														
32†	Setting: Location (documented description required)														
32A	Setting: Adaptive or Special Furniture														
32B	Setting: Special Lighting														
32C†	Setting: Fidgets/Sensory Devices														

*Accommodations 14, 15 and 16 are only available to students who meet the criteria: visual impairment or documented weakness in decoding that prevents the student from accessing text at any level of difficulty (documented on the Read Aloud or Audio Accommodation Criteria Form (SS/SE-274)).

**Accommodations 26 and 28 are only available to students who meet the criteria outlined on the Calculator Criteria Form (SS/SE-272).

Abbreviation Codes: L Must be identified as LEP (Limited English Proficient) or LEP/SWD (Student with a Disability)

■ Not allowed for this assessment



Student Name _____ ID# _____ Date of meeting _____

Documented Description Recommended

‡ For SOL Accommodation 20, 31, 31A, 31B, and 32: The IEP team must clearly explain how these accommodations are implemented to meet this student's individual needs:

SOL Accommodation Code B: Non-Standard Accommodation (only selected if directed by the Office of Student Testing), or Accommodation 27 (VDOE Approved Accommodation Request):

Describe accommodation below:

Please review the examiner's manual for each test being administered to ensure that an accommodation is available on the test, review how to implement the accommodation, and review how to document the accommodation on the student's answer document.

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Student Name _____ ID# _____ Date of meeting _____

Virginia State Assessment ProgramWhich assessment is being considered for participation? ☐ SOL ☐ Virginia Alternate Assessment Program (VAAP)**SOL Participation:** This student will participate in the following SOL assessments: For each course, check all end-of-course (EOC) tests that the student will take:

- ☐ Algebra I ☐ Algebra II ☐ Geometry ☐ Chemistry ☐ Biology ☐ World History I ☐ World History II ☐ VA/US History
☐ English: Reading ☐ English: Writing ☐ Earth Science (Geosystems) ☐ 8th Grade English: Reading ☐ 8th Grade Math
☐ Social Studies: Civics & Economics

☐ This student will participate without accommodations☐ This student will participate with accommodations**(See attached testing accommodations)**

Online Accommodations: GUIDELINES FOR ACCESSING THE ONLINE AUDIO ACCOMMODATION FOR STATE ASSESSMENT PURPOSES - The online audio accommodation on the SOL test may be provided to students who typically have a read-aloud accommodation during regular, classroom instruction including those who use audiocassettes/CDs or text readers in the classroom. Since it is difficult for schools to provide an online audio accommodation during regular instruction, VDOE has determined that it is acceptable for a student to receive the read-aloud accommodation throughout the school year and the audio accommodation during SOL testing. If determined appropriate, IEP teams may select accommodation 10/14 (read aloud) for classroom testing and accommodation 11/15 (audio or online audio) for SOL tests. If the IEP team determines that the online audio accommodation is the more appropriate accommodation, the student should practice accessing the online audio accommodation using sample items available on the VDOE website.

Does the IEP team need to consider the online SOL audio accommodation according to VDOE guidelines above?

☐ Yes ☐ No

Does the IEP team need to consider the read aloud/audio accommodation on the Reading SOL?

☐ Yes ☐ No**If yes, complete the *Read Aloud/Audio Criteria* form.**

Does the IEP team need to consider the calculator accommodation?

☐ Yes ☐ No**If yes, complete the *Calculator Criteria* form.**

Does the IEP team need to consider the Virginia Modified Achievement Standard Test (VMAST)?

☐ Yes ☐ No**If yes, complete the *VMAST Criteria* form.****VMAST Participation:** This student will participate in the following VMAST assessment: Check all that the student will take:☐ English: Reading**VAAP Participation:** If considering this assessment, the *VAAP Criteria* form must be completed. Check the outcome(s) below:

- ☐ This student will participate in the VAAP in the current grade.
☐ This student will participate in the VAAP in the next grade.
☐ This student meets the criteria for the VAAP, but is not in a grade that participates in assessment.

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Student Name _____ ID# _____ Date of meeting _____

Retakes

- ☐ Retakes for SOL tests are possible but not mandatory. This student will participate in SOL retakes if available and necessary, using classroom testing accommodations, if required and allowed by the test. These accommodations apply throughout the duration of the current IEP. An addendum must be written if the IEP team determines that a change in accommodations is necessary.

Accommodations noted for EOC/SOL tests, including all SOL retakes, should be documented on the testing accommodations page. These accommodations apply throughout the duration of the current IEP. An addendum must be written if the IEP team determines that a change in accommodations is necessary. List SOL tests selected for retake below:

☐ _____ ☐ _____ ☐ _____ ☐ _____

Additional State and/or Divisionwide Assessments

- ☐ This student will participate in any additional state or divisionwide assessments, if required based on student's grade level, using classroom testing accommodations, if required and allowed by the test. (See attached testing accommodations.)
- ☐ This student is exempt from additional state and/or divisionwide assessments. (Complete chart below.)

Are there any state or divisionwide assessments that this student will not take? ☐ Yes ☐ No **If yes, complete this section**

Assessment	Reason	Indicate how the Student will be Assessed

The parent (or student age 18 or older) has been informed about the consequences of these decisions and has received written information about graduation requirements and diploma options for students in Fairfax County Public Schools.

- ☐ Parent/student (age 18 or older) received *Diploma Options and Requirements* Information

If the parent (or student age 18 and older) is not at the IEP meeting, the written information about graduation requirements and diploma options for students in Fairfax County Public Schools will be sent to the parent or student.

- ☐ Principal Designee Confirmation

Student Name _____ ID# _____ Date of meeting _____

The accommodations marked below are required for this student to participate in the assessments indicated. Only those accommodations allowed by the assessment and used by the student during daily classroom instruction may be considered.

SOL Accommodation Code	<i>A student with an identified disability (SWD) or identified as Limited English Proficient (LEP) who has passed an SOL assessment utilizing any accommodation has passed for all purposes.</i>	Classroom Testing Accommodations	SOL Grade 8 English: Reading	SOL Grade 8 Math	SOL Algebra I	SOL Algebra II	SOL Geometry	SOL Biology	SOL Chemistry	SOL Earth Science	SOL World History I	SOL World History II	SOL VA/US History	SOL English: Reading	SOL English: Writing
1	Multiple Test Sessions Over Multiple Days														
2	Dry Erase Board														
3	Additional Writing Implements														
4	Visual Aids														
5	Auditory Aides														
5A	Auditory Aides: Noise Dampening Equipment														
6	Large Print Test														
7	Test Directions Delivery														
8	Enlarged Copy of Answer Document														
9	Braille Test/Braille Answer Document														
10	Read-Aloud: Entire Test (<u>except</u> on the <i>English: Reading</i> test)														
11A	Audio for paper-formatted tests (<u>except</u> on the <i>English: Reading</i> test)														
11O	Online Audio (<u>except</u> on the <i>English: Reading</i> test)														
11B	Read - Aloud: On Demand (<u>except</u> on the <i>English: Reading</i> test)														
12	Interpreting/Transliterating (<u>except</u> on the <i>English: Reading</i> Test)														
13	Communication Board or Choice Cards														
14*	Read - Aloud on the <i>English: Reading</i> test: Entire Test														
15A*	Audio for paper-formatted tests (on the <i>English: Reading</i> test)														
15O*	Online/Audio on the <i>English: Reading</i> test														
15B*	Read - Aloud on the <i>English: Reading</i> test: On Demand														
16*	Interpreting/Transliterating on the <i>English: Reading</i> test														
17	Bilingual Dictionary	L	L	L	L	L	L	L	L	L	L	L	L	L	L
18	Examiner Records Responses														
19	Math Aids (Math Tests Only)														
20‡	Specific Verbal Prompts														
21	Response Devices: Access to Braille														
21A	Response Devices: Access to Word Processor (Short paper only)														SP
21B	Response Devices: Access to Word Processor with Speech-to-Text (Short paper only)														SP
21C	Response Devices: Word Prediction Software														SP
22	Augmentative Communication Device														
23	Spelling Aids (Short paper only)														SP
24	Dictation to a Recording Device (Short paper only)														SP
25	Dictation to a Scribe (Short paper only)														SP
26	Calculators and Arithmetic Tables (when not allowed by test; Grades 3-7 Math tests only)														
27	VDOE Approved Special Accommodation Request (documented description required)														
28**	Calculator with Additional Functions (Grades 4-8 and EOC Math tests and Grades 5, 8 and EOC Science tests only)														
29	English Dictionary	L	L	L	L	L	L	L	L	L	L	L	L	L	L
30	Read Back Student Response (Short paper only)														SP
31‡	Flexible Schedule: Time of Day														
31A‡	Flexible Schedule: Order of the Tests														
31B‡	Flexible Schedule: Breaks														

Student Name _____ ID# _____ Date of meeting _____

SOL Accommodation Code		Classroom Testing Accommodations	SOL Grade 8 English: Reading	SOL Grade 8 Math	SOL Algebra I	SOL Algebra II	SOL Geometry	SOL Biology	SOL Chemistry	SOL Earth Science	SOL World History I	SOL World History II	SOL VA/US History	SOL English: Reading	SOL English: Writing
	<i>A student with an identified disability (SWD) or identified as Limited English Proficient (LEP) who has passed an SOL assessment utilizing any accommodation has passed for all purposes.</i>														
32†	Setting: Location (documented description required)														
32A†	Setting: Adaptive or Special Furniture														
32B†	Setting: Special Lighting														
32C†	Setting: Fidgets/Sensory Devices														

*Accommodations 14, 15 and 16 are only available to students who meet the criteria: visual impairment or documented weakness in decoding that prevents the student from accessing text at any level of difficulty (documented on the Read Aloud or Audio Accommodation Criteria Form (SS/SE-274)).

**Accommodation 28 is only available to students who meet the criteria outlined on the Calculator Criteria Form (SS/SE-272).

Abbreviation Codes: L Must be identified as LEP (Limited English Proficient) or LEP/SWD (Student with a Disability)
☐ Not allowed for this assessment SP Short paper component of Writing Assessment only

Documented Description Recommended

‡ For SOL Accommodation 20, 31, 31A, 31B, and 32: The IEP team must clearly explain how these accommodations are implemented to meet this student's individual needs:

SOL Accommodation Code B: Non-Standard Accommodation (only selected if directed by the Office of Student Testing), or Accommodation 27 (VDOE Approved Special Accommodation Request):

Describe accommodation below:

Please review the examiner's manual for each test being administered to ensure that an accommodation is available on the test, review how to implement the accommodation, and review how to document the accommodation on the student's answer document.

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Special Education Graduation Requirements/Diploma Options

(VA Reg. 8 VAC 20-131-50 and 8 VAC 20-131-51)

The requirements for a student to earn a diploma shall be those in effect when the student **ENTERS grade 9 for the FIRST TIME**.

Students working towards either a Standard or Advanced diploma must earn the required number of standard and verified credits.

- **Standard credit** is earned when a student passes a course.*
- **Verified credit** is earned when a student passes a course **and** the associated end-of-course Standards of Learning (SOL) test.*

*In some cases, students may utilize additional courses, student competencies, or an appeal process to earn standard and/or verified credits. Eligible students with disabilities have the opportunity to use credit accommodations to earn a Standard Diploma. To access credit accommodations, students must be found eligible by the student's individualized education program (IEP) team or 504 knowledgeable committee. For more detailed information on diplomas, graduation requirements, and course planning options, go to the link based upon student's year of entry to the 9th grade.

First Time Ninth Graders: Graduation Requirements for the Standard, Advanced Studies, and Modified Standard (for students who entered 9th grade in the 2012-13 school year or prior) Diplomas	
Prior to 2011-12	https://www.fcps.edu/academics/graduation-requirements-and-course-planning/first-time-ninth-graders-prior-2011-12
2011-12 & 2012-13	https://www.fcps.edu/academics/graduation-requirements-and-course-planning/first-time-ninth-graders-2011-2012-and-2012
2013-14 & 2015-16	https://www.fcps.edu/academics/graduation-requirements-and-course-planning/first-time-ninth-graders-2013-2014-through-2015-2016
2016-17 & 2017-18	https://www.fcps.edu/academics/graduation-requirements-and-course-planning/graduation-requirements-first-time-ninth
2018-19 & Beyond	https://www.fcps.edu/graduation-requirements-and-course-planning/first-time-ninth-2018-19

APPLIED STUDIES DIPLOMA	<p>A student with disabilities who completes the requirements for his or her IEP and does not meet the requirements for other diplomas shall be awarded an Applied Studies Diploma.</p> <p>Access additional information on the Applied Studies Diploma from the Virginia Department of Education http://www.doe.virginia.gov/instruction/graduation/applied_studies/index.shtml</p> <p>For additional questions, contact one of the following FCPS offices:</p> <p>Office of Special Education Instruction or Career and Transition Services</p>
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FCPS RESOURCES			
For more detailed information on diplomas, graduation requirements, and course planning options, go to: www.fcps.edu/diplomas			
Office of Special Education Instruction: 571-423-4100	Due Process and Eligibility: 571-423-4470	School Counseling: 571-423-4420	Career and Transition Services: 571-423-4150



CONFIDENTIAL

 Fairfax County Public Schools
 Individualized Education Program

 DRAFT UNTIL IEP
 IS SIGNED

Virginia Alternate Assessment Program (VAAP) Criteria

Student Name _____ ID # _____ Date of IEP meeting _____

Directions: To qualify for participation in the Virginia Alternate Assessment Program (VAAP), a student's IEP team must consider that a student is eligible based on answering the questions below for each consent area considered. A response of "No" for any question indicates that the student is NOT eligible for VAAP. Team members must consider current and historical data.

I. COMPLETE THIS SECTION FOR ALL STUDENTS

☐ Yes ☐ No Does the student have a current IEP or one that is being developed?

☐ Yes ☐ No Does the student demonstrate significant cognitive disabilities? Provide documentation of student learner characteristics, adaptive behavior, and intellectual functioning as outlined in the Virginia Department of Education (VDOE) Guidance Document:

[VAAP Participation Criteria and Determination of Significant Cognitive Disabilities](#)

Describe below:

☐ Yes ☐ No Does the student's present level of functioning and performance indicate the need for extensive, direct instruction and/or intervention in a curriculum framework based on Virginia Essentialized Standards of Learning? The present level of performance or student evaluation may also include personal management, recreation and leisure, school and community, vocational, communication, social competence, and/or motor skills.

☐ Yes ☐ No Does the student require intensive, frequent, and individualized instruction in targeted settings to show active interaction and achievement?

☐ Yes ☐ No Is the student working toward educational goals other than those prescribed for a Standard or Advanced Studies Diploma?

☐ Yes ☐ No The following exclusions were not used in the determination that the student will be assessed on alternate achievement standards: excessive absences; social, cultural or economic differences; identification in a specific disability category; amount of time and place student receives special education services; anticipated scores on SOLs and/or low achievement in general education; limited English proficiency; disruptive behaviors; or concerns for accreditation calculations.

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Fairfax County Public Schools
Individualized Education Program

DRAFT UNTIL IEP
IS SIGNED

Virginia Alternate Assessment Program (VAAP) Criteria

Student Name _____ ID # _____ Date of IEP meeting _____

II. VIRGINIA ALTERNATE ASSESSMENT PROGRAM PARTICIPATION DECISION

After review of the relevant data and consideration of the above factors and criteria statements, the IEP team shall indicate below this student's participation in the VAAP.

☐ This student meets **ALL** of the criteria above and will participate in the VAAP and will not participate in other statewide assessments.

OR

☐ This student does **NOT** meet all of the criteria above and will be considered by the IEP team for participation in other statewide assessments.

III. JUSTIFICATION STATEMENT

Document the following: Why the student cannot participate in the regular assessment; why the particular assessment selected is appropriate for the student, including how the child meets the criteria for the alternate assessment; and how the child's participating in VAAP will impact the child's promotion and/or graduation with a modified standard, standard, or advanced studies diploma.

(This area is for the justification statement. A large 'DRAFT' watermark is visible across the page.)

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.

Student Name _____ ID # _____ Date of IEP/504 Plan meeting _____

The IEP/504 team is considering the student for the calculator accommodation(s) checked below:

- ☐ Yes ☐ No Use of a calculator with additional functions (a calculator other than those routinely supplied to students on the Standards of Learning Mathematical assessments or mathematics Growth Assessment);
- ☐ Yes ☐ No Use of a calculator or arithmetic table on sections of the Standards of Learning Mathematics assessment or mathematics Growth Assessment in which a calculator or arithmetic table is not allowed (SOL Mathematics tests for grades 3-7 and/or Growth Assessments).

Test and Calculator Accommodation Information:

Test name: _____ **Calculator Name and Model:** _____
All calculators must adhere to the VDOE Checklist.

This form is to be completed by an IEP team/504 Knowledgeable Committee to document that a student with a disability qualifies for the calculator accommodation on a mathematics and/or science Standards of Learning (SOL) test or mathematics Growth Assessment. The calculator accommodation must be necessary for the student to access the state assessment, and it must be directly related to the student's disability. The calculator accommodation is not intended to enhance student performance for students with disabilities whose skills in performing mathematical calculations are below grade level.

I. JUSTIFICATION:

The IEP/504 Knowledgeable Committee must respond to the question below, and the form must be retained as part of the student's IEP/504 Plan:

1. ☐ Yes ☐ No Does the student have a current IEP/504 Plan that documents, or will document, the student's disability and need for the calculator indicated above?

If response is **No**, then use of this calculator cannot be approved.

2. ☐ Yes ☐ No As a result of a specific disability, has the student routinely used this specific calculator in the classroom to perform calculations?

If response is **No**, provide details of the student's experience with the calculator and how the student will be prepared to use the calculator before completing the assessment below.

For questions 3, 4, and 5 that follow, any "Yes" response must also include a justification statement. [The Checklist of Mathematical Capabilities for Approved Calculators](#) must be referenced with completing a justification statement, and the statement must include:

- a description of the impact of the student's disabilities as related to mathematics,
- the calculator's accessibility features and/or additional mathematical capabilities needed by the student,
- an explanation of how the specific characteristics of the student's disabilities are addressed by the features or capabilities of the calculator,
- an explanation of how the specific characteristics of the student's disabilities are addressed by the features or capabilities of the hand-held calculator beyond what the Desmos Virginia calculator offers, if applicable.

3. ☐ Yes ☐ No Does the student need to use a calculator with accessibility features (e.g., large display, large button, audio) to access the SOL test and/or Growth Assessment?

If response is **Yes**, provide justification below:

Note 1: If the calculator with accessibility features needed by the student also has additional mathematical capabilities that are not needed (see #4 below), a completed [Special Assessment Accommodation Request Form](#) must be submitted to the FCPS Office of Student Testing with a copy of this completed Calculator Accommodation Criteria Form. An explanation of how student access to the additional mathematical capabilities will be prevented during testing must be provided.

Note 2: [The Appendix of the Worksheet: Scientific Calculators with Accessibility Features and Additional Mathematical Capabilities](#) details three calculators that may be used by students with visual impairments, including blindness; however, the conditions outlined in the Appendix for the specific calculator must be followed. A visual impairment, including blindness, means an impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness (34 CFR §300.8(c) (13)). **The term "visual impairment" does not include children who have learning problems that are primarily the result of visual-motor or perceptual deficits; although, visually impaired students may also have these additional diagnoses.**

4. ☐ Yes ☐ No Does the student need to use a calculator with additional mathematical capabilities to access the SOL Test and/or Growth Assessment?

If response is **Yes**, provide justification below:

5. ☐ Yes ☐ No Does the student need to use a calculator, arithmetic tables, or machine(s) to access the section of the SOL Mathematics test and/or Growth Assessment in which a calculator is not allowed (SOL Mathematics tests or Growth Assessments for grades 3-7)?

If response is **Yes**, provide justification below:

II. CALCULATOR ACCOMMODATION DECISION

☐ This student meets the criteria above.

OR

☐ This student does **NOT** meet the criteria above for the calculator accommodation on SOL testing and/or Growth Assessment.

Read Aloud or Audio Accommodation Criteria Form

Student Name _____ ID # _____ Date of Meeting _____

Based on the following criteria the IEP team or 504 Plan knowledgeable committee determines the student's need for the Read Aloud/ Audio accommodation on the English: Reading Standards of Learning (SOL) assessment:

- The Read-Aloud or Audio accommodation can be used as a standard accommodation for students with visual impairment, including blindness.
- The Read-Aloud or Audio accommodation can also be used as a standard accommodation for students with a specific disability that severely limits or prevents them from decoding text at any level of difficulty.

http://www.doe.virginia.gov/administrators/superintendents_memos/2018/062-18.shtml

I. COMPLETE THIS SECTION FOR ALL STUDENTS

- ☐ Yes ☐ No Does the student have a current IEP or 504 Plan, or is one being developed?
- ☐ Yes ☐ No Does the student have a visual impairment, including blindness, that visually prevents the student from accessing print in any format, including braille or alternate digital file?
- ☐ Yes ☐ No Does the student have a reading disability that severely limits or prevents him or her from decoding text at any level of difficulty, as determined by diagnostic tool(s) or instrument(s)?

II. IF THE RESPONSE TO #3 IS YES, COMPLETE THE SECTION BELOW

- ☐ Yes ☐ No Does the student demonstrated weaknesses in decoding addressed in the IEP goals or 504 Plan?
- ☐ Yes ☐ No Does the student demonstrate adequate comprehension?
- ☐ Yes ☐ No Does the student have access to the general education curriculum?
- ☐ Yes ☐ No Does the student use accommodations for the identified weakness in decoding?

III. READ ALOUD ACCOMMODATION DECISION

To qualify for the Read Aloud/Audio accommodation for the English: Reading SOL assessment, a student with a **visual impairment** must meet criteria #1 and 2, and a student with a **reading disability** must meet criteria #1, 3, and 3a-d.

- ☐ This student meets the required criteria for the Read Aloud/Audio accommodation on the English: Reading SOL assessment. Please provide a justification statement for the Read Aloud/Audio accommodation in the box below.

Justification Statement (Justification for the read aloud accommodation should not be determined primarily because of other factors such as specific disability categorical label, gender, social, cultural, or economic status. In addition, excessive or extended absences, belief that the student will fail the test, below grade level reading performance, behavior or need for promotion or graduation should not be considered as determining factors.) Team should further describe/ define the endorsed items of 3a - 3d if the answer to question 3 was yes.

OR

- ☐ This student does NOT meet the required criteria for the Read Aloud/Audio accommodation on the English: Reading SOL assessment.

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CONFIDENTIAL

Individualized Education Program

DRAFT UNTIL IEP
IS SIGNED**Least Restrictive Environment (LRE)**

Student Name _____ ID# _____ Date of meeting _____

Least Restrictive Environment:

When discussing the least restrictive environment and placement options, the following must be considered:

- ☐ To the maximum extent appropriate, the student is educated with children without disabilities.
- ☐ Special classes, separate schooling, or other removal of the student from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.
- ☐ The student's placement should be as close as possible to the child's home and unless the IEP of the student with a disability requires some other arrangement, the student is educated in the school that he or she would attend if he or she did not have a disability.
- ☐ In selecting the LRE, consideration is given to any potential harmful effect on the student or on the quality of services that he/she needs.
- ☐ The student with a disability shall be served in a program with age-appropriate peers unless it can be shown that for a particular student with a disability, the alternative placement is appropriate as documented by the IEP.

General Education Participation:

Consider and document below the student's potential access to general education locations across the school day, e.g.:

- | | |
|--------------------------------------|----------------------------------------|
| • General Education Classes/Subjects | • General Education Specials/Electives |
| • Assemblies | • Adult/Community Setting |
| • Natural Environment (ECSE only) | • Hallways/Transition |
| • Recess (ES and MS only) | • Cafeteria |

Services

Student Name _____ ID# _____ Date of meeting _____

The IEP team will identify the specially designed service(s), including frequency, duration, and location that will be provided to the student in order for the student to receive a free appropriate public education. "Specially designed instruction" means adapting, as appropriate to the needs of an eligible child, the content, methodology, or delivery of instruction. Determine the hours of special education services in general education and/or special education setting, if applicable below.

Service*	Hours of Special Education Services in General Education Setting	Hours in Special Education Setting Only	Frequency	Begin Date**	End Date**	Begin Date**	End Date**

*Speech and Language can be considered a primary or related service.

**FCPS will provide services on days that school is in session and will not provide or compensate for services missed on days when schools are closed due to holidays, inclement weather, or for reduced services that are the result of a partial day schedule.

Dismissal from Related Service(s) by an IEP Team.

Related Service	Date of Dismissal

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Individualized Education Program

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Student Name _____ ID# _____ Date of meeting _____

Special Education Placement Continuum Options considered and selected (check all that apply):

<u>Considered</u>	<u>Selected</u>		<u>Considered</u>	<u>Selected</u>	
<input type="checkbox"/>	<input type="checkbox"/>	General Education Class(es) (including integrated settings)	<input type="checkbox"/>	<input type="checkbox"/>	State Operated Program
<input type="checkbox"/>	<input type="checkbox"/>	Special Class(es)	<input type="checkbox"/>	<input type="checkbox"/>	Private Residential School
<input type="checkbox"/>	<input type="checkbox"/>	Public Separate Day School	<input type="checkbox"/>	<input type="checkbox"/>	Home Based Instruction
<input type="checkbox"/>	<input type="checkbox"/>	Private Day School	<input type="checkbox"/>	<input type="checkbox"/>	Homebound Services
			<input type="checkbox"/>	<input type="checkbox"/>	Other (Described) _____

Special Education Placement Rationale:

Based upon identified services and placement continuum options checked above, and discussion by the IEP team that included LRE considerations, the selected placement is the Least Restrictive Environment for this student.

Proposed School Assignment(s): _____ Date(s) _____
 _____ Date(s) _____

Placement Disclaimer

This school assignment may be subject to revision as a result of changes in residence or school assignment areas, misconduct or disciplinary action, relocation or reconfiguration of programs, failure to satisfy generally-applicable regular education program requirements, or for other reasons that do not constitute a change in placement. For private school placements, this school assignment is also subject to successful completion of any school application, interview and acceptance process, and continued good standing enrollment.

Transportation: ☐ This student does NOT require special transportation
☐ This student does require special transportation

If special transportation is required, give reason _____

Extended School Year (ESY) Services:

Does the student require ESY services in order to receive a free and appropriate public education (FAPE)?

- ☐ The IEP team determined the student does not require ESY services.
☐ The IEP team determined the student requires ESY services.
☐ The IEP team determined and/or address ESY services at a later date.

A copy of the *ESY Information* form and an explanation of ESY services were provided to parent, document discussion on the Present Level of Performance, page 309.

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Fairfax County Public Schools
Individualized Education Program
Extended School Year (ESY) Services

Extended school year (ESY) services refer to special education and/or related services provided beyond the normal school year for the intent of providing a free appropriate public education (FAPE) to a student with a disability in accordance with the child's individualized education program (IEP) at no cost to the family.

The purpose of ESY is to provide services defined by the IEP team, which has determined that the benefits a child gained during the school year will be significantly jeopardized if the student does not receive services during an extended break. ESY services are intended to address critical life skills.

***Critical Life Skills as defined by the Virginia Department of Education (VDOE):** A critical life skill is any skill determined by the IEP team to be critical to the student's overall educational progress, including social and behavior skills. In determining critical life skills for the specific needs of the student, the IEP team may consider those skills that lead to independent living, including toileting, feeding, communicating, dressing, and other self-help skills. In some cases, the school division may consider and address academic and behavior issues. Depending on factors such as a student's age, ability, and the number of years the student has left in school, the areas of reading, math, and written language could be considered critical life skills.

The IEP team must discuss ESY services at the initial and every annual IEP, or at the request of the parent or guardian. The IEP team may discuss ESY services through an addendum to the annual IEP. A discussion must be initiated about ESY services when documentation suggests that the student may need services beyond the normal school year.

Factors that the IEP team should consider are listed below. Any of these factors, alone or in combination, can indicate the need for ESY if it is determined that the benefits the student has received during the regular school year will be **significantly jeopardized** with the extended break.

- **Regression/Recoupment** - The IEP team determines whether there is a likelihood of *substantial* regression of critical life skills* caused by a school break **and** a failure to recover those lost skills in a reasonable time following the school break (e.g., six to eight weeks after summer break) which would significantly jeopardize gains made in his or her educational placement during the regular school year.
- **Degree of Progress** - The IEP team determines whether, without these services, the student's degree or rate of progress on IEP goals or objectives that address critical life skills* will significantly jeopardize gains made in his or her educational placement during the regular school year.
- **Emerging Skills/Breakthrough Opportunities** - The IEP team reviews all IEP goals targeting critical life skills* to determine whether any of these skills are at a breakthrough point, and whether interruption in services and instruction on those goals during the school break is likely to significantly jeopardize gains made during his or her educational program during the regular school year.
- **Interfering Behaviors** - The IEP team determines whether any interfering behavior(s) such as ritualistic, aggressive, or self-injurious behaviors targeted by the IEP goals or documented in a behavior plan have prevented the student from receiving benefit from his or her educational program during the current school year. The team also determines whether the interruption of programming that addresses the interfering behavior(s) is likely to significantly jeopardize benefits gained from his or her educational program during the regular school year.
- **Nature and/or Severity of the Disability** - The IEP team determines whether, given the nature and/or severity of the student's disability, a break in services is likely to significantly jeopardize gains made during the regular school year.
- **Special Circumstances or Other Factors** - The IEP team determines whether, without ESY, there are any special circumstances that will significantly jeopardize gains made in his or her education program during the regular school year.



Fairfax County Public Schools
Individualized Education Program
Extended School Year (ESY) Services

ESY services may be delivered through a variety of settings and through various methods. While these are not the only options the IEP team can consider, the following models are representative of the continuum of services provided during the school year.

- Consult Services
- Preschool Resource Services
- Direct, Class-based Services
- Homebound
- Home-based

Depending on the individual needs of the student, ESY services may vary in type, intensity, location, and length of time. However, the division is not required under the least restrictive environment provisions of IDEA to create a general education setting for delivery of ESY services.

Summary:

ESY services are uniquely designed to provide FAPE to students with disabilities, if it is determined by the IEP team that the benefits a student gained during the school year will significantly be jeopardized if the student does not receive services during an extended break. Therefore, it is necessary to emphasize that these services:

- Must be discussed at each annual IEP meeting, while recognizing that it may be necessary to convene the team for an IEP addendum later, if additional data is needed to make decisions regarding ESY.
- Must ensure that the individual needs of the student are addressed and that the services are provided based on those needs. IEP teams should identify the specific goal(s) and/or objective(s) from the current IEP that require services since all goals may not be affected.
- May vary in type, intensity, and duration to meet the unique needs of the student.

For further information see the *Virginia Department of Education Technical Assistance Resource Document: Extended School Year Services, December 2007:*

<https://www.doe.virginia.gov/home/showpublisheddocument/32701/638047251239170000>



Student Name _____ ID# _____ Date of meeting _____

Summarize the IEP team's discussion and supporting documentation regarding the need for ESY services:

Goal(s) and/or Short Term Objective(s) (IEP teams should consider revising the annual goal and/or short-term objectives, criteria and timeframe to accurately reflect the student's needs during ESY.)	How will progress be measured?

☐ At this time, the IEP team cannot finalize ESY Services due to insufficient information.

Identify the Extended School Year service(s) needed to meet the goal(s) listed above:

Service	Hours of Special Education Service in General Education Settings	Hours in Special Education Setting Only	Frequency		Begin Date	End Date
			Weekly	Monthly		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

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Fairfax County Public Schools
Individualized Education Program
Prior Notice and Consent

DRAFT UNTIL IEP
IS SIGNED

Student Name _____ ID# _____ Date of meeting _____

Prior Notice of IEP and Placement Decision

Fairfax County Public Schools (FCPS) proposes to implement this IEP and the placement decision as written. This proposed IEP and placement decision will allow the student to receive a free and appropriate public education in the least restrictive environment. This decision is based upon a review of current records, current assessments, and the student's performance as documented in the Present Level of Performance. Other options considered, if any, and the reason for their rejection, are written on the attached *Prior Written Notice (IEP 220)*. Additionally, other factors, if any, that are relevant to this proposal are outlined on the *Information Related to Present Level of Educational Performance* form of this IEP. When you were notified of the meeting to develop this IEP, you were provided a copy of the procedural safeguards that explains your rights. If you need assistance in understanding this information, please call Due Process and Eligibility 571-423-4470.

_____ Initials here indicate that the parent(s) has read the above prior notice, as well as, other options considered and other factors related to the proposal, if any, before giving permission to implement this IEP and the placement decision.

Parent and/or Student Initials indicate receipt of the following:

- ***Age of Majority Brochure*** (to be given at the IEP meeting on or immediately preceding student's 17th birthday)

Student's Initials _____

Parent's Initials _____

- ***Diploma Options and Requirements Information and Extended School Year Information***

Parent's Initials _____

Student's (age 18 or older) Initials _____

Parent Consent

I AGREE with the contents of this IEP. I have received a copy of the *Virginia Special Education Procedural Safeguard Requirements Under the Individuals with Disabilities Education Act*. I have had an opportunity to participate in the development of this IEP.

Parent Signature (or student age 18 or older)

Date

I DO NOT AGREE with the contents of this IEP. I have received a copy of the *Virginia Special Education Procedural Safeguard Requirements Under the Individuals with Disabilities Education Act*. I have had an opportunity to participate in the development of this IEP.

Parent Signature (or student age 18 or older)

Date

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Fairfax County Public Schools
Individualized Education Program
Prior Notice and Consent

DRAFT UNTIL IEP
IS SIGNED

Parent Consent for Billing Medicaid or FAMIS for Covered Services

If your child is now or later becomes eligible for Medicaid or Family Access to Medical Insurance Security (FAMIS), is evaluated for, receives, or is considered for, covered services written in an individualized education program (IEP), the federal government can help the school division pay for these covered services. The IEP team may also consider evaluations that were requested as part of the initial eligibility or reevaluation processes, or subsequent evaluations that were requested by the IEP team. Parental consent is necessary before the school division can seek reimbursement from Medicaid or FAMIS. Billing occurs at no cost to you, private insurance will not be billed, and your Medicaid/FAMIS benefits will not be affected. Your consent is entirely voluntary. If you do not give consent, it will not affect the delivery of your child's services. If you have questions or concerns, please contact the FCPS Medicaid Program Manager at 571-423-4098. Or visit the Information Guide for Obtaining Parental Consent for Billing Medicaid or FAMIS for Covered Services Outlined in the IEP or IEP Addendum at: <https://www.fcps.edu/academics/special-education/forms>.

Procedural Safeguard: I understand my right to deny consent for Fairfax County Public Schools (FCPS) to release information regarding my child's IEP services, for the purpose of seeking reimbursement through Medicaid/FAMIS. I understand that an assignment of a diagnosis code is required as part of the service delivery reimbursement, i.e., expressive language, fine motor, or a specific mental health condition. I understand that billing occurs at no cost to me. I understand that if I choose not to provide consent that this decision will not affect the delivery of these services to my child. I understand that my permission is voluntary and may be revoked at any time. I also understand that I have the right to request a copy of the records disclosed.

I CONSENT for FCPS to release information about my child's placement(s) and/or participation in services or evaluations to participating physicians, other health care providers, the Department of Medical Assistance Services (DMAS), any DMAS billing agents, and any FCPS billing agents in order to process claims for reimbursement of Medicaid/FAMIS covered services or evaluations outlined in the IEP.

Parent Signature (or student age 18 or older)

Date

I DO NOT CONSENT for FCPS to release information about my child's placement(s) and/or participation in services or evaluations in order for FCPS to receive reimbursement for Medicaid/FAMIS covered services or evaluations outlined in the IEP.

Parent Signature (or student age 18 or older)

Date

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Student Name _____ Student ID Number _____ School _____ Date _____

Team Members

Team Position

Summary Statement/Hypothesis: (When) and (Where), the student does (problem behavior) to get/obtain or escape/avoid (what). (Taken from FBA)

Skills: What social-emotional, behavioral, and/or academic skill does the student need to develop?

Social-Emotional

- ☐ Understanding Consequences of Actions
- ☐ Managing Emotional Response
- ☐ Handling Unpredictability or Novelty
- ☐ Communicating Wants/Needs
- ☐ Communicating with Others
- ☐ Understanding the Perspective of Others
- ☐ Other _____

Behavioral

- ☐ Shifting Thoughts or Tasks
- ☐ Persisting on Challenging Tasks
- ☐ Maintaining Focus
- ☐ Seeking Attention/Help Appropriately
- ☐ Other _____

Academic

- ☐ Mastering Academic Concepts
- ☐ Completing Academic Tasks
- ☐ Other _____

Skills: What skill does the student need to learn? (Prioritize and be explicit.)

Target Skill	What strategies will lead to the skill?	When?	By Whom?(staff position)
Social Skill(s):			
Behavioral Skill(s):			
Academic Skill(s): (as needed)			

Identified Measurable Goal: (When) and (Where), the student will do (replacement behavior) to get/obtain or escape/avoid (what).

Environmental Modifications: What are we going to change in the environment? (Check all that apply.)	
Proactive Strategies	Responsive Strategies
<input type="checkbox"/> Modify amount or type of activity <input type="checkbox"/> Modify student schedule <input type="checkbox"/> Change class seating arrangement <input type="checkbox"/> Provide choice of task or preferred activity <input type="checkbox"/> Provide extra attention to the student <input type="checkbox"/> Offer student regularly scheduled breaks <input type="checkbox"/> Increase opportunities for peer interactions <input type="checkbox"/> Increase positive home-school communication <input type="checkbox"/> Other _____	<input type="checkbox"/> Provide checks for understanding <input type="checkbox"/> Provide reinforcement for appropriate behavior <input type="checkbox"/> Increase physical proximity <input type="checkbox"/> Offer verbal/nonverbal redirection <input type="checkbox"/> Re-teach appropriate behavior or academic skill <input type="checkbox"/> Increase home-school communication <input type="checkbox"/> Scheduled time in an alternative educational environment <input type="checkbox"/> Other _____

Emergency Plan: Are there times when the problem behavior becomes a danger to the student or others?
 ☐ Yes
 ☐ No

If yes, what will you do to ensure safety? (Be specific)

Evaluate: How will we know if the plan is working?

- What data will we be collecting?

☐ Frequency Count
☐ Duration Recording

☐ Checklist/Rating Scale
☐ Latency Recording

☐ Time Sample
☐ Other: (Explain and Attach)
- How often will data be collected? _____
- Who will collect and compile the data? (staff positions) _____
- When will the team meet to review progress? Specify Date _____

Measurable Criteria
Identify target increase in replacement behavior: (i.e. quantify the increase):
Identify target decrease in problem behavior (i.e. quantify the decrease):

Behavior Intervention Plan Behavior Intervention Plan Review

Student Name _____ Student ID Number _____ School _____ Date _____

Team Members

Team Position

Review data and determine response.

Attach data summary (e.g., chart, graph, or other visual representation)

Targeted decrease in problem behavior _____

Targeted increase in appropriate behavior _____

Measured change in problem behavior _____

Measured change in appropriate behavior _____

Student Response to BIP, choose one.

☐ Positive progress (adequate rate of progress with gap closing). Choose next step(s):

▪ Continue intervention. Explain:

▪ Fade intervention. Explain:

▪ Discontinue intervention. Explain:

Behavior Intervention Plan Behavior Intervention Plan Review

Student Name _____ Student ID Number _____ School _____ Date _____

☐ Inconsistent progress (fluctuation of data points toward goal line). Choose next step(s):

- Consider whether intervention targets correct behavior and/or skill. Explain:

- Continue with the intervention. Explain:

- Modify intervention. Explain:

☐ Inadequate progress (majority of data points are below the goal line). Choose next step(s):

- Consider whether intervention targets correct behavior and/or skill. Explain:

- Consider modifying the intervention. Explain:

- Consider intensifying the intervention. Explain:

- Continue with intervention. Explain:

When will the team meet to review progress? Specify Date _____

Review and update All documents to reflect necessary changes

Student Name _____ Student ID Number _____ School _____ Date _____

Team Members _____ _____ _____ _____ _____ _____	Team Position _____ _____ _____ _____ _____ _____
--------------------------------------------------------------------	---------------------------------------------------------------------

The FBA/BIP process occurs as a part of a school’s continuum of behavior support. Use data from prior interventions to inform this process in addition to any previously collected data related to the problem behavior.

In the section below, list the problem behavior (in measurable, observable and objective terms), the data sources considered and the analysis of that data.

Explain: Based on the data and analysis noted above, explain the following (using measureable, observable, and objective language).

- What are the student’s strengths?

- What is the problem behavior? (What does it look like? What does the student say or do?)

- How often does the problem behavior occur?

- When does the problem behavior occur?

- Where does the problem behavior occur?

Student Name _____ Student ID Number _____ School _____ Date _____

Reason: What is the student getting/obtaining or escaping/avoiding? Choose one reason based upon the patterns identified in the available data.

Get/Obtain:

- ☐ Attention from _____
☐ Task/Activity/Item _____
☐ Sensory Stimulation _____

Escape/Avoid:

- ☐ Attention from _____
☐ Task/Activity/Item _____
☐ Sensory Stimulation _____

Summary Statement/Hypothesis: (When) and (Where), the student does (problem behavior) to get/obtain or escape/avoid (what).

Is there enough information to plan an effective intervention?

☐ Yes ☐ No

If Yes, proceed to BIP.

If No, indicate what actions will be taken: Be specific.

Specify date to reconvene _____

Prior Written Notice

Student _____ ID Number _____ Date _____

School _____

Dear _____

The Individuals with Disabilities Education Act requires that a school division provide written notice to parents when the school division proposes or refuses to initiate or change the identification, evaluation, or educational placement of a child, or the provision of a free appropriate public education (FAPE).

During a/an IEP/addendum meeting on _____, Fairfax County Public Schools (FCPS)

☐ proposed or ☐ refused (check one) the following action:

The reason FCPS proposes or refuses the action:

Description of other options considered by FCPS and why they were rejected:

Description of each evaluation procedure, test, record, or report FCPS used as a basis for the proposed or refused action:

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Prior Written Notice

Student _____ ID Number _____ Date _____

School _____

Description of other factors relevant to FCPS' proposal or refusal:

Parents of a child with a disability have protection under the procedural safeguards including the right to appeal the proposal or refusal of the action described in this notice. A copy of *Your Family's Special Education Rights (Virginia Procedural Safeguards Notice)* (SS/SE-4) has previously been provided to you. Additional copies of this document are available at your child's school or on-line at <https://www.fcps.edu/sites/default/files/media/forms/se4.pdf>. If you have questions or desire assistance understanding the provisions of these safeguards, please contact Due Process and Eligibility at 571-423-4470.

Sincerely,

cc: Student Scholastic Record,

_____, _____

_____, _____

_____, _____

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Student	ID Number	DOB	Date
Parent(s)	School		Grade

TO THE PARENT OR GUARDIAN:

1. RECOMMENDATION:

- ☐ Initial evaluation to determine if your child has a disability and requires special education. The Local Screening Committee Report is enclosed.
- ☐ Assessments to determine your child's continued special education eligibility status. The Reevaluation Report is enclosed.
- ☐ Additional assessments and/or consultations for IEP purposes. The IEP is enclosed.
- ☐ Other: _____

Statement of Global Concern Description for areas selected below:

Do the evaluators need to consider the student's EL status and/or mode of communication? ☐ YES ☐ NO

2. AREAS TO BE ASSESSED:

- ☐ **Psychological** -- individual cognitive ability, learning style, emotional factors, and perceptual skills

☐ **Sociocultural** -- developmental history, family background, adaptive behavior, medical status, and educational history

☐ **Educational** -- current academic achievement, classroom performance, strengths and weaknesses

☐ **Speech and Language** -- articulation, voice, fluency, and oral language

☐ **Hearing Screening** -- hearing acuity

☐ **Developmental (preschool)**
Select one or more of the following:
☐ Adaptive ☐ Physical
☐ Cognitive ☐ Social/emotional
☐ Communication

☐ **Occupational Therapy** -- functional motor ability for learning and school performance
☐ assessment ☐ consultation

☐ **Physical Therapy** -- environmental access, functional mobility and school performance
☐ assessment ☐ consultation

☐ **Vision Screening** -- visual acuity

☐ **Audiological** -- complete assessment of hearing

☐ **Functional Vision** -- functional use of near, intermediate, and distance vision to access the curriculum

☐ **Medical** -- physical examination by physician

☐ **Observation** -- to be conducted in the child's learning environment to document academic performance and behavior in the areas of difficulty

☐ **Assistive Technology Services** -- determines AT required for access to the curriculum (for reevaluation or IEP purposes only)

☐ **Adapted Physical Education** -- object control, perceptual motor, locomotor skills, physical fitness, and adaptive behaviors (for reevaluation or IEP purposes only)

☐ **Other** -- _____

If a medical assessment is needed, I choose (check one):

- ☐ To have the medical assessment done at the expense of the Department of Special Services. (Complete SS/SE-19)
- ☐ To provide the medical assessment at my own expense within one month. The examination may be dated up to one year prior to the proposed date of eligibility determination.

If you have any questions regarding this recommendation, please contact _____ at your child's school.

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Student	ID Number	DOB	Date
Parent(s)	School	Grade	

3. RIGHTS: Your rights are described in detail in the copy of Your Family's Special Education Rights (Virginia Procedural Safeguards Notice) previously provided. You have the right to have it fully explained to you in your native language or primary mode of communication. If you have any questions regarding this document, please contact Due Process and Eligibility at 571-423-4470. Additional copies are available at the school or online at <https://www.fcps.edu/sites/default/files/media/forms/se4.pdf>.

4. CONSENT: YOUR PERMISSION IS REQUIRED FOR ASSESSMENTS Specified in Section 2.

Area	Consent	No Consent
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

☐ **I GIVE CONSENT for FCPS to proceed with proposed assessments.**

Parent or Guardian Signature:

Printed Name:

Date:

☐ **I REFUSE TO GIVE CONSENT for FCPS to proceed with proposed assessments.**

Parent or Guardian Signature:

Printed Name:

Date:

Consent is voluntary and may be revoked at any time. You have the right to refuse to give consent. Should you refuse to give consent, FCPS has the right to appeal your decision.

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.