

# **ESTELL MANOR SCHOOL**

**Department of Special Services**  
128 Cape May Ave, Estell Manor, NJ 08319

## **INDIVIDUALIZED EDUCATION PROGRAM**

Initial    Annual Review    Re-Eval    Transfer    Change of Placement    Revision    Amendment

**Name:**

**Student ID:**

**Current Grade:**

**Parent(s):**

**Date of Birth:**

**Case Manager:**

**Age:**

**Native Language:**

**Address:**

**Attending School:**

**Classification:**

**Placement:**

<b>Initial Referral</b>	<b>Most Recent Annual IEP Review Meeting</b>	<b>Most Recent Reevaluation Eligibility</b>	<b>Next Annual IEP Review Meeting</b>	<b>Next Reevaluation Meeting</b>
-------------------------	--	---	---	--------------------------------------

---

## IEP MEETING PARTICIPANTS

Please sign in the appropriate space. A signature in this section of the IEP documents participation in the meeting and does not mean agreement with the IEP.

Title	Participant	Signature	Date
Student			
Parent/Guardian(s)			
District Representative			
General Education Teacher			
Special Education Teacher			
Case Manager			
Speech Language Specialist			

**Additional Information:**

\* If a required member of the IEP team has been excused from participating in the meeting with parental consent, note the excusal in the required team member's space.

## EDUCATIONAL HISTORY

...

### Evaluation Summary

#### (ASSESSMENT SUMMARIES)

...

#### **Statement of Eligibility**

The IEP Team has met and determined that is eligible for Special Education and Related Services based upon the criteria established for ...

#### **Health / Medical Background**

Not applicable

#### **Other Needs / Recommendations**

Not applicable

**For preschool students, review the preschool day to determine what accommodations and modifications may be required to allow the child to participate in the general education classroom activities.**

## PRESENT LEVELS OF ACADEMIC ACHIEVEMENT & FUNCTIONAL PERFORMANCE

*Consider Relevant Data. Consider the results of the most recent evaluation and, as appropriate, consider the student's performance on any general Statewide or districtwide assessment. List the sources of information including evaluation data, teacher reports, classroom observations, interests and preferences of the student and parental input used to develop the IEP. State the strengths of the student. State the concerns of the parent.*

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Student Contact          | <input checked="" type="checkbox"/> Quarterly Progress Report    |
| <input checked="" type="checkbox"/> Parent/Guardian Contact  | <input checked="" type="checkbox"/> Student Observation          |
| <input checked="" type="checkbox"/> Teacher Contact          | <input checked="" type="checkbox"/> Standardized Testing Results |
| <input checked="" type="checkbox"/> Report Cards             | <input checked="" type="checkbox"/> Most Recent Evaluations      |
| <input checked="" type="checkbox"/> Attendance               | <input checked="" type="checkbox"/> CST File Review              |
| <input checked="" type="checkbox"/> Discipline               | <input checked="" type="checkbox"/> Previous IEP                 |
| <input type="checkbox"/> Functional Behavioral Assessment(s) | <input type="checkbox"/> Related Services Contact                |

Other:

**PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

No PLAAFPs to display

## SPECIAL TEAM CONSIDERATIONS

*If the IEP team determines that the pupil needs a particular device or service, the IEP must include a statement to that effect in the appropriate section. If a factor is not applicable, note such as (i.e. "N/A")*

- Is blind or visually impaired?**
  - Is deaf or hearing impaired?**
  - Does have communication needs?**
  - Does exhibit behaviors that impede learning or learning of others?**
  - Does have limited English proficiency?**
  - Does require assistive technology devices and/or services?**
  - Does have health issues requiring nursing services?**
- 

### **Physical Education/Recreation:**

Standard

### **Medications:**

None

### **Parental training and Counseling:**

None

### **Are there additional parental/guardian concerns?**

None

## STATEMENT OF TRANSITION PLANNING

*Beginning with the IEP in place for the school year when the student will turn age 14, or younger, if appropriate, develop the long range educational plan for the student's future. Review annually.*

### Statement of the student's strengths, interests and preferences.

...

### Student's Desired Post Secondary Outcomes (Future Visions)

#### Postsecondary Education: (Including, but not limited to, college, vocational training, and continuing and adult education)

Upon High School graduation,

#### Employment/Career:

Upon graduation from postsecondary program, will obtain employment as a

#### Community Participation: (Including, but not limited to, recreation and leisure activities, and participation in community organizations)

...

#### Independent Living:

Upon graduation from postsecondary program, will be able to function in an independent manner, be employed, and be able to participate within the community independently.

### Courses of Study

*Considering the student's strengths, interests, preferences, and desired post secondary outcomes, list the specific courses of study for the period of time covered by this IEP. Include both general education and special education courses. When appropriate, identify the courses of study projected for future years.*

Grade Courses of Study:

Grade Projected Courses of Study:

Grade Projected Courses of Study:

Grade Projected Courses of Study:

### Related Strategies and/or Activities

*In addition to the courses listed above, list related strategies and/or activities that are consistent with the student's strengths, interests, and preferences, and are intended to assist the student in developing or attaining postsecondary goals related to training, education, employment and, if appropriate, independent living.*

...

### Statement of Consultation

List the name of any agency from which consultation is needed:

Name of school staff person who will be the liaison to postsecondary resources:

Transition Coordinator  
Case Manager

**Statement of Needed Interagency Linkages and School District Responsibilities**

*As appropriate to the anticipated needs of the student, list all agencies to which the student will be referred by the school district liaison to postsecondary resources in the spaces below. List the responsibility of the school district and/or student/parent(s) with respect to contacting each agency listed and providing needed information or documentation to each such agency.*

**Agency:**

**School district responsibilities:**

**Student / parent responsibilities:**





**GOALS AND OBJECTIVES**

No goals to display

**MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES**

No modifications to display

## Attendance Policy

is required to adhere to the attendance policy.

### **Curricular, Instructional, or Discipline Modifications needed to enable the student to progress in the general curriculum**

will adhere to the school discipline code.

### **Supports For School Personnel**

*State the supports for school personnel that will be provided for the student including, but not limited to, training, consultation, and access to research-based materials and resources.*

Administration shall provide ongoing staff education - district wide in-service programs, workshops, staff meetings, disseminate relevant information.

The Principal / Director will be available for consultation with Teacher(s), Parent(s), and Child Study Team when needed.

Child Study Team members will be available to school personnel by way of consultation, staff development and other methods that the district deems appropriate.

The Case Manager shall serve as a liaison to resources available to personnel implementing the student's IEP.

The Learning Consultant shall be available for consultation with teachers regarding educational techniques, strategies and materials.

The School Psychologist shall be available for consultation with school personnel regarding a student's social and emotional status.

The School Social Worker shall be available for consultation with school personnel and to maintain contact with the home as requested by school personnel or parents.

The Speech and Language Specialist will be available for consultation with school personnel and implementation of speech and language goals and objectives.

The Occupational Therapist shall be available for consultation with school personnel and implementation of OT goals and objectives.

The Physical Therapist shall be available for consultation with school personnel and implementation of PT goals and objectives.

The Assistive Technology Specialist shall be available for consultation with school personnel regarding the use of assistive technology devices.

The Guidance Counselor shall be available for consultation with school personnel.

The Parent shall be available to support school personnel by monitoring attendance and academic performance, meeting with teachers and CST, and participating in recommended programs and IEP development.

## Progress Reporting

*State how the parents will be regularly informed of their student's progress toward the annual goals.*

Progress Reports: Quarterly

Report Cards: Quarterly

CST Meetings: As Needed

Parent teacher conference: As Needed

Reevaluation: As Needed

## BEHAVIORAL INTERVENTIONS

*Consider behavioral needs. If behavior impedes the student's learning or the learning of others, the IEP team must consider, when appropriate, strategies, including positive behavioral interventions and supports to address that behavior. When needed, a behavior intervention plan must be included in the IEP.*

Student does not evidence behavior that warrants a behavior intervention plan.

Student's behavior warrants a behavior plan (please complete the following)

### **Target Behavior:**

What is the current undesired behavior?

What is the expected target behavior? (This is a positive statement of the expected behavior)

### **Prior Interventions:**

What prior interventions have been successful in decreasing the undesired behavior?

What interventions have been tried and have not been successful in decreasing the undesired behavior?

### **Description of positive behavior supports:**

If student displays the target behavior:

If student does not display expected behavior (target behavior) the response by the teacher, school personnel, etc shall be:

### **Procedures to evaluate the effectiveness of the interventions:**

What data will be collected? Who will collect the data? When and how will the data be collected?

**How will parent involvement/communication occur?**

**Other Positive Supports and Considerations:**

## PLACEMENT IN LEAST RESTRICTIVE ENVIRONMENT

### Rationale For Removal From General Education

*Decisions regarding placement are based on the individual needs of students and must begin with consideration of the general education setting. The purpose of this page is to document the discussions that have occurred with respect to accommodations, modifications, and supplementary aids and services in each academic or functional area that are necessary to educate the student in the general education setting.*

- 1. Identify the supplementary aids and services that were considered and rejected. Explain why they are not appropriate to meet the student's needs in the general education class:**
- 2. Document the comparison of the benefits provided in the general education class and the benefits provided in the special education class:**
- 3. Document the potentially beneficial or harmful effects, which a placement in the general education class may have on the student with disabilities or the other students in the class:**

### Modifications In Extracurricular and NonAcademic Activities

*State the modifications that will be provided to enable the student to participate in extracurricular and nonacademic activities. Explain the extent, if any, to which the student will not participate with nondisabled peers in extracurricular activities and nonacademic activities. In addition, for students in an out-of-district placement, delineate how the student will participate with nondisabled peers in extracurricular and nonacademic activities, if necessary, returning the student to the district in order to facilitate such participation.*

### Placement Decision

*Document the placement decision according to the following categories:*

*\*NOTE: In accordance with federal data collection requirements, a student in an out-of-district segregated placement for 50% or more of the school day must be reported as being in that setting for the entire day, regardless of whether the student is in a general education setting for the remainder of the school day.*

### Transition Planning For Students In Separate Settings

*For students in a separate setting (for all or part of a school day), set forth activities necessary to move the student to a less restrictive placement. A separate setting is defined as a building without general education students.*

### Special Education Determinations

*Document length of school day, if different from length of regular school day:*



## CRITERIA FOR EXTENDED SCHOOL YEAR (ESY)

The IEP Team shall make an individual determination regarding the need for an extended school year program. An extended school year program provides for the extension of special education and related services beyond the regular school year. An extended school year program is provided in accordance with the student's IEP when an interruption in educational programming causes the student's performance to revert to a lowered level functioning and recoupment cannot be expected in a reasonable length of time. The IEP team shall consider all relevant factors in determining the need for an extended school year. The district board of education shall not limit extended school year services to a particular categories of disability or limit the type, amount, or duration of those services.

### The following student progress data was considered while reviewing 's need for Extended School Year Services:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Student Contact</li> <li><input checked="" type="checkbox"/> Parent Contact</li> <li><input checked="" type="checkbox"/> Teacher Contact</li> <li><input checked="" type="checkbox"/> Report Cards</li> <li><input checked="" type="checkbox"/> Attendance</li> <li><input type="checkbox"/> Discipline</li> <li><input type="checkbox"/> Functional Behavioral Assessment(s)</li> </ul> | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Quarterly Progress Report</li> <li><input checked="" type="checkbox"/> Related Services Contact</li> <li><input checked="" type="checkbox"/> Standardized Testing Results</li> <li><input checked="" type="checkbox"/> Most Recent Evaluations</li> <li><input checked="" type="checkbox"/> CST File Review</li> <li><input checked="" type="checkbox"/> Previous IEP</li> <li><input checked="" type="checkbox"/> Student Observation</li> </ul> |
|---|--|
- Other:

Criteria	Yes	No
1. Given that all children experience some regression during the summer, will 's recoupment of skills require a significantly longer period of time than a typically developing peer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is able to complete IEP objectives without receiving extended school year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Has continued to progress academically from year to year despite the lack of summer school programming?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Does routinely display a significant loss of critical skills following interruptions (c.g., after school vacations) in instruction during the school year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. At the start of the school year, was the teacher able to begin instruction in critical skills areas at the level indicated in the IEP?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. At the start of the school year, was the teacher able to begin instruction in the IEP without extended school year programming?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Extended School Year:** The IEP team has considered and discussed the ESY services and determined that an Extended School Year Program warranted.

If the student requires an ESY program, describe the ESY program:



## GRADUATION REQUIREMENTS

*Beginning at age 14, identify the State and local graduation requirements that the student will be expected to meet. The statement must be reviewed annually. If the student is exempted from meeting any of the graduation requirements that all students are expected to meet or if any of the requirements are modified, provide a rationale below and list any alternate proficiencies the student is expected to achieve.*

### Attendance

will meet the attendance requirements for promotion or graduation.

### Credit Hour Requirements

will meet the required XXX credits for graduation as per district policy.

### Core Curriculum Content Standards

Core Curriculum Content Standards		Subject/Instructional Area	Credit Hours	
			Not Exempt	Exempt
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Language Arts Literacy = 20 credits	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mathematics = 15 credits	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Science = 15 credits	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Social Studies = 15 credits	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Financial, Economic, Business and Entrepreneurial Literacy = 2.5 Credits	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Health, Safety & Physical Education = 3.75 Credits per year	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Visual and Performing Arts = 5 credits	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	World Languages = 5 credits	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Career Ed & Consumer, Family, and Life Skills / Vo Tech = 5 Credits	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electives taken from CCCS areas = 15 credits	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Rationale for Exemption from CCCS and / or Credit Hour Requirements for subject/instructional areas indicated above:**

Not Applicable

### HSPA / NJBCT / EOC

Not	Exempt	Exempt	Assessment
-----	--------	--------	------------

Exempt	From Taking	From Passing	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HSPA - Language Arts Literacy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HSPA - Mathematics
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New Jersey Biology Competency Test (NJBCT)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	End of Course Algebra I Test
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PARCC - Language Arts Literacy
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PARCC - Mathematics

**Rationale for Exemption from HSPA/PARCC graduation requirement.**

Not Applicable

**Other (Local Graduation Requirements)**

Not Applicable

**Alternate Requirements**

*Provide a description of any alternate proficiencies to be achieved by the student to qualify for a state endorsed diploma.*

Not Applicable

**STATEMENT OF SPECIAL EDUCATION AND RELATED SERVICES**

No services to display

## NOTICE REQUIREMENTS FOR THE IEP AND PLACEMENT

*This form describes the information required in each of the components of written notice for an IEP meeting. The written notice includes the IEP as a description of the proposed action and a description of the procedures and factors used in determining the proposed action.*

### **Describe the proposed action and explain why the district has taken such action:**

The attached IEP describes the proposed program and placement and was developed:

- as a result of an initial evaluation and determination of eligibility.
- as a result of an annual review.
- as a result of a reevaluation.
- in response to a parental request.
- to propose a change in placement.
- to review the behavioral intervention plan.
- Other:

### **Describe any options considered and the reasons those options were rejected:**

All options that were discussed and considered were agreed upon.

### **Describe the procedures, tests, records or reports and factors used in determining the proposed action:**

- CST Reports
- Specialist Reports
- Teacher Evaluations / Conferences
- Student Interview
- Classroom Observation
- Review of cumulative records
- Standardized test results
- Parent Input

### **If applicable, describe any other factors that are relevant to the proposed action:**

There are no other relevant factors as all areas of need have been discussed and are delineated within the context of this IEP.

### **Parental Requests if any, list here:**

## PROCEDURAL SAFEGUARDS STATEMENT

As the parent of a student who is or may be eligible for special education services or as an adult student who is or may be eligible for special education services, you have rights regarding identification, evaluation, classification, the development of an IEP, placement and the provision of a free, appropriate public education under the New Jersey Administrative Code for Special Education, N.J.A.C. 6A:14. A description of these rights, which are called procedural safeguards, is contained in the document, Parental Rights in Special Education (PRISE). This document is published by the New Jersey Department of Education.

A copy of PRISE is provided to you upon referral for an initial evaluation, when a disciplinary action that constitutes a change in placement is imposed by your school district, and the first time a due process hearing or complaint investigation is requested. In addition, a copy will be provided to you at your request.

**To obtain a copy of PRISE, please contact:**

Joelle Tenaglia  
Director of Student Support Services

609-476-2267

**For help in understanding your rights, you may contact any of the following:**

Joelle Tenaglia  
Director of Student Support Services

609-476-2267

Statewide Parent Advocacy Network (SPAN)  
Protection and Advocacy, Inc.

(800)654-7726  
(800)922-7233

Carole DeMesquita  
County CST Supervisor

609-625-0004

## CONSENT FOR IEP IMPLEMENTATION

To assure that parents understand the notice options for an IEP review, the school district must choose the appropriate statement regarding notice and include it as part of the IEP.

**IEP REVIEW OPTION #1:** This form is used when the proposed IEP is intended to be implemented before the 15-day notice period has expired. The parent's signature is required to document agreement to start the services sooner.

You have the right to consider the proposed IEP for up to 15 calendar days. To have the IEP services start before the 15 days expire, you must sign below.

If you disagree with the IEP and you do not inform the district in writing of your disagreement, the IEP will be implemented without your signature after the 15 days have expired.

I, we have received a copy of the proposed IEP and agree to have the IEP services start before the 15 calendar days have expired.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IEP REVIEW OPTION #2:** This form is used when the proposed IEP is intended to be implemented after the 15 days have expired.

You have the right to consider the proposed IEP for up to 15 calendar days.

Your signature is not required to implement a proposed IEP, after the 15 calendar days have expired.

If you disagree with the IEP and you do not request mediation or a due process hearing from the New Jersey Department of Education, Office of Special Education Programs, the IEP will be implemented without your signature after the 15 days have expired.



## IMPLEMENTATION RESPONSIBILITIES

### Director of Special Education

- Be responsible for implementation of the IEP
- Assure that relevant school personnel are informed of its contents

### General Classroom Teacher(s)

- Develop an educational program that follows the annual goals and specific objectives as delineated in the IEP
- Instruct and measure the progress in mainstream subjects
- Implement IEP
- Make reasonable modifications to meet 's needs as necessary and per the IEP
- Confer with and / or the parents as needs arise
- Communicate / collaborate with special education teacher, parent, administrator, guidance and /or the case manager

### Special Education Teacher(s)

- Develop an educational program that follows the annual goals and specific objectives as delineated in the IEP
- Instruct and measure progress in special education
- Develop and implement an individualized educational program for
- Keep appropriate records and initiate changes in instruction as needed
- Communicate regularly with special area and / or regular class teachers, parents, the Child Study team, and administration regarding 's progress
- Consult with general education classroom teachers (modifications/adaptations)

### Case Manager

- Oversee 's program planning and will facilitate program implementation
- Conduct an Annual Review of 's educational program and classification
- Work with teacher(s) and parent(s) / guardian(s) to develop, review and revise the IEP as needed

### Child Study Team

- Serve as case manager
- Participate in three year reevaluation
- Serve as consultant to general and special education staff
- Learning consultant will be available for consultation with teachers regarding specific objectives, educational techniques and materials
- School psychologist will be available for consultation relative to individual social and emotional needs
- School Social worker will be responsible for maintaining contact with the home as requested by school personnel or parent / guardian

### Speech and Language Specialist

- Measure progress in speech/language
- Provide speech/language therapy as mandated by IEP
- Provide consultation in speech and language therapy

**School Administrator**

- Supervise teachers in their implementation of IEP

**School Nurse**

- Monitor health needs

**Parent / Guardian**

- Follow through with the suggestions provided
- Collaborate with school personnel in matters involving the student's education program