

2017

SUMMER ASSESSMENT HANDBOOK FOR CST

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SUMMER ASSESSMENT PROCEDURES – CST EVALUATION













1. Open the spreadsheet “2017 Summer Assessment Request.”
2. Click on the tab for your discipline (Psychologist, Social Worker, LDTC, Speech, OT, PT)
3. Choose the student(s) that you would like to evaluate. In column J (Evaluator) choose your name from the drop-down menu. (This is in column M for Speech Therapists.)
4. **In column A, number the students sequentially in the order that you choose them. CHECK YOUR PERSONAL TAB TO ENSURE THAT YOU NUMBER YOUR NEW CHOICES FROM WHERE YOU LEFT OFF.**
5. Contact the parent of the student to set up testing.
 - Make a note in the student’s Frontline IEP contact log indicating when and where testing will occur.
 - If you would like to send a written invitation for testing, one is available in the LINKS tab of the spreadsheet. (You may also request assistance from the teachers in sending written invitations and/or making reminder phone calls.)
 - Indicate the date, time, and location of testing in columns K through N (N-Q for Speech Therapists).
 - **Transportation is only available to and from Vets. If transportation is required, testing must be scheduled at either 9:00 am or 11:00 am.** Please verify the address if transportation is needed. If the parent does not need transportation you are free to test at any venue and time that is appropriate.
 - If the contact information is inaccurate, or if the student is not available for testing during the summer, make a note in the “Notes” of your discipline’s tab. Then change the evaluator in column J to “See Note.” Remember to delete the number in column A!
 - If you choose a student for evaluation but later change your mind, delete your name from the Evaluator column, and the number from column A so that someone else can claim him.
 - **You may claim up to 10 incomplete evaluations at one time.**
6. Click on the tab that has your name. This tab provides a flow chart of everything that needs to be completed before you can submit for payment.
7. **WRITE THE STUDENT’S NAME IN COLUMN H.** This will allow you to ensure that the information you enter is aligned with the correct student.
8. Evaluate the student, write the report, and enter everything into Frontline IEP. Indicate your progress in your personal tab.
9. Email the teachers and Kris to alert them that testing is completed for the child. Evaluations must be completed at least 3 business days before payroll is due. Evaluations that aren’t completed at that time will be submitted on the next payroll.
10. The teachers/Kris will verify that all work has been completed, and will indicate completion in the spreadsheet. At the end of each pay period, evaluations that are marked as “Complete” for that pay period will be submitted to payroll.

SUMMER ASSESSMENT PROCEDURES – CST MEETINGS

1. Open the spreadsheet “2017 Summer Assessment Request.”
2. Click on the “Meetings” tab.
3. Decide which meetings you would like to participate in. If you want to be the case manager, choose your name from the drop-down list in column J. If you would like to be a non-case manager participant in the meeting, choose your name from the drop-down list in columns O-S.
4. If you are the case manager:
 - Coordinate with the teachers and parent to choose the date and time of the meeting. All meetings will be held at Vets.
 - Document all communication in the student’s Contact Log in Frontline IEP.
 - Create a meeting invitation in Frontline IEP and send it to the parent.
 - Complete all necessary paperwork before the meeting. This includes completing a Meeting Checklist and may include creating an IEP (depending on the meeting type.)
 - Facilitate the meeting.
 - Obtain signatures from participants.
 - Upload all signature pages and documentation to the student’s document repository in Frontline IEP.
 - Give the signed, finalized IEP to the teachers or Kris to take to Vanessa.
5. Click on the tab that has your name on it. Scroll down to line 100. Starting on line 100 you will find a flow chart of everything that needs to be completed before you can submit for payment.
6. **WRITE THE STUDENT’S NAME IN COLUMN J.** This will allow you to ensure that the information you enter is aligned with the correct student.
7. Email the teachers and Kris to alert them that the meeting and paperwork is completed for the child. Meetings and paperwork must be completed at least 3 business days before payroll is due. Meetings and paperwork that aren’t completed at that time will be submitted on the next payroll.
8. The teachers/Kris will verify that all work has been completed, and will indicate completion in the spreadsheet. At the end of each pay period, meetings that are marked as “Complete” for that pay period will be submitted to payroll.

Helpful Hint! There are a lot of tabs. To find a tab quickly, click on the “stack of pancakes” to the left of all the tabs. Choose the tab you want to go to from the popup list.

Do’s and DON’T’s of Summer Assessment

-  **DO** Remember to sequentially number the students you are planning to evaluate.
-  **DO** Keep your information current and updated at all times.
-  **DON’T** Claim more than 10 incomplete evaluations at once.
-  **DO** Utilize the “Notes” column of your discipline tab so that parents don’t get 100 phone calls about the same thing.
-  **DO** Communicate with the teachers. They’re here to keep everything organized and running smoothly. They want to help!
-  **DON’T** Wait until the last minute to submit for payroll. Submit each evaluation as it’s finished so it can be checked with ample time.
-  **DON’T** leave your name next to students who you’re not planning to test after all.
-  **DON’T** Ask anyone who wasn’t at your meeting to sign a participation page.
-  **DO** Communicate with the teachers and other CST to ensure participation in meetings.
-  **DON’T** wait until the last minute to complete paperwork for meetings.
-  **DO** Remember to include all checklists. They’re required!
-  **DON’T** Change or alter anyone else’s information.

SUMMER ASSESSMENT EXPECTATIONS – CST

1. Arrive on time for all of your scheduled evaluations.
2. If you are unable to keep an appointment, you must contact the parent and the teachers immediately.
3. Complete all work professionally and ethically at all times.
4. Keep the information in your spreadsheet current at all times.
5. Do not change or alter anyone else's information in the spreadsheet.
6. If you have ANY problems, difficulties, or questions communicate them IMMEDIATELY to the teachers, Kris, or Jill.
7. Always act in the best interest of students.

CST Name: _____

CST Signature: _____ Date: _____

SUMMER ASSESSMENT PAY– CST

Work Must be Completed By:	For Payroll Due On:	Pay Date:
July 4, 2017	July 7, 2017	July 14, 2017
July 18, 2017	July 21, 2017	July 28, 2017
August 3, 2017	August 8, 2017	August 15, 2017
August 18, 2017	August 23, 2017	August 30, 2017
September 4, 2017	September 8, 2017	September 15, 2017

**Dates may be subject to change. If changes are made, you will be notified.*

EVALUATION – Includes: Administering a diagnostic evaluation; preparing a written report; uploading all required components into Frontline IEP; attending a meeting as participant or case manager.

- Psychologists: \$225 per evaluation
- SW, LDTC, SLP: \$230.25 per evaluation

CASE MANAGEMENT

Case Management WITH Initial IEP: (For all INITIAL eligibility meetings)

- Psychologists: \$225 per meeting
- SW, LDTC, SLP: \$230.25 per meeting

Case Management WITHOUT Initial IEP: (For all REEVALUATION eligibility meetings, planning meetings, and assess progress/review/revise meetings)

- Psychologists: \$112.50 per meeting
- SW, LDTC, SLP: \$115.12 per meeting

Case Management of INTAKE IEP:

- Psychologists: \$112.50 per meeting
- SW, LDTC, SLP: \$115.12 per meeting

Student Name: _____

Student ID #: _____ DOB: _____

Evaluator Name: _____ Case Manager: _____

- Psychological Evaluation Educational Evaluation Psycho-Educational Evaluation

Evaluation Report Requirements:

1. This evaluation was:

- Individually administered
 Conducted in a language or form most likely to yield accurate information
 Scored as a: Standard Score Norm Referenced Score
 Age equivalents are not reported

2. This evaluation includes:

- A functional assessment of academic performance
 One structured observation in a setting other than the testing session (attached and included in written report)
 A physical description of the student is **not** included, unless it is specifically relevant to the results of the assessment.
 An interview with the student's parent (attached and included in written report)
 An interview with the teacher referring the student (attached and included in written report)
 A review of the student's developmental/educational history
 A review of interventions documented by the classroom teacher(s) and others who work with the student
 One or more informal measure(s) which may include, but not be limited to, surveys and inventories; analysis of work; trial teaching; self-report; criterion referenced tests; curriculum based assessment; and informal rating scales
 Beginning at age 14, or younger if appropriate, include assessment(s) to determine appropriate postsecondary outcomes

3. This written report includes:

- Signature and date
 An appraisal of the student's current functioning and an analysis of instructional implication(s) appropriate to the professional discipline of the evaluator
 A statement regarding relevant behavior of the student, either reported or observed and the relationship of that behavior to the student's academic functioning
 If an assessment is not conducted under standard conditions, the extent to which it varied from standard conditions

4. I have ensured that:

- Someone has proofread my report to check for inconsistencies in spelling, grammar, student name, or other errors
 The signed evaluation report has been uploaded to the document repository
 All relevant information has been entered into the appropriate areas of IEP Direct
 The completed protocol is attached to the original signed copy of this report
 All boxes on this requirements page have been checked

Evaluator's Signature: _____ Date: _____

This form must be completed and attached to every evaluation report.

Student Name: _____

Student ID #: _____ DOB: _____

Evaluator Name: _____ Case Manager: _____

Social Evaluation Report Requirements:

1. This evaluation was:

- Individually administered
- Conducted in a language or form most likely to yield accurate information
- Scored as a: Standard Score Norm Referenced Score
- Age equivalents are not reported

2. This evaluation includes:

- One structured observation in a setting other than the testing session (attached and included in written report)
- A physical description of the student is not included, unless it is specifically relevant to the results of the assessment.
- An interview with the student's parent (attached and included in written report)
- An interview with the teacher referring the student (attached and included in written report)
- A review of the student's developmental/educational history
- A review of interventions documented by the classroom teacher(s) and others who work with the student
- One or more informal measure(s) which may include, but not be limited to, surveys and inventories; analysis of work; trial teaching; self-report; criterion referenced tests; curriculum based assessment; and informal rating scales
- Beginning at age 14, or younger if appropriate, include assessment(s) to determine appropriate postsecondary outcomes

3. This written report includes:

- Signature and date
- An appraisal of the student's current functioning and an analysis of instructional implication(s) appropriate to the professional discipline of the evaluator
- A statement regarding relevant behavior of the student, either reported or observed and the relationship of that behavior to the student's academic functioning
- If an assessment is not conducted under standard conditions, the extent to which it varied from standard conditions
- A detailed family history
- A detailed developmental history
- A detailed educational history
- Medical history including significant events during gestation and birth, milestones, and significant medical events
- An analysis of the student's adaptive behavior

4. I have ensured that:

- Someone has proofread my report to check for inconsistencies in spelling, grammar, student name, or other errors
- The signed evaluation report has been uploaded to the document repository
- All relevant information has been entered into the appropriate areas of IEP Direct
- The completed protocol is attached to the original signed copy of this report
- All boxes on this requirements page have been checked

Evaluator's Signature: _____ Date: _____

This form must be completed and attached to every evaluation report.

Student Name: _____

Student ID #: _____ DOB: _____

Evaluator Name: _____ Case Manager: _____

Speech/Language Evaluation Report Requirements:

1. This evaluation was:

- Individually administered
- Conducted in a language or form most likely to yield accurate information
- Scored as a: Standard Score Norm Referenced Score
- Age equivalents are not reported

2. This evaluation includes:

- One structured observation in a setting other than the testing session (attached and included in written report)
- A physical description of the student is **not** included, unless it is specifically relevant to the results of the assessment.
- An interview with the student's parent (attached and included in written report)
- An interview with the teacher referring the student (attached and included in written report)
- A review of the student's developmental/educational history
- A review of interventions documented by the classroom teacher(s) and others who work with the student
- One or more informal measure(s) which may include, but not be limited to, surveys and inventories; analysis of work; trial teaching; self-report; criterion referenced tests; curriculum based assessment; and informal rating scales

3. This written report includes:

- Signature and date
- An appraisal of the student's current functioning and an analysis of instructional implication(s) appropriate to the professional discipline of the evaluator
- A statement regarding relevant behavior of the student, either reported or observed and the relationship of that behavior to the student's academic functioning
- If an assessment is not conducted under standard conditions, the extent to which it varied from standard conditions

4. I have ensured that:

- Someone has proofread my report to check for inconsistencies in spelling, grammar, student name, or other errors
- The signed evaluation report has been uploaded to the document repository
- All relevant information has been entered into the appropriate areas of IEP Direct
- The completed protocol is attached to the original signed copy of this report
- All boxes on this requirements page have been checked

Evaluator's Signature: _____ Date: _____

This form must be completed and attached to every evaluation report.

Initial Planning Meeting Checklist

Student: _____ ID: _____ Date of Meeting: _____

Case Manager: _____

Invitation Includes:

- Parent
- Gen Ed Teacher
- Psychologist
- LDTC
- Social Worker
- Related Service Providers (as appropriate)
- Student (when appropriate)

Meeting notes include:

- Detailed information about why evaluations are or are not warranted

If evaluations are warranted:

- Consent to evaluate is signed by parent
- Consent to evaluate lists evaluations that are warranted
- Evaluations are listed in "Nature and Scope of the Evaluation" in Frontline IEP process tracking
- Student has been submitted for Summer Assessment (Google Form)

Frontline IEP Process Tracking:

- Meeting is logged in process tracking
- Consent to evaluate is logged in process tracking

Document Repository:

- Meeting notes uploaded into document repository
- Participation pages uploaded to document repository
- Consent to evaluate uploaded to document repository (if appropriate)

Additional:

- Parent was provided with PRISE

Initial Eligibility Checklist

Student: _____ ID: _____ Date of Meeting: _____

Case Manager: _____

Invitation Includes:

- Parent Gen Ed Teacher Special Ed Teacher
 Student (when appropriate) Related Service Providers (as appropriate)

Eligibility determination:

- Eligibility checklist has been completed using data from the most current CST Evaluations

If student is eligible:

- 2017-2018 IEP has been updated with current information
 New 2017-2018 IEP has been finalized

Frontline IEP Process Tracking:

- Eligibility Meeting is logged in process tracking
 Consent to implement is logged in process tracking

Document Repository:

- Meeting notes uploaded into document repository
 Participation pages uploaded to document repository

SEMI Documentation:

- Meeting has been logged in Easy Trac (does not pertain to LDTCS)

Additional:

- Parent was provided with PRISE
 Parent was provided with a copy of the Code

Initial IEP Checklist

Student: _____ ID: _____ Date of Meeting: _____

Case Manager: _____

IEP COMPLETION:

- In Frontline IEP, ensure that you are in 2017-2018
- Open the draft of the student's IEP (click the blue chicklet.)
- Evaluations/Reports, Standardized Test Results should contain current CST Evaluation data
- Statewide and Districtwide Assessments should contain information from the Assessments tab in Genesis (if appropriate)

Present Level of Academic Achievement and Functional Performance.

- Add an Eligibility Statement, use specific data from the CST Evaluations and from the Eligibility Checklist (required.)
- Add a section for every subject in which the student will receive special education.
 - The need for special education in each subject must be supported by data from current CST Evaluations
 - Do not cut and paste the student's CST Evaluations.
 - Include classroom performance (from the classroom observation and teacher interview)
 - Include subject grades (from Genesis)
- Each student must have one FUNCTIONAL area, which includes the following information:
 - Social/emotional/behavioral functioning
 - Daily living skills (If the student has no functional deficits, it is permissible to indicate that the student is functioning appropriately in this area.)

Strengths of the Students and Concerns of the Parent

- Concerns of the parent: Contact the parent to determine current concerns
- Strengths must be specific statements about academic and functional strengths. Avoid "fluffy" statements such as "Jose is a very well dressed young man." Strengths can be gleaned from CST Evaluations, classroom observation, or teacher interview. Examples of strengths are:
 - Strong computation abilities
 - Empathetic toward peers
 - Strong organizational skills
 - Excels at decoding multi-syllable words

Needs/Academic, Developmental, Functional, and Any Other Needs

- Student must have "needs" for every subject in which they receive special education services.
- The needs section must be numbered and be VERY SPECIFIC.
 - Non-Specific: Mary needs to improve her reading skills.
 - Specific: Mary needs to apply word attack strategies such as chunking to her independent reading.
- The listed needs must match the data from the PLAAFP. *THERE MUST BE A GOAL TO ADDRESS EACH NEED.* (And there must be a NEED for each listed goal.)

Annual Measurable Goals and Benchmarks or Short Term Objectives

Using the NEEDS as a guideline, add goals for each subject in which the student receives special education services.

Goals must be:

- Aligned to the student's current data (this may or may not match the student's grade level)
- Projecting a year's worth of growth

For each goal choose appropriate objectives that will measure the student's progress on their path to mastery of the goal.

- Choose appropriate criteria for each goal and objective.
- Choose an evaluation procedure for each objective
- If the student is receiving special education services for Science and Social Studies, you must choose additional areas (science and/or social studies) for at least one of the goals.

Modifications, Supplementary Aides and Services, Assistive Technology Devices

Modifications must match the NEEDS listed in the "Needs" section.

Be mindful that all modifications listed MUST be implemented; they are not suggestions or options.

Please select a number of modifications that next year's teacher will realistically be able to implement on a daily basis.

Special Education Programs

The need for special education in each subject is determined by data from the current CST Evaluations

The student is placed in the least restrictive environment.

Transportation

If transportation is required, it must be a direct result of the student's disability.

This section cannot be left blank, it must have an answer.

Extended School Year

The child does not need an extended school year program.

Rationale for Removal

This section is filled out if the student is in a self-contained program at least 80% of the time.

Participation in State and District Assessment

Choose the appropriate assessments for the student's grade.

Testing accommodations must match the needs listed in the Needs section and the modifications listed in the Modifications section.

WRAPPING UP:

I have proofread all of my work.

All of my pronouns and names refer to the correct student.

Reported data is specific and measurable.

All boxes on this requirements page have been checked.

Reevaluation Planning Meeting Checklist

Student: _____ ID: _____ Date of Meeting: _____

Case Manager: _____

Invitation Includes:

- Parent
- Gen Ed Teacher
- Special Ed Teacher
- Student (when appropriate)
- Related Service Providers (as appropriate)

Meeting notes include:

- Detailed information about why evaluations are or are not warranted

If evaluations are warranted:

- Consent to evaluate is signed by parent (if parent attends)
- Consent to evaluate lists evaluations that are warranted
- Evaluations are listed in "Nature and Scope of the Evaluation" in Frontline IEP process tracking
- Student has been submitted for Summer Assessment (Google Form)

Frontline IEP Process Tracking:

- Meeting is logged in process tracking
- Consent to evaluate is logged in process tracking (if parent attends)

Document Repository:

- Meeting notes uploaded into document repository
- Participation pages uploaded to document repository
- Consent to evaluate uploaded to document repository (if appropriate)

Additional:

- Parent was provided with PRISE

Reevaluation Eligibility Checklist

Invitation Includes:

- Parent
- Gen Ed Teacher
- Special Ed Teacher
- Student (when appropriate)
- Related Service Providers (as appropriate)

Eligibility determination:

- Eligibility checklist has been completed using data from the most current CST Evaluations

If student is eligible:

- 2017-2018 IEP has been updated with current information/dates
- New 2017-2018 IEP has been finalized

Frontline IEP Process Tracking:

- Eligibility Meeting is logged in process tracking
- Consent to implement is logged in process tracking (if obtained)

Document Repository:

- Meeting notes uploaded into document repository
- Participation pages uploaded to document repository

SEMI Documentation:

- Meeting has been logged in Easy Trac (does not pertain to LDTCs)

Additional:

- Parent was provided with PRISE
- Parent was provided with a copy of the Code

Reevaluation IEP Checklist

Student: _____ ID: _____ Date of Meeting: _____

Case Manager: _____

IEP COMPLETION:

- In Frontline IEP, ensure that you are in 2017-2018
- Create a draft of the finalized 2017-2018 IEP – the start date will be the first day of school
- Evaluations/Reports, Standardized Test Results should contain current CST Evaluation data
- Ensure that Statewide and Districtwide Assessments contains information from the Assessments tab in Genesis (if appropriate)

Present Level of Academic Achievement and Functional Performance.

- Add an Eligibility Statement, use specific data from the CST Evaluations and from the Eligibility Checklist (required.)
- Ensure that there is a section for every subject in which the student will receive special education.
 - The need for special education in each subject must be supported by data from current CST Evaluations
 - Do not cut and paste the student's CST Evaluations.
- Each student must have one FUNCTIONAL area, which includes the following information:
 - Social/emotional/behavioral functioning
 - Daily living skills (If the student has no functional deficits, it is permissible to indicate that the student is functioning appropriately in this area.)

Strengths of the Students and Concerns of the Parent

- Ensure that these areas are completed appropriately. Strengths must be specific statements about academic and functional strengths.

Needs/Academic, Developmental, Functional, and Any Other Needs

- Ensure that these areas are completed appropriately
- Student must have "needs" for every subject in which he receives special education services.
- The listed needs must match the data from the PLAAFP. *THERE MUST BE A GOAL TO ADDRESS EACH NEED.* (And there must be a NEED for each listed goal.)

Annual Measurable Goals and Benchmarks or Short Term Objectives

- Ensure that these areas are completed appropriately
- Using the NEEDS as a guideline, ensure that the student has goals for each subject in which he receives special education services.

Goals must be:

- Aligned to the student's current data (this may or may not match the student's grade level)
- Projecting a year's worth of growth

Modifications, Supplementary Aides and Services, Assistive Technology Devices

- Modifications must match the NEEDS listed in the "Needs" section.

- Be mindful that all modifications listed MUST be implemented; they are not suggestions or options.
- Please ensure that the number of modifications is such that that next year's teacher will realistically be able to implement on a daily basis.

Special Education Programs

- Update the special education program for each subject as appropriate. The need for special education in each subject is determined by data from the current CST Evaluations
- The student is placed in the least restrictive environment.

Transportation

- If transportation is required, it must be a direct result of the student's disability.
- This section cannot be left blank, it must have an answer.

Extended School Year

- The child does not need an extended school year program.

Rationale for Removal

- This section is filled out if the student is in a self-contained program at least 80% of the time.

Participation in State and District Assessment

- Ensure that these areas are completed appropriately
- Testing accommodations must match the needs listed in the Needs section and the modifications listed in the Modifications section.

WRAPPING UP:

- I have proofread all of my work.
- All of my pronouns and names refer to the correct student.
- Reported data is specific and measurable.
- All boxes on this requirements page have been checked.

ELIGIBILITY CRITERIA FOR DISABILITY CATEGORIES

Student Name: _____ Student ID #: _____ DOB: _____
 School: _____ Teacher(s): _____ Grade: _____

THIS FORM MUST BE ATTACHED TO EVERY INITIAL OR REEVALUATION ELIGIBILITY REPORT

<p>The requirements for each disability category are listed. In order to qualify, ALL BOXES for that category must be checked.* If a box remains unchecked, then the student does not qualify for that disability.</p> <p><i>*For Emotionally Disturbed, 4 boxes must be checked. For Preschool Child with a Disability, 3 boxes must be checked.</i></p>	<p><u>Auditorily Impaired (Deaf)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student is unable to hear within normal limits <input type="checkbox"/> An audiological eval was provided by a specialist in audiology <input type="checkbox"/> A speech/language eval was provided by an SLP <input type="checkbox"/> The impairment is so severe that the student can't process linguistic info with or without amplification <input type="checkbox"/> Student's educational performance is adversely affected 	<p><u>Auditorily Impaired (Hearing Impaired)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student is unable to hear within normal limits <input type="checkbox"/> An audiological eval was provided by a specialist in audiology <input type="checkbox"/> A speech/language eval was provided by an SLP <input type="checkbox"/> The impairment may be permanent or temporary <input type="checkbox"/> Student's educational performance is adversely affected
<p><u>Autistic</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Verbal and nonverbal communication is significantly impacted <input type="checkbox"/> Social interaction is significantly impacted <input type="checkbox"/> A speech/language eval was provided by an SLP <input type="checkbox"/> A neurodevelopmental assessment was provided by a physician <input type="checkbox"/> Student's educational performance is adversely affected 	<p><u>Intellectual Disability – Mild</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Significantly below average cognitive functioning <input type="checkbox"/> Deficits in adaptive behavior <input type="checkbox"/> Full scale IQ is 55-70 <input type="checkbox"/> Student's educational performance is adversely affected 	<p><u>Intellectual Disability – Moderate</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Significantly below average cognitive functioning <input type="checkbox"/> Deficits in adaptive behavior <input type="checkbox"/> Full scale IQ is 54 or below <input type="checkbox"/> Student's educational performance is adversely affected
<p><u>Intellectual Disability – Severe</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Significantly below average cognitive functioning <input type="checkbox"/> Deficits in adaptive behavior <input type="checkbox"/> Student's educational performance is adversely affected <input type="checkbox"/> Student is incapable of giving evidence of understanding or following simple directions <input type="checkbox"/> Student cannot express basic wants and needs in any manner 	<p><u>Communication Impaired</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> A speech/language eval was provided by an SLP <input type="checkbox"/> A assessment to establish educational impact was provided <input type="checkbox"/> Student has obtained a standard score of 77.5 below on a comprehensive language* evaluation (the <i>overall, or total test score</i>) <input type="checkbox"/> Student has obtained a standard score of 77.5 or below on another language* evaluation (does not have to be comprehensive) <input type="checkbox"/> Student demonstrated impaired language skills during a functional assessment in a situation other than during formal testing <input type="checkbox"/> Student's educational performance is adversely affected <p><i>*EWOPVT and RWOPVT are not language evaluations</i></p>	<p><u>Emotionally Disturbed</u> (Student demonstrates ONE OR MORE):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inability to learn that cannot be explained by intellectual, sensory, or health factors <input type="checkbox"/> Inability to build or maintain relationships with peers and teachers <input type="checkbox"/> Inappropriate behaviors or feelings under normal circumstances <input type="checkbox"/> General pervasive mood of unhappiness or depression <input type="checkbox"/> Development of physical symptoms or fears associated with school or school problems <p>AND ALL THREE:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Characteristics are demonstrated over a long period of time <input type="checkbox"/> Characteristics are demonstrated to a marked degree <input type="checkbox"/> Student's educational performance is adversely affected

<p><u>Multiply Disabled</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has two or more disabling conditions <input type="checkbox"/> The combination of the conditions is so severe that the student cannot be accommodated in a program designed to address one of the impairments <input type="checkbox"/> Speech/language disability is NOT considered one of the conditions <input type="checkbox"/> Student's educational performance is adversely affected 	<p><u>Deaf/Blind</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Concomitant visual and hearing problems <input type="checkbox"/> The combination of the problems causes severe communication, developmental, or educational problems <input type="checkbox"/> Students cannot be accommodated in a program designed solely for deaf or blind students. <input type="checkbox"/> Student's educational performance is adversely affected 	<p><u>Orthopedically Impaired</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has a severe orthopedic impairment <input type="checkbox"/> A medical assessment documenting the impairment was provided <input type="checkbox"/> This impairment adversely affects student's educational performance
<p><u>Other Health Impaired</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> The student has a chronic or acute health problem <input type="checkbox"/> A medical assessment documenting the health problem was provided <input type="checkbox"/> The health problem adversely affects the student's educational performance 	<p><u>Preschool Child with a Disability</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student is between the ages of 3 and 5 <input type="checkbox"/> Student's educational performance is adversely affected, <p>AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has a standard score of 67 or below in one of the following areas, or a standard score of 75 or below in two of the following areas: <ul style="list-style-type: none"> <input type="checkbox"/> Physical <input type="checkbox"/> Intellectual <input type="checkbox"/> Communication <input type="checkbox"/> Social <input type="checkbox"/> Adaptive <p>OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has an identified disabling condition that adversely affects learning or development and requires special education services 	<p><u>Social Maladjustment</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student demonstrates a consistent inability to conform to the standards for behavior established by the school <input type="checkbox"/> The behavior is not due to emotional disturbance <input type="checkbox"/> The behavior is seriously disruptive to the education of the student or other students
<p><u>Specific Learning Disability</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student demonstrates a 22 point discrepancy between Full Scale IQ and: <ul style="list-style-type: none"> <input type="checkbox"/> Basic Reading Skills <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Oral Expression <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Mathematical calculation <input type="checkbox"/> Mathematical problem solving <input type="checkbox"/> Written Expression <input type="checkbox"/> Reading Fluency <input type="checkbox"/> The student's learning problem is not a result of visual, hearing, or motor difficulties, general cognitive deficits, or environmental, cultural or economic disadvantage <input type="checkbox"/> Student's educational performance is adversely affected 	<p><u>Traumatic Brain Injury</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has an acquired injury to the brain <input type="checkbox"/> Student has total or partial functional disability or psychosocial impairment, or both <input type="checkbox"/> The student has impairments in one or more of these areas: <ul style="list-style-type: none"> <input type="checkbox"/> Cognition <input type="checkbox"/> Language <input type="checkbox"/> Attention <input type="checkbox"/> Memory <input type="checkbox"/> Reasoning <input type="checkbox"/> Abstract Thinking <input type="checkbox"/> Judgement <input type="checkbox"/> Problem solving <input type="checkbox"/> Sensory, perceptual and motor abilities <input type="checkbox"/> Psychosocial Abilities <input type="checkbox"/> Physical functions <input type="checkbox"/> Information Processing <input type="checkbox"/> Speech <input type="checkbox"/> Student's educational performance is adversely affected 	<p><u>Visually Impaired</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Student has an impairment in vision that, even with correction, adversely affects the student's education <input type="checkbox"/> The student may have partial sight or be blind <input type="checkbox"/> An assessment by a visual specialist was provided <input type="checkbox"/> The student has been reported to the Commission for the Blind and Visually Impaired

ELIGIBILITY CRITERIA FOR SPEECH AND LANGUAGE SERVICES

Student Name: _____ Student ID #: _____ DOB: _____
School: _____ Teacher(s): _____ Grade: _____
Speech Language Specialist: _____

THIS FORM MUST BE ATTACHED TO EVERY INITIAL OR REEVALUATION ELIGIBILITY REPORT

Language:

- Student's language abilities are having a *documented* negative impact on his educational performance.
- Student has obtained a standard score of 77.5 below on a comprehensive language evaluation (the *overall, or total test score.*)
- Student has obtained a standard score of 77.5 or below on another language evaluation (does not have to be comprehensive.)
- Student demonstrated impaired language skills during a functional assessment in a situation other than during formal testing.

**Note: The EOWPVT and the ROWPVT are not language evaluations.*

Articulation:

- Student articulation skills are having a *documented* negative impact on his educational performance.
- On a standardized articulation or phonology assessment, Student exhibits one or more sound production error patterns beyond the age at which 90 percent of the population has achieved mastery according to current developmental norms.
- Student consistently misarticulates the same sound(s) in a speech sample.

Fluency:

- Student fluency skills are having a *documented* negative impact on his educational performance.
- Student demonstrates at least a mild rating, or its equivalent, on a formal fluency rating scale.
- In a speech sample, Student exhibits disfluency in five percent or more of the words spoken (so if the speech sample is 1,000 words, he is dysfluent on 20 of them.)

Voice:

- Student's voice is having a *documented* negative impact on his educational performance.
- Student performs below the normed level for voice quality, pitch, resonance, loudness or duration on a formal rating scale
- The condition is evident on two separate occasions, three to four weeks apart, at different times.

For each area, **ALL** items must be checked for the student to qualify. Goals can only be written for the area(s) in which the student qualifies. For instance, if a student qualifies for articulation, he cannot be given language goals.



Camden City School District

INTAKE STATUS FORM

DEMOGRAPHIC INFO:

Student Name: _____
Student ID #: _____ DOB: _____
Home School: _____ Serving School: _____
Residing with: _____ Mother Father Guardian/Other
Address: _____
Home Phone: _____ Cell Phone: _____

Case Manager: _____ Date: _____

Most Recent School District: _____

Most Recent IEP is dated: (Begin) _____ (End) _____ IEP must have ended less than one year before today's date.

Most Recent Eligibility Date: _____

Documents Received:

- | | | |
|---|--|--|
| <input type="checkbox"/> IEP | <input type="checkbox"/> Learning Evaluation | <input type="checkbox"/> Medical Reports |
| <input type="checkbox"/> Eligibility Report | <input type="checkbox"/> Speech Evaluation | <input type="checkbox"/> Report Card |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> OT/PT Evaluation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Social Evaluation | | |

Most recent IEP Classification:

- | | | |
|---|---|--|
| <input type="checkbox"/> Autistic | <input type="checkbox"/> Auditorily Impaired | <input type="checkbox"/> Communication Impaired |
| <input type="checkbox"/> Learning Disabled – Mild/Mod | <input type="checkbox"/> Intellectually Disabled - Mild | <input type="checkbox"/> Emotionally Disturbed |
| <input type="checkbox"/> Learning Disabled – Severe | <input type="checkbox"/> Intellectually Disabled - Moderate | <input type="checkbox"/> Multiply Disabled |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Intellectually Disabled - Severe | <input type="checkbox"/> Deaf/Blind |
| <input type="checkbox"/> Orthopedically Impaired | <input type="checkbox"/> Other Health Impaired | <input type="checkbox"/> Preschool Child with a Disability |
| <input type="checkbox"/> Social Maladjustment | <input type="checkbox"/> Traumatic Brain Injury | |

Most recent IEP Placement:

- | | | |
|---|---|---|
| <input type="checkbox"/> In Class Resource | <input type="checkbox"/> Pull Out/Resource Room | <input type="checkbox"/> Tuition School |
| <input type="checkbox"/> Self-Contained Special Class | <input type="checkbox"/> Home Instruction | <input type="checkbox"/> ICR/Self Contained Combination |

Please contact Vanessa Hamilton (ext 38222) to determine an available location of the program.

Is a comparable/appropriate program available in Camden City Schools? Yes No (Explain on reverse)

Program: _____ Location: _____

Please enter appropriate dates below:

- | | |
|--|--|
| <input type="checkbox"/> Student arrived in CCSD on: _____ | <input type="checkbox"/> Student entered into IEP Direct on: _____ |
| <input type="checkbox"/> Previous district contacted on: _____ | <input type="checkbox"/> Files sent to file room on: _____ |
| <input type="checkbox"/> Documents received on: _____ | <input type="checkbox"/> Intake Meeting Scheduled on: _____ |

ADDITIONAL INFORMATION:

When a student enters your school with an IEP from another District:

1. Immediately review the IEP and determine which placement within Camden City Schools most closely matches the student's previous placement.
2. If your school does not have an appropriate placement, contact Vanessa immediately to determine which school has an appropriate placement.
3. The case manager of the school that the student entered will scan all received documents (IEPs, eligibility reports, etc) into the Document Repository and then forward them to the school the student will attend, if it is a different school.
3. Within 30 days, the case manager of the school the student is attending will complete a 30 day review IEP to ensure that the student is in the correct placement to meet his needs.

NJAC 6A:14-4.1

(g) When a student with a disability transfers from one New Jersey school district to another or from an out-of-State school district to a New Jersey school district, the child study team of the district into which the student has transferred shall conduct an immediate review of the evaluation information and the IEP and, without delay, in consultation with the student's parents, provide a program comparable to that set forth in the student's current IEP until a new IEP is implemented, as follows:

1. For a student who transfers from one New Jersey school district to another New Jersey school district, if the parents and the district agree, the IEP shall be implemented as written. If the appropriate school district staff do not agree to implement the current IEP, the district shall conduct all necessary assessments and, within 30 days of the date the student enrolls in the district, develop and implement a new IEP for the student.
2. If the student transfers from an out-of-State district, the appropriate school district staff shall conduct any assessments determined necessary and, within 30 days of the date the student enrolls in the district, develop and implement a new IEP for the student.
3. The appropriate school district staff shall take reasonable steps to promptly obtain the student's records, including the current IEP and supporting documentation, from the previous school district in accordance with N.J.A.C. 6A:32. The district in which the student was previously enrolled shall take reasonable steps to promptly respond to all requests for records of students transferring from one district board of education to another district board of education.

Intake IEP Checklist

Student: _____ ID: _____ Date of Meeting: _____

Case Manager: _____

IEP COMPLETION:

- In Frontline IEP, ensure that you are in 2017-2018
- Student should be listed in process tracking as "Transfer Student Received" **NOT** as "Receipt of Referral"
- The IEP from the previous district must be current (16-17 or 17-18) and complete.
- Utilize the Intake Status form to assist you.

Present Level of Academic Achievement and Functional Performance.

- Use the previous IEP as a guide to complete the CCSD IEP. If the previous IEP was created in IEP Direct, you can request that the other district transfer it to us.
- Ensure that there is a section for every subject in which the student will receive special education.
 - The need for special education in each subject must be supported by data from current CST Evaluations
 - Do not cut and paste the student's CST Evaluations.
- Each student must have one FUNCTIONAL area, which includes the following information:
 - Social/emotional/behavioral functioning
 - Daily living skills (If the student has no functional deficits, it is permissible to indicate that the student is functioning appropriately in this area.)

Strengths of the Students and Concerns of the Parent

- Ensure that these areas are completed appropriately. Strengths must be specific statements about academic and functional strengths.

Needs/Academic, Developmental, Functional, and Any Other Needs

- Ensure that these areas are completed appropriately
- Student must have "needs" for every subject in which they receive special education services.
- The listed needs must match the data from the PLAAFP. *THERE MUST BE A GOAL TO ADDRESS EACH NEED.* (And there must be a NEED for each listed goal.)

Annual Measurable Goals and Benchmarks or Short Term Objectives

- Ensure that these areas are completed appropriately using the previous IEP as a guide.
- Using the NEEDS and the previous IEP as a guideline, ensure that the student has goals for each subject in which he receives special education services.
Goals must be:
 - Aligned to the student's current data (this may or may not match the student's grade level)
 - Projecting a year's worth of growth

Modifications, Supplementary Aides and Services, Assistive Technology Devices

- Modifications must match the NEEDS listed in the "Needs" section.

- Be mindful that all modifications listed MUST be implemented; they are not suggestions or options.
- Ensure that the number of modifications is such that next year's teacher will realistically be able to implement on a daily basis.

Special Education Programs

- Update the special education program for each subject as appropriate. The need for special education in each subject is determined by data from the current CST Evaluations
- The student is placed in the least restrictive environment.

Transportation

- If transportation is required, it must be a direct result of the student's disability.
- This section cannot be left blank, it must have an answer.

Extended School Year

- The child does not need an extended school year program.

Rationale for Removal

- This section is filled out if the student is in a self-contained program at least 80% of the time.

Participation in State and District Assessment

- Ensure that these areas are completed appropriately
- Testing accommodations must match the needs listed in the Needs section and the modifications listed in the Modifications section.

WRAPPING UP:

- I have proofread all of my work.
- All of my pronouns and names refer to the correct student.
- Reported data is specific and measurable.
- All boxes on this requirements page have been checked.

Intake IEP Meeting Checklist

Student: _____ ID: _____ Date of Meeting: _____

Case Manager: _____

Invitation Includes:

- Parent
- Gen Ed Teacher
- Special Ed Teacher
- Student (when appropriate)
- Related Service Providers (as appropriate)

IEP:

- Completed according to Intake IEP Checklist

If current eligibility expires on or before 10/15/2017:

- Meeting invitation indicates both Intake IEP AND Reevaluation Planning
- Consent to evaluate is signed by parent (if parent attends)
- Consent to evaluate lists evaluations that are warranted
- Evaluations are listed in "Nature and Scope of the Evaluation" in Frontline IEP process tracking
- Student has been submitted for Summer Assessment (Google Form)

Frontline IEP Process Tracking:

- Meeting is logged in process tracking
- Consent to implement is logged in process tracking (if parent attends)
- Consent to evaluate is logged in process tracking (if appropriate)

Document Repository:

- Meeting notes uploaded into document repository (if appropriate)
- Participation pages uploaded to document repository
- Consent to implement uploaded to document repository (if appropriate)
- Consent to evaluate uploaded to document repository (if appropriate)

SEMI Documentation:

- Meeting has been logged in Easy Trac (does not pertain to LDTCS)

Additional:

- Parent was provided with PRISE