



**Evidence of Progress Monitoring**  
**School District of Indian River County**  
**#SDIRCStrongerTogether**

**Date:** 11/18/2020

**School/Department:** Curriculum & Instruction

**Action Step #**

**and Description:**

**(If more than one action step is evidenced here, please include all action step #'s and a brief description of each.)**

Action Step 3.1 - Individuals with Disabilities Education Act - SPSS

Increase knowledge and skills of school-based Local Educational Agency (LEA) representatives in monitoring and implementing compliance and accountability standards as related to Individuals with Disabilities Education Act (IDEA) eligibility determinations, through intensive professional development sessions and ongoing technical assistance.

**Explanation of Evidence:**

Resource Specialist Meeting scheduled for 11.18.20. This session focuses on procedures, guidance and implementation of our new State IEP system PEER. The LEA IEP process and meeting communication.

**Results of Action Taken:**

Professional development provided to site based LEA's (Resource Specialists) a pre/post assessment and embedded Q & A thought presentation will be reviewed and clarified.

**Reflection:**

Review pre/post assessment and case reviews



## Office of Strategic Planning & Support Services

*Pamela Dampier, Assistant Superintendent*

*Department of Exceptional Student Education  
Matina Pappalardo, Director of Exceptional Student Education*

November 18, 2020

Participants: Matina Pappalardo, Jessica Rojas, Thomas Stull, Rachelle Tolliver, Kathryn Wolf, Daphne Mathews

Desired outcome: Update LEA's with additional compliance guidance and IEP meeting procedures

Topics	Person responsible	Time Frame
Welcome	Tolliver	8:00-8:15
Pretest	Stull	8:15-8:30
Organizational Procedures	Tolliver	8:30-8:45
Technical Assistance paper- Evaluation, Determination of Eligibility, Reevaluation, Provision of ESE Services		8:45-9:00
General Peer Overview	Linda Collins	9:00-9:15
FLDOE -PEER VIDEO	Tolliver	9:15-10:00
Break		10:00-10:10
PEER -Initial Provision of ESE services, Notice and consent for initial evaluation	Linda Collins	10:10-10:45
Focus ESE Exceptionalities Tab	Ainsley Seeley	10:45-11:00
Gifted-EP	Debbie Irish	11:00-11:30
Lunch	ALL	11:30-12:30
Medicaid Random Moment	Kat Wolf	12:30-12:45
Behavior Analysis Review	Tom Stull	12:45-1:00
Successful Strategies and Tools for Removing Barriers during ESE/IEP meetings	Tolliver/Daphne	1:00-2:30
Q and A	ALL	2:30-2:45
Post assessment	ALL	2:45-3:00

### Evaluation & Eligibility

**Notice and Consent for Initial Evaluation** [[User Guide](#) | [Tutorial Video](#)(0:04:55–0:15:43)]

**Notice of Eligibility/Ineligibility** [[User Guide](#) | [Tutorial Video](#) (0:15:44–0:24:49)]

**Consent for Initial Provision of ESE Services** [[User Guide](#) | [Tutorial Video](#) (0:24:50–0:27:24)]

**Notice and Consent for Reevaluation** [[User Guide](#) | [Tutorial Video](#) (0:27:25–0:39:50)]

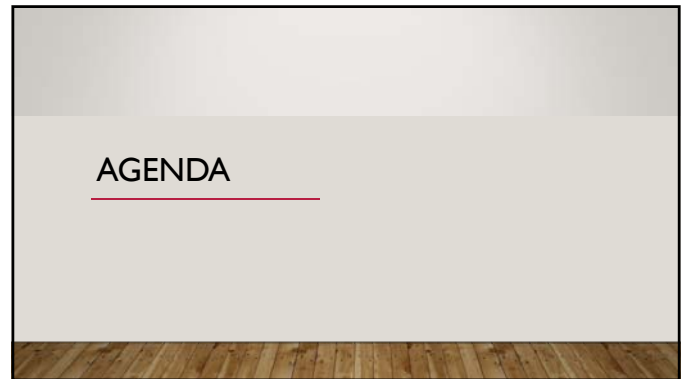
**Written Summary of Group's Analysis - Intellectual Disability (InD)** [[User Guide](#) | [Tutorial Video](#)]

**Written Summary of Group's Analysis - Specific Learning Disability (SLD)/Language Impairment (LI)** [[User Guide](#) | [Tutorial Video](#)]





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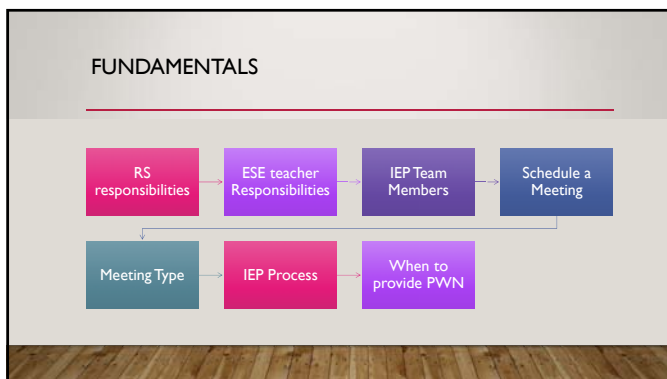
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Topics	Person responsible	Time frame
Agenda	Facilitator	8:30-9:15
Administrative Business	Facilitator	9:15-9:30
Professional Development	Facilitator	9:30-9:45
Discussion: Determination of Eligibility: Specialized: Provision of	Facilitator	9:45-10:00
ESE services	Facilitator	10:00-10:15
Specialized: Provision of	Facilitator	10:15-10:30
Facilitator: ESE	Facilitator	10:30-10:45
ESE	Facilitator	10:45-11:00
ESE: Provision of ESE	Facilitator	11:00-11:15
services: Review and concerns for	Facilitator	11:15-11:30
review: Review and concerns for	Facilitator	11:30-11:45
review: Review and concerns for	Facilitator	11:45-12:00
review: Review and concerns for	Facilitator	12:00-12:15
review: Review and concerns for	Facilitator	12:15-12:30
review: Review and concerns for	Facilitator	12:30-12:45
review: Review and concerns for	Facilitator	12:45-1:00
review: Review and concerns for	Facilitator	1:00-1:15
review: Review and concerns for	Facilitator	1:15-1:30
review: Review and concerns for	Facilitator	1:30-1:45
review: Review and concerns for	Facilitator	1:45-2:00
review: Review and concerns for	Facilitator	2:00-2:15
review: Review and concerns for	Facilitator	2:15-2:30
review: Review and concerns for	Facilitator	2:30-2:45
review: Review and concerns for	Facilitator	2:45-3:00

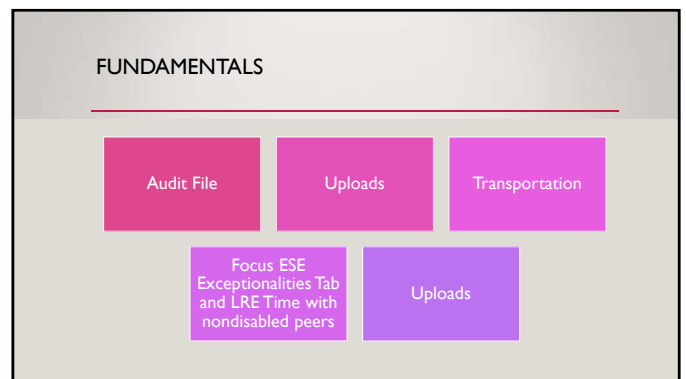
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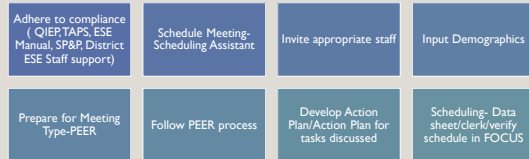


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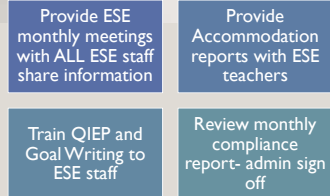
6

## RS RESPONSIBILITIES



7

## RS RESPONSIBILITIES



8

## ESE TEACHER RESPONSIBILITIES

- Write PLEP
- IEP Goals and Objectives
- Provide specialized instruction IEP Goals
- Monitor IEP Goals
- Collaborate with gen ed grading practices
- Provide Progress Summaries

9

## ESE TEACHER RESPONSIBILITIES

- Provide and share with general education student's accommodations/modifications
- Planning with gen ed teachers including FSAA access points when student is in gen ed
- Provide instructional strategies/explicit instruction per IEP.

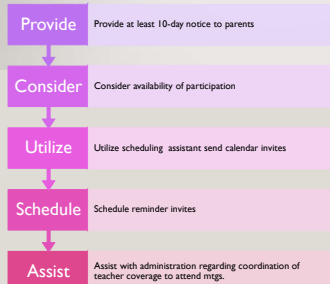
10

## IEP TEAM MEMBERS

- Parent/Guardian
- Student as appropriate
- At least one general education teacher
- At least one ESE teacher
- Related Services as appropriate
- LEA
- Evaluation review and results interpreter
- Other as appropriate

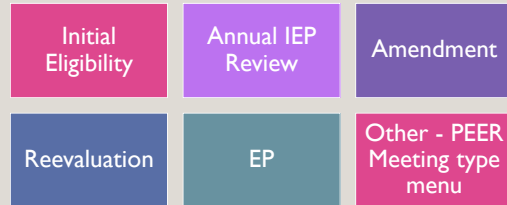
11

## SCHEDULING A MEETING



12

### MEETING TYPE ( PEER PROCESS)



13

### IEP PROCESS

- Referral
- Evaluation
- IEP decides:
  - Does the child have an impairment?
  - Does the child need special education?
- IEP decides on placement/ implement IEP
- IEP Team reviews placement at least annually
- IEP teams does a reevaluation at least every three years

14

### WHEN TO PROVIDE PRIOR WRITTEN NOTICE (PWN)

- Requires the school to send written explanations of *any* proposed changes in a student's plan.
- Requires the school to send a written notice if the school denies a parent request.
- PWN is part of PEER in the following documents- initial consent and reevaluation.
- Utilize PEER document for all other including
  - separate day school, FSAA access points

15

### AUDIT FILE

- Organized
- Secure
- Most recent on top
- Secure and confidential
- Matriculated as appropriate
- Absent of emails/notes/ extraneous information



16

### UPLOADS

- All evaluations are stored in Audit Files
- Uploads of IEP and EP uploaded into FOCUS ESE Tab
- Updated storage area is coming soon- Training at next RS meeting



17

### TRANSPORTATION

If a student has specialized transportation, utilize and update transportation tab

Refer to transportation document from Mr. Idelette ( RS TEAMS)

18

## FOCUS ESE EXCEPTIONALITIES TAB

This tab is used for following:

Update after EVERY IEP Mtg.

Accuracy is Critical

- Data for all surveys
- Data for the FLDOE
- Data related to LRE
- Data related to Funding/Matrix/FTE

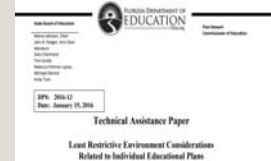
19

## LEAST RESTRICTIVE ENVIRONMENT

C-11. How is the percent of time with peers without disabilities calculated?

To calculate the percent of time with peers without disabilities, use the following formula. This percentage must be entered into the database for every student with a disability.

$$\frac{\text{Time spent with peers without disabilities} \times 100}{\text{Total time in school per week}} = \text{Percent of time with peers without disabilities}$$



20

## LRE- TIME WITH NONDISABLED PEERS

- Non-Disabled PEERS = ESE students in general education
  - SWD that are included in gen ed classes (SF/Inclusion/FSA/FSAA ESE students in gen ed class)
    - Time with non-disabled peers is documented on IEP and Focus ESE Tab
      - **Total mins per school week - Total time with non-disabled peers = total mins. With nondisabled peers**
    - ESE students in a separate class with all ESE students ( self-contained, therapy room, ESE courses with all ESE students etc.) The mins are subtracted from non-disabled peers
      - **Total mins in school week -(participation in gen ed, lunch, recess etc.)= total mins with nondisabled peers**
  - <https://info.fl DOE.org/docu share/dsweb/Get/Document-7540/dps-2016-13.pdf>

21

## WHEN IS PARENTAL CONSENT MANDATORY

- Initial Evaluation/Initial Eligibility
- FSAA placement
- Separate day school placement

22

## TIMELINES

- Annual IEP -(QIEP)
  - Year to date - must be at least annually, unless requested before.( 11.13.19-11.13.20)
- Reevaluation -(TAP)
  - Reevaluation-three years from the last assessment administered or data collected during initial evaluation process
  - The due date for subsequent reevaluations is the three-year anniversary date
- PWN- properly notice
  - PWN is provided after the IEP meeting
  - If parent did not attend IEP mtg. Provide PWN to parent.

23

## TECHNICAL ASSISTANCE

- <https://info.fl DOE.org/docu share/dsweb/Get/Document-7505/dps-2015-152.pdf>



24

## SOLO SKIM AND REVIEW 15 MINS

EACH RS PLEASE TYPE 2 NEW FINDINGS IN  
THE CHAT



25

## QUALITY IEP

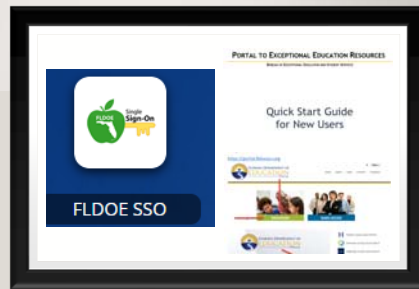
<http://www.fl DOE.org/core/fileparse.php/7690/urlto/0070122-qualityieps.pdf>



26

## PEER IEP OVERVIEW

RS TEAM SITE DOCUMENTS



27

## PEER OVERVIEW

Linda Collins

28

## Meeting Notice

**Procedural Safeguards**  
A copy of the procedural safeguards must be provided to the parent(s) at least one time each school year. A copy also must be provided (1) upon initial referral for evaluation, (2) upon receipt of the first state complaint within the school year, (3) upon filing of the first due process, (4) in accordance with the discipline procedures in Rule 6A-4.003(2), Florida Administrative Code (F.A.C.) and (5) upon request by a parent.

A copy of the procedural safeguards is provided with this notice: ☐ Yes ☐ No

**Yes-Indicate if you provided the procedural safeguards with the notice**

**No-When you select No a box will appear and you tell how the Procedural Safeguards were provided**

**Safeguard Sources**

The following are sources for the parent to contact for a copy of the procedural safeguards or for assistance in understanding the procedural safeguards:

Safeguard Source 1: Name and **Save and Finalize Meeting Notice the day it is created.** [Text Box] [Email] [Phone]

Safeguard Source 2: Name and/or Title [Text Box] [Phone/Email] [Email]

[Save Data] [Cancel]

29

## MEETING NOTICE

Meeting Notice

Meeting Date: 11/18/2020 Created by: Linda Collins@fldoe.org

Click on IEP Meeting Notice to create a 2<sup>nd</sup> Meeting Notice

30

31

32

33

34

35

36



### Special Considerations

7. If the student is blind or visually impaired, is s/he being provided instruction in and/or actively using Braille?  
☐ Yes  
☐ No

8. Does the student have communication needs?  
☐ Yes  
☐ No

9. Is the student deaf or hard of hearing?  
☐ Yes  
☐ No

10. If the student is deaf or hard of hearing, what opportunities for direct communication with peers and professionals in the student's language does the Communication Plan indicate are needed?  
☐ Yes  
☐ No

11. If the student is deaf or hard of hearing, what opportunities for direct communication in the student's language does the Communication Plan indicate are needed?  
☐ Yes  
☐ No

12. Does the student need assistive technology, device and services?  
☐ Yes  
☐ No

13. If the student is blind or visually impaired, is s/he being provided instruction in and/or actively using Braille?  
☐ Yes  
☐ No

14. Does the student have communication needs?  
☐ Yes  
☐ No

15. Is the student deaf or hard of hearing?  
☐ Yes  
☐ No

16. If the student is deaf or hard of hearing, what opportunities for direct communication with peers and professionals in the student's language does the Communication Plan indicate are needed?  
☐ Yes  
☐ No

17. If the student is deaf or hard of hearing, what opportunities for direct communication in the student's language does the Communication Plan indicate are needed?  
☐ Yes  
☐ No

18. Does the student need assistive technology, device and services?  
☐ Yes  
☐ No

37

### Special Considerations

13. Is the student able to participate in the regular PE program available to all students?  
☐ Yes  
☐ No

14. Does the student need to be specially designed PE under "Present Levels, Goals, and Objectives" and include the service under "Special Education"?  
☐ Yes  
☐ No

15. Does the student participate in the regular PE program but requires accommodations in equipment and/or services, support, "bar" and identify the necessary supports under the applicable section of the IEP?  
☐ Yes  
☐ No

16. Does the student participate in the regular PE program but requires accommodations in equipment and/or services, support, "bar" and identify the necessary supports under the applicable section of the IEP?  
☐ Yes  
☐ No

17. Does the student participate in the regular PE program but requires accommodations in equipment and/or services, support, "bar" and identify the necessary supports under the applicable section of the IEP?  
☐ Yes  
☐ No

18. Does the student participate in the regular PE program but requires accommodations in equipment and/or services, support, "bar" and identify the necessary supports under the applicable section of the IEP?  
☐ Yes  
☐ No

19. Does the student participate in the regular PE program but requires accommodations in equipment and/or services, support, "bar" and identify the necessary supports under the applicable section of the IEP?  
☐ Yes  
☐ No

20. Does the student participate in the regular PE program but requires accommodations in equipment and/or services, support, "bar" and identify the necessary supports under the applicable section of the IEP?  
☐ Yes  
☐ No

38

### Special Considerations

13. Is the student able to participate in the regular PE program available to all students?  
☐ Yes  
☐ No

14. Does the student need to be specially designed PE under "Present Levels, Goals, and Objectives" and include the service under "Special Education"?  
☐ Yes  
☐ No

15. Does the student participate in the regular PE program but requires accommodations in equipment and/or services, support, "bar" and identify the necessary supports under the applicable section of the IEP?  
☐ Yes  
☐ No

16. Does the student participate in the regular PE program but requires accommodations in equipment and/or services, support, "bar" and identify the necessary supports under the applicable section of the IEP?  
☐ Yes  
☐ No

17. Does the student participate in the regular PE program but requires accommodations in equipment and/or services, support, "bar" and identify the necessary supports under the applicable section of the IEP?  
☐ Yes  
☐ No

18. Does the student participate in the regular PE program but requires accommodations in equipment and/or services, support, "bar" and identify the necessary supports under the applicable section of the IEP?  
☐ Yes  
☐ No

19. Does the student participate in the regular PE program but requires accommodations in equipment and/or services, support, "bar" and identify the necessary supports under the applicable section of the IEP?  
☐ Yes  
☐ No

20. Does the student participate in the regular PE program but requires accommodations in equipment and/or services, support, "bar" and identify the necessary supports under the applicable section of the IEP?  
☐ Yes  
☐ No

39

### General Factors and Assessment Data

1. Describe any health concerns.  
☐ No health concerns at this time  
☐ Medical information (date)  
☐ AND/OR  
☐ Health Care Plan (date)

2. Describe any other state-wide or district assessment(s) (e.g., Florida Alternate Assessment, FCAT, etc.)  
☐ No other state-wide or district assessment(s)

3. Describe the student's current academic achievement.  
☐ No current academic achievement  
☐ Current academic achievement

4. Describe the student's current social and emotional functioning.  
☐ No current social and emotional functioning  
☐ Current social and emotional functioning

5. Describe the student's current behavior.  
☐ No current behavior  
☐ Current behavior

6. Describe the student's current learning environment.  
☐ No current learning environment  
☐ Current learning environment

7. Describe the student's current health status.  
☐ No current health status  
☐ Current health status

40

### General Factors and Assessment Data

6. Describe, if appropriate, any interagency responsibilities or any needed linkages.  
☐ No interagency responsibilities or needed linkages  
☐ Interagency responsibilities or needed linkages

7. Describe the parent's concerns for enhancing the education of the student.  
☐ The parent's concerns for enhancing the education of the student include:  
☐ Multiple attempts were made to contact the parents regarding their concerns, but no information was obtained. Meeting notice sent home Date and method (with student, via email)

8. How was parent input obtained?  
☐ Interviewed meeting  
☐ Participated in meeting via telephone  
☐ Prior communication in person  
☐ Prior communication via phone call  
☐ Written input  
☐ Other

9. If "Other," please describe:  
☐ Other

10. If PARENTS DO NOT ATTEND, COPY AND PASTE FROM ABOVE  
☐ Multiple attempts were made to contact the parents regarding their concerns, but no information was obtained. Meeting notice sent home Date and method (with student, via email)

41

### PEER RESOURCES TEAM SITE

**Evaluation & Eligibility**  
 Notice and Consent for Initial Evaluation [\[User Guide\]](#) [\[Tutorial Video \(0:04:55-0:15:43\)\]](#)  
 Notice of Eligibility/Ineligibility [\[User Guide\]](#) [\[Tutorial Video \(0:15:44-0:24:49\)\]](#)  
 Consent for Initial Provision of ESE Services [\[User Guide\]](#) [\[Tutorial Video \(0:24:50-0:27:24\)\]](#)  
 Notice and Consent for Reevaluation [\[User Guide\]](#) [\[Tutorial Video \(0:27:25-0:39:50\)\]](#)  
 Written Summary of Group's Analysis - Intellectual Disability (ID) [\[User Guide\]](#) [\[Tutorial Video\]](#)  
 Written Summary of Group's Analysis - Specific Learning Disability (SLD)/Language Impairment (LI) [\[User Guide\]](#) [\[Tutorial Video\]](#)

42

## PEER RESOURCES TEAM SITE

- **Meeting Notices** [[User Guide](#) | [Tutorial Video](#) (Creating a Notice) | [Tutorial Video](#) (Dashboard Features)]
- **Section 504**
- Section 504 Notice and Consent for Evaluation/Reevaluation [[User Guide](#) | [Tutorial Video](#) (0:04:47–0:13:00)]
- Section 504 Evaluation/Reevaluation [[User Guide](#) | [Tutorial Video](#) (0:13:01–0:35:00)]
- Section 504 Committee Meeting Notice [[User Guide](#) | [Tutorial Video](#) (1:02:04–1:04:51)]
- Section 504 Plan [[User Guide](#) | [Tutorial Video](#) (0:35:01–1:02:03)]

43

## TECHNICAL ASSISTANCE

- <https://info.fldoe.org/docshare/dsweb/Get/Document-7505/dps-2015-152.pdf>



44

## CONSENT FOR INITIAL/EVALUATION RULE 6.0331(3)(G), F.A.C

HIGHLIGHT A-1, A-2, B-1, B-3, B-9, B-14

45

## INITIAL CONSENT FOR ESE ELIGIBILITY

RULE 6A-6.0331(3)(A), F.A.C.,

46

## Notice and Consent for Initial Evaluation

47

## Notice and Consent for Initial Evaluation

48

49

50

51

52

53

54

**Notice and Consent for Initial Evaluation Dashboard**

[View Full Activity History](#) [Print Summary](#)

**Notice Details**

Notice Date: 02/27/2018

District Proposal: Conduct an initial evaluation to determine eligibility for ESE services - Disability Only (D)

**Additional Information**

☒ Parent consented to the proposed evaluation.

☐ Parent does not consent to the proposed evaluation.

☐ Parent wishes to discuss prior to providing consent. Contact parent at:

Date Received:

Evaluation Due (60 day timeline):  **60 day Timeline-Use SDRC timeline**

The form is not required. But if the Psychologist or other evaluators can look to see what the parent consented to without having the paper document.

55

**Parental Consent**

We must have your informed consent in writing before we can conduct this evaluation. Your consent is voluntary and may be revoked at any time. However, revocation will not negate an action that occurred while the consent was in place. This consent is limited to the initial evaluation, and does not include consent for the provision of special education and related services or placement in an ESE program. Please complete and return this page to: [Sample](#)

Check all that apply.

☐ Yes, I consent to the proposed evaluation.

☐ No, I do not consent to the proposed evaluation.

☐ I would like to discuss the proposed evaluation before I provide consent. Please contact me at: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Revisions to Evaluation Plan**

This evaluation plan is based on the information currently available. Preliminary results may cause an evaluator to suspect a different disability; identify additional procedure(s) needed to ensure the evaluation is sufficiently comprehensive; or deem that proposed procedure(s) are not relevant or necessary. Please initial next to the action(s) you want us to take if a change is recommended.

☐ Conduct additional recommended procedures to ensure a sufficiently comprehensive evaluation and notify me of the changes. I understand this will not delay completion of the evaluation.

☐ Eliminate procedures in the proposed evaluation plan if they are deemed no longer relevant or necessary and notify me of the changes.

☐ Do not make any changes to the evaluation plan. Please contact me to discuss any recommended changes.

**On the printed form parent indicates if they consent or not to the proposed evaluation(s)**

There are times once you start an evaluation you may determine that some evaluations are not necessary, or you want to add more evaluations. You can have parent initial if it is ok to conduct additional evaluations or eliminate unnecessary evaluations, they just want to be notified.

In some cases they don't want any changes.

56

**Notice and Consent for Initial Evaluation Dashboard**

[View Full Activity History](#) [Print Summary](#)

**Notice Details**

Notice Date: 02/27/2018

District Proposal: Conduct an initial evaluation to determine eligibility for ESE services - Disability Only (D)

**Additional Information**

☒ Parent consented to the proposed evaluation.

☐ Parent does not consent to the proposed evaluation.

☐ Parent wishes to discuss prior to providing consent. Contact parent at:

Date Received:

Evaluation Due (60 day timeline):  **60 day Timeline-Use SDRC timeline**

The form is not required. But if the Psychologist or other evaluators can look to see what the parent consented to without having the paper document.

57

**TECHNICAL ASSISTANCE**

State Board of Education  
Florida Department of Education  
Non-School Commissioner of Education

DATE: 2015-152  
Date: November 20, 2015

**Technical Assistance Paper**  
Evaluation, Determination of Eligibility, Reevaluation and the Provision of Exceptional Student Education Services

<https://info.fl DOE.org/docu share/dsweb/Get/Document-7505/dps-2015-152.pdf>

58

**ESE ELIGIBILITY**

Home | Students | Exceptional Student Education | ESE Eligibility

**ESE ELIGIBILITY**

Autism Spectrum Disorder (ASD)

Deaf or Hard of Hearing (DHH)

Developmentally Delayed

Deaf-Sensory Impairment (DSI)

Emotional Behavioral Disability (EBD)

Hospital Homebound (HH)

Intellectual Disabilities (ID)

Language Impairment (LI)

**ESE Eligibility**

The Bureau of Exceptional Education and Student Services supports school districts and others in their efforts to provide exceptional student education programs for students ages 3 - 21 who have disabilities and students who are gifted.

Each school district is responsible for providing services to students who are eligible for the following exceptional student education (ESE) programs:

- Autism Spectrum Disorder (ASD)
  - Established Conditions (EC) Ages Birth Through 2 Years Old
  - Developmentally Delayed (DD) Ages Birth Through 2 Years Old
  - Gifted/Talented (GT) Ages Birth Through 2 Years Old
- Deaf or Hard of Hearing (DHH)
  - Established Conditions (EC) Ages Birth Through 2 Years Old
  - Developmentally Delayed (DD) Ages Birth Through 2 Years Old
  - Gifted/Talented (GT) Ages Birth Through 2 Years Old
- Deaf-Sensory Impairment (DSI)
  - Established Conditions (EC) Ages Birth Through 2 Years Old
  - Developmentally Delayed (DD) Ages Birth Through 2 Years Old
  - Gifted/Talented (GT) Ages Birth Through 2 Years Old
- Emotional Behavioral Disability (EBD)
  - Established Conditions (EC) Ages Birth Through 2 Years Old
  - Developmentally Delayed (DD) Ages Birth Through 2 Years Old
  - Gifted/Talented (GT) Ages Birth Through 2 Years Old
- Hospital Homebound (HH)
  - Established Conditions (EC) Ages Birth Through 2 Years Old
  - Developmentally Delayed (DD) Ages Birth Through 2 Years Old
  - Gifted/Talented (GT) Ages Birth Through 2 Years Old
- Intellectual Disabilities (ID)
  - Established Conditions (EC) Ages Birth Through 2 Years Old
  - Developmentally Delayed (DD) Ages Birth Through 2 Years Old
  - Gifted/Talented (GT) Ages Birth Through 2 Years Old
- Language Impairment (LI)
  - Established Conditions (EC) Ages Birth Through 2 Years Old
  - Developmentally Delayed (DD) Ages Birth Through 2 Years Old
  - Gifted/Talented (GT) Ages Birth Through 2 Years Old

<http://www.fl DOE.org/academics/exceptional-student-edu/e se-eligibility/>

59

**ELIGIBILITY DETERMINATION**

- INITIAL ELIGIBILITY DETERMINATION
- HIGHLIGHT SECTION C-1,C-2,C-3,C-4**
- [HTTP://WWW.FL DOE.ORG/ACADEMICS/EXCEPTIONAL-STUDENT-EDU/ESE-ELIGIBILITY/](http://www.fl DOE.org/academics/exceptional-student-edu/e se-eligibility/)

60

**Florida Department of Education**  
Portal to Exceptional Education Resources  
Home | Exceptional Education Services | Home

**Student Dashboard**

Name: Primitivo, Tropical  
Birth Date: 12/11/1985 (of Years & Months)  
State Student ID - Alias: 7862364537  
Native Language: Spanish  
Primary Language: English

Grade: 05  
Local Student ID: 1234567890

**Buttons:** Add New Student, Search Manually Add Students

**Navigation:** Student Information, Evaluation & Eligibility, Plans, Meeting Notice, Play Video Notice, Notices, Conference Notes, Updated File

**Left Sidebar:**  
 - Student Search  
 - Documents, Forms, and Assessments  
 - Assessment Reports  
 - Monthly School Reevaluation Lists  
 - Add New Student  
 - Search Manually Add Students

61

**Notice of Eligibility/Ineligibility**

**Required**  
Meeting/Review Date

**Describe each evaluation procedure, assessment, record, or report reviewed and used as a basis for the proposal.**  
 Identify the data sources, including the name of the specific instrument administered when applicable, upon which the team is basing this proposal. Assessment test fields are programmed to autocomplete based on the evaluation instruments list provided in the Student Report Services Project Test-based Evaluation Resources.  
 Note: The list does not include in the file the specific edition or version that was administered. Instead, the printed document will direct the user to refer to the actual evaluation report to find this information. It is expected that all evaluation reports will be attached to this notice as part of the documentation provided to the parent.

**Required**  
☐ Achievement  
☐ Adaptive Behavior  
☐ Academic Technology  
☐ Attendance Records  
☐ Autism Spectrum Checklist/Feeling Scale  
☐ Classroom Assignments and Assessments  
☐ Developmental/Early Childhood  
☐ Diagnostic Records  
☐ District Assessment(s)  
☐ Florida Standards Assessment – ELA  
☐ Florida Standards Assessment – Mathematics  
☐ Functional Behavior Assessment  
☐ Adaptive Behavior  
☐ Basic Reading  
☐ Reading Comprehension  
☐ Reading Fluency  
☐ Written Expression  
☐ Math Calculation  
☐ Math Problem Solving  
☐ Other

62

**Initial Eligibility**

**This eligibility determination is the result of:**  
**Required**  
☐ Initial Evaluation – Disability (D) (Includes out-of-state transfer student for whom the district determined an evaluation was required.)  
☐ Initial Evaluation – Giftedness (G) (Includes out-of-state transfer student for whom the district determined an evaluation was required.)  
☐ Initial Evaluation – Disability and Giftedness (M) (Includes out-of-state transfer student for whom the district determined evaluation was required.)  
☐ Reevaluation – Formal Evaluation Procedure(s) Conducted  
☐ Out-of-State Transfer – Review of Data

**Effective Date**  
 Parents must be given written notice a reasonable time before the district proposes or refuses to initiate or change the identification, evaluation, educational placement, or provision of FAPE to a student.  
 Refer to your district's policy for deferring implementation for a "reasonable time" when the parent is not in attendance or does not agree with the team's decision.

**Required**  
 Effective Date  
 Enter date of eligibility determination meeting

63

**Based on the results of the initial evaluation (check all that apply):**  
☒ This student meets eligibility criteria for ESE services under the following:  
☐ Autism Spectrum Disorder (D)  
☐ Deaf or Hard of Hearing (H)  
☐ Developmental Delay (F)  
☐ Emotional/Behavioral Disability (E)  
☐ Gifted (G)  
☐ Homebound/Hospitalized (M)  
☐ Intellectual Disability (I)  
☐ Dual Sensory Impairment (S)  
☒ Language Impairment (L)  
☐ Orthopedic Impairment (C)  
☒ Other Health Impairment (O)  
☐ Specific Learning Disability (K)  
☒ Speech Impairment (F)  
☐ Traumatic Brain Injury (T)  
☐ Visual Impairment (V)  
☐ Other

☐ The student does not meet eligibility criteria for ESE services under the following:

**Primary Exceptionality**  
 Other Health Impairment (O)

64

**Effective Date**  
 Parents must be given written notice a reasonable time before the district proposes or refuses to initiate or change the identification, evaluation, educational placement, or provision of FAPE to a student.  
 Refer to your district's policy for deferring implementation for a "reasonable time" when the parent is not in attendance or does not agree with the team's decision.

**Required**  
 Effective Date

**Describe any other factors relevant to this proposal.**  
**Required**  
 There are no other factors relevant to this proposal.

**Describe any other options that were considered and the reasons why those options were rejected.**  
**Required**

**Date last evaluation procedure was completed as part of the evaluation or reevaluation:**  
**Required**  
 Date Last Evaluation Completed  
 Enter the date of the last evaluation procedure

65

**Date last evaluation procedure was completed as part of the evaluation or reevaluation:**  
**Required**  
 Date Last Evaluation Completed

☐ Not applicable. The eligibility determination was based on review of existing information; no additional evaluation procedures were completed.

**Reevaluation Due Date:**  
**Required**  
 Reevaluation Due Date  
 3 years from the date of the last evaluation

The reevaluation due date is three years from the date of the last evaluation procedure completed as part of the evaluation/reevaluation unless an earlier date is established by the IEP team (e.g., for a student eligible under developmental delay who will attain the age of six before the 3-year anniversary date).

☐ Reevaluation is not applicable for gifted eligibility.

**Describe how a copy of the procedural safeguards was provided or made available to the parent(s).**  
 A copy of the procedural safeguards must be provided at least once each year.

**Required**  
☐ A copy of the procedural safeguards is provided with this notice.  
☐ A copy of the procedural safeguards can be obtained as follows:

66

The following are sources for the parents to contact to obtain assistance understanding the provisions of IDEA and Florida statutes and rules governing exceptional student education.

Safeguard Source 1: Name/Title:  Linda Collins, Resource Sp Phone/Email:  772-564-5291 Ext:

Safeguard Source 2: Name/Title:  Marina Pappalardo, ESE DI Phone/Email:  772-564-5944 Ext:

The following individuals participated in the eligibility determination:

**\*Required** Type in first and last names. This is a legal document

Parent/Guardian:  Other (Name/Title):

Parent/Guardian:  Other (Name/Title):

ESE Director/Designer/LA:  Other (Name/Title):

Interpreter of Instructional Implications of Evaluation Results:  Other (Name/Title):

Psychologist:  Other (Name/Title):

School Psychologist:  Other (Name/Title):

Speech/Language Pathologist:  Other (Name/Title):

ESE Teacher:  Other (Name/Title):

67

Consent for the Initial Provision of ESE Services

Meeting Date:

The student is eligible for ESE services as:

☐ A student with a disability

Check all that apply:

- ☐ Autism Spectrum Disorder (P)
- ☐ Deaf or Hard of Hearing (H)
- ☐ Developmental Delay (T)
- ☐ Dual-Sensory Impairment (D)
- ☐ Emotional/Behavioral Disability (J)
- ☐ Intellectual Disability (I)
- ☐ Language Impairment (L)
- ☐ Orthopedic Impairment (O)
- ☐ Other Health Impairment (V)
- ☐ Specific Learning Disability (S)
- ☐ Speech Impairment (F)
- ☐ Traumatic Brain Injury (S)
- ☐ Visual Impairment (V)
- ☐ Other

☐ A student who is gifted

The signed consent form should be returned to:

Select All Eligibility Areas

If a student was evaluated for ESE and Gifted, you need two consent forms one for ESE and one for Gifted, they are two different Procedural Safeguards

68

FLORIDA DEPARTMENT OF EDUCATION  
PORTAL TO EXCEPTIONAL EDUCATION RESOURCES

Student Dashboard

Name:  Parvathi, Tripathi Birth Date:  12/15/1991 (AT Years & 3 Months) State Student ID - Alias:

School: ESE K-6 SCHOOL 3002 State Student ID: 796206040717 Native Language: Student:  Spanish

Grade:  05 Local Student ID: 1236478922 Primary Language Spoken in Home:

Notice and Consent for Initial Evaluation

Notice of Eligibility/Ineligibility

Consent for Initial Provision of ESE Services

Notice and Consent for Reevaluation

69

Consent for Initial Provision of ESE Services Dashboard

Notice Details

Notice Date: 10/06/2020

Additional Information

☒ Parent consented to services.

☐ Parent did not consent to services.

☐ Parent wishes to discuss prior to providing consent. Contact parent at:

Date Received: 10/06/2020

Notice Archive

You can add additional notices if you have made multiple attempts to contact parent

Print your Notice and Consent Form

Once you finalize the consent this will automatically populate

Select parent consented and the date then save

70

FLORIDA DEPARTMENT OF EDUCATION  
PORTAL TO EXCEPTIONAL EDUCATION RESOURCES

Student Dashboard

Name:  Parvathi, Tripathi Birth Date:  12/15/1991 (AT Years & 3 Months) State Student ID - Alias:

School: ESE K-6 SCHOOL 3002 State Student ID: 796206040717 Native Language: Student:  Spanish

Grade:  05 Local Student ID: 1236478922 Primary Language Spoken in Home:

Notice and Consent for Initial Evaluation

Notice of Eligibility/Ineligibility

Consent for Initial Provision of ESE Services

Notice and Consent for Reevaluation

71

This eligibility determination is the result of:

- ☒ Initial Evaluation - Disability (D) (Includes out-of-state transfer student for whom the district determined an evaluation was required.)
- ☐ Initial Evaluation - Giftedness (G) (Includes out-of-state transfer student for whom the district determined an evaluation was required.)
- ☐ Initial Evaluation - Disability and Giftedness (M) (Includes out-of-state transfer student for whom the district determined evaluation was required.)
- ☐ Reevaluation - Formal Evaluation Procedure(s) Conducted
- ☐ Out-of-State Transfer - Review of Data

Based on the results of the initial evaluation (check all that apply):

☐ The student meets eligibility criteria for ESE services under the following:

☒ The student does not meet eligibility criteria for ESE services under the following:

**\*Required**

- ☐ Autism Spectrum Disorder (P)
- ☐ Deaf or Hard of Hearing (H)
- ☐ Developmental Delay (T)
- ☐ Dual-Sensory Impairment (D)
- ☐ Emotional/Behavioral Disability (J)
- ☐ Gifted (G)
- ☐ Homebound/Hospitalized (M)
- ☐ Intellectual Disability (I)
- ☐ Language Impairment (L)

Select area that they are not eligible

72



**Effective Date**  
Parents must be given written notice a reasonable time before the district proposes or refuses to initiate or change the identification, evaluation, educational placement, or provision of FAPE to a student. Refer to your district's policy for defining implementation for a "reasonable time" when the parent is not in attendance or does not agree with the team's decision.

**Required**  
Effective Date:

**Describe any other factors relevant to this proposal.**

**Required**

☐ There are no other factors relevant to this proposal.

**Describe any other options that were considered and the reasons why those options were rejected.**

**Required**

All areas in red are required.

However if you select "There are no other factors relevant to this proposal" Then you are not required to put anything in the text box

73

The student meets eligibility criteria for ESE services under the following:

- ☐ Autism Spectrum Disorder (P)
- ☐ Deaf or Hard of Hearing (H)
- ☐ Developmental Delay (T)
- ☐ Dual Sensory Impairment (D)
- ☒ Emotional/Behavioral Disability (E)
- ☐ Gifted (G)
- ☐ Homebound/Hospitalized (H)
- ☐ Intellectual Disability (M)
- ☐ Language Impairment (L)
- ☐ Orthopedic Impairment (O)
- ☐ Other Health Impairment (H)
- ☐ Specific Learning Disability (K)
- ☒ Speech Impairment (P)
- ☐ Traumatic Brain Injury (T)
- ☐ Visual Impairment (V)
- ☐ Other

The student does not meet eligibility criteria for ESE services under the following:

- ☒ Autism Spectrum Disorder (P)
- ☐ Deaf or Hard of Hearing (H)
- ☐ Developmental Delay (T)
- ☐ Dual Sensory Impairment (D)
- ☐ Emotional/Behavioral Disability (E)
- ☐ Gifted (G)
- ☐ Homebound/Hospitalized (H)
- ☐ Intellectual Disability (M)

Student was evaluated for ASD, EBD &amp; Speech

Found Eligible for EBD &amp; Speech


Ineligible for ASD

74

## REEVALUATION CONTINUED ELIGIBILITY

STUDENT IS REEVALUATED AND  
CONTINUES ELIGIBILITY IN ESE

FORMAL EVALUATION OR NO  
ADDITIONAL DATA



75

## REEVALUATION



State Board of Education  
Governor: Ron DeSantis, Chair  
John A. Pappalardo, Vice Chair  
Members:  
Steve Chaffinard  
Tami Evers  
Robinson Palmero-Llanusa  
Michael Shivers  
Andy Turk

OSP#: 2015-152  
Date: November 20, 2015

**Technical Assistance Paper**  
**Evaluation, Determination of Eligibility, Reevaluation and the**  
**Provision of Exceptional Student Education Services**

76

## REEVALUATION

HIGHLIGHT TAB E-1,E-3,E-4,E-5E-7

77

Florida Department of Education  
Bureau of Exceptional Education and Student Services

### PORTAL TO EXCEPTIONAL EDUCATION RESOURCES

Log in (Username: [redacted] | Password: [redacted]) | Logout | ESE Tools

#### Student Dashboard

Name: [redacted] | Birth Date: 12/11/2003 (17 Years & 5 Months) | State Student ID: 44000  
School: ESE K-6 SCHOOL 9802 | State Student ID: 756020504071 | Native Language: Student: Spanish  
Grade: 6 | Local Student ID: 1236476922 | Primary Language Spoken at Home: English

**Tab 1 - Tools**

Student Information | Evaluation & Eligibility | Plans | Meeting Notes | Prior Written Notice | Mediation | Conference Notes | Updated Files

**4 Alerts**

Notice and Consent for Initial Evaluation  
Notice of Eligibility/Hearings  
Consent for Initial Provision of ESE Services  
Notice and Consent for Reevaluation

78

This eligibility determination is the result of:

- ☐ Initial Evaluation – Disability (D) (Includes out-of-state transfer student for whom the district determined an evaluation was required.)
- ☐ Initial Evaluation – Giftedness (G) (Includes out-of-state transfer student for whom the district determined an evaluation was required.)
- ☐ Initial Evaluation – Disability and Giftedness (M) (Includes out-of-state transfer student for whom the district determined evaluation was required.)
- ☒ Reevaluation – Formal Evaluation Procedure(s) Conducted **Select Reevaluation**
- ☐ Out-of-State Transfer – Review of Data

Based on the results of the reevaluation the district proposes (check all that apply):

**Required**

☒ Continued Eligibility: The student continues to be eligible for ESE services under the following exceptionality(ies) **Select Continued Eligibility**

- ☐ New Eligibility: Based on currently available data the student is newly determined to meet eligibility criteria for ESE services under the following exceptionality(ies).
- ☐ Discontinuation: The student continues to be eligible for ESE services, but no longer meets the eligibility criteria for, and will be discontinued from, the following disability category(ies):
- ☐ Found Not Eligible: The student was evaluated and found not eligible for the following disability category(ies):
- ☐ Dismissal: The student no longer meets eligibility criteria for ESE services and is being dismissed from the exceptional student education program.

79

Based on the results of the reevaluation the district proposes (check all that apply):

**Required**

☒ Continued Eligibility: The student continues to be eligible for ESE services under the following exceptionality(ies) **Select all the areas of continued eligibility**

- ☐ Autism Spectrum Disorder (P)
- ☐ Deaf or Hard of Hearing (H)
- ☐ Developmental Delay (T)
- ☐ Dual-Sensory Impairment (O)
- ☐ Emotional/Behavioral Disability (J)
- ☐ Gifted (L)
- ☐ Homebound/Hospitalized (M)
- ☐ Intellectual Disability (Y)
- ☐ Language Impairment (G)
- ☐ Orthopedic Impairment (C)
- ☐ Other Health Impairment (V)
- ☐ Specific Learning Disability (K)
- ☐ Speech Impairment (F)
- ☐ Traumatic Brain Injury (S)
- ☐ Visual Impairment (I)
- ☐ Other

80

**Primary Exceptionality**

**Required**

**Select Primary Exceptionality**

**Effective Date**

Parents must be given written notice a reasonable time before the district proposes or refuses to initiate or change the identification, evaluation, educational placement, or provision of FAPE to a student. Refer to your district's policy for deferring implementation for a "reasonable time" when the parent is not in attendance or does not agree with the team's decision.

**Required**

**Enter the effective date**

Describe any other factors relevant to this proposal.

**Required**

☐ The IEP team will convene to review and revise the IEP as needed to address the results of the reevaluation.

☐ There are no other factors relevant to this proposal.

81

Describe any other options that were considered and the reasons why those options were rejected.

no other options were considered

Date last evaluation procedure was completed as part of the evaluation or reevaluation:

**Required**

**Date Last Evaluation Completed**

☐ Not applicable. The eligibility determination was based on review of existing information; no additional evaluation procedures were completed.

**Reevaluation Due Date:**

**Required**

**Three years from the last evaluation procedure**


The reevaluation due date is three years from the date of the last evaluation procedure completed as part of the evaluation/reevaluation unless an earlier date is established by the IEP team (e.g., for a student eligible under developmental delay who will attain the age of six before the 3-year anniversary date).

☐ Reevaluation is not applicable for gifted eligibility.

82

**REEVALUATION  
NO  
ADDITIONAL  
DATA**

YOU CAN HAVE A 3-YEAR REEVALUATION WITHOUT HAVING FORMAL EVALUATION AND BASED ON CURRENT ASSESSMENTS AND DATA.  
(I-READY, CLASSROOM DATA, UNIT ASSESSMENTS, CLASSROOM GRADES)



83

**Notice and Consent for Reevaluation**

**Meeting Date:**

☒ Yes, whenever the IEP team individually reviewed existing information about the student without convening a meeting.

**Current Reevaluation Due Date:**

**Current Eligibility:**

The student is eligible for ESE services under the following exceptionality(ies):

- ☐ Autism Spectrum Disorder (P)
- ☐ Deaf or Hard of Hearing (H)
- ☐ Developmental Delay (T)
- ☐ Dual-Sensory Impairment (O)
- ☐ Emotional/Behavioral Disability (J)
- ☐ Gifted (L)
- ☐ Homebound/Hospitalized (M)
- ☐ Intellectual Disability (Y)
- ☐ Language Impairment (G)
- ☐ Orthopedic Impairment (C)
- ☐ Other Health Impairment (V)
- ☐ Specific Learning Disability (K)
- ☐ Speech Impairment (F)
- ☐ Traumatic Brain Injury (S)
- ☐ Visual Impairment (I)
- ☐ Other

The student is proposing to conduct:

- ☒ Required three-year reevaluation
- ☐ A more frequent reevaluation
- ☐ A more frequent reevaluation at parent request
- ☐ Other

**You can conduct a reevaluation without having formal evaluations. If your re-eval date and IEP date aren't the same, but within the same school year, you conduct both at the same time.**

**Ex--re-eval date 12/10/20, IEP 1/15/21 --Meeting date 12/01/20 write a new IEP and complete re-evaluation form and both dates we be the same. IEP Due 12/01/21 Re-eval due 12/01/23**

84



Describe each evaluation procedure, assessment, record, or report reviewed and used as a basis for the proposed action. Identify the data sources, including the specific subjects or areas of concern they addressed, on which the team is basing the proposal (e.g., All data: Reading – Comprehension, Language, Observation: reading and language, Class assignments and classroom work).

☐ Response to intervention (RTI) data  
☐ Florida Standards Assessment – E.L.A.  
☐ Florida Standards Assessment – Mathematics  
☐ Florida Standards Assessment – Science  
☐ Other data assessment(s)  
☒ District assessment(s)  
☐ Observation(s)

☐ Class assignments and assessments  
☐ Previous evaluation(s) or assessment(s)  
☐ Information provided by parent(s)  
☐ Behavior report(s)  
☐ Attendance records  
☐ Discipline records  
☐ Other

Additional data sources reviewed to determine if the student is eligible for ESE services under the following exceptionality(ies):

None, or specify the exceptionality(ies) for which the student is eligible for ESE services under the following exceptionality(ies):

None, or specify the exceptionality(ies) for which the student is eligible for ESE services under the following exceptionality(ies):

None, or specify the exceptionality(ies) for which the student is eligible for ESE services under the following exceptionality(ies):

None, or specify the exceptionality(ies) for which the student is eligible for ESE services under the following exceptionality(ies):

85

Describe any other factors relevant to this proposal.

The team suspects the student may be eligible under Autism Spectrum Disorder (P) and is proposing an evaluation to determine if the student meets initial eligibility criteria for the following exceptionality(ies):

Other factors include:

☒ There are no other factors relevant to this proposal.

Describe the reevaluation procedures the district is proposing.

Options A: Additional data are needed to determine eligibility and/or for educational planning. Check all that apply.

☒ Option B: No additional data are needed. Check all that apply.

☒ Continued Eligibility: The student continues to be eligible for ESE services under the following exceptionality(ies):

☐ Autism Spectrum Disorder (P)  
☐ Deaf or Hard of Hearing (H)  
☐ Developmental Delay (T)  
☐ Dual-Sensory Impairment (S)  
☐ Emotional/Behavioral Disability (L)  
☐ Gifted (G)  
☐ Homebound/Hospitalized (M)  
☐ Intellectual Disability (I)  
☐ Language Impairment (G)  
☐ Orthopedic Impairment (O)  
☐ Other Health Impairment (V)  
☐ Specific Learning Disability (K)  
☐ Speech Impairment (F)  
☐ Traumatic Brain Injury (S)  
☐ Visual Impairment (B)  
☐ Other

☐ New Eligibility: Based on currently available data, the student is newly determined to meet eligibility criteria for ESE services under the following exceptionality(ies):

Discontinuation: The student continues to be eligible for ESE services, but discontinues meeting the eligibility criteria for, and will be discontinued from, the following disability category(ies):

Discontinuation: The student no longer meets eligibility criteria for ESE services and is being discontinued from the exceptional student education program.

Describe any other options that were considered and the reasons why those options were rejected.

86

## REEVALUATION WITH ADDITIONAL ELIGIBILITY

STUDENT WAS REEVALUATION AND IS ELIGIBLE FOR ADDITIONAL ELIGIBILITY AREA(S)

87

☒ **New Eligibility:** Based on currently available data, the student is newly determined to meet eligibility criteria for ESE services under the following exceptionality(ies):

**Required**

☐ Autism Spectrum Disorder (P)  
☐ Deaf or Hard of Hearing (H)  
☐ Developmental Delay (T)  
☐ Dual-Sensory Impairment (S)  
☐ Emotional/Behavioral Disability (L)  
☐ Gifted (G)  
☐ Homebound/Hospitalized (M)  
☐ Intellectual Disability (I)  
☐ Language Impairment (G)  
☐ Orthopedic Impairment (O)  
☐ Other Health Impairment (V)  
☐ Specific Learning Disability (K)  
☐ Speech Impairment (F)  
☐ Traumatic Brain Injury (S)  
☐ Visual Impairment (B)  
☐ Other

Select the new eligibility area(s)

Student was evaluated for ASD, EBD & Speech

Found Eligible for EBD & Speech

Ineligible for ASD

You **Must** Develop a NEW IEP to reflect new eligibility, PLEP goals, services, etc.

88

## REEVALUATION INELIGIBLE

STUDENT WAS EVALUATED FOR AN ADDITIONAL ELIGIBILITY AREA BUT WAS FOUND NOT INELIGIBLE

89

This eligibility determination is the result of:

☐ Initial Evaluation – Disability (S) (Includes out-of-state transfer student for whom the district determined an evaluation was required.)  
☐ Initial Evaluation – Giftedness (G) (Includes out-of-state transfer student for whom the district determined an evaluation was required.)  
☐ Initial Evaluation – Disability and Giftedness (M) (Includes out-of-state transfer student for whom the district determined evaluation was required.)  
☒ Reevaluation – Formal Evaluation Procedure(s) Conducted  
☐ Out-of-State Transfer – Review of Data

Based on the results of the reevaluation the district proposes (check all that apply):

☐ Continued Eligibility: The student continues to be eligible for ESE services under the following exceptionality(ies):

☐ New Eligibility: Based on currently available data, the student is newly determined to meet eligibility criteria for ESE services under the following exceptionality(ies):

☐ Discontinuation: The student continues to be eligible for ESE services, but no longer meets the eligibility criteria for, and will be discontinued from, the following disability category(ies):

☒ Found Not Eligible: The student was evaluated and found not eligible for the following disability category(ies):

**Required**

☐ Autism Spectrum Disorder (P)  
☐ Deaf or Hard of Hearing (H)  
☐ Developmental Delay (T)  
☐ Dual-Sensory Impairment (S)  
☐ Emotional/Behavioral Disability (L)  
☐ Gifted (G)  
☐ Homebound/Hospitalized (M)  
☐ Intellectual Disability (I)  
☐ Language Impairment (G)

90

## REEVALUATION & DISCONTINUATION OF AN AREA

STUDENT WAS REEVALUATED, CONTINUES TO NEED ESE SERVICES BUT IS BEING DISCONTINUED IN OTHER ELIGIBILITY AREA(S)

91

**Discontinuation:** The student continues to be eligible for ESE services, but no longer meets the eligibility criteria for, and will be discontinued from, the following disability category(ies):

**\*Required**

- ☐ Autism Spectrum Disorder (P)
- ☐ Deaf or Hard of Hearing (H)
- ☐ Developmental Delay (T)
- ☐ Dual-Sensory Impairment (D)
- ☐ Emotional/Behavioral Disability (J)
- ☐ Gifted (G)
- ☐ Hearing/HearingImpaired (M)
- ☐ Intellectual Disability (I)
- ☐ Language Impairment (G)
- ☐ Orthopedic Impairment (C)
- ☐ Other Health Impairment (V)
- ☐ Specific Learning Disability (K)
- ☐ Speech Impairment (F)
- ☐ Traumatic Brain Injury (S)
- ☐ Visual Impairment (I)
- ☐ Other

They are still eligible under ESE but you are discontinuing eligibility in one or more areas.  
Ex: SLD, but discontinuing speech  
Select area(s) being discontinued

92

## DISMISSAL FROM ALL ESE ELIGIBILITIES

A REEVALUATION WAS CONDUCTED AND STUDENT WAS DISMISSED FROM ALL ESE ELIGIBILITIES

93

The eligibility determination is the result of:

- ☐ Initial Evaluation - Disability (D) (Includes out-of-state transfer student for whom the district determined an evaluation was required)
- ☐ Initial Evaluation - Giftedness (G) (Includes out-of-state transfer student for whom the district determined an evaluation was required)
- ☐ Initial Evaluation - Disability and Giftedness (DG) (Includes out-of-state transfer student for whom the district determined an evaluation was required)
- ☒ Reevaluation - Formal Evaluation Procedures Conducted
- ☐ Out-of-State Transfer - Review of Data

Select reevaluation

Formal evaluations should be conducted to determine dismissal from all ESE Services

Based on the results of the reevaluation the district proposes (check all that apply):

- ☐ Continued Eligibility: The student continues to be eligible for ESE services under the following exceptionality(ies)
- ☐ New Eligibility: Based on currently available data, the student is newly determined to meet eligibility criteria for ESE services under the following exceptionality(ies)
- ☐ Discontinuation: The student continues to be eligible for ESE services, but no longer meets the eligibility criteria for, and will be discontinued from, the following disability category(ies)
- ☐ Found Not Eligible: The student was evaluated and found not eligible for the following disability category(ies)
- ☒ Dismissal: The student no longer meets eligibility criteria for ESE services and is being dismissed from the exceptional student education program

Select dismissal

**Effective Date:**

Parents must be given written notice a reasonable time before the district proposes or refuses to initiate or change the identification, evaluation, educational placement, or provision of FAPE to a student. Refer to your district's policy for determining implementation for a "reasonable time" when the parent is not in attendance or does not agree with the team's decision.

**\*Required**

Effective Date

Enter dismissal date

94

Describe any other factors relevant to this proposal:

**\*Required**

- ☐ The IEP team will convene to review and revise the IEP as needed to address the results of the reevaluation.
- ☐ There are no other factors relevant to this proposal.

You can select "No other factors relevant to the proposal" or enter text in the text box

Describe any other options that were considered and the reasons why those options were rejected:

**\*Required**

If anything else was considered enter here or you can put n/a

Date last evaluation procedures were completed as part of the evaluation:

Put a date or select n/a

**\*Required**

Date Last Evaluation Completed

- ☐ Not applicable: The eligibility determination was based on review of existing information; no additional evaluation procedures were completed.

Describe how a copy of the proposal/advisability was provided or made available to the parent(s).

A copy of the proposal/advisability must be provided at least once each year.

95

## DISMISSAL/ DISCONTINUATION DISCUSSION

WE ARE WORKING WITH THE FLD OE REGARDING ANY UPDATES RELATED TO OUR CURRENT PRACTICE.



96

# FOCUS ESE EXCEPTIONALITIES TAB

AINSLEY SEELEY

97

**TOP SECTION OF ESE SCREEN  
IN FOCUS**

The Resource Specialist is responsible for all information in this section of the ESE Focus screen.

98

## ESE FEFP CODE & MATRIX RANGES

When you complete a new matrix or verify one that was completed within the last 3 years is still in line with IEP, you take the information from the Cost Factor Scale (after you have totaled ratings) and transfer these numbers into Focus.

The total cost factor is chosen from the dropdown on the ESE FEFP line and the total of ratings is chosen from the dropdown on the Matrix Ranges line.

ESE FEFP Code **4-8 Basic ESE Services [112]**  
Matrix Ranges **08 -251**

99

## ENTERING MINUTES

- The minutes in PEER are entered on the Special Education tab as well as on the LRE page. The minutes that you enter for the school week and time with non-disabled peers should match exactly to what is entered in Focus.

- Support facilitation/ Inclusion minutes are NOT subtracted from time with non-disabled peers. FULL support facilitation/Inclusion indicates FULL minutes with typically developing peers.

Time, With Non-Disabled 2025  
Time, Total Student Week 2025

- The example above is of a student who is enrolled in general education 100% of the school day and receives support facilitation services across content areas.

100

## Extended School Year Services Alternative Assessment Administered Course Accommodations Test Accommodations

These boxes are important as reports can be pulled which help make our maintenance of compliance more seamless, such as knowing which students have paper-based assessments.

- Does the IEP indicate that there is a need for ESY? Choose correctly in dropdown and make sure that transportation tab matches if IEP shows need during ESY.
- Did the team agree to Alternative Assessment? If yes, select which form in dropdown.
- In which areas were accommodations identified in the IEP? Choose as appropriate from dropdown.
- Were any special accommodations indicated? If so, choose from dropdown. I.E. Paper-based, braille, large print, passage booklet.

101


## IEP/EP SERVICES PLAN DATE SERVICES EXPIRATION DATE RE EVALUATION DATE

Plan date is the date of the IEP/Team meeting at which the updated IEP was presented. Updated annually.

Expiration date is ONE day less than the date of the meeting. This is the duration date in PEER. The re-evaluation date is updated every 3 years and is written to the same date, 3 years later from the 1<sup>st</sup> IEP in the cycle.

IEP/EP / EP / Services Plan Date 11/13/2019  
IEP/EP / EP / Services Expiration Date 11/13/2020  
Re Evaluation Date 08/28/2022

102



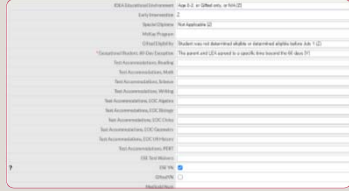
**ESE EXCEPTIONALITIES SECTION I**

- This section is completed at initial eligibility.
- It is reviewed to be correct at each IEP update.
- The next realization date gets updated upon reevaluation.
- Dismissal is updated when/if this occurs for each area of eligibility.

103

**ESE EXCEPTIONALITIES SECTION 2**

- ESEYN Box needs to be checked
- OR unchecked – Did you complete a dismissal?
- Don't forget to uncheck the box, enter the dismissal date and change the Program Status in Section I to dismissed.
- If a student has more than one eligibility, make sure that the Primary box is checked correctly and that those services which have been dismissed are correctly selected.



104

**CHECK FOR UNDERSTANDING**

- If a student is dismissed from an eligibility what are the steps?
- What if the student is completely dismissed from ESE, what steps do I take in Focus?
- When a student enrolls from out of district with an active IEP where do I put the information from current IEP?
- Where do I find the information that goes on the line for Matrix Ranges?
- How do I determine time with non-disabled? What about support facilitation minutes? Learning Strategies?

105

**EDUCATIONAL PLANS**

DEBBIE IRISH

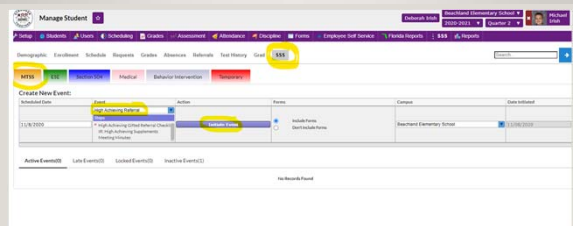
106

**GIFTED REFERRALS AND EP'S**

DEBBIE IRISH-RESOURCE SPECIALIST

107

**NEW GIFTED REFERRAL (PARENT REQUEST OR TEACHER REFERRAL)**



108

ADD AND PRINT: HIGH ACHIEVING SCORING RUBRIC, PARENT NOTIFICATION OF SCREENING, PARENT NOTIFICATION OF SCREENING RESULTS, GIFTED CHARACTERISTICS X 2, REQUEST FOR ASSISTANCE, VISION/HEARING SCREENING, INTELLECTUAL SCREENER, GIFTED REFERRAL CHECKLIST, AND SPANISH FORMS IF NEEDED.

109

Create a folder for the students and complete the following...

Parent	Send parent notification of screening form and gifted checklist home.
Teacher	Send request for assistance form and gifted checklist
Nurse	Send vision and hearing screening form

High Achieving Scoring Rubric	Record I-Ready/FSA scores
Gifted Checklist	Record dates of all forms sent out

110

## RECORD THE REFERRAL IN FOCUS

111

112

## K-BIT2 SCREENER

113

## HIGH ACHIEVING SCORING RUBRIC

NO zeros in any category

114

Notice and Consent for Initial Evaluation

115

High Achievement Student Checklist

116

SCHOOL PSYCHOLOGIST

117

Plan Information

118

PRESENT LEVELS OF PERFORMANCE

119

GOALS AND OBJECTIVES  
(SHOULD CONTAIN 2-3 MEASURABLE GOALS WITH 2 OBJECTIVES EACH)

120



« PREVIOUS | Goals and Short-Term Objectives/Benchmarks | NEXT » Access and Implementation

**Specially Designed Instruction**

✓ Your data has been saved successfully.

Initiation Date: 11/18/2020  
Termination Date: 11/18/2021

Service Description	Initiation Date	Termination Date	Frequency	Location
	11/18/2020	11/18/2021		

Save Data

« PREVIOUS | Goals and Short-Term Objectives/Benchmarks | NEXT » Access and Implementation

**Related Services**

✓ Your data has been saved successfully.

Initiation Date: 11/18/2020  
Termination Date: 11/18/2021

Service Description	Initiation Date	Termination Date	Frequency	Location
	11/18/2020	11/18/2021		

Save Data

« PREVIOUS | Goals and Short-Term Objectives/Benchmarks | NEXT » Access and Implementation

121

« PREVIOUS | Meeting Participants | NEXT » Access and Implementation

**Meeting Participants**

✓ Your data has been added successfully.

- Parent/Guardian: Trevor Ish
- Parent/Guardian:
- Student:
- General Education Teacher of the Student: Amy Kozick
- Teacher of the Gifted: Julie Brannon
- Local Educational Agency Representative (LEA): Debbie Ish
- Interpreter of Instructional Implications of Evaluation Results:
- Other Participant Name/Title:
- Other Participant Name/Title:
- Other Participant Name/Title:
- Other Participant Name/Title:
- Other Participant Name/Title:
- Other Participant Name/Title:
- Other Participant Name/Title:

5. Other Participant Name/Title:

10. Other Participant Name/Title:

11. Other Participant Name/Title:

12. Other Participant Name/Title:

13. Describe how a copy of the EP was provided to the parent or, if appropriate, to the student:  
The parent will be given a copy of the IEP at the conclusion of the meeting.

« PREVIOUS | Related Services | NEXT » Access and Implementation

122

« PREVIOUS | Meeting Participants | NEXT » Conference Notes

**Access and Implementation**

✓ Your data has been saved successfully.

- The EP is accessible to each of the student's teachers who are responsible for implementation.
- Each teacher of the student has been informed of the specific responsibilities related to implementing the EP.

Save Data

« PREVIOUS | Meeting Participants | NEXT » Conference Notes

**Conference Notes**

✓ Your data has been saved successfully.

Conference Notes

Purpose of the Meeting: EP review  
Parent concern: student is not participating in clubs and extracurricular activities due to COVID  
Team Recommendations: that Michael continue to get gifted services in the classroom and parents look to a new hobby (chess, musical instrument, book club) for additional enrichment  
Next Steps: Michael will be progress monitored on a quarterly basis.

Save Data

« PREVIOUS | Access and Implementation | NEXT » Compliance Check

Complete a Compliance Check.

123

Student: MICHAEL IRISH  
Meeting Date: 11/18/2020

**INDIAN RIVER County School District  
Educational Plan (EP) - MICHAEL IRISH**

**I. Student Information**

Date of Meeting: 11/18/2020	Duration Date: 6/31/2022
Student Name: MICHAEL IRISH	Previously Amended: N/A
DOB: 10/4/2012	Student Number: 209258
Parent(s): Deborah Walsh Trevor Ish	School: BEACHLAND ELEMENTARY SCHOOL
	Address: 1623 Georgia Rd Fort Pierce, FL 34981

**II. Present Levels of Performance**

Special Considerations (e.g. limited English proficiency):  
The student is a bilingual student. He communicates fluently at all times with both peers and adults while at school.

Concerns of the parent for enhancing the education of the student:  
Parent input form was sent home, but no concerns were noted.

Based on the strengths and interests of the student and the results of recent evaluations, including class work and state or district assessments, the student is able to:  
2020 Fall Ready Reading Diagnostic 504 SS 880/546  
2020 Fall Ready Math Diagnostic 471 SS 880/546  
District Unity Math: 90, 90, 90  
The student is a strong reader and enjoys reading for pleasure. He shows a strength in computer coding and is performing at the top of his class.

The student's giftedness results in the need for a special program and/or needs beyond the general curriculum in the following way:  
Michael requires experiences that may be addressed in a differentiated curriculum that may involve the modification of content, process, and product, and/or the learning environment.

124

**III. Measurable Annual Goals and Short-Term Objectives or Benchmarks**

Goal: Given enrichment services, Michael will be able to conduct thoughtful research and exploration in multiple fields with 90% accuracy for the duration of this educational plan.

Assessment Procedures: Student Work Product, Other

How Progress Reported: Progress will be reported on a quarterly basis.

Short-Term Objectives or Benchmarks: Given enrichment services, Michael will use and manipulate information sources with 90% accuracy for the duration of this educational plan.

Goal: Given enrichment services, Michael will be able to develop and deliver a variety of authentic products that demonstrate understanding in multiple fields with 90% accuracy over the duration of this educational plan.

Assessment Procedures: Student Work Product, Other

How Progress Reported: Progress will be reported on a quarterly basis.

Short-Term Objectives or Benchmarks: Given enrichment services, Michael will analyze relevance, reliability, and usefulness of data to draw conclusions and find effective solutions with 90% accuracy over the duration of this educational plan.

Assessment Procedures: Student Work Product

How Progress Reported: Progress will be reported on a quarterly basis.

Short-Term Objectives or Benchmarks: Given enrichment services, Michael will use and evaluate various problem-solving methods to solve problems with 90% accuracy over the duration of this educational plan.

**IV. Exceptional Education Services**

**Specially Designed Instruction**

Initiation	Duration	Frequency	Location
12/3/2020	05/31/2022	100 minutes weekly	General Education Classroom Beachland Elementary School

**Related Services**

Initiation	Duration	Frequency	Location
12/3/2020	05/31/2022	N/A	N/A

There are no related services for the student at this time.

125

**AFTER MEETING:**

- Finalize EP
- Finalize Notice of Eligibility/Ineligibility form
- Finalize Consent for Initial Provision of ESE services
- Prior Written Notice
- Matrix of Services

126





## BEHAVIOR ANALYSIS REVIEW

Tom Skull

133

## Behavior Analyst roles

RESOURCE  
SPECIALIST  
MEETING

LRE Review

Restraint Procedures  
review

134

## BEHAVIOR ANALYST ROLES

4 District wide Behavior Analysts

8 District wide Behavior Technicians

20 schools plus Pre-K and Some Charter support

135

## IEP GOALS

- It is the Behavior Analysts responsibility to **assist** school based teams in the development of IEP goals and objectives



136

TIERED  
BEHAVIOR PLAN  
SUPPORT

BA's mostly focus on Tier  
3 FBA/BIP development  
and assistance.

Ties 2/3 BIP's should be  
developed with school  
based teams

137

## POST ASSESSMENT

138



139

## SUCCESSFUL STRATEGIES AND TOOLS FOR REMOVING BARRIERS DURING ESE/IEP MEETINGS



1

## TOOLS

- **Visual Organizer**
- **Meeting Agenda**
- **Ground Rules/Norms**
- **Student Action Plan IEP?**

2

## WHAT ARE VISUAL ORGANIZERS?



Charts



Dry erase pads



Post it notes



Table tents

3

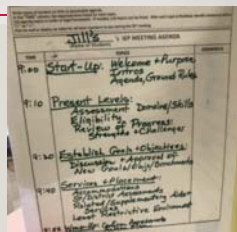
## BENEFITS OF VISUAL ORGANIZERS

- **Create organization and efficiency**
- **Provide clear expectations**
- **Guides participant responsibilities**
- **Provides opportunities for goals to be presented visually**
- **Provides maximum engagement (multisensory)**
- **Elicits affirmation from meeting participants**

4

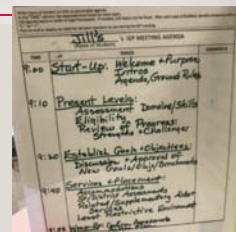
## SAMPLE IEP AGENDA

- **Start Up:**
  - Welcome and Purpose
  - Introduction
  - Agenda and Ground Rules



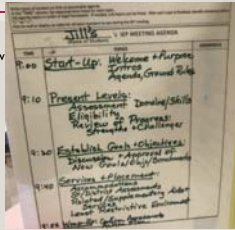
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- **Present Levels:**
  - Assessment Domains/Skills
  - Eligibility
  - Review of Programs
  - Strengths Challenges



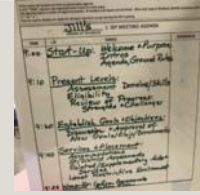
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- Establish Goals and Objectives:
  - Discussion and Approval of new



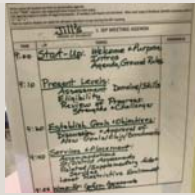
7

## SERVICES AND PLACEMENT



8

## WRAP UP



9

## GROUND RULES AND NORMS

- Student Focused
- Solution Oriented
- Follow the Agenda
- Listen careful and respectfully to Team Members' IDEAS and Questions
- Maintain Confidentiality

10

## IEP MEETING NORMS

- Data-Based, Stay Objective, Student Centered discussion
- Listen respectfully
- Consider all viewpoints
- Stay on Topic
- Don't deviate from Agenda
- Parking lot ( table/revisit )

11

## PHYSICAL PROMPT

### Description

Using body language to encourage responses, redirect, an/or deflect conflict

### Examples

Eye contact, proximity, control, leaning, hands & arms outstretched

12

## REMINDERS OF AGREEMENT

### Description

Respectfully reminding team members of previous agreements.

### Examples

"Each of you agreed to the meeting norms. Please take a minute to review the. Now, are you ready to start again?"



13

## MAKING PROCESS SUGGESTIONS

### Description

The process leader determines appropriate process tools and strategies and suggests their use to the team. Always get the team members' agreement before proceeding.

### Examples

"We have been discussing the topic for a long time without reaching closure. Why don't we list advantages and disadvantages of each option to get clarity? I'll make a chart for each option."

14

## PROBLEM SOLVING

### Description

Asking focused questions that elicit explanation, elaboration, and underlying reasons helps team members gain understanding, formulate options, and generate solutions.

### Examples

"What is the problem with the assessment request?"

"Would you tell me more so that I can better understand your suggestion?"

"If I understand what you're saying, your interests are....is that correct?"



15

## OPEN ENDED QUESTIONS

### Description

Use probing rather than closed (yes, no) questions.

### Examples

"Could you elaborate on your reason for your request?"

"Why are you asking for a full-time assistant?"

16

## CLARIFYING AND RESTATING

### Descriptions

Asking questions or making statements to check for understanding and to eliminate confusion from participants.

### Examples

"Let me see if I am clear about your ideas."

"Would you share you understanding of Jim's statement?"



17

## ASK FOR ADVICE EXPERTISE

### Descriptions

Utilizing a participant's knowledge or experience to share information and to share and present ideas, thoughts, and data.

### Examples

"What would you suggest that I do?"

"What would you do if you were in my shoes?"



18

## STATING THE OBVIOUS

### Description

Identifying the problem, whether hidden or ignored, that is keeping the team from moving forward.

### Examples

"It appears that all of you became very silent when I asked for you to share Donny's needs. What is happening?"

19

## ROUND ROBIN

### Description

Asking each person for input in a sequential order

### Examples

"Starting with Ben, would those of you who know Sue please share one of her strengths?"



20

## BUILDING SMALL AGREEMENTS

### Description

Breaking a large or major issue into the various small parts or conversations and getting consensus on the smaller parts before trying to solve the large issue.

### Examples

"You really worked hard in getting consensus for Sue's functional needs. I'm sure that you can do the same for her academic goals."

21

## REDIRECTING

### Description

Redirecting attention back to the issue, by ignoring, testing, diffusing, emotions, or taking a purposeful break.

### Example

"In the ground rules, we all agreed to listen to each other's views, so let's give everyone the change to give comments before making a recommendation."

From: "If you don't change his IEP, I'm leaving this meeting."

To: "We have the progress monitoring data here. I'd like for you to hear the teacher explain it before we can decide upon our recommendations for Jimmy."



22

## DEFLECTING ATTACKS

### Description

Redirecting or averting negative comments, and/or personal or professional attacks from team members in a respectful, assertive manner.

### Examples

From: "All the facilitator cares about is that piece of paper. He is not listening to us."

To: "I'm sorry you feel that way. The agenda is very important to accomplishing all of the team's goals and each team member's input into the discussion is also very important."

23

## WITHHOLDING JUDGEMENT

### Description

Ask team members to reserve judgment until data has been presented and/or until each participant has been able to express his/her views.

### Examples

"Before each of you begins discussion on the hippotherapy request, I'm going to ask you to hold your opinions until all of Jimmy's data has been shared and explained."



24

## INTENTIONAL LISTENING



### Description

The listener consciously and intentionally focuses all attention on the speaker. Intentional listening promotes problem-solving.

### Example

Body Language: leaning in, eye contact with the speaker, remaining quiet while the speaker is talking.

25

## SUMMARIZING



Description



Synthesizing ideas; stating what has been completed or decided



Example



"Please let me summarize the options that you have suggested."

26

## RECOGNIZING AND UNDERSTANDING EMOTIONS



### Description

In meetings, team members can be hesitant to confront emotions. It is important to learn how to manage rather than to eliminate emotional issues.

### Examples

"I'm sensing that this discussion is very difficult for you. Am I right?"

"It is important that we can better understand your feelings so that we can continue to plan for Jimmy. What is causing the hesitation on continuing this discussion?"

27

## POSITIVELY PHRASING COMMENTS AND THOUGHTS

### Description

Instead of focusing on disagreements, focus on the agreements and common interests, however small.

### Example

"You both agree that Jimmy needs to increase his reading vocabulary. That's very important as Jimmy's reading data reflects the need for that goal. Are you ready to explore options on increasing his vocabulary?"



28

## ACKNOWLEDGING A SPEAKER

### Description

Making an acknowledgement of a speaker's thoughts or feelings does not mean that the listener agrees with the speaker. It is simply a respectful recognition confirming that you, the listener, have heard them.

### Examples

"I'm sorry that you had that experience."

"You must have really worked hard to receive those honors."

"It must be difficult for you."

29

## TIMED VENTING

### Description

It is sometimes necessary to put limits on advocating and discussions.

### Example

"We have been discussing the issue for quite some time. If anyone else has additional information to add to the discussion, please take no more than 2 minutes to state your viewpoint. Then, we will move toward getting consensus on the issue."



30

## RESPECTING VIEWPOINTS



### Description

In a conflict, the process leader must address each participant respectfully, model respectful behavior for team members, and allow team members to "save face" in front of others. If team members feel that they are giving up long-held views, opinions and beliefs, give them opportunities to maintain their self-respect, refrain from embarrassment, and not feel cornered in front of team members.

### Example

"This has been an intense conversation. Each of you has worked on coming to consensus and your efforts will be important to Jimmy's continued progress. Thank you for putting him first in this discussion."

31

## LISTING ADVANTAGES AND DISADVANTAGES/BRAINSTORMING

### Description

This intervention is a combination of using visual tools and questioning strategies. Advantages and disadvantages are listed on charts regarding the topic before the team. Each team member has an opportunity to list advantages and disadvantages of each position, option, or proposal under consideration.

### Example

"We seem to have 2 options regarding related services. Let's list the advantages of each one and then we will list the disadvantages... Now that you have these lists, please study them for a few minutes and I'll entertain questions and comments so that as a team, we can formulate our recommendation."



32

## CASE SCENARIO

Statement: "I can't enter that into our IEP program. It's not shown as an option for the IEP Team to consider or discuss."

A Suggested Response: "Is that something that our data and other information tell us is needed for Mary to make meaningful progress? If so, then we need to figure out how to add that, notwithstanding what our IEP program will or will not allow."

33

## CASE SCENARIO

Statement: "All students who receive OT get only 30 to 60 minutes per week."

A Suggested Response: "Let's not focus on what other students may or may not typically get. Let's focus on all of the data and other information we have about Sally and decide the amount of OT services that she needs to make meaningful progress."

34

## CASE SCENARIO

Statement: "He might need that, but the ESE Director already told us that we can't offer it."

Suggested Response: "What the ESE Director may have said is not determinative. Are you saying that the service is not needed for Charlie to make meaningful progress in light of the data and other information that we have?"

35

## CASE SCENARIO

Statement: "We just don't have that here."

Suggested Statement: "Let's not focus on what other students may or may not typically get. Let's focus on all of the data and other information we have about Sally and decide the amount of OT services that she needs to make meaningful progress."

36



## CASE SCENARIO

Statement: "But my schedule won't allow for me to see him that often."

Suggested Response: "While we all understand that your schedule is very demanding, what level of service do you think is necessary for Timmy to make meaningful progress in his educational program?"

37

## QUESTIONS OR COMMENTS



38

## Preassessment

Which timeline calculator is the RS suppose to use to calculate evaluation timelines.

- a. PEER timeline calculator
- b. Calculation by counting days
- c. District approved calculator

What is the school district obligation when a parent or legal guardian requests an evaluation, the district must within how many days agree to a timeline in writing?

- a. 30 days
- b. 90 days
- c. 60 days

After parental consent is obtain how many days does the district have to complete the evaluation?

- a. 45 days
- b. 90 days
- c. 60 days

Does the 60 day timeline apply to students who transfer out of state for whom the district has decided that is necessary to determine eligibility in Florida?

- a. Yes
- b. No

Reevaluation dates are determined based upon

- a. The due date from the last assessment administered
- b. The due date from the first assessment administered
- c. It depends based upon general data assessments