## Individualized Education Program Forms

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<td>SS/SE-2</td>
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</tr>
</tbody>
</table>

Translations of the Individualized Education Program forms are available here:

[https://www.fcps.edu/academics/academic-overview/special-education-instruction/forms-related-special-education](https://www.fcps.edu/academics/academic-overview/special-education-instruction/forms-related-special-education).
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. This team works together to identify the student's needs, what special education services, classroom accommodations and/or curriculum modifications will be provided to meet those needs, and the likely outcome of those steps.

The agenda items listed below will be discussed at your student’s first 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.

   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 meet before special education services can begin, at least once a year, or at any time that the parent or school staff thinks that a change to the student's IEP might be appropriate.

3. **REVIEW OF RIGHTS AND PROCEDURAL SAFEGUARDS IN SPECIAL EDUCATION**
   The parent is given a copy of a document that explains their due process rights during the special education process. This document is also included with the IEP notice letter and this IEP Agenda for Parents.

4. **DISCUSS THE STUDENT’S CURRENT EDUCATIONAL PERFORMANCE AND CONSIDER SPECIAL FACTORS**
   The team will discuss the following factors that may be affecting the student’s education. The IEP team will consider each of these factors in making decisions about the student’s educational program.
   - The student’s strengths
   - Parent input about the child's educational needs and learning style
   - The results of the student's initial or most recent evaluations
   - The results of any state or FCPS assessment program in which the student may have participated

   The IEP team will also consider the following questions. If the answer to a question is yes, the IEP team will determine and document which supports or strategies are appropriate for the student.
   - Does this student's behavior impede his/her learning or that of others?
     - If the student’s behavior is impeding his/her progress or that of others, a functional behavior assessment (FBA) and behavior intervention plan (BIP) may be necessary. An FBA focuses on the identification of a behavior(s) that is impeding the student’s progress or the progress of others, and the BIP is the plan of action to address the problematic behavior.
   - Does this student require instruction in or use of Braille?
   - Does this student have communication and/or language needs?
   - Does this student require assistive technology devices and services?
   - Is the student deaf or hard of hearing and have language and other communication needs?

5. **DETERMINE AREAS OF NEED AND DEVELOP THE PRESENT LEVEL OF EDUCATIONAL PERFORMANCE**
   After information about the student has been discussed, the IEP team will decide which areas the student will need to work on. For each area of need, the IEP team will write a statement about how the student is currently functioning. They will also write a statement that tells 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 should indicate how the student’s disability affects his/her participation in age appropriate activities.
6. DETERMINE GOALS, OBJECTIVES, ACCOMMODATIONS, AND SUPPORTS
Discuss how much progress has been made on goals since the last IEP was written: which goals will need to be continued and which will need to be modified. Determine which accommodations and other support the student requires for each area of need. If this is the first IEP for a student, goals and objectives will be determined.

After determining the goals and objectives for the current IEP, the IEP team should decide how progress toward the goals will be measured and when and how the parents will be informed of that progress.

7. DISCUSS THE STATE ASSESSMENT PROGRAM AND DIPLOMA OPTIONS
The parent will be given a written document that explains the diploma options and graduation requirements for students with disabilities.

8. DETERMINE PARTICIPATION IN STATE AND FCPS ASSESSMENT PROGRAMS
The State Assessment Program consists of the Standards of Learning Assessments and The Alternate Assessment Program. 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 assessment.

There are several assessments that are given to students at certain grade levels in Fairfax County Public Schools. These are called district wide assessments. 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.

9. CONSIDER THE LEAST RESTRICTIVE ENVIRONMENT
To the maximum extent appropriate, students with disabilities must be educated with students without disabilities. This is called the least restrictive environment. The IEP team must consider the factors below when determining the least restrictive environment for each student. The factors are:
- The educational needs of the student as reflected in the IEP.
- Education with age appropriate peers, unless the IEP requires some other arrangement.
- Education in the school the child would attend if not disabled, unless the IEP requires some other arrangement.
- Any harmful effect on the child or the quality of services the child needs.
- The student is not removed from the general education classroom solely because of needed modifications in the general curriculum.
- Removal of the student from the general education environment only if the nature and severity of the disability is such that education in general education classes with the use of supplementary aids and services cannot be achieved satisfactorily.

10. DETERMINE SPECIAL EDUCATION AND RELATED SERVICES
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 # 9, the IEP team will discuss the level of service alternatives that might be appropriate to meet the needs of the student. Level of service alternatives describes where the special education services will be provided. All of the level of service alternatives that are discussed in the meeting are marked on the IEP. The IEP team will decide the most appropriate alternative(s) to meet the student's areas of need, and indicate them on the document.

The IEP team will decide whether the student needs special education transportation.

In addition, the parent will receive a copy of the Extended School Year (ESY) information form and an explanation of whether this program is appropriate for the student.

11. PARENT CONSENT
At the end of the IEP meeting the parent is to indicate whether he/she agrees with the contents of the IEP by signing the Prior Notice and Consent form. There is also a place for the parent to sign if he/she disagrees with the IEP.
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 services plan (IFSP), 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.

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 the document are available at the school or on-line at www.fcps.edu/forms.htm.

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.

IEP 202 (6/16) IEP Notice – Initial / Annual
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.

<table>
<thead>
<tr>
<th>Student</th>
<th>ID Number</th>
<th>DOB</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Legal Guardian Name</td>
<td>Parent/Legal Guardian Name</td>
<td>School</td>
<td>Grade</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Agency/Individual</th>
<th>Contact Information</th>
<th>Relationship to Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Agency/Individual</td>
<td>Contact Information</td>
<td>Relationship to Student</td>
</tr>
<tr>
<td>Name of Agency/Individual</td>
<td>Contact Information</td>
<td>Relationship to Student</td>
</tr>
<tr>
<td>Name of Agency/Individual</td>
<td>Contact Information</td>
<td>Relationship to Student</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Beginning Date</th>
<th>Ending Date</th>
</tr>
</thead>
</table>

CONSENT:
I GIVE CONSENT

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
</table>
IEP MEETING AGENDA
To be used at initial or annual IEP meetings

Student Name __________________________ ID # __________ Date of IEP Meeting ________________

Check each item after discussed:

I. ☐ Introduce IEP Team Members

II. ☐ State Purpose for the Meeting

III. ☐ Review Your Family's Special Education Rights (Virginia Procedural Safeguards Notice)

IV. ☐ Review Information to be Considered by the IEP Team

Parent/family concerns regarding the student's education
Student's strengths and interests in the home, school, and community
Review progress on goals/objectives from current IEP
Review formal or informal assessment results

Additional factors for IEP team consideration (check after discussed):
☐ Student's academic, developmental, and functional needs.
☐ Impact of student's behavior and is it impeding his/her learning or that of others.
☐ Student's requirement for assessable, alternate format versions of printed textbooks and printed core instructional materials (Braille, audio text, electronic text, and/or large print) due to a documented visual, physical or print disability.
☐ Student’s language needs, due to limited English proficiency
☐ Student’s communication and/or language needs.
☐ Student’s need for short-term objectives.
☐ Student’s assistive technology needs.
☐ Student’s language and communication needs if deaf or hard of hearing.

* Any additional factor(s) that applies to the student must be addressed within the context of the IEP.

V. ☐ Identify Student Needs

- Annual Goals/Short-term Objectives
- Classroom Accommodations/Curriculum Modifications

VI. ☐ Determine Student's Participation in Assessment Programs

- Testing Accommodations
- Review of Information about State Assessments and Diploma Options for Students with Disabilities

VII. ☐ Discussion and Selection of the Least Restrictive Environment

VIII. ☐ Summary of Services Required to Meet Student's Areas of Need

- Transportation Needs

IX. ☐ Distribution of the ESY Information Form and Copies of the IEP
## IEP Cover Page

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<tr>
<th>Student Name</th>
<th>ID Number</th>
<th>Date of IEP Meeting</th>
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<tr>
<td>Base School</td>
<td>Current Attending School</td>
<td></td>
</tr>
<tr>
<td>Grade</td>
<td>Date of Birth</td>
<td>Family Home Language</td>
</tr>
<tr>
<td>Parent/Guardian</td>
<td>Home Phone</td>
<td>Work Phone</td>
</tr>
<tr>
<td>E-Mail:</td>
<td>E-Mail:</td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian</td>
<td>Home Phone</td>
<td>Work Phone</td>
</tr>
<tr>
<td>E-Mail:</td>
<td>E-Mail:</td>
<td></td>
</tr>
<tr>
<td>Student Address</td>
<td>Number and Street</td>
<td>Apartment Number</td>
</tr>
<tr>
<td>Most Recent Eligibility Date</td>
<td>3-Year Reevaluation Date</td>
<td></td>
</tr>
<tr>
<td>Area(s) of Eligibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of this IEP Meeting</td>
<td>Date this IEP will be Reviewed</td>
<td></td>
</tr>
<tr>
<td>IEP Addendum</td>
<td>Date this IEP will be Reviewed</td>
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<tr>
<td>with meeting</td>
<td>without meeting</td>
<td>ESY Services Included</td>
</tr>
</tbody>
</table>

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**IEP Team:** Who participated in or provided input for this IEP?  
Parent/Guardian  
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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IEP 302 (09/05) IEP Cover Page  

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Page 7
**Transition Goals**
Complete with student no later than Grade 8 or Age 14, whichever comes first.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>ID#</th>
<th>Date of meeting</th>
</tr>
</thead>
</table>

**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 amended 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 Career Assessment
- Career Scope
- Career Snapshots
- Most recent reevaluation information
- Standardized Assessment
- Grades
- Classroom assessments
- Interest inventory
- Class based Career Assessments
- Job coach reports
- Work experience
- Situational assessment
- Career Portfolio review
- Interview
- Observation
- Other ____________

**Interests:**

**Strengths/Capabilities:**

**Career Goal:**

---

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**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

<table>
<thead>
<tr>
<th>How will progress toward these goals be measured? (check all that apply)</th>
<th>Indicate below which area will be assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom Participation</td>
<td>C</td>
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<tr>
<td>Checklist</td>
<td>☐</td>
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<tr>
<td>Classwork</td>
<td>☐</td>
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<tr>
<td>Criterion Referenced Test</td>
<td>☐</td>
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<tr>
<td>Homework</td>
<td>☐</td>
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<tr>
<td>Norm-Referenced Test</td>
<td>☐</td>
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<tr>
<td>Observation</td>
<td>☐</td>
</tr>
<tr>
<td>Special Projects</td>
<td>☐</td>
</tr>
<tr>
<td>Test and Quizzes</td>
<td>☐</td>
</tr>
<tr>
<td>Written Reports</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
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</tbody>
</table>

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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.

<table>
<thead>
<tr>
<th>“Explore”</th>
<th>“Select”</th>
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<tbody>
<tr>
<td></td>
<td>Career or College Guidance</td>
</tr>
<tr>
<td></td>
<td>Academy Support Services</td>
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<tr>
<td></td>
<td>Career Assessment (time-limited)</td>
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<tr>
<td></td>
<td>Work Awareness &amp; Transition (WAT)</td>
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<tr>
<td></td>
<td>Job Coach Services (time-limited)</td>
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<td></td>
<td>Employment and Transition Services (ETR)</td>
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<td></td>
<td>Education for Employment for the Office (formerly OTP)</td>
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<td>Special Education Career Center</td>
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<td></td>
<td>Community Work Experience</td>
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<td></td>
<td>Career or College Related Course(s)/Experiences: ________________</td>
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<td></td>
<td>Other: ________________</td>
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</tbody>
</table>

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.

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.

IEP 304 (2/20) Transition Services
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:

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 and/or guardian, or of the adult student.
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](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

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 and/or guardian, or of the adult student.
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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Special Education & the Age of Majority

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

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. Scott Brabrand, Superintendent
8115 Gatehouse Road
Falls Church, Virginia 22042
571-423-1200
### Area of Need / Annual Goal and Short Term Objectives

#### Student Name

<table>
<thead>
<tr>
<th>ID #</th>
<th>Date of IEP meeting</th>
</tr>
</thead>
</table>

#### Area of Need:

**Documentation:**

<table>
<thead>
<tr>
<th>Present Level of Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths:</td>
</tr>
</tbody>
</table>

**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)

- [ ] Classroom Participation
- [ ] Checklist
- [ ] Classwork
- [ ] Criterion Referenced test:
- [ ] Homework
- [ ] Other:

Norm-referenced test: ________________

Observation

Special Projects

Tests and Quizzes

Written Reports

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

---

*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.*

IEP 306 (4/10) Area of Need / Annual Goal and Short Term Objectives  

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Page ___ of ___
Area of Need / Annual Goal

Student Name __________________________ ID # _________ Date of IEP 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)

☐ Classroom Participation ☐ Norm-referenced test: _______________________
☐ Checklist ☐ Observation
☐ Classwork ☐ Special Projects
☐ Criterion Referenced test: _______________________
☐ Tests and Quizzes
☐ Homework ☐ Written Reports
☐ Other: __________________________

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

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.
**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 Brailler
- [ ] 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.*

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.
**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)

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

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.
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
## AIM-VA Verification Form

**Student Name** ___________________________  **ID#** ___________  **Date of IEP meeting** ___________________________

<table>
<thead>
<tr>
<th>School Name</th>
<th>State Student Test ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>School Address</th>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Blindness, Visual Impairment, or Physical Impairment</th>
<th>Other Disabilities</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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</tbody>
</table>

* 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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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:

☐ English: Reading  ☐ Math  ☐ Science  ☐ Social Studies: VA Studies

☐ 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.
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

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Reason</th>
<th>Indicate how the Student will be Assessed</th>
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</table>

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
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.

<table>
<thead>
<tr>
<th>SOL Accommodation Code</th>
<th>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.</th>
</tr>
</thead>
</table>
**Individualized Education Program**

**Elementary School Accommodations**

**Student Name**

<table>
<thead>
<tr>
<th>SOL Accommodation Code</th>
<th>Classroom Testing Accommodations</th>
<th>SOL Grade 3 English: Reading</th>
<th>SOL Grade 3 Math</th>
<th>SOL Grade 4 English: Reading</th>
<th>SOL Grade 4 Math</th>
<th>SOL Grade 4 VA Studies</th>
<th>SOL Grade 5 English: Reading</th>
<th>SOL Grade 5 Math</th>
<th>SOL Grade 5 Science</th>
<th>Reading SOL Grade 6 English</th>
<th>SOL Grade 6 Math</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>English Dictionary</td>
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<tr>
<td>30</td>
<td>Read Back Student Response</td>
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<tr>
<td>31†</td>
<td>Flexible Schedule: Time of Day</td>
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<tr>
<td>31A‡</td>
<td>Flexible Schedule: Order of the Tests</td>
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<tr>
<td>31B‡</td>
<td>Flexible Schedule: Breaks</td>
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<tr>
<td>32‡</td>
<td>Setting: Location (documented description required)</td>
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<tr>
<td>32A‡</td>
<td>Setting: Adaptive or Special Furniture</td>
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<td>32B‡</td>
<td>Setting: Special Lighting</td>
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<tr>
<td>A</td>
<td>Plain English Mathematics Tests</td>
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</table>

*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 (IEP-326)).

** Accommodations 26 and 28 are only available to students who meet the criteria outlined on the Calculator Criteria Form (IEP-325).

**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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## 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:

- [ ] English: Reading  
- [ ] English: Writing  
- [ ] Math  
- [ ] Science  
- [ ] 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 audio cassettes/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.
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

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Reason</th>
<th>Indicate how the Student will be Assessed</th>
</tr>
</thead>
<tbody>
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</table>

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
# Fairfax County Public Schools
## Individualized Education Program
### Middle School Accommodations

**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.

<table>
<thead>
<tr>
<th>SOL Accommodation Code</th>
<th>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.</th>
<th>Classroom Testing Accommodations</th>
<th>SOL Grade 7 English: Reading</th>
<th>SOL Grade 7 Math</th>
<th>SOL Algebra 1</th>
<th>SOL Grade 8 Civics &amp; Economics</th>
<th>SOL Grade 8 English: Reading</th>
<th>SOL Grade 8 Math</th>
<th>SOL Grade 8 Science</th>
<th>SOL Grade 8 English: Writing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Multiple Test Sessions Over Multiple Days</td>
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<td>Additional Writing Implements</td>
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<td>8</td>
<td>Enlarged Copy of Answer Document</td>
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<td>Braille Test/Braille Answer Document</td>
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<td>10</td>
<td>Read-Aloud: Entire Test (except on the English: Reading test)</td>
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<td>10B</td>
<td>Read-Aloud: On Demand (except on the English: Reading test)</td>
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<tr>
<td>11A</td>
<td>Audio for paper-formatted tests (except on the English: Reading test)</td>
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<td>11O</td>
<td>Online Audio (except on the English: Reading test)</td>
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<td>12</td>
<td>Interpreting/Transliterating (except on the English: Reading test)</td>
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<td>13</td>
<td>Communication Board or Choice Cards</td>
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<td>14*</td>
<td>Read-Aloud on the English: Reading test: Entire test</td>
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<td>Read-Aloud on the English: Reading test: On Demand</td>
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<td>15A*</td>
<td>Audio for paper-formatted tests (on the English: Reading test)</td>
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<td>15O*</td>
<td>Online Audio on the English: Reading test</td>
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<td>16*</td>
<td>Interpreting/Transliterating on the English: Reading test</td>
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<tr>
<td>17</td>
<td>Bilingual Dictionary</td>
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<td>20‡</td>
<td>Specific Verbal Prompts</td>
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<td>Response Devices: Access to Brailler</td>
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<td>21A</td>
<td>Response Devices: Access to Word Processor (Short paper only)</td>
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<td>21B</td>
<td>Response Devices: Access to Word Processor with Speech-to-Text (Short paper only)</td>
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<td>Augmentative Communication Device</td>
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<td>23</td>
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<td>24</td>
<td>Dictation to a Recording Device (Short paper only)</td>
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<td>Dictation to a Scribe</td>
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<td>26**</td>
<td>Calculators and Arithmetic Tables (when not allowed by test; Grades 3-7 Math tests only)</td>
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<td>27</td>
<td>VDOE Approved Special Accommodation Request (documented description required)</td>
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<td>28**</td>
<td>Calculator with Additional Functions (Grades 4-8 and EOC Math tests and Grades 5, 8 and EOC Science tests only)</td>
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<td>29</td>
<td>English Dictionary</td>
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<td>30</td>
<td>Read Back Student Response (Short paper only)</td>
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<td>31‡</td>
<td>Flexible Schedule: Time of Day</td>
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<td>31A‡</td>
<td>Flexible Schedule: Order of the Tests</td>
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<td>31B‡</td>
<td>Flexible Schedule: Breaks</td>
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<td>32‡</td>
<td>Setting: Location (documented description required)</td>
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<td>32A</td>
<td>Setting: Adaptive or Special Furniture</td>
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<tr>
<td>32B</td>
<td>Setting: Special Lighting</td>
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<td>A</td>
<td>Plain English Mathematics Tests</td>
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</table>

*A 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 (IEP-326)).

**Accommodations 26 and 28 are only available to students who meet the criteria outlined on the Calculation Criteria Form (IEP-323).

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

Not allowed for this assessment
SOL Accommodation Code B: Non-Standard Accommodation (only selected if directed by the Office of Student Testing), or Accommodation 27 (VDOE Approved Accommodation Request): 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.

‡ 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:

<table>
<thead>
<tr>
<th>Documented Description Recommended</th>
</tr>
</thead>
</table>

Describe accommodation below:

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

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.
Virginia State Assessment Program

Which 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.

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.
### 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:

<table>
<thead>
<tr>
<th>Test 1</th>
<th>Test 2</th>
<th>Test 3</th>
</tr>
</thead>
</table>

### 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

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Reason</th>
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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
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.

<table>
<thead>
<tr>
<th>SOL Accommodation Code</th>
<th>Accommodation Description</th>
<th>Classroom Testing Accommodations</th>
<th>SOL Grade 8 English: Reading</th>
<th>SOL Grade 8 Math</th>
<th>SOL Algebra I</th>
<th>SOL Algebra II</th>
<th>SOL Geometry</th>
<th>SOL Biology</th>
<th>SOL Chemistry</th>
<th>SOL Earth Science</th>
<th>SOL World History I</th>
<th>SOL World History II</th>
<th>SOL VAUS History</th>
<th>SOL English: Reading</th>
<th>SOL English: Writing</th>
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</thead>
<tbody>
<tr>
<td>1</td>
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<td>7</td>
<td>Test Directions Delivery</td>
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<td>8</td>
<td>Enlarged Copy of Answer Document</td>
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<td>9</td>
<td>Braille Test/Braille Answer Document</td>
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<td>10</td>
<td>Read-Aloud: Entire Test (except on the English: Reading test)</td>
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<td>10B</td>
<td>Read - Aloud: On Demand (except on the English: Reading test)</td>
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<td>11A</td>
<td>Audio for paper-formatted tests (except on the English: Reading test)</td>
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<td>11O</td>
<td>Online Audio (except on the English: Reading test)</td>
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<td>12</td>
<td>Interpreting/Translating (except on the English: Reading Test)</td>
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<td>13</td>
<td>Communication Board or Choice Cards</td>
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<td>14*</td>
<td>Read - Aloud on the English: Reading test: Entire Test</td>
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<td>14B*</td>
<td>Read - Aloud on the English: Reading test: On Demand</td>
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<td>15A*</td>
<td>Audio for paper-formatted tests (on the English: Reading test)</td>
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<td>15O*</td>
<td>Online/Audio on the English: Reading test</td>
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<td>16*</td>
<td>Interpreting/Translating on the English: Reading test</td>
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<td>17</td>
<td>Bilingual Dictionary</td>
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<td>18</td>
<td>Examiner Records Responses</td>
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<td>19</td>
<td>Math Aids (Math Tests Only)</td>
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<td>20‡</td>
<td>Specific Verbal Prompts</td>
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<td>21</td>
<td>Response Devices: Access to Brailler</td>
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<td>21A</td>
<td>Response Devices: Access to Word Processor (Short paper only)</td>
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<td>21B</td>
<td>Response Devices: Access to Word Processor with Speech-to-Text (Short paper only)</td>
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<td>Augmentative Communication Device</td>
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<td>Spelling Aids (Short paper only)</td>
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<td>24</td>
<td>Dictation to a Recording Device (Short paper only)</td>
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<td>Dictation to a Scribe</td>
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<td>26</td>
<td>Calculators and Arithmetic Tables (when not allowed by test; Grades 3-7 Math tests only)</td>
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<td>27‡</td>
<td>VDOE Approved Special Accommodation Request (documented description required)</td>
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<td>28**</td>
<td>Calculator with Additional Functions (Grades 4-8 and EOC Math tests and Grades 5, 8 and EOC Science tests only)</td>
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<td>29</td>
<td>English Dictionary</td>
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<td>30</td>
<td>Read Back Student Response (Short paper only)</td>
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<td>31‡</td>
<td>Flexible Schedule: Time of Day</td>
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<tr>
<td>31A‡</td>
<td>Flexible Schedule: Order of the Tests</td>
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<td>31B‡</td>
<td>Flexible Schedule: Breaks</td>
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</table>
**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 (IEP-326)).

**Accommodation 28 is only available to students who meet the criteria outlined on the Calculator Criteria Form (IEP-323).

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

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:

‡ 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.

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.
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.

<table>
<thead>
<tr>
<th>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</th>
</tr>
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<tbody>
<tr>
<td><strong>Prior to 2011-12</strong></td>
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<td><strong>2016-17 &amp; 2017-18</strong></td>
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</tbody>
</table>

**APPLIED STUDIES DIPLOMA**

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.


For additional questions, contact one of the following FCPS offices:

- Office of Special Education Instruction or Career and Transition Services

**FCPS RESOURCES**

For more detailed information on diplomas, graduation requirements, and course planning options, go to: [www.fcps.edu/diplomas](http://www.fcps.edu/diplomas)

**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:

<p>| | |</p>
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<tbody>
<tr>
<td>☐ Yes  ☐ No</td>
<td>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 Aligned 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.</td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
<td>Does the student require intensive, frequent, and individualized instruction in targeted settings to show active interaction and achievement?</td>
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<tr>
<td>☐ Yes  ☐ No</td>
<td>Is the student working toward educational goals other than those prescribed for a Standard or Advanced Studies Diploma?</td>
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<tr>
<td>☐ Yes  ☐ No</td>
<td>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.</td>
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</table>

*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.*
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.
Calculator Criteria Form

Student Name ___________________________ ID# ___________ Date of meeting ___________

The IEP 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);

☐ Yes ☐ No Use of a calculator or arithmetic table on sections of the Standards of Learning Mathematics assessment in which a calculator or arithmetic table is not allowed (SOL Mathematics tests for grades 3-7).

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 to document that a student with a disability qualifies for the calculator accommodation on a mathematics and/or science Standards of Learning (SOL) test. 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 team must respond to the question below, and the form must be retained as part of the student’s IEP:

1. ☐ Yes ☐ No Does the student have a current IEP 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, and
- an explanation of how the specific characteristics of the student’s disabilities are addressed by the features or capabilities of the calculator.

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?

   If response is Yes, provide justification below:

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.
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 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?

   If response is Yes, provide justification below:

   [Blank space for justification]

5. □ Yes □ No Does the student need to use a calculator, arithmetic tables, or machines to access the section of the SOL Mathematics test in which a calculator is not allowed (SOL Mathematics tests for grades 3-7)?

   If response is Yes, provide justification below:

   [Blank space for justification]

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.
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.

SS/SE-274 (7/19)
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.

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.
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
- Assemblies
- Natural Environment (ECSE only)
- Recess (ES only)
- General Education Specials/Electives
- Adult/Community Setting
- Hallways/Transition
- Cafeteria
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.

<table>
<thead>
<tr>
<th>Service*</th>
<th>Hours of Special Education Services in General Education Setting</th>
<th>Hours in Special Education Setting Only</th>
<th>Frequency</th>
<th>Begin Date**</th>
<th>End Date**</th>
<th>Begin Date**</th>
<th>End Date**</th>
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</table>

*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.

<table>
<thead>
<tr>
<th>Related Service</th>
<th>Date of Dismissal</th>
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<tbody>
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</table>

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.
Special Education Placement Rationale:

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.

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

<table>
<thead>
<tr>
<th>Considered</th>
<th>Selected</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Education Class(es) (including integrated settings)</td>
<td></td>
</tr>
<tr>
<td>Special Class(es)</td>
<td></td>
</tr>
<tr>
<td>Public Separate Day School</td>
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<tr>
<td>Private Day School</td>
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<tr>
<td>State Operated Program</td>
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<tr>
<td>Private Residential School</td>
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<tr>
<td>Home Based Instruction</td>
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<tr>
<td>Homebound Services</td>
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<tr>
<td>Other (Described)</td>
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</tbody>
</table>

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):

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.

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.
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.
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:

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

<table>
<thead>
<tr>
<th>Goal(s) and/or Short Term Objective(s)</th>
<th>How will progress be measured?</th>
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<tbody>
<tr>
<td>(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.)</td>
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</table>

☐ 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:

<table>
<thead>
<tr>
<th>Service</th>
<th>Hours of Special Education Service in General Education Settings</th>
<th>Hours in Special Education Setting Only</th>
<th>Frequency Weekly</th>
<th>Monthly</th>
<th>Begin Date</th>
<th>End Date</th>
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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. 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 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 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

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.
Behavior Intervention Plan

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student ID Number</th>
<th>School</th>
<th>Date</th>
</tr>
</thead>
</table>

Team Members

<table>
<thead>
<tr>
<th>Team Position</th>
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</table>

| 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?

<table>
<thead>
<tr>
<th>Social-Emotional</th>
<th>Behavioral</th>
<th>Academic</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Understanding Consequences of Actions</td>
<td>☐ Shifting Thoughts or Tasks</td>
<td>☐ Mastering Academic Concepts</td>
</tr>
<tr>
<td>☐ Managing Emotional Response</td>
<td>☐ Persisting on Challenging Tasks</td>
<td>☐ Completing Academic Tasks</td>
</tr>
<tr>
<td>☐ Handling Unpredictability or Novelty</td>
<td>☐ Maintaining Focus</td>
<td>☐ Other (Specify)</td>
</tr>
<tr>
<td>☐ Communicating Wants/Needs</td>
<td>☐ Seeking Attention/Help Appropriately</td>
<td></td>
</tr>
<tr>
<td>☐ Communicating with Others</td>
<td>☐ Other</td>
<td></td>
</tr>
<tr>
<td>☐ Understanding the Perspective of Others</td>
<td></td>
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<tr>
<td>☐ Other</td>
<td></td>
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</tr>
</tbody>
</table>
**Skills:** What skill does the student need to learn? (Prioritize and be explicit.)

<table>
<thead>
<tr>
<th>Target Skill</th>
<th>What strategies will lead to the skill?</th>
<th>When?</th>
<th>By Whom? (staff position)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Skill(s):</td>
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<tr>
<td>Behavioral Skill(s):</td>
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<td></td>
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<tr>
<td>Academic Skill(s): (as needed)</td>
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</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Proactive Strategies</th>
<th>Responsive Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modify amount or type of activity</td>
<td>Provide checks for understanding</td>
</tr>
<tr>
<td>Modify student schedule</td>
<td>Provide reinforcement for appropriate behavior</td>
</tr>
<tr>
<td>Change class seating arrangement</td>
<td>Increase physical proximity</td>
</tr>
<tr>
<td>Provide choice of task or preferred activity</td>
<td>Offer verbal/nonverbal redirection</td>
</tr>
<tr>
<td>Provide extra attention to the student</td>
<td>Re-teach appropriate behavior or academic skill</td>
</tr>
<tr>
<td>Offer student regularly scheduled breaks</td>
<td>Increase home-school communication</td>
</tr>
<tr>
<td>Increase opportunities for peer interactions</td>
<td>Scheduled time in an alternative educational environment</td>
</tr>
<tr>
<td>Increase positive home-school communication</td>
<td>Other: ________________________________</td>
</tr>
<tr>
<td>Other</td>
<td>Other: ________________________________</td>
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</tbody>
</table>

### 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 ____________________________ Measured change in problem behavior ____________________________

Targeted increase in appropriate 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:
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
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 measurable, 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?
Functional Behavior Assessment

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

Get/Obtain:  Escape/Avoid:
- Attention from
- Task/Activity/Item
- Sensory Stimulation
- 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 ____________________
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 eligible student.
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,
### NOTICE AND CONSENT FOR EVALUATION

<table>
<thead>
<tr>
<th>Student</th>
<th>DOB</th>
<th>ID Number</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>Telephone (Mother) (H) (W)</td>
<td>Telephone (Father) (H) (W)</td>
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</table>

**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.
   - [ ] Other

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 or Language - articulation, voice, fluency, and oral language
   - [ ] Hearing Screening - hearing acuity
   - [ ] Developmental (preschool) Specify one or more of the following: adaptive, cognitive, physical, communication, and social/emotional
   - [ ] Occupational Therapy - functional motor ability for learning and school performance
   - [ ] Physical Therapy - safety, mobility, and functional movement in school
   - [ ] Vision Screening - visual acuity
   - [ ] Audiological - complete assessment of hearing
   - [ ] Functional Vision - functional use of near, intermediate, and distance vision
   - [ ] 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.
   - [ ] 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.
- [] 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.

3. **RIGHTS:** Your rights are described in detail in the copy of Your Family's Special Education Rights (Virginia Procedural Safeguards Notice) previously provided. Please read this document carefully. 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 www.fcps.edu/dss/sci/documents/.

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

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

   Parent or Guardian Signature ___________________________ Date ____________

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

   Parent or Guardian Signature ___________________________ 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.