

CTP Implementation Manual

Overview of Collaborative Transition Protocol (CTP) Manual

This manual was developed as a collaborative effort between Iowa Vocational Rehabilitation Services (IVRS), Area Education Agencies (AEA), and Iowa Department of Education (DE) to outline the CTP process. Practices described in this manual have proven to be effective in the implementation of CTP over the past five years.

To ensure the integrity of the CTP process it is an expectation that the manual be used when implementing the CTP process. The manual has been designed in sequential order to be a clear guide to explain the process and address questions regarding CTP.

The manual is organized in sections that address different components of the CTP process. In each section you will find all the information you will need to complete the activity including:

- Table of contents for the section
- Activity At A Glance
- Agenda (if needed)
- Materials and handouts

If you have any questions or comments regarding this manual, please contact Ruth Allison at ruth.allison@iowa.gov

CTP Implementation Manual

TABLE OF CONTENTS

I. Initial Steps

A. Select and Invite Districts

1. Local Education Agency (LEA) Selection Criteria
2. Letter to LEAs from CTP Coordinator to set up Overview Meeting with Principal

B. Provide Overview to LEA

1. LEA Administrator Meeting At A Glance
2. Administrator Meeting Explanation
3. CTP Talking Points
4. Agenda
5. Materials
 - a. CTP Brochure

II. First Year Trainings

A. Conduct IVRS IEP Training

1. IVRS Counselor IEP Training At A Glance
2. Agenda
3. Materials Section
 - a. Special Education Eligibility in Iowa: Child Find, Response to Intervention
 - b. RIOT Assessment Procedures/Data Sources
 - c. Blank IEP document
 - d. IEP Information Guide
 - e. Definitions of Services and Supports
 - f. Indicator 13 Six Critical Elements Reference Sheet
 - g. Accommodations Supports /Modification/Intervention Chart
 - h. IVRS Eligibility Face Sheet
 - i. RIOT Worksheet
 - j. Summary for Post-Secondary Living, Learning and Working
 - k. Support for Accommodation Request
 - l. CTP Brochure
 - m. Sample IEP documents

B. Conduct IVRS CTP Rubric Training

1. IVRS CTP Rubric Training At A Glance
2. Agenda
3. Materials Section
 - a. IVRS Eligibility Face Sheet
The instructor will provide the following materials: CTP Rubric, CTP Rubric Instructions, Sample IEPs

- C. LEA Overview of IVRS Services and Functional Language**
 - 1. LEA Overview of IVRS and Functional Language At A Glance
 - 2. LEA IVRS Services and Functional Language Explanation
 - 3. Agenda
 - 4. Materials Section
 - a. Commonly Referred Diagnoses
 - b. IVRS Eligibility Face Sheet
 - c. CTP Brochure
 - d. Sample IEPs

III. Yearly Refresher Training

A. Yearly Refresher IVRS Counselor IEP Training

- 1. Yearly refresher IVRS Counselor IEP Training At A Glance
- 2. Agenda
- 3. Materials Section
 - a. Blank IEP document
 - b. IEP Information Guide
 - c. Definitions of Services and Supports
 - d. Iowa Model for Transition Assessment
(www.transitionassessment.northcentralrrc.org)
 - e. RIOT Worksheet
 - f. Sample IEP documents

B. Yearly Refresher LEA Training

- 1. Yearly Refresher LEA Training At A Glance
- 2. Yearly Refresher LEA Training Explanation
- 3. Agenda
- 4. Materials Section
 - a. Commonly Referred Diagnoses handout
 - b. IVRS Eligibility Face Sheet
 - c. CTP Brochure
 - d. Sample IEPs

C. Yearly Refresher CTP Rubric Training

- 1. Yearly Refresher CTP Rubric Training At A Glance
- 2. Agenda
- 3. Materials Section
 - a. IVRS Eligibility Face Sheet

The instructor will provide the following materials: CTP Rubric, CTP Rubric Instructions, Sample IEPs

IV. Dialogue and Collaborate

A. Establish Formal Mechanism for Communication Across CTP Implementation Team

1. Worksheet/ questions
2. Sample Directory Information
3. Communication Plan

B. Communicate CTP within AEA

Worksheet/questions

C. Communicate CTP within IVRS

Description of Process

V. Evaluate and Refine

A. Overview

1. CTP Evaluation Framework
2. CTP Evaluation Measures, Responsibilities and Timeframes

B. Complete Collaboration Survey

1. Sample Survey

C. Complete Summary of Progress and Plans for Expansion

1. How to Select and Engage Districts

D. Complete Contact/Training Record

1. CTP Training/Contact Record Directions
2. CTP Training/Contact Record

VI. Supporting Documents

Completed RIOT Worksheet Sample

I. Initial Steps

A. Select and Invite Districts

1. Local Education Agency (LEA) Selection Criteria
2. Letter to LEAs from CTP Coordinator to set up Overview Meeting with Principal

LEA Selection Criteria

On November 15th of each year the local CTP Implementation Team, including the IVRS Field Office Supervisor and the CTP Coordinator from the AEA submit an expansion plan to the CTP Steering Committee. One part of the Expansion Plan includes selecting the school districts in their area that they would like to participate in the CTP process. The criteria the CTP Implementation Team should consider in the selection of a district include:

- The district and IVRS currently collaborate together in the transition process for students with disabilities
- The most recent Transition Vision Analysis (TVA) completed for the district indicates the district is in 'emerging' or 'full' implementation status

The number of districts within an AEA that can be brought into the CTP process is dependent on the staff capacity of both IVRS and the AEA.

Once the Expansion Plan is approved by the CTP Steering Committee, the CTP Coordinator should contact the Principal(s) from the approved school(s) to schedule a meeting to be held prior to March 31, share information about CTP.

This may be done via a phone conversation or by letter (sample included.)

**Sample
Letter to LEA's from CTP Coordinator to set up overview meeting with Principal**

Insert AEA Letterhead

To: HS Principal and Superintendent
From: ***, Special Education Coordinator, AEA ***
Re: Iowa Vocational Rehabilitation Services Project
Date: ***

I am writing this letter to inform you of an exciting project initiated by IVRS in conjunction with AEA ***. It is the Collaborative Transition Protocol. The purpose of this project is to improve transition services for students, provide resources for special education teachers, and expedite eligibility determination and quality plan development for students participating in the Vocational Rehabilitation program. These mutually beneficial outcomes are realized through heightened collaboration between IVRS and our education partners.

We would like to share the purpose of the project, the expected outcomes, expectations of the district and the Voc Rehab counselor, and share the mutual benefit to all involved. We would like to have a brief meeting with you, as administrators. This meeting would take 20-30 minutes.

At our meeting, we will also ask you to schedule a time to train your teachers. The VR counselor that serves your district will do the training, supported by your AEA Team (Building) Representative, Work Experience/ Transition Specialist and Special Education Coordinator. We need less than an hour for this training and will do it at your convenience within your building. We will schedule the training for sometime in the fall.

I will be in touch with you to set these meetings. I want to thank you in advance for your support of this project. If you have questions, please let me know right away. I can be reached at: *****

[Return to TOC](#)

I. Initial Steps

B. Provide Overview to LEA Administrator

- a. LEA Administrator Meeting At A Glance
- b. Administrator Meeting Explanation
- c. CTP Talking Points
- d. Agenda
- e. Materials
 - a. CTP Brochure

LEA Administrator Meeting At A Glance

Goal

Communicate purpose and plan for implementation in the district

Outcome(s)

- Promote “mutual benefit”
- Develop understanding and support of CTP
- Clarify expectations of AEA, LEA, VR
- Set time for teacher training
- Allocate office space and internet access for VR counselor
- Establish intended schedule for VR counselor

Participant/Role Description

- AEA Administrator/CTP Coordinator/Designee: set meeting and co-facilitate with VR Field Supervisor
- VR Field Supervisor: co-Facilitate meeting
- AEA Building Rep: participate
- Building Principal: participate
- VR Counselor: participate
- Others (as appropriate): Work Experience, other AEA Staff, Superintendent

Materials

CTP Brochure

Timeframe/Sequence/Prerequisite

20-30 minutes

Must occur prior to March 31, before LEA (Teacher) Training

[Return to TOC](#)

Administrator Meeting Explanation

Purpose

This meeting is essential to the success of CTP, and it should not be bypassed. The purpose is to make the school principal aware of the services and resources VR has to offer, and to promote the CTP to the principal, who can then be a supporter of this initiative within that high school. The principal is a key player in introducing CTP since the principal needs and wants to be aware of what is going on at their school, and needs to understand what the benefits and outcomes could be for LEA staff and students. If they see the value of the program, the principal can drive the process forward and help make arrangements for the counselor to be on the agenda at the next special education staff meeting, identify a room for the counselor to use for client visits, and introduce the counselor to high school staff who can help with the roll out.

Who should attend

School principal (and vice principals if desired), IVRS field supervisor, AEA administrator, VR counselor for that school, AEA building representative and others as appropriate. District superintendents generally are not available for this type of meeting, but certainly could be included if the AEA administrator feels it is best.

Scheduling the meeting

This meeting is scheduled by the AEA administrator assigned to the district. This is the person who knows the administrators and teachers in that area, and is most aware of the workloads and areas of emphasis in their district, so they can help ensure that the introduction of CTP is at a time that would work best for that school. The AEA administrator can also make the initial contact with the principal, identify key players for that school, and actually schedule the meeting and make appropriate introductions.

Materials needed

CTP Brochure

The CTP brochure has the history, the process and key objectives, and the anticipated outcomes of CTP all outlined. It is attractive and makes for a nice single handout that can be used for talking points.

Process of the meeting

VR supervisor and counselor are introduced by the AEA administrator assigned to the district. The VR supervisor and LEA administrator should co-facilitate the meeting. The brochure or a copy of the talking points handout can be used as a guide to present a brief overview of the purpose of CTP, the process, project needs, and the anticipated outcomes.

CTP Talking Points

Key points to be brought out by the supervisor in the administrator meeting presentation

1. The Collaborative Transition Protocol is a joint initiative between IVRS, Area Education Agencies and local high schools. It is designed to improve transition services for students, provide resources for special education teachers in completing the IEP, and expedite eligibility determination and quality plan development for high school students participating in the Vocational Rehabilitation program.
2. These mutually beneficial outcomes are realized through heightened collaboration between IVRS and our education partners, and the process should not add significantly to the existing workloads of teachers.
3. IVRS will consider the teachers and AEA staff as the experts in terms of disability related impediments within the school setting, and VR counselors will learn to use the IEP and other school information to expedite eligibility determination without the need for standardized assessment wherever possible. This will better align IVRS with the method that schools currently use to determine eligibility for special education services.
4. VR counselors will be a resource for and work closely with teachers and AEA staff in order to assist in transition planning.

What is needed from the school

1. In order to determine the current level of collaboration between the school and IVRS, the CTP Collaboration Survey is administered to staff before the CTP process commences. The on-line survey will be available to staff through May 30.
2. The VR counselor and VR supervisor need to be scheduled to speak at an upcoming Special Education teacher's meeting so they can present resources, answer questions, and identify methods of collaborating and communicating that will be most helpful to teachers and students.
3. At this teacher meeting, training will be provided to high school staff in the use of "functional capacities" language, and this can be delivered by VR staff in about 30 minutes. Resources for teachers include a handout and actual IEP examples of how functional language can be used when writing IEPs.
4. Additionally, the VR counselor will review with the high school staff the services and supports available to students and teachers (vocational assessment, Iowa Notebook, O*Net, I have A Plan Iowa, etc.), counseling and guidance, work awareness/job readiness preparation, job seeking skills training, planning for assistive technology, post high school skill training, and/or job search assistance and follow up.

5. Also at the teacher meeting, the VR counselor will negotiate regular hours including physical space with internet connection within the school (as the need of each school dictates) so that IVRS staff can be available to AEA and high school staff to provide consultation, exchange information, or work with applicants/clients. The purpose of this is to increase the collaboration between VR and high school/AEA staff, and to ensure that the VR counselor is accessible to respond to the needs of teachers and students.

Desired Outcomes of CTP

In schools where this protocol has been implemented, the working relationship and the enthusiasm for the partnership seems to have grown dramatically over time. Counselors have reported a much higher incidence of joint interactions for information exchange, problem solving, and referral and programming activities. Referrals to VR by schools have increased, including those students with primarily physical and other non-learning disabilities. VR counselors have been able to make accurate eligibility determinations and improved programming decisions based on information in the IEP and other school records. VR counselors have been more involved in transition planning, and are being seen as a valuable resource by teachers. IEPs have become more readable and the information more useful for those outside of the high schools and AEA (e.g.: VR Counselors, college special needs coordinators, parents/students, and other adult service agencies). Transition services for students have become more complete and "seamless" due to the collaborative approach.

[Return to TOC](#)

Collaborative Transition Protocol The Administrator Meeting

Agenda

Introductions

Overview of CTP

Clarify expectations

Set teacher training time

Establish schedule and location for IVRS counselor

[Return to TOC](#)

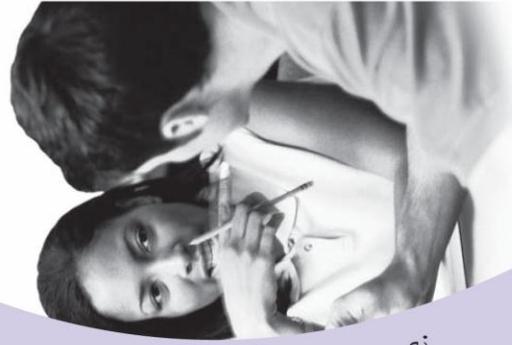
Outcomes:

In schools where CTP has been implemented:

- Partnerships and collaboration has resulted in improved outcomes for students
- IEP information is functional and more useful for outside agencies (e.g.: VR Counselors, college disability services coordinators, parents/students, and other adult service agencies).
- IEPs are more consistent with the transition requirements of IDEA
- Teachers and AEA staff recognize VR Counselors as valuable contributors to the IEP process
- VR referrals have increased, including those students with primarily physical and other non-learning disabilities.
- VR Counselors are able to make accurate eligibility determinations based solely on the IEP
- VR programming decisions have improved
- VR counselors are more involved in transition planning
- Decreased evaluation costs result in increased resources for VR services
- Transition services are more complete and “seamless”

To learn more about the Collaborative Transition Protocol, contact:

Collaborative Transition Protocol



Helping students with disabilities transition toward their future.

An initiative of
Iowa Vocational Rehabilitation Services,
Iowa AEAs and Local High Schools, and the
Iowa Department of Education



Collaborative Transition Protocol

The Collaborative Transition Protocol (CTP) is an initiative of Iowa Vocational Rehabilitation Services (IVRS), Iowa AEAs and local high schools.

The CTP is designed to:

- improve transition services for students with disabilities
- provide resources and support for special education teachers
- expedite IVRS eligibility determination and enhance quality plan development
- capitalize on teacher expertise/knowledge of student

These mutually beneficial outcomes are realized through heightened collaboration between IVRS and their education partners. VR Counselors work closely with teachers and AEA staff in order to support transition planning. The Collaborative Transition Protocol does not add extra work for Special Education teachers.

Why:

As education moved from diagnostic/labeling to a problem-solving approach in determining eligibility for Special Education services, standardized intellectual testing results were rarely available for use in determining eligibility for IVR and other adult service agencies.

As a result:

- Resources from IVRS were used to provide the psychological evaluations previously provided by the AEAs.
- Joint planning for transition services between the schools and Vocational Rehabilitation was difficult and infrequent.

In addition:

- VR Counselors were not able to benefit from the wealth of information contained in the IEP.
- Special education teachers were struggling to document disability-related impediments to future learning and working environments.

How CTP works: Cross training

- VR Counselors are trained by AEA staff on the IEP to:
- Familiarize them with the IEP document
 - Determine where information pertinent to IVRS eligibility and planning can be found in the IEP
 - Identify how VR Counselor can contribute to the IEP process

Special education teachers and AEA staff are trained by a VR Counselor and AEA representative in the use of “functional capacities” language.

- 30–45 minute training within local district
- Information sharing in regard to VR services/resources
- Identify communication system and determine schedules



Collaboration

- VR Counselor establishes regular hours within the school (as the need of each school dictates) so he/she can be available to AEA and high school staff to provide consultation, exchange information, or work with applicants/clients.
- VR Counselor provides services and supports to students and teachers (e.g. vocational assessment; Iowa Notebook, O*Net, etc., counseling and guidance, work awareness/job readiness preparation, job seeking skills training, planning for assistive technology, training, and/or job search assistance and follow up.)
- IEP teams include functional impact of the disability on learning, living, and work environments within the IEP.

II. First Year Trainings

A. Conduct IVRS IEP Training

1. IVRS Counselor IEP Training At A Glance
2. Agenda
3. Materials Section
 - a. Special Education Eligibility in Iowa: Child Find, Response to Intervention
 - b. RIOT Assessment Procedures/Data Sources
 - c. Blank IEP document
 - d. IEP Information Guide
 - e. Definitions of Services and Supports
 - f. Indicator 13 Six Critical Elements Reference Sheet
 - g. Accommodations/Modification/Intervention Chart
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IVRS Counselor IEP Training At A Glance

Goal

Provide IVRS counselors with an understanding and working knowledge of the Individualized Education Program (IEP) process and documentation for students age 14 and older with a disability.

Outcomes

Counselors will:

- Be aware of the Special Education Eligibility in Iowa: Child Find; Response to Intervention (RTI), etc.
- Be familiar with the IEP document
- Understand the most likely places to find information for IVRS eligibility determination, planning and the CTP rubric
- Be aware of how they can contribute to the IEP/Transition, planning process (i.e., transition assessment, customized trainings, link to services and supports in the community)

Participant/Role Description

AEA CTP Coordinator or designee: trainer/facilitator

IVRS Field Supervisor: participant

IVRS Counselor: participant

Materials

- Special Education Eligibility in Iowa: Child Find, Response to Intervention
- RIOT Assessment Procedures/Data Sources
- Blank IEP document
- IEP Information Guide
- Indicator 13 Six Critical Elements Reference Sheet
- Definitions of Services and Supports
- Accommodations/Modification/Intervention Chart
- IVRS Eligibility Face Sheet
- Sample IEP documents
- RIOT Worksheet
- Summary for Post-Secondary Living, Learning and Working
- Support for Accommodation Request
- CTP Brochure

Timeframe/Sequence/Prerequisites

Allow 3-4 hours for this training

This training should be held prior to LEA Training

This training should be held prior to IVRS CTP Rubric Training

Items Suggested for Training

White board or flipchart paper

Markers

Notecards

IVRS IEP Training

Agenda

Purpose:

IVRS counselors will understand the IEP process and documentation, how to locate and identify useful information in the IEP document and their role in contributing to the IEP/transition planning process.

Welcome (approximately 10 minutes)

Overview of the schedule, arrangements for breaks, restroom location, etc.

Opening Activity (approximately 10-15 minutes)

Suggestion

Pair and share: Have participants pair up, introduce themselves and share what sources of information they use to determine eligibility and support planning for their client

Facilitate brief discussion in the whole group and record responses.

Special education eligibility determination (approximately 20 minutes)

Brief overview of special education eligibility, Child Find and Response to Intervention Process (RTI)

Purpose of the process; documentation

Review handout

RIOT and the IEP Process (approximately 10 minutes)

Explain how education uses the RIOT process in determining eligibility and for transition planning

(Review RIOT Assessment Procedures & Data Sources handout)

RIOT and the IVRS Process (approximately 10 minutes)

Have participants team up and use the RIOT Assessment Procedures & Data Sources handout to list the assessment procedures & data sources IVRS uses for eligibility and planning; Facilitate report out to the whole group and record on public minutes

IEP Document (approximately 15 minutes)

Review a blank IEP using the IEP Information Guide and Definitions, Services, Supports documents to point out where information may be found

Review differences between Interventions, Accommodations, Modifications (use Accommodations Modification Intervention Chart handout or one of the supplemental materials regarding accommodations)

Questions

Break (approximately 10 minutes)

Practice: Review sample IEPs (approximately 40 minutes total)

First as an **individual** activity then small group discussion, review sample IEP.

Individual activity: (approximately 15 min),

Using **IEP Information Guide**, **highlight** information in the sample IEP & how it would be useful for eligibility and/or planning for IVRS & make a note

Complete **RIOT Worksheet** to identify **missing information and where you might find it**

Small group (table) discussion (approximately 10 minute)

Please answer the following questions, record answers, be prepared to report out to whole group (Suggestion: provide chart paper to record & report to whole group, if large group)

- Where did you find useful information and what was it?
- What do you still want/need to know about the student in order to determine eligibility and planning?
- Identify ways you might get the additional information.
- (Emphasize RIOT & other sources of data besides IEP)... cover this if it doesn't come out from discussion

Whole group activity (approximately 10 minute)

- Identify areas where IVRS could **contribute information/activities** that would enhance the IEP/transition plan
- Questions

Closing Activity

Suggested activity: On a note card write down one thing you learned today that you will start doing in your work with high school students; share your thoughts with one other person in the room.

[Return to TOC](#)

Special Education Eligibility in Iowa: Child Find

Systematic Problem Solving

In Iowa, we use a systematic problem solving process to examine the nature and severity of educationally related problems.

This process includes:

- Description of problem
- Data collection and problem analysis
- Intervention design and implementation
- Progress monitoring
- Evaluation of intervention efforts

In determining whether Special Education services may be needed, data are gathered and evaluated to answer the following questions:

1. Has this individual had ample access and opportunity to learn what is expected in the areas of concern in general education?
2. Has this individual demonstrated performance persistently below the education standard?
3. When given an intensified opportunity to learn, has this individual demonstrated limited progress and response?
4. Following provision of intensified instruction is the individual still significantly discrepant from peers or standard?
5. With general education and supplemental instruction, is the individual's performance unique or an outlier from a comparable group?
6. What are the educational needs in curriculum, instruction and environment for the individual who has a disability?

Full and Individual Initial Evaluation

If a child is suspected of having a disability, a full and individual evaluation for special education is conducted. The evaluation consists of procedures by which the team gathers sufficient data to:

- 1) identify the instructional needs of an individual and
- 2) determine the presence of a disability.

Specifically, the Full and Individual Initial Evaluation gathers and summarizes information around four key components: the exclusionary factors, progress, discrepancy, and need. The steps include:

1. Collect relevant information to rule out the impact of exclusionary factors (e.g., lack of appropriate instruction, Limited English Proficiency, socio-economic or cultural circumstances, attendance) on individual performance
2. Collect any relevant information about discrepancy, progress (rate of growth) and need.
3. Summarize all of the information to be used for eligibility determination in the *Educational Evaluation Report*.
4. Set up the Eligibility Determination meeting where team members will review that data collected during the Full and Individual Initial Evaluation.

The purpose of the full and individual initial evaluation is two-fold:

- 1) Determine the educational interventions required to resolve the presenting problem, behavior of concern, or suspected disability, including whether the educational interventions are special education (exceeds capacity of general education resources alone); and
- 2) Determine if the individual is eligible for special education. In Iowa, an individual is eligible for special education when there is:
 - a disability (determined by assessing rate of educational progress and discrepancy from expectations); and
 - an instructional need that can only be met through the use of special education resources

RIOT

The RIOT assessment methods are used in the eligibility determination and implementation of special education services.

Review existing information/records, district wide assessments,

Interview student, teachers, parents

Observe performance and behavior in a variety of settings

Task/**T**est; direct, functional performance assessment

RIOT

RIOT Assessment Procedures/Data Sources			
R	I	O	T
Review Permanent products, e.g., written pieces, worksheets, projects, materials, school rules and expectations, district records, health records, cumulative records for educational history, behavior patterns, onset and duration of presenting problem	Interview <ul style="list-style-type: none"> • Teachers • Relevant LEA personnel • Parents • Individual 	Observe <ul style="list-style-type: none"> • Teacher expectations • Antecedent conditions • Consequences • Setting analysis • Target behaviors 	Test <ul style="list-style-type: none"> • Readability of materials and tests • Learner performance data—discrepancy between instruction, curriculum, environment and learner performance
RIOT Assessment Procedures/Data Sources for IVRS Eligibility and Planning			
R	I	O	T
Review SK/AL 5.29.09 CTP	Interview	Observe	Test



Individualized Education Program

File or ID number _____

DATE: ____/____/____ TYPE: Initial Review Reevaluation Amendment Interim

STUDENT: _____ M F
Last (legal) First (no nicknames) M.I.

Birthdate: ____/____/____ Grade: _____ Teacher/Service Provider: _____

Resident District: _____ Building: _____

Attending District: _____ Building: _____

Attending Area Education Agency: _____ Attending Building Phone: _____

Parent Name: _____ Home Phone: _____
 Foster Parent Address: _____ Work/Cell Ph: _____
 Guardian _____ E-mail: _____
 Surrogate _____
 Student _____

Parent Name: _____ Home Phone: _____
 Foster Parent Address: _____ Work/Cell Ph: _____
 Guardian _____ E-mail: _____
 Surrogate _____
 Student _____

Duration of this IEP: From ____/____/____ to ____/____/____ Reevaluation is due: ____/____/____

Procedural safeguards were reviewed by: _____ Method: _____

Rights will transfer at age 18: ____/____/____ Notification: Student ____/____/____ Parent: ____/____/____

Persons Present at Meeting/Position or Relationship to Student

____ Parent _____ Student
____ Parent _____
____ LEA Rep/Designee _____
____ Gen Ed Tchr _____
____ Sp Ed Tchr _____

Signature or listing indicates presence at the meeting, not approval or acceptance of the IEP

Outside written input: Name/Agency: _____ Date: ____/____/____

Required System Data		
Ethnicity: (See Below)	Shortened school day <input type="checkbox"/>	Basis for enrollment: _____
Disability(ies): ____	Full Time: <input type="checkbox"/> Part Time <input type="checkbox"/>	Served status: ____
Early childhood code: ____	Final Exit: _____	Weighted Enrollment Factor Recommended: ____ Current: ____
Domicile District: _____	Roster change(s): _____	
Domicile Building: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No The student receives 50% or more of his/her special education services in the Attending Building. If no, select the building where the student receives 50% or more of his/her special education services. 50% or more of special education services provided at: _____ Facility type: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No Does this student reside the majority of nights at this facility?		Setting Code: _____
The student was placed in this school/facility at the direction of: _____		
Copies to: _____		

[Show Race-Ethnicity Data >>](#)

Present Levels of Academic Achievement and Functional Performance

Strengths, interests and preferences of this individual _____

Parents' concerns regarding their child's education _____

The IEP team must consider the following when developing this IEP.

Behavior (in the case of a student whose behavior impedes his or her learning or that of others, consider the use of positive behavioral interventions, supports and other strategies, to address that behavior)

- Yes, behavior is a concern and will be addressed in this IEP.
- Yes, behavior is a concern and will be addressed in the attached Functional Behavioral Assessment and Behavior Intervention Plan.
- No, behavior is not a concern.

Limited English proficiency (Consider the language needs related to the IEP)

- Yes, limited English is a concern and will be addressed in this IEP.
- No, limited English is not a concern

Communication and language, especially if the student is deaf or hard of hearing.

- Yes, communication and language are a concern and will be addressed in this IEP.
- Yes, communication and language are a concern and will be addressed in the attached Communication Plan for Deaf and Hard of Hearing.
- No, communication and language are not a concern.

Braille instruction needs if this student has a visual impairment

- Yes, Braille is needed and will be addressed in this IEP.
- No, Braille is not needed.

Health Needs (intervention, procedures, or services required in order to access education)

- Yes, health is a concern and will be addressed in this IEP.
- Yes, health is a concern and will be addressed in the health plan as a part of the student's health records.
- No, health is not a concern.

Assistive technology (services, software and devices needed to access the general education curriculum)

- Yes, assistive technology is needed and will be addressed in this IEP.
- No, assistive tech. is not needed.

This student is NIMAS eligible: Yes No

Transition assessments and other information essential for the development of this IEP (address living, learning & working):

Living: Information sources: _____

Living: Results: _____

Learning: Information sources: _____

Learning: Results: _____

Working: Information sources: _____

Working: Results: _____

B (Students ages 13-21)

Other information essential for the development of this IEP _____

Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills.

Based on the transition assessments, describe the post-secondary expectations for living, learning, and working.

Post-secondary expectation for living: _____

Yes No Is living an area of need that will be addressed with goals, services or activities in this IEP?

Post-secondary expectation for learning: _____

Yes No Is learning an area of need that will be addressed with goals, services or activities in this IEP?

Post-secondary expectation for working: _____

Yes No Is working an area of need that will be addressed with goals, services or activities in this IEP?

Course of study

What requirements does this student need to meet to graduate? _____

What is this student's current status with regard to these requirements?: _____

Target graduation date (mo/yr): _____ / _____

Courses and activities needed to pursue the post-secondary expectations and graduate by the target graduation date.

B (Students ages 13-21)

Goal #: _____

State of Iowa Core Content Standard and Grade Level Benchmark(s) upon which this goal is based: _____

District Standard and Grade Level Benchmark(s) upon which this goal is based: _____

Current Academic Achievement and Functional Performance (Results of the initial or most recent evaluation and results on district-wide assessments relevant to this goal; performance in comparison to general education peers and standards).

Baseline (Describe individual's current performance in measurable terms using the same measurement as measurable annual goal and progress monitoring procedures).

Measurable Annual Goal: conditions (when and how the individual will perform); behavior (what the individual will do); and criterion (acceptable level of performance). For students 14 years and older, indicate if this goal is related to post-secondary expectations of: (check all that apply to this goal) living learning working

Progress Monitoring procedures (State how progress toward meeting this goal will be measured, how often progress will be measured, and the decision-making rule that will be used in considering instructional changes). _____

Position(s) responsible for services _____

See attached graph

Major Milestones or Short Term Objectives/Dates Expected (Required for students assessed against alternate achievement standards)	Comments/Progress Notes/Dates Achieved

Goal #:	Progress Report																
1 =	This goal has been met.																
2 =	Progress has been made towards the goal. It appears that the goal will be met by the time the IEP is reviewed.																
3 =	Progress has been made towards the goal but the goal may not be met by the time the IEP is reviewed.																
4 =	Progress is not sufficient to meet this goal by the time the IEP is reviewed. Instructional strategies will be changed.																
5 =	Your child did not work on this goal during this reporting period (provide an explanation to the parents).																
____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5
____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5
____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5

Special Education Services

Indicate the special education and related services, supplementary aids and services, based upon peer-reviewed research to the extent practicable, that will be provided in order for this individual: 1) to advance appropriately toward attaining the annual goals 2) to be involved and progress in the general curriculum; 3) to be educated and participate with other individuals with disabilities and nondisabled individuals. 4) to participate in extracurricular and other nonacademic activities; and 5) by age 14, to pursue the course of study and post-high school outcomes (living, learning & working);

Y N Accommodations	Y N Linkages/interagency responsibilities	Y N Supplementary aids and services
Y N Assistive technology	Y N Program modifications	Y N Supports for school personnel
Y N Community experiences	Y N Specially designed instruction	Y N Support or related services
Y N Development of work and other post-high school living objectives	Y N Specialized Accessible Formats (Braille, large print, audio, digital text)	

Describe each service, activity and support indicated above:	Provider(s) & when the service, activity or support will occur	Minutes in Setting
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	____ General education ____ Special education ____ Community per _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	____ General education ____ Special education ____ Community per _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	____ General education ____ Special education ____ Community per _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	____ General education ____ Special education ____ Community per _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Total minutes per month removed from general education:		
LRE: Removal from GE % plus Time in GE % = 100%		

Special Education Services, continued

Yes No **Are extended school year (ESY) services required?** If yes, specify the goals that require ESY services and describe the services. _____

Yes No **Are specialized transportation services required that are related to the disability?** If yes, describe.
 Special route (outside normal attendance area or transportation not typically provided based on distance from school)
 Attendant services Specially equipped vehicle Other _____

Physical Education: General Modified—describe below Specially designed—requires goal(s)

Will this student participate in district-wide assessments (DWA)?

Yes No, not yet school-age No, student is incarcerated in an adult correctional facility

If yes, indicate how this individual will participate in district-wide assessments for Adequate Yearly Progress (AYP) in:

Reading: Standard assessment (ITBS, ITED) Iowa Alternate Assessment

Math: Standard assessment (ITBS, ITED) Iowa Alternate Assessment

Science: Standard assessment (ITBS, ITED) Iowa Alternate Assessment

The standard assessment will be given: with accommodations without accommodations

If with accommodations, describe accommodations necessary to measure academic achievement and functional performance

If this student will participate in the Iowa Alternate Assessment: Why can't the individual participate in the general assessment?

Why is this alternate assessment appropriate for this student? _____

Non-AYP district-wide assessments will be given:

with accommodations without accommodations through an alternate assessment

If with accommodations, describe accommodations necessary to measure academic achievement and functional performance

Additional Considerations

Address the following questions.

Yes No Will this individual receive all special education services in general education environments?

If no, explain: _____

Yes No Will this individual participate in nonacademic activities with nondisabled peers **and** have the same opportunity to participate in extracurricular activities as nondisabled peers?

If no, explain: _____

Yes No Will this individual attend the school he or she would attend if nondisabled?

If no, explain: _____

Yes No Will this individual attend a special school? If yes, attach responses to the special school questions.

Progress reports

Parents: You will be informed of your child's IEP progress _____ times per year. You will receive:

An IEP report with report cards and progress reports Updated copies of the IEP goal pages

Reevaluation Questions

1. What progress has the student made, compared to peers or the expected standard, since the last evaluation?

2. What discrepancy, if any, still exists between the student's performance and that of peers or the expected standard?

3. What evidence is there that the student continues to need special education and related services in order to be successful?

4. What additions or modifications to the special education and related services are needed to enable the student to meet the IEP goals and to participate, as appropriate, in the general education curriculum?

5. Does the student continue to be eligible for special education services, based on the information contained in Questions 1-4?

Yes No Explain (if further information is needed)._____

6. Under what conditions will the IEP team consider exiting the student from special education services?



Summary for Post-Secondary Living, Learning, and Working
(To be completed at exit prior to graduation)

Student Name: _____ **Birthdate:** ____/____/____ **Date:** ____/____/____

Attending District/Building: _____ **Date of Exit:** ____/____/____

Post-Secondary Expectations:

Living:

Learning:

Working:

Recent Special Education Services (Indicate all received within three years prior to exit.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Behavior Supports | <input type="checkbox"/> Communication | <input type="checkbox"/> Braille Instruction |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Accommodations | <input type="checkbox"/> ESL Services |
| <input type="checkbox"/> Modifications | <input type="checkbox"/> Specially Designed Instruction | <input type="checkbox"/> Health |
| <input type="checkbox"/> Additional Services (e.g. Speech, Occupational Therapy, Physical Therapy, Transportation) | | |

Goal Areas (Within three years prior to exit)

Describe Student's Current Levels of Performance, as Related to Living, Learning, Working. (Include type of assessment, date of administration, and results)

Describe Functional Impact of the Disability (as related to Living, Learning, Working)

Response to Instruction and Accommodations (As Related to Living, Learning, Working)

Recommendations for: (include suggestions for accommodations, linkages to adult services, or other supports)

Living

Learning

Working

Adult/Community Contacts:

Agency _____ Status _____
Name/Position _____ Phone _____

Agency _____ Status _____
Name/Position _____ Phone _____

Agency _____ Status _____
Name/Position _____ Phone _____

High School Contacts:

Primary High School Contact: Name/Position: _____ Phone _____

Additional team members contributing to this summary:

Student _____ Parent _____

Name/Position _____ Name/Position _____

Name/Position _____ Name/Position _____

Support for Accommodation Request (SAR)

To be used in consideration of post-secondary academic accommodation requests.

Student's Name:

1. ELIGIBILITY/DIAGNOSTIC STATEMENT:

- + Date of original eligibility:
- + Most recent reevaluation date:
- + Current goal area(s) of concern:

2. FORMAL DIAGNOSIS and DATE (when available):

3. What is the BASIS OF DETERMINATION for current services? (Provide available formal/informal diagnostic assessment information and recent evaluation results; include performance levels with/without accommodations.)

4. Describe the CURRENT FUNCTIONAL IMPACT of the disability:

5. RESPONSE TO specially designed INSTRUCTIONAL INTERVENTION:

6. Expected PROGRESSION or STABILITY of the disability:

7. HISTORY of ACCOMMODATIONS:

- + 9th Grade:
- + 10th Grade:
- + 11th Grade:
- + 12th Grade:

8. SUGGESTED ACCOMMODATIONS for post-secondary experiences:

9. RECOMMENDATIONS for (include accommodations, linkages to adult services, other support)

- + Living:
- + Working:

10. ADULT/COMMUNITY Contacts:

- + Agency: Status: Name/Position: Telephone:

11. SIGNATURE of Credentialed Professional

Name of Person completing this form (Print)	Title/Role	Agency/Organization
---	------------	---------------------

Signature	Telephone	Date
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12. AUTHORIZATION for RELEASE OF INFORMATION. I hereby authorize the release of information summarized in this **Support for Accommodation Request** for the purpose of evaluating eligibility and accommodation requests.

Name of Student (Printed)	Student's Signature	Date
---------------------------	---------------------	------

13. STUDENT WRITTEN RESPONSE — Statement of Goals (Please write your statement of at least 3-5 sentences describing what you hope to accomplish in the next year.)

IEP Information Guide

Functional Capacities

IEP Page B

- Transition Assessment and other information essential for the development of this IEP
- Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills.

IEP Page D (goal page)

- Current academic achievement and functional performance
- Baseline

IEP Page F (services, activities, linkages and supports)

- Services (See "Definitions & Examples of Services, Activities and Supports")

IEP Page G

- Are specialized transportation services required that are related to the disability?
- Indicate how this individual will participate in district-wide assessment.
- Least restrictive environment considerations

Post Secondary Planning

IEP Page B

- Strengths, interests and preferences of this individual
- Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills.
- Based on student interests, preferences and strengths and transition assessments of students ages 14 and older, describe the post secondary expectations for learning, living and working.
- Course of study

IEP Page F (services, activities, linkages and supports)

- Services (See "Definitions & Examples of Services, Activities and Supports")

IEP Page K Summary for Post-secondary Living, Learning and Working

(Available from students who have graduated)

Support for Accommodation Request

(May be available for students planning to attend Post-secondary academic training)

- This is not a required special education form. It is designed for all students who need accommodations at the post-secondary level. Students on an IEP and students protected under ADA and Section 504.

[Return to TOC](#)

Definitions & Examples of Services, Activities and Supports

Service, activity or support	Definition & Examples
Accommodations	Supports or services provided to help a student access the general curriculum and validly demonstrate learning <i>Examples: Teacher prepared notes, peer readers, extended testing time</i>
Assistive technology	Any item, piece of equipment or product that is used to increase, maintain, or improve the functional capabilities of a child with a disability <i>Examples: computerized text reader, special pencil grip, classroom amplification</i>
*Community experiences	Educationally supported activities in the community necessary for FAPE <i>Examples: community based activities providing instruction in the use of community resources (stores, post office, recreational facilities)</i>
Development of work and other post-high school living objectives	Services that lead to a job or career and important adult activities that are done occasionally such as registering to vote, doing taxes or renting a home <i>Examples: work experience placements, instruction in household accounting</i>
Linkages/interagency responsibilities	A statement of interagency responsibility or linkages required for a student to receive FAPE during transition to post-secondary life <i>Examples: activities that secure commitments from work experience sites, DVRS responsibilities, application processes for post-high school living, working, education, training</i>
Program modification	Changes made to the content and performance standards for students with disabilities <i>Examples: extensions of district standards and benchmarks, modifications in performance expectations in general education classes, modified requirements for earning credits</i>
*Specially designed instruction	Instruction, adapted in content, methodology or delivery, provided by or under the direction of a licensed/certified special education teacher. <i>Examples: reading instruction in the areas of phonemic awareness, and decoding skills, math instruction in the area of computation and estimation</i>
Supplementary aids and services*	Supports or services provided to help a student access general education settings to enable education with nondisabled peers to the maximum extent appropriate <i>Examples: educational interpreter, additional adult assistance, physical assistance needed to access school programs</i>
Supports for school personnel	Supports or services provided to school personnel to provide them with the necessary skills and assistance needed to support the implementation of the IEP <i>Examples: professional development for classroom teacher</i>
*Support or related service	Support services are typically provided by area education agency staff and are the specially designed instruction and activities that augment, supplement and support the educational program of eligible individuals <i>Examples: speech therapy, counseling provided by a school social worker</i> Related services are developmental, corrective and other services that are required to assist an individual with a disability to benefit from special education. Related services also includes school health services, school nurse services designed to enable a student to access FAPE as described in the IEP. <i>Examples: special transportation, training required to allow parents to support the implementation of the IEP, school health services</i>
* These areas must include an amount of time.	

[Return to TOC](#)

**Iowa Department of Education
Indicator B13 Data Collection
Reference Sheet**

Critical Element 1: Interests and Preferences

What: Interests and/or preferences as they relate to post-secondary areas
Typical statements begin: Jesse likes . . . , Clayton chooses . . . , or LaTisha wants. . .

Likely location: Page B- "Strengths, interests and preferences of this individual"

Other possible locations: Post-secondary Expectations

Critical Element 2: Transition Assessments

What: For each area of living, learning, and working:

1. **Specific data.** Information related to strengths/needs for each post-secondary area and targeted post-secondary expectation (living, learning, and working).
 - Data are sufficient to determine if there is a need for transition services in the specific post-secondary area as it relates to the student's targeted post-secondary expectation in that area (e.g., full time employment).
 - If services are needed, data are specific enough to write a goal or activity.
 - If there is no need for services in a post-secondary area, the data are sufficient to determine that there is no need for transition services in that post-secondary area.
2. **Source of the data.** The IEP should include information that names the method of assessment (e.g., classroom observation, student interview) or the specific name of the assessment tool.
3. **Each post-secondary area has been assessed.**
Data are sufficient to determine that an assessment of the post-secondary area was made.

Likely Location: Anywhere on page B

Other Locations: Current Functioning on page D

Critical Element 3: Post-Secondary Expectations

What: A statement for each area of living, learning, and working that:

1. Projects beyond high school,
2. Is consistent with available assessment information, and
3. Is observable.

Likely Location: **Must** be in the appropriate section on page B (*Based on the transition assessments, describe the post-secondary expectations for living, learning, and working.*)

Critical Element 4: Course of Study

What: Projects to the anticipated end of high school, is based on needs and includes:

1. Graduation criteria (requirements, means),
2. Targeted graduation date, and
3. Courses and activities necessary to pursue student's PSE.

Likely Location: Course of Study on page B

Critical Element 5: Annual Goals

What:

1. All goals support pursuit of post-secondary expectations
2. All goals meet the requirements of a well-written goal
3. All areas of post-secondary expectations have a goal or service/activity or justification

Likely Location: Page D of IEP

Other Locations: To determine if goals support pursuit of PSE, you will need to refer back to page B. If not all PSE areas are addressed, or if needs identified in PLAAFP are not addressed by goals, you will need to review page F (supports, services and activities).

Critical Element 6: Supports, Services, Activities, Linkages

What: Services and supports are appropriate and sufficient for duration of the IEP as determined by:

1. Specific descriptive statements (e.g., anticipated frequency, setting and duration of each service, activity and support)
2. All needs identified on Page B are addressed through goals and/or services, activities and/or supports

Likely Location: Page F of the IEP

Other Locations: Will need to examine entire IEP to see if services identified are sufficient

[Return to TOC](#)

Accommodation/Modification/Intervention		
<p>Accommodation: Provides equal access to the curriculum and demonstrate learning. Assessments describe knowledge and skill, not the student's weakness or disability.</p> <p><i>Changes may be made to instructional method or to the environment. (Classroom, hallway, lunchroom, playground</i></p>	<p>Modification: Changes made to the content and performance standards (expectations) for students. Modifications are used when other supports and services are inadequate for student success.</p> <p><i>This generally is a change in the curriculum (modified benchmarks).</i></p>	<p>Intervention: Strategy taught to the student that meets the student's identified need and is monitored frequently.</p> <p><i>Progress is monitored and revised based on data analysis.</i></p> <ul style="list-style-type: none"> • Teach student ANY strategy. • Teach study skills and strategies.
<p>In General</p> <ul style="list-style-type: none"> • provide a visual schedule of the day. • tests read to him or her, especially if the concept being measured is something other than reading. • Extended time to take tests. • Small group instruction. • Provide Graphic Organizer • Seating proximity to the teacher • Write directions on the board. • Re-teach a lesson or repeat an instruction. • Slow your speech when giving verbal directions. Make directions brief. • Allow student to demonstrate knowledge via a project rather than a multiple choice test. • Have a predictable schedule. 	<ul style="list-style-type: none"> • Assignments reduced by approximately 20% to allow emphasis on key points/elements needed in the chapter/unit. • When given a test, the student will only answer those questions pertaining to one of the expected outcomes as opposed to 3 expected outcomes. • When given a test, the student will have a reduced number of multiple choice options. 	

	Accommodation	Modification	Intervention
General, continued	<ul style="list-style-type: none"> Allow student extra time to answer questions in class Prompt students ahead of time that you will be calling on them for a question 	<ul style="list-style-type: none"> Student will memorize 10 states and capitals rather than 25 states and capitals. 	<ul style="list-style-type: none"> Teaching “chunking” strategy Teach mnemonic strategy
Reading	<ul style="list-style-type: none"> Paired reading Activate prior knowledge Provide books on tape Provide handouts Preview vocabulary 	<ul style="list-style-type: none"> Student will read from materials at his/her instructional level. Student will read 3 books when class will read 6 books. 	<ul style="list-style-type: none"> Teach student the KWL comprehension strategy Teach word attach strategy Teach student strategy to check for understanding as they read Teach student to use mental imagery
Written Language	<ul style="list-style-type: none"> Allow student who writes slowly to dictate responses (providing spelling and appropriate punctuation for writer) Use of a slant board Use of a computer to complete writing activities or some other computer program (voice to print, and other word prediction software) 	<ul style="list-style-type: none"> Student will write one page report instead of 5 pages Student will be responsible for 5 of the 10 words on the spelling list Student will take the course Pass/Fail Student will have an individualized grading system. 	<ul style="list-style-type: none"> Teach student eh COPS writing strategy Teach student to use graphic organizers to organize ideas prior to writing
Math	<ul style="list-style-type: none"> Allow student to use number chart or calculator if basic facts is not the main concept being taught. For example if the objective is solving word problems and student has difficulty with basic facts, provide the number chart or calculator. Use graph paper to help line up problems. 	<ul style="list-style-type: none"> Student will complete 50% of the addition problems. Math will be taught at student’s instructional level. 	<ul style="list-style-type: none"> Teach touch-point math strategy Teach specific math vocabulary words Teach strategy for adding doubles

	Accommodation	Modification	Intervention
<p>Behavior</p>	<ul style="list-style-type: none"> • Provide positive feedback • Provide reinforcement schedule • Preferential seating • Write behavior contract • Praise appropriate behavior • Provide choices • Allow student more wait time to reply • Use proximity control 	<ul style="list-style-type: none"> • Behavior contract where student has opportunity to remove themselves from the room if necessary • Student will pass in the hallway 3 minutes before peers • Additional adult attention to help student to follow through on request • Ignore some behaviors 	<ul style="list-style-type: none"> • Teach student strategy to calm himself/herself (Turtle Technique) • Teach student to self-monitor behaviors • Teach student “feeling” vocabulary • Teach student coping strategies • Teach student specific social skills • Teach using social stories
<p>Attention</p> <p>Note: Students with attention problems or learning problems perform at their best in a safe environment—academically, emotionally, and socially.</p>	<ul style="list-style-type: none"> • Say their name to get their attention prior to giving directions • Seat student in quiet area • Set up study carrel • Tell clearly and realistically what is expected • Practice transitions • Non-authoritative styles work better with frequent reinforcement • Accept poor handwriting and printing 	<ul style="list-style-type: none"> • Student completes half the number of problems if they show they have mastered the concept • Allow student to take more frequent breaks 	<ul style="list-style-type: none"> • Teach the student self monitoring strategies
<p>Motor</p>	<ul style="list-style-type: none"> • Allow printing rather than cursive writing. • Student uses a pencil grip. • Some other assistive technology 	<ul style="list-style-type: none"> • Shortened/alternate assignments • Student can complete alternate task(s) 	<ul style="list-style-type: none"> • Provide instruction in the use of various assistive technology devices • Provide instruction in a different handwriting program

IVRS Eligibility Face Sheet

BECAUSE OF THE DISABILITY:	BECAUSE OF THE DISABILITY:
1. MOBILITY: Difficulty or limitations in the movement of the body into various positions or in getting from place to place in the work environment.	1. MOBILITY:
<input type="checkbox"/> Walking <input type="checkbox"/> Kneeling <input type="checkbox"/> Twisting <input type="checkbox"/> Climbing <input type="checkbox"/> Crouching <input type="checkbox"/> Stooping <input type="checkbox"/> Balancing <input type="checkbox"/> Crawling <input type="checkbox"/> Travel <input type="checkbox"/> Other _____ 	<input type="checkbox"/> Unable to move safely, including changing body position, without help or device. Explain: _____ <input type="checkbox"/> Takes significantly longer to move about Explain: _____ <input type="checkbox"/> Cannot drive due to physical or mental problems Explain: _____ <input type="checkbox"/> Other limitations - Explain: _____
2. SELF CARE: Difficulty or limitations in taking care of oneself in the living setting and in the work environment.	2. SELF CARE:
<input type="checkbox"/> Eating <input type="checkbox"/> Child Care <input type="checkbox"/> Medication Management <input type="checkbox"/> Hygiene <input type="checkbox"/> Housekeeping <input type="checkbox"/> Money Management <input type="checkbox"/> Laundry <input type="checkbox"/> Toileting <input type="checkbox"/> Shopping <input type="checkbox"/> Cooking <input type="checkbox"/> Dressing <input type="checkbox"/> Using the Telephone <input type="checkbox"/> Grooming <input type="checkbox"/> Independent Living <input type="checkbox"/> Self-injurious behavior <input type="checkbox"/> Repeat Hospitalization <input type="checkbox"/> Other _____ 	<input type="checkbox"/> Requires home modifications to perform self-care tasks in order to get to work <input type="checkbox"/> Is restricted/limited in the ability to perform average daily living activities to get ready for work Explain: _____ <input type="checkbox"/> Requires a personal assistant, guardian, public administrator, payee or community support worker for self care skill deficits in order to work <input type="checkbox"/> Has episodes of repeated hospitalizations and problems with stability <input type="checkbox"/> Other limitations – Explain: _____
3. SELF DIRECTION: Difficulty or limitations in planning, organizing, completing or managing life goals or activities able to work successfully.	3. SELF DIRECTION:
<input type="checkbox"/> Dependability <input type="checkbox"/> Judgment <input type="checkbox"/> Planning Activities <input type="checkbox"/> Following Routine <input type="checkbox"/> Frequent Changes <input type="checkbox"/> Initiating Activities <input type="checkbox"/> Making Decisions <input type="checkbox"/> Being Punctual <input type="checkbox"/> Being Organized <input type="checkbox"/> Other _____ 	<input type="checkbox"/> Needs adaptive equipment to do tasks <input type="checkbox"/> Has a case manager/social worker due to the disability <input type="checkbox"/> Has difficulty performing tasks without modifications. <input type="checkbox"/> Has serious difficulty concentrating on tasks, organizing, and following through on expectations. <input type="checkbox"/> Requires detailed directions to adequately plan activities <input type="checkbox"/> Demonstrates impulsivity and poor judgment not typically seen in individuals of comparable age, education, and experience which results in legal problems or equally negative consequences that impact employment <input type="checkbox"/> Has episodes when assistance/monitoring or personal assistance is needed to do tasks <input type="checkbox"/> Other limitations – Explain: _____
4. WORK SKILLS: Difficulty or limitations in thinking about and physically carrying out activities needed to be able to work successfully.	4. WORK SKILLS:
<input type="checkbox"/> Memory <input type="checkbox"/> Attention Span <input type="checkbox"/> Comprehension <input type="checkbox"/> Learning Speed <input type="checkbox"/> Quantitative Skills <input type="checkbox"/> Motor Coordination <input type="checkbox"/> Manual Dexterity <input type="checkbox"/> Eye/hand Coordination <input type="checkbox"/> Manipulates Objects <input type="checkbox"/> Spatial/Time Management <input type="checkbox"/> Other _____ 	<input type="checkbox"/> Does not have work skills usually possessed by individuals of comparable age, education, and experience <input type="checkbox"/> Requires instructions to be paired with multiple strategies, as compared to peers, to learn work skills <input type="checkbox"/> Requires assistive technology, adaptive equipment, or prosthetic to perform work skills <input type="checkbox"/> Requires a personal assistant or a job coach to learn and/or perform work skills <input type="checkbox"/> Has difficulty performing fine and gross motor skills required by work tasks <input type="checkbox"/> Requires extra time to adequately perform tasks Explain: _____ <input type="checkbox"/> Other limitations – Explain: _____

5. WORK TOLERANCE: Limited strength or stamina compared to what is generally required to perform consistently at the level of physical, environmental or psychological demands commonly found in work settings.	5. WORK TOLERANCE:
<input type="checkbox"/> Stamina <input type="checkbox"/> Strength <input type="checkbox"/> Temperature Change <input type="checkbox"/> Cold/Heat <input type="checkbox"/> Hazards <input type="checkbox"/> Noise/Vibrations <input type="checkbox"/> Fumes/Dust <input type="checkbox"/> Work Speed <input type="checkbox"/> High Places <input type="checkbox"/> Wet/Humid Environment <input type="checkbox"/> Sitting <input type="checkbox"/> Reaching <input type="checkbox"/> Chemical Sensitivity <input type="checkbox"/> Psychological Factors <input type="checkbox"/> Stress <input type="checkbox"/> Standing <input type="checkbox"/> Absenteeism <input type="checkbox"/> Lifting (lbs., specifics) _____ <input type="checkbox"/> Other _____ 	<input type="checkbox"/> Has difficulty tolerating common work environmental factors. Explain: _____ <input type="checkbox"/> Has difficulty tolerating common work psychological stresses. Explain: _____ <input type="checkbox"/> Has difficulty tolerating common physical demands of the job. Explain: _____ <input type="checkbox"/> Requires adaptive equipment and/or work schedule to meet job training demands Explain: _____ <input type="checkbox"/> Other limitations – Explain: _____
6. INTERPERSONAL SKILLS: Difficulty establishing and maintaining working relationships.	6. INTERPERSONAL SKILLS:
<input type="checkbox"/> Cooperation <input type="checkbox"/> Getting along with others <input type="checkbox"/> Controlling Emotions <input type="checkbox"/> Tact/diplomacy <input type="checkbox"/> Understanding Social Cues <input type="checkbox"/> Accepting Supervision <input type="checkbox"/> Social Withdrawal <input type="checkbox"/> Other _____ 	<input type="checkbox"/> Exhibits emotional behaviors which interfere with work/training with co workers and managers <input type="checkbox"/> Requires monitoring, behavior management, accommodations or adaptations, not typically made for other employees to develop or maintain working relationships. <input type="checkbox"/> Lacks insight into self that results in a lack of tact/diplomacy which creates difficulties in maintaining work relationships. <input type="checkbox"/> Other limitations – Explain: _____
7. COMMUNICATION: Difficulty in reading, writing, speaking or hearing that affects the ability to work.	7. COMMUNICATION:
<input type="checkbox"/> Speaking <input type="checkbox"/> Reading <input type="checkbox"/> Hearing <input type="checkbox"/> Writing <input type="checkbox"/> Interviewing <input type="checkbox"/> Other _____ 	<input type="checkbox"/> Cannot hear/understand ordinary speech <input type="checkbox"/> Has difficulty reading or writing beyond simple sentences typically found in middle school level and in comparison to peers of equivalent age. <input type="checkbox"/> Requires an interpreter or other hearing accommodation to obtain employment <input type="checkbox"/> Requires a reader or other accommodation to read in order to obtain employment <input type="checkbox"/> Cannot readily be understood on first contact <input type="checkbox"/> Other limitations – Explain: _____

RIOT Worksheet

Missing Information Unanswered Questions Needs for clarification	Review Records	Interview	Observe	Test/Assess

AEA 267
05/29/09
AL/SK



Summary for Post-Secondary Living, Learning, and Working
(To be completed at exit prior to graduation)

Student Name: _____ **Birthdate:** ____/____/____ **Date:** ____/____/____

Attending District/Building: _____ **Date of Exit:** ____/____/____

Post-Secondary Expectations:

Living:

Learning:

Working:

Recent Special Education Services (Indicate all received within three years prior to exit.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Behavior Supports | <input type="checkbox"/> Communication | <input type="checkbox"/> Braille Instruction |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Accommodations | <input type="checkbox"/> ESL Services |
| <input type="checkbox"/> Modifications | <input type="checkbox"/> Specially Designed Instruction | <input type="checkbox"/> Health |
| <input type="checkbox"/> Additional Services (e.g. Speech, Occupational Therapy, Physical Therapy, Transportation) | | |

Goal Areas (Within three years prior to exit)

Describe Student's Current Levels of Performance, as Related to Living, Learning, Working. (Include type of assessment, date of administration, and results)

Describe Functional Impact of the Disability (as related to Living, Learning, Working)

Response to Instruction and Accommodations (As Related to Living, Learning, Working)

Recommendations for: (include suggestions for accommodations, linkages to adult services, or other supports)

Living

Learning

Working

Adult/Community Contacts:

Agency _____ Status _____
Name/Position _____ Phone _____

Agency _____ Status _____
Name/Position _____ Phone _____

Agency _____ Status _____
Name/Position _____ Phone _____

High School Contacts:

Primary High School Contact: Name/Position: _____ Phone _____

Additional team members contributing to this summary:

Student _____ Parent _____

Name/Position _____ Name/Position _____

Name/Position _____ Name/Position _____

Support for Accommodation Request (SAR)

To be used in consideration of post-secondary academic accommodation requests.

Student's Name:

1. ELIGIBILITY/DIAGNOSTIC STATEMENT:

- + Date of original eligibility:
- + Most recent reevaluation date:
- + Current goal area(s) of concern:

2. FORMAL DIAGNOSIS and DATE (when available):

3. What is the BASIS OF DETERMINATION for current services? (Provide available formal/informal diagnostic assessment information and recent evaluation results; include performance levels with/without accommodations.)

4. Describe the CURRENT FUNCTIONAL IMPACT of the disability:

5. RESPONSE TO specially designed INSTRUCTIONAL INTERVENTION:

6. Expected PROGRESSION or STABILITY of the disability:

7. HISTORY of ACCOMMODATIONS:

- + 9th Grade:
- + 10th Grade:
- + 11th Grade:
- + 12th Grade:

8. SUGGESTED ACCOMMODATIONS for post-secondary experiences:

9. RECOMMENDATIONS for (include accommodations, linkages to adult services, other support)

- + Living:
- + Working:

10. ADULT/COMMUNITY Contacts:

- + Agency: Status: Name/Position: Telephone:

11. SIGNATURE of Credentialed Professional

Name of Person completing this form (Print)	Title/Role	Agency/Organization
---	------------	---------------------

Signature	Telephone	Date
-----------	-----------	------

12. AUTHORIZATION for RELEASE OF INFORMATION. I hereby authorize the release of information summarized in this **Support for Accommodation Request** for the purpose of evaluating eligibility and accommodation requests.

Name of Student (Printed)	Student's Signature	Date
---------------------------	---------------------	------

13. STUDENT WRITTEN RESPONSE — Statement of Goals (Please write your statement of at least 3-5 sentences describing what you hope to accomplish in the next year.)

Outcomes:

In schools where CTP has been implemented:

- Partnerships and collaboration has resulted in improved outcomes for students
- IEP information is functional and more useful for outside agencies (e.g.: VR Counselors, college disability services coordinators, parents/students, and other adult service agencies).
- IEPs are more consistent with the transition requirements of IDEA
- Teachers and AEA staff recognize VR Counselors as valuable contributors to the IEP process
- VR referrals have increased, including those students with primarily physical and other non-learning disabilities.
- VR Counselors are able to make accurate eligibility determinations based solely on the IEP
- VR programming decisions have improved
- VR counselors are more involved in transition planning
- Decreased evaluation costs result in increased resources for VR services
- Transition services are more complete and “seamless”

To learn more about the Collaborative Transition Protocol, contact:

Collaborative Transition Protocol



Helping students with disabilities transition toward their future.

An initiative of
Iowa Vocational Rehabilitation Services,
Iowa AEA's and Local High Schools, and the
Iowa Department of Education



Iowa
Vocational
Rehabilitation
Services



Collaborative Transition Protocol

The Collaborative Transition Protocol (CTP) is an initiative of Iowa Vocational Rehabilitation Services (IVRS), Iowa AEAs and local high schools.

The CTP is designed to:

- improve transition services for students with disabilities
- provide resources and support for special education teachers
- expedite IVRS eligibility determination and enhance quality plan development
- capitalize on teacher expertise/knowledge of student

These mutually beneficial outcomes are realized through heightened collaboration between IVRS and their education partners. VR Counselors work closely with teachers and AEA staff in order to support transition planning. The Collaborative Transition Protocol does not add extra work for Special Education teachers.

Why:

As education moved from diagnostic/labeling to a problem-solving approach in determining eligibility for Special Education services, standardized intellectual testing results were rarely available for use in determining eligibility for IVR and other adult service agencies.

As a result:

- Resources from IVRS were used to provide the psychological evaluations previously provided by the AEAs.
- Joint planning for transition services between the schools and Vocational Rehabilitation was difficult and infrequent.

In addition:

- VR Counselors were not able to benefit from the wealth of information contained in the IEP.
- Special education teachers were struggling to document disability-related impediments to future learning and working environments.

How CTP works: Cross training

VR Counselors are trained by AEA staff on the IEP to:

- Familiarize them with the IEP document
- Determine where information pertinent to IVRS eligibility and planning can be found in the IEP
- Identify how VR Counselor can contribute to the IEP process

Special education teachers and AEA staff are trained by a VR Counselor and AEA representative in the use of “functional capacities” language.

- 30-45 minute training within local district
- Information sharing in regard to VR services/resources
- Identify communication system and determine schedules



Collaboration

- VR Counselor establishes regular hours within the school (as the need of each school dictates) so he/she can be available to AEA and high school staff to provide consultation, exchange information, or work with applicants/clients.
- VR Counselor provides services and supports to students and teachers (e.g. vocational assessment, Iowa Notebook, O*Net, etc., counseling and guidance, work awareness/job readiness preparation, job seeking skills training, planning for assistive technology, training, and/or job search assistance and follow up.)
- IEP teams include functional impact of the disability on learning, living, and work environments within the IEP.

II. First Year Trainings

B. Conduct IVRS CTP Rubric Training

1. IVRS CTP Rubric Training At A Glance

2. Agenda

3. Materials Section

a. IVRS Eligibility Face Sheet

b. Rubric Instructions, Sample IEPS

*The instructor will provide the following materials: CTP Rubric,
CTP*

IVRS CTP Rubric Training At A Glance

Goal

IVRS counselors will understand how to apply the CTP rubric to an IEP for eligibility consideration

Outcomes

Counselors will demonstrate competency in applying the CTP rubric to an IEP to provide a LD or ID code for eligibility

Participant/Role Description

- IVRS administration or designee: trainer/facilitator
- IVRS supervisor and counselors: participants

Materials

Eligibility Face Sheet

The instructor will provide the following materials: CTP Rubric, CTP Rubric Instructions, Sample IEPS

Timeframe/Sequence/Prerequisites

Allow 2-3 hours for IVRS Rubric Training

[Return to TO](#)

IVRS CTP Rubric Training Agenda

Purpose

IVRS counselors will understand how to locate and identify useful information from the IEP for use with the CTP rubric in making eligibility determinations.

Opening Activity

Directions: Using the note cards on the table, please answer these two questions, one on each side of the card:

- What are the benefits you see in using the CTP rubric in determining eligibility?
- What questions about the CTP rubric process do you hope are answered today through the training?

After you have answered those questions, turn to a neighbor and exchange your answers. We will then take a few minutes to share in the whole group.

Facilitator: Capture comments on public minutes under the two questions and post to be referenced throughout the training.

Review IEP and CTP Rubric (1 hour)

- Review blank IEP and where to find information in the IEP documents (IVRS administrator or field supervisor)
- Review CTP Rubric and Instructions (IVRS administrator or field supervisor)

Application (1 hour)

Directions: With a neighbor, use the sample IEP and complete the CTP Rubric. After you have completed the rubric we will take a few minutes for discussion in the whole group.

Repeat activity with the second sample IEP.

Facilitator: Facilitate discussion and record public minutes focused on:
Barriers
Indicators of success
Recommendations

Conclusion

Facilitator: Review Questions generated in Opening Activity and acknowledge those that were answered through the training.

Closing Activity

Directions: Please take a sticky note from the table and answer the following questions:

- What do you see as potential benefits to increased collaboration with IEP teams?
- How will the CTP process impact your work?

Post the notes on the doorframe (or newsprint) as you leave the room.

[Return to TOC](#)

IVRS Eligibility Face Sheet

BECAUSE OF THE DISABILITY:	BECAUSE OF THE DISABILITY:
1. MOBILITY: Difficulty or limitations in the movement of the body into various positions or in getting from place to place in the work environment. <input type="checkbox"/> Walking <input type="checkbox"/> Kneeling <input type="checkbox"/> Twisting <input type="checkbox"/> Climbing <input type="checkbox"/> Crouching <input type="checkbox"/> Stooping <input type="checkbox"/> Balancing <input type="checkbox"/> Crawling <input type="checkbox"/> Travel <input type="checkbox"/> Other _____ 	1. MOBILITY: <input type="checkbox"/> Unable to move safely, including changing body position, without help or device. Explain: _____ <input type="checkbox"/> Takes significantly longer to move about Explain: _____ <input type="checkbox"/> Cannot drive due to physical or mental problems Explain: _____ <input type="checkbox"/> Other limitations - Explain: _____
2. SELF CARE: Difficulty or limitations in taking care of oneself in the living setting and in the work environment. <input type="checkbox"/> Eating <input type="checkbox"/> Child Care <input type="checkbox"/> Medication Management <input type="checkbox"/> Hygiene <input type="checkbox"/> Housekeeping <input type="checkbox"/> Money Management <input type="checkbox"/> Laundry <input type="checkbox"/> Toileting <input type="checkbox"/> Shopping <input type="checkbox"/> Cooking <input type="checkbox"/> Dressing <input type="checkbox"/> Using the Telephone <input type="checkbox"/> Grooming <input type="checkbox"/> Independent Living <input type="checkbox"/> Self-injurious behavior <input type="checkbox"/> Repeat Hospitalization <input type="checkbox"/> Other _____ 	2. SELF CARE: <input type="checkbox"/> Requires home modifications to perform self-care tasks in order to get to work <input type="checkbox"/> Is restricted/limited in the ability to perform average daily living activities to get ready for work Explain: _____ <input type="checkbox"/> Requires a personal assistant, guardian, public administrator, payee or community support worker for self care skill deficits in order to work <input type="checkbox"/> Has episodes of repeated hospitalizations and problems with stability <input type="checkbox"/> Other limitations – Explain: _____
3. SELF DIRECTION: Difficulty or limitations in planning, organizing, completing or managing life goals or activities able to work successfully. <input type="checkbox"/> Dependability <input type="checkbox"/> Judgment <input type="checkbox"/> Planning Activities <input type="checkbox"/> Following Routine <input type="checkbox"/> Frequent Changes <input type="checkbox"/> Initiating Activities <input type="checkbox"/> Making Decisions <input type="checkbox"/> Being Punctual <input type="checkbox"/> Being Organized <input type="checkbox"/> Other _____ 	3. SELF DIRECTION: <input type="checkbox"/> Needs adaptive equipment to do tasks <input type="checkbox"/> Has a case manager/social worker due to the disability <input type="checkbox"/> Has difficulty performing tasks without modifications. <input type="checkbox"/> Has serious difficulty concentrating on tasks, organizing, and following through on expectations. <input type="checkbox"/> Requires detailed directions to adequately plan activities <input type="checkbox"/> Demonstrates impulsivity and poor judgment not typically seen in individuals of comparable age, education, and experience which results in legal problems or equally negative consequences that impact employment <input type="checkbox"/> Has episodes when assistance/monitoring or personal assistance is needed to do tasks <input type="checkbox"/> Other limitations – Explain: _____
4. WORK SKILLS: Difficulty or limitations in thinking about and physically carrying out activities needed to be able to work successfully. <input type="checkbox"/> Memory <input type="checkbox"/> Attention Span <input type="checkbox"/> Comprehension <input type="checkbox"/> Learning Speed <input type="checkbox"/> Quantitative Skills <input type="checkbox"/> Motor Coordination <input type="checkbox"/> Manual Dexterity <input type="checkbox"/> Eye/hand Coordination <input type="checkbox"/> Manipulates Objects <input type="checkbox"/> Spatial/Time Management <input type="checkbox"/> Other _____ 	4. WORK SKILLS: <input type="checkbox"/> Does not have work skills usually possessed by individuals of comparable age, education, and experience <input type="checkbox"/> Requires instructions to be paired with multiple strategies, as compared to peers, to learn work skills <input type="checkbox"/> Requires assistive technology, adaptive equipment, or prosthetic to perform work skills <input type="checkbox"/> Requires a personal assistant or a job coach to learn and/or perform work skills <input type="checkbox"/> Has difficulty performing fine and gross motor skills required by work tasks <input type="checkbox"/> Requires extra time to adequately perform tasks Explain: _____ <input type="checkbox"/> Other limitations – Explain: _____

<p>5. WORK TOLERANCE: Limited strength or stamina compared to what is generally required to perform consistently at the level of physical, environmental or psychological demands commonly found in work settings.</p>	<p>5. WORK TOLERANCE:</p>
<p> <input type="checkbox"/> Stamina <input type="checkbox"/> Strength <input type="checkbox"/> Temperature Change <input type="checkbox"/> Cold/Heat <input type="checkbox"/> Hazards <input type="checkbox"/> Noise/Vibrations <input type="checkbox"/> Fumes/Dust <input type="checkbox"/> Work Speed <input type="checkbox"/> High Places <input type="checkbox"/> Wet/Humid Environment <input type="checkbox"/> Sitting <input type="checkbox"/> Reaching <input type="checkbox"/> Chemical Sensitivity <input type="checkbox"/> Psychological Factors <input type="checkbox"/> Stress <input type="checkbox"/> Standing <input type="checkbox"/> Absenteeism <input type="checkbox"/> Lifting (lbs., specifics) _____ <input type="checkbox"/> Other _____ </p>	<p> <input type="checkbox"/> Has difficulty tolerating common work environmental factors. Explain: _____ <input type="checkbox"/> Has difficulty tolerating common work psychological stresses. Explain: _____ <input type="checkbox"/> Has difficulty tolerating common physical demands of the job. Explain: _____ <input type="checkbox"/> Requires adaptive equipment and/or work schedule to meet job training demands Explain: _____ <input type="checkbox"/> Other limitations – Explain: _____ </p>
<p>6. INTERPERSONAL SKILLS: Difficulty establishing and maintaining working relationships.</p>	<p>6. INTERPERSONAL SKILLS:</p>
<p> <input type="checkbox"/> Cooperation <input type="checkbox"/> Getting along with others <input type="checkbox"/> Controlling Emotions <input type="checkbox"/> Tact/diplomacy <input type="checkbox"/> Understanding Social Cues <input type="checkbox"/> Accepting Supervision <input type="checkbox"/> Social Withdrawal <input type="checkbox"/> Other _____ </p>	<p> <input type="checkbox"/> Exhibits emotional behaviors which interfere with work/training with co workers and managers <input type="checkbox"/> Requires monitoring, behavior management, accommodations or adaptations, not typically made for other employees to develop or maintain working relationships. <input type="checkbox"/> Lacks insight into self that results in a lack of tact/diplomacy which creates difficulties in maintaining work relationships. <input type="checkbox"/> Other limitations – Explain: _____ </p>
<p>7. COMMUNICATION: Difficulty in reading, writing, speaking or hearing that affects the ability to work.</p>	<p>7. COMMUNICATION:</p>
<p> <input type="checkbox"/> Speaking <input type="checkbox"/> Reading <input type="checkbox"/> Hearing <input type="checkbox"/> Writing <input type="checkbox"/> Interviewing <input type="checkbox"/> Other _____ </p>	<p> <input type="checkbox"/> Cannot hear/understand ordinary speech <input type="checkbox"/> Has difficulty reading or writing beyond simple sentences typically found in middle school level and in comparison to peers of equivalent age. <input type="checkbox"/> Requires an interpreter or other hearing accommodation to obtain employment <input type="checkbox"/> Requires a reader or other accommodation to read in order to obtain employment <input type="checkbox"/> Cannot readily be understood on first contact <input type="checkbox"/> Other limitations – Explain: _____ </p>

II. First Year Training

B. LEA Overview of IVRS Services and Functional Language

1. LEA Overview of IVRS and Functional Language At A Glance
2. LEA IVRS Services and Functional Language Explanation
3. Agenda
4. Materials Section
 - a. Commonly Referred Diagnoses
 - b. IVRS Eligibility Face Sheet
 - c. CTP Brochure
 - d. Sample IEPs

LEA Overview of IVRS and Functional Language At A Glance

Goal

To initiate implementation of CTP at the LEA level

Outcome(s)

Promote “mutual benefit”

Discuss the use of functional language in the development of the IEP and as a tool to help in meeting IEP quality and readability standards

Review IVRS services that could be resources for teachers and students of that school

Elicit ideas for increased communication with VR and the referral process

Share VR counselor schedule and location in the building

Participant/Role Description

VR Counselor: trainer/facilitator

AEA Building Rep: co-facilitator

LEA Teachers: participants

AEA Support Staff serving the building: participants

Work Experience Coordinators: participants

VR Supervisor: provide support to VR counselor as needed

Others Participants (as appropriate): high school guidance counselors, principal, school nurse, At-Risk coordinator, alternative education teachers

Materials

Commonly Referred Diagnoses

IVRS Eligibility Face Sheet

Sample IEPs

CTP Brochure

Timeframe/Sequence/Prerequisite

30-45 minute meeting at the LEA

Must be completed prior to the use of the CTP in the district

[Return to TOC](#)

LEA Training on IVRS Services and Functional Language Explanation

Purpose

This session is the part of the cross training where the counselor can develop a solid relationship with the special education teachers and AEA staff in a school. During this meeting, the counselor should:

- Elicit ideas for what would work best for the teachers in terms of how to communicate with VR and make referrals;
- Present to LEA staff about the use of functional language in the writing of the IEP as a tool to help in meeting IEP quality and readability standards;
- Review IVRS service possibilities that could be resources for teachers and student of that school.

Who should attend

Special Education teachers; AEA serving the school; VR counselor; VR supervisor (optional); AEA administrator (optional).

Scheduling the meeting

The groundwork for this meeting is laid out at the administrator meeting where the AEA administrator and VR supervisor request that the VR counselor be allowed to present at one of the next special education staff meetings (or a special meeting). The AEA administrator can be very helpful in actually setting the teacher meeting up, and it is good practice for them to be present at the meeting. The meeting itself should be limited to around 30 minutes or so because this is about the length of most teacher meetings, and it is important not to keep the teachers beyond their scheduled meeting time.

Materials needed

Commonly Referred Diagnosis handout; IVRS Eligibility Face Sheet; sample IEP, and CTP brochure (provides an overview of the project).

Process of the meeting

VR counselor is introduced by AEA administrator or one of the AEA staff members. The counselor can pass out the overview brochure and give a brief description of the purpose of CTP and the process.

Be careful not to focus on the RSA reporting code rubric (We are not there to teach the rubric.). Do not distribute the rubric to teachers.

It should be emphasized to the teachers that VR considers them to be an “expert” in working with the students, and we are there to be a resource to teachers and student, and not to add work for the teachers. We are not there to teach the IEP (teachers are trained by the AEA in that), but rather we are there to share our expertise in disability issues, including the use of functional language to provide a possible tool for teachers to help them describe what they observe in working with the students. The use of this functional language can help ensure that the IEP is readable for students, parents, and adult agencies (the stranger test).

After the overview, copies of each of the handouts from the standard packet should be passed out and discussed individually.

The commonly referred diagnoses handout is there to be a reminder to school staff that VR can work with students who have a variety of disabling conditions, so we encourage referral of students with any significant disability, and not just students who are in special education.

The IVRS Eligibility Face Sheet should be discussed, and it should be presented as a tool for teachers as it provides examples of how disability issues can be clearly described. Many teachers feel uncomfortable dealing with disability issues in the IEP, but they are required to outline specific plans in the IEP to deal with the impact of the specific disability situations of their students in the areas of living, learning, and working. In the original pilot, some of the teachers found the functional language handout to be so helpful that they said they would have that handout in their laps whenever they were working on an IEP.

Once the functional capacities have been discussed, the sample IEP can be used by participants to look for examples of functional language within the IEP. This demonstrates the appropriate use of the functional capacities language in writing an IEP and it also demonstrates where in the IEP this kind of language can be found and how it can be applied in different situations. Hopefully, the teachers see the use of this language as a help in identifying and describing disability situations so that appropriate actions can be recommended.

Review of VR services

The counselor should take the opportunity at this meeting to describe VR services to the teachers since many have only a limited knowledge of what IVRS can offer. Some of the services might include individual or group job readiness and career exploration sessions, job shadowing, customized training, counseling and guidance, and job placement assistance. It is also a good time to answer general questions about IVRS and to exchange information about what types of services and resources might be most valued by the school.

In many areas, an excellent working relationship may already exist between the VR counselor and the local school; past experience indicates that by doing the cross-training between IVRS and the schools, and by meeting as a team to work out the specifics of collaboration and to answer questions, the quality of the working relationship and the enthusiasm for the CTP process has improved. Overall, referrals have increased, the timeliness and quality of VR services to transition students has improved and VR counselors appear to have become a more valued partner in the transition process.

[Return to TOC](#)

LEA Overview of IVRS Services and Functional Language

Agenda

Introductions

Overview of CTP Process and Purpose

Review Commonly Referred Diagnoses

Review Functional Language/IVRS Eligibility Face Sheet

Activity 1: Review sample IEP to Identify Functional Language

Discuss IVRS Services

Identify IVRS Schedule, Location, and Interaction Process

[Return to TOC](#)

Commonly Referred Diagnoses

Iowa Vocational Rehabilitation Services (IVRS) works with individuals with a wide variety of strengths and limitations.

The physical, cognitive and/or mental impairment(s) experienced by an individual must limit one or more functional capacities (mobility, self-care, self-direction, work skills, work tolerance, interpersonal skills, communication) in terms of education/employment in order to be determined eligible for IVRS services.

Examples of physical or mental disabilities:

- ADD/ADHD
- Amputation
- Alcohol abuse or dependence
- Anxiety disorders (obsession compulsive, PTSD, panic)
- Arthritis
- Asthma
- Autism
- Brain injury
- Cancer
- Cardiac disorders
- Cerebral palsy
- Congenital birth defects
- Cystic fibrosis
- Diabetes
- Drug abuse or dependence
- Eating disorders
- Head injury
- Hearing impairments
- Intellectual disabilities
- Learning disabilities
- Mental health limitations (anxiety, depression, bipolar, borderline)
- Multiple sclerosis
- Muscular dystrophy
- Neurological disorders (stroke, epilepsy)
- Orthopedic limitations
- Vision disorders

IVRS Eligibility Face Sheet

BECAUSE OF THE DISABILITY:	BECAUSE OF THE DISABILITY:
1. MOBILITY: Difficulty or limitations in the movement of the body into various positions or in getting from place to place in the work environment.	1. MOBILITY:
<input type="checkbox"/> Walking <input type="checkbox"/> Kneeling <input type="checkbox"/> Twisting <input type="checkbox"/> Climbing <input type="checkbox"/> Crouching <input type="checkbox"/> Stooping <input type="checkbox"/> Balancing <input type="checkbox"/> Crawling <input type="checkbox"/> Travel <input type="checkbox"/> Other _____ 	<input type="checkbox"/> Unable to move safely, including changing body position, without help or device. Explain: _____ <input type="checkbox"/> Takes significantly longer to move about Explain: _____ <input type="checkbox"/> Cannot drive due to physical or mental problems Explain: _____ <input type="checkbox"/> Other limitations - Explain: _____
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3. SELF DIRECTION: Difficulty or limitations in planning, organizing, completing or managing life goals or activities able to work successfully.	3. SELF DIRECTION:
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<p>6. INTERPERSONAL SKILLS: Difficulty establishing and maintaining working relationships.</p> <p> <input type="checkbox"/> Cooperation <input type="checkbox"/> Getting along with others <input type="checkbox"/> Controlling Emotions <input type="checkbox"/> Tact/diplomacy <input type="checkbox"/> Understanding Social Cues <input type="checkbox"/> Accepting Supervision <input type="checkbox"/> Social Withdrawal <input type="checkbox"/> Other _____ </p>	<p>6. INTERPERSONAL SKILLS:</p> <p> <input type="checkbox"/> Exhibits emotional behaviors which interfere with work/training with co workers and managers <input type="checkbox"/> Requires monitoring, behavior management, accommodations or adaptations, not typically made for other employees to develop or maintain working relationships. <input type="checkbox"/> Lacks insight into self that results in a lack of tact/diplomacy which creates difficulties in maintaining work relationships. <input type="checkbox"/> Other limitations – Explain: _____ </p>
<p>7. COMMUNICATION: Difficulty in reading, writing, speaking or hearing that affects the ability to work.</p> <p> <input type="checkbox"/> Speaking <input type="checkbox"/> Reading <input type="checkbox"/> Hearing <input type="checkbox"/> Writing <input type="checkbox"/> Interviewing <input type="checkbox"/> Other _____ </p>	<p>7. COMMUNICATION:</p> <p> <input type="checkbox"/> Cannot hear/understand ordinary speech <input type="checkbox"/> Has difficulty reading or writing beyond simple sentences typically found in middle school level and in comparison to peers of equivalent age. <input type="checkbox"/> Requires an interpreter or other hearing accommodation to obtain employment <input type="checkbox"/> Requires a reader or other accommodation to read in order to obtain employment <input type="checkbox"/> Cannot readily be understood on first contact <input type="checkbox"/> Other limitations – Explain: _____ </p>

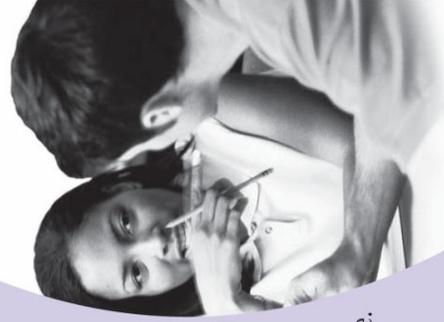
Outcomes:

In schools where CTP has been implemented:

- Partnerships and collaboration has resulted in improved outcomes for students
- IEP information is functional and more useful for outside agencies (e.g.: VR Counselors, college disability services coordinators, parents/students, and other adult service agencies).
- IEPs are more consistent with the transition requirements of IDEA
- Teachers and AEA staff recognize VR Counselors as valuable contributors to the IEP process
- VR referrals have increased, including those students with primarily physical and other non-learning disabilities.
- VR Counselors are able to make accurate eligibility determinations based solely on the IEP
- VR programming decisions have improved
- VR counselors are more involved in transition planning
- Decreased evaluation costs result in increased resources for VR services
- Transition services are more complete and "seamless"

To learn more about the Collaborative Transition Protocol, contact:

Collaborative Transition Protocol



Helping students with disabilities transition toward their future.

An initiative of
Iowa Vocational Rehabilitation Services,
Iowa AEA's and Local High Schools, and the
Iowa Department of Education



Iowa
Vocational
Rehabilitation
Services

Collaborative Transition Protocol

The Collaborative Transition Protocol (CTP) is an initiative of Iowa Vocational Rehabilitation Services (IVRS), Iowa AEAs and local high schools.

The CTP is designed to:

- improve transition services for students with disabilities
- provide resources and support for special education teachers
- expedite IVRS eligibility determination and enhance quality plan development
- capitalize on teacher expertise/knowledge of student

These mutually beneficial outcomes are realized through heightened collaboration between IVRS and their education partners. VR Counselors work closely with teachers and AEA staff in order to support transition planning. The Collaborative Transition Protocol does not add extra work for Special Education teachers.

Why:

As education moved from diagnostic/labeling to a problem-solving approach in determining eligibility for Special Education services, standardized intellectual testing results were rarely available for use in determining eligibility for IVRS and other adult service agencies.

As a result:

- Resources from IVRS were used to provide the psychological evaluations previously provided by the AEAs.
- Joint planning for transition services between the schools and Vocational Rehabilitation was difficult and infrequent.

In addition:

- VR Counselors were not able to benefit from the wealth of information contained in the IEP.
- Special education teachers were struggling to document disability-related impediments to future learning and working environments.

How CTP works:

Cross training

VR Counselors are trained by AEA staff on the IEP to:

- Familiarize them with the IEP document
- Determine where information pertinent to IVRS eligibility and planning can be found in the IEP
- Identify how VR Counselor can contribute to the IEP process

Special education teachers and AEA staff are trained by a VR Counselor and AEA representative in the use of “functional capacities” language.

- 30-45 minute training within local district
- Information sharing in regard to VR services/resources
- Identify communication system and determine schedules



Collaboration

- VR Counselor establishes regular hours within the school (as the need of each school dictates) so he/she can be available to AEA and high school staff to provide consultation, exchange information, or work with applicants/clients.
- VR Counselor provides services and supports to students and teachers (e.g. vocational assessment, Iowa Notebook, O*Net, etc., counseling and guidance, work awareness/job readiness preparation, job seeking skills training, planning for assistive technology, training, and/or job search assistance and follow up.)
- IEP teams include functional impact of the disability on learning, living, and work environments within the IEP.

III. Yearly Refresher Training

A. Yearly Refresher IVRS Counselor IEP Training

1. Yearly refresher IVRS Counselor IEP Training At A Glance
2. Agenda
3. Materials Section
 - a. Blank IEP document
 - b. IEP Information Guide
 - c. Definitions of Services and Supports
 - d. RIOT Worksheet
 - e. Sample IEP documents

Yearly Refresher IVRS Counselor IEP Training At A Glance

Goal

Provide IVRS Counselors with updates regarding any IEP process and document changes.

Outcomes

Counselors:

- will be aware of any changes in the IEP document or process
- will learn through small group discussion
 1. barriers
 2. indicators of success
 3. recommendations

Participant/Role Description

- AEA CTP Coordinator or designee: trainer/facilitator
- IVRS Field Supervisor: participant
- IVRS Counselor: participant

Materials

- Blank IEP document
- IEP Information Guide
- Definitions of Services and Supports
- Iowa Model for Transition Assessment
(www.transitionassessment.northcentralrrc.org)
- Sample IEP documents or sample IEP from your region
- RIOT Worksheet

Timeframe/Sequence/Prerequisites

Allow approximately 2 hours for this training

This training should be held annually after initial implementation of the CTP process

IVRS Counselor/IEP Refresher Training Agenda

Purpose

IVRS counselors will understand the IEP process and documentation, how to locate and identify useful information in the IEP document and their role in contributing to the IEP/transition planning process.

Opening Activity

Activity that will focus the group on the training topic

Example: How is reading an IEP like the Ground Hog seeing his shadow?

Overview of changes/updates in Special Education

Example: Special Education Eligibility; brief overview of special education eligibility: Child Find and Response to Intervention (RTI); use of RIOT, etc.

Purpose of the process; documentation

IEP Document Review

Walk through a blank IEP using the IEP Information Guide and Definitions, Services, Supports documents to point out where information may be found

Questions

Assessment Framework

Review Iowa Model for Transition Assessment; mutual benefit

Practice

Individually review the sample IEP to locate and highlight information that could be beneficial for IVRS. Label the highlighted areas with an “E” if it will be useful for eligibility determination; “P” if it will be useful for planning or “E” and “P” if you might use it for both.

Also Identify areas where IVRS could contribute information/activities that would enhance the IEP/transition plan and draw an arrow to mark that.

After you are done, pair up with someone and share your results and discuss the differences. Together, identify information that is not included in the IEP and list it on the RIOT sheet, indicating where/how you might be able to get the information.

Whole group discussion of the sample IEP

Facilitate discussion of the IEP

- Where did you find useful information and what was it?
- What makes your work easier?
- What is a struggle for you in using the IEP?

Questions

Closing and Thank you

Suggested activity: Share with a partner: I used to think ... / Now I think...



Individualized Education Program

File or ID number _____

DATE: ____/____/____ TYPE: Initial Review Reevaluation Amendment Interim

STUDENT: _____ M F
Last (legal) First (no nicknames) M.I.

Birthdate: ____/____/____ Grade: _____ Teacher/Service Provider: _____

Resident District: _____ Building: _____

Attending District: _____ Building: _____

Attending Area Education Agency: _____ Attending Building Phone: _____

Parent Name: _____ Home Phone: _____
 Foster Parent Address: _____ Work/Cell Ph: _____
 Guardian
 Surrogate E-mail: _____
 Student

Parent Name: _____ Home Phone: _____
 Foster Parent Address: _____ Work/Cell Ph: _____
 Guardian
 Surrogate E-mail: _____
 Student

Duration of this IEP: From ____/____/____ to ____/____/____ Reevaluation is due: ____/____/____

Procedural safeguards were reviewed by: _____ Method: _____

Rights will transfer at age 18: ____/____/____ Notification: Student ____/____/____ Parent: ____/____/____

Persons Present at Meeting/Position or Relationship to Student

_____ Parent _____ Student
 _____ Parent _____
 _____ LEA Rep/Designee _____
 _____ Gen Ed Tchr _____
 _____ Sp Ed Tchr _____

Signature or listing indicates presence at the meeting, not approval or acceptance of the IEP

Outside written input: Name/Agency: _____ Date: ____/____/____

Required System Data		
Ethnicity: (See Below)	Shortened school day <input type="checkbox"/>	Basis for enrollment: _____
Disability(ies): ____	Full Time: <input type="checkbox"/> Part Time <input type="checkbox"/>	Served status: _____
Early childhood code: ____	Final Exit: _____	Weighted Enrollment Factor Recommended: ____ Current: ____
Domicile District: _____	Roster change(s): _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No The student receives 50% or more of his/her special education services in the Attending Building. If no, select the building where the student receives 50% or more of his/her special education services. 50% or more of special education services provided at: _____ Facility type: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No Does this student reside the majority of nights at this facility? Setting Code: _____		
The student was placed in this school/facility at the direction of: _____		
Copies to:		

[Show Race-Ethnicity Data >>](#)

Present Levels of Academic Achievement and Functional Performance

Strengths, interests and preferences of this individual _____

Parents' concerns regarding their child's education _____

The IEP team must consider the following when developing this IEP.

Behavior (in the case of a student whose behavior impedes his or her learning or that of others, consider the use of positive behavioral interventions, supports and other strategies, to address that behavior)

- Yes, behavior is a concern and will be addressed in this IEP.
- Yes, behavior is a concern and will be addressed in the attached Functional Behavioral Assessment and Behavior Intervention Plan.
- No, behavior is not a concern.

Limited English proficiency (Consider the language needs related to the IEP)

- Yes, limited English is a concern and will be addressed in this IEP.
- No, limited English is not a concern

Communication and language, especially if the student is deaf or hard of hearing.

- Yes, communication and language are a concern and will be addressed in this IEP.
- Yes, communication and language are a concern and will be addressed in the attached Communication Plan for Deaf and Hard of Hearing.
- No, communication and language are not a concern.

Braille instruction needs if this student has a visual impairment

- Yes, Braille is needed and will be addressed in this IEP.
- No, Braille is not needed.

Health Needs (intervention, procedures, or services required in order to access education)

- Yes, health is a concern and will be addressed in this IEP.
- Yes, health is a concern and will be addressed in the health plan as a part of the student's health records.
- No, health is not a concern.

Assistive technology (services, software and devices needed to access the general education curriculum)

- Yes, assistive technology is needed and will be addressed in this IEP.
- No, assistive tech. is not needed.

This student is NIMAS eligible: Yes No

Transition assessments and other information essential for the development of this IEP (address living, learning & working):

Living: Information sources: _____
Living: Results: _____

Learning: Information sources: _____
Learning: Results: _____

Working: Information sources: _____
Working: Results: _____

B (Students ages 13-21)

Other information essential for the development of this IEP _____

Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills.

Based on the transition assessments, describe the post-secondary expectations for living, learning, and working.

Post-secondary expectation for living: _____

Yes No Is living an area of need that will be addressed with goals, services or activities in this IEP?

Post-secondary expectation for learning: _____

Yes No Is learning an area of need that will be addressed with goals, services or activities in this IEP?

Post-secondary expectation for working: _____

Yes No Is working an area of need that will be addressed with goals, services or activities in this IEP?

Course of study

What requirements does this student need to meet to graduate? _____

What is this student's current status with regard to these requirements?: _____

Target graduation date (mo/yr): _____ / _____

Courses and activities needed to pursue the post-secondary expectations and graduate by the target graduation date.

B (Students ages 13-21)

Goal #: _____

State of Iowa Core Content Standard and Grade Level Benchmark(s) upon which this goal is based: _____

District Standard and Grade Level Benchmark(s) upon which this goal is based: _____

Current Academic Achievement and Functional Performance (Results of the initial or most recent evaluation and results on district-wide assessments relevant to this goal; performance in comparison to general education peers and standards).

Baseline (Describe individual's current performance in measurable terms using the same measurement as measurable annual goal and progress monitoring procedures).

Measurable Annual Goal: conditions (when and how the individual will perform); behavior (what the individual will do); and criterion (acceptable level of performance). For students 14 years and older, indicate if this goal is related to post-secondary expectations of: (check all that apply to this goal) living learning working

Progress Monitoring procedures (State how progress toward meeting this goal will be measured, how often progress will be measured, and the decision-making rule that will be used in considering instructional changes). _____

Position(s) responsible for services _____

See attached graph

Major Milestones or Short Term Objectives/Dates Expected <small>(Required for students assessed against alternate achievement standards)</small>	Comments/Progress Notes/Dates Achieved

Goal #:	Progress Report																
1 =	This goal has been met.																
2 =	Progress has been made towards the goal. It appears that the goal will be met by the time the IEP is reviewed.																
3 =	Progress has been made towards the goal but the goal may not be met by the time the IEP is reviewed.																
4 =	Progress is not sufficient to meet this goal by the time the IEP is reviewed. Instructional strategies will be changed.																
5 =	Your child did not work on this goal during this reporting period (provide an explanation to the parents).																
____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5
____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5
____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5

Special Education Services

Indicate the special education and related services, supplementary aids and services, based upon peer-reviewed research to the extent practicable, that will be provided in order for this individual: 1) to advance appropriately toward attaining the annual goals 2) to be involved and progress in the general curriculum; 3) to be educated and participate with other individuals with disabilities and nondisabled individuals. 4) to participate in extracurricular and other nonacademic activities; and 5) by age 14, to pursue the course of study and post-high school outcomes (living, learning & working);

Y N Accommodations	Y N Linkages/interagency responsibilities	Y N Supplementary aids and services
Y N Assistive technology	Y N Program modifications	Y N Supports for school personnel
Y N Community experiences	Y N Specially designed instruction	Y N Support or related services
Y N Development of work and other post-high school living objectives		Y N Specialized Accessible Formats (Braille, large print, audio, digital text)

Describe each service, activity and support indicated above:	Provider(s) & when the service, activity or support will occur	Minutes in Setting
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	____ General education ____ Special education ____ Community per _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	____ General education ____ Special education ____ Community per _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	____ General education ____ Special education ____ Community per _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	____ General education ____ Special education ____ Community per _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Total minutes per month removed from general education:		
LRE: Removal from GE % plus Time in GE % = 100%		

Special Education Services, continued

Yes No **Are extended school year (ESY) services required?** If yes, specify the goals that require ESY services and describe the services. _____

Yes No **Are specialized transportation services required that are related to the disability?** If yes, describe.
 Special route (outside normal attendance area or transportation not typically provided based on distance from school)
 Attendant services Specially equipped vehicle Other _____

Physical Education: General Modified— describe below Specially designed— requires goal(s)

Will this student participate in district-wide assessments (DWA)?

Yes No, not yet school-age No, student is incarcerated in an adult correctional facility

If yes, indicate how this individual will participate in district-wide assessments for Adequate Yearly Progress (AYP) in:

Reading: Standard assessment (ITBS, ITED) Iowa Alternate Assessment

Math: Standard assessment (ITBS, ITED) Iowa Alternate Assessment

Science: Standard assessment (ITBS, ITED) Iowa Alternate Assessment

The standard assessment will be given: with accommodations without accommodations

If with accommodations, describe accommodations necessary to measure academic achievement and functional performance _____

If this student will participate in the Iowa Alternate Assessment: Why can't the individual participate in the general assessment?

Why is this alternate assessment appropriate for this student? _____

Non-AYP district-wide assessments will be given:

with accommodations without accommodations through an alternate assessment

If with accommodations, describe accommodations necessary to measure academic achievement and functional performance _____

Additional Considerations

Address the following questions.

Yes No Will this individual receive all special education services in general education environments?

If no, explain: _____

Yes No Will this individual participate in nonacademic activities with nondisabled peers **and** have the same opportunity to participate in extracurricular activities as nondisabled peers?

If no, explain: _____

Yes No Will this individual attend the school he or she would attend if nondisabled?

If no, explain: _____

Yes No Will this individual attend a special school? If yes, attach responses to the special school questions.

Progress reports

Parents: You will be informed of your child's IEP progress _____ times per year. You will receive:

An IEP report with report cards and progress reports Updated copies of the IEP goal pages

Reevaluation Questions

1. What progress has the student made, compared to peers or the expected standard, since the last evaluation?

2. What discrepancy, if any, still exists between the student's performance and that of peers or the expected standard?

3. What evidence is there that the student continues to need special education and related services in order to be successful?

4. What additions or modifications to the special education and related services are needed to enable the student to meet the IEP goals and to participate, as appropriate, in the general education curriculum?

5. Does the student continue to be eligible for special education services, based on the information contained in Questions 1-4?

Yes No Explain (if further information is needed).

6. Under what conditions will the IEP team consider exiting the student from special education services?



Summary for Post-Secondary Living, Learning, and Working
(To be completed at exit prior to graduation)

Student Name: _____ **Birthdate:** ____ / ____ / ____ **Date:** ____ / ____ / ____

Attending District/Building: _____ **Date of Exit:** ____ / ____ / ____

Post-Secondary Expectations:

Living:

Learning:

Working:

Recent Special Education Services (Indicate all received within three years prior to exit.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Behavior Supports | <input type="checkbox"/> Communication | <input type="checkbox"/> Braille Instruction |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Accommodations | <input type="checkbox"/> ESL Services |
| <input type="checkbox"/> Modifications | <input type="checkbox"/> Specially Designed Instruction | <input type="checkbox"/> Health |
| <input type="checkbox"/> Additional Services (e.g. Speech, Occupational Therapy, Physical Therapy, Transportation) | | |

Goal Areas (Within three years prior to exit)

Describe Student's Current Levels of Performance, as Related to Living, Learning, Working. (Include type of assessment, date of administration, and results)

Describe Functional Impact of the Disability (as related to Living, Learning, Working)

Response to Instruction and Accommodations (As Related to Living, Learning, Working)

Recommendations for: (include suggestions for accommodations, linkages to adult services, or other supports)

Living

Learning

Working

Adult/Community Contacts:

Agency _____ Status _____

Name/Position _____ Phone _____

Agency _____ Status _____

Name/Position _____ Phone _____

Agency _____ Status _____

Name/Position _____ Phone _____

High School Contacts:

Primary High School Contact: Name/Position: _____ Phone _____

Additional team members contributing to this summary:

Student _____ Parent _____

Name/Position _____ Name/Position _____

Name/Position _____ Name/Position _____

Support for Accommodation Request (SAR)

To be used in consideration of post-secondary academic accommodation requests.

Student's Name:

1. ELIGIBILITY/DIAGNOSTIC STATEMENT:

- + Date of original eligibility:
- + Most recent reevaluation date:
- + Current goal area(s) of concern:

2. FORMAL DIAGNOSIS and DATE (when available):

3. What is the BASIS OF DETERMINATION for current services? (Provide available formal/informal diagnostic assessment information and recent evaluation results; include performance levels with/without accommodations.)

4. Describe the CURRENT FUNCTIONAL IMPACT of the disability:

5. RESPONSE TO specially designed INSTRUCTIONAL INTERVENTION:

6. Expected PROGRESSION or STABILITY of the disability:

7. HISTORY of ACCOMMODATIONS:

- + 9th Grade:
- + 10th Grade:
- + 11th Grade:
- + 12th Grade:

8. SUGGESTED ACCOMMODATIONS for post-secondary experiences:

9. RECOMMENDATIONS for (include accommodations, linkages to adult services, other support)

- + Living:
- + Working:

10. ADULT/COMMUNITY Contacts:

- + Agency: Status: Name/Position: Telephone:

11. SIGNATURE of Credentialed Professional

Name of Person completing this form (Print)	Title/Role	Agency/Organization
Signature	Telephone	Date

12. AUTHORIZATION for RELEASE OF INFORMATION. I hereby authorize the release of information summarized in this **Support for Accommodation Request** for the purpose of evaluating eligibility and accommodation requests.

Name of Student (Printed)	Student's Signature	Date
---------------------------	---------------------	------

13. STUDENT WRITTEN RESPONSE — Statement of Goals (Please write your statement of at least 3-5 sentences describing what you hope to accomplish in the next year.)

IEP Information Guide

Functional Capacities

IEP Page B

- Transition Assessment and other information essential for the development of this IEP
- Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills.

IEP Page D (goal page)

- Current academic achievement and functional performance
- Baseline

IEP Page F (services, activities, linkages and supports)

- Services (See "Definitions & Examples of Services, Activities and Supports")

IEP Page G

- Are specialized transportation services required that are related to the disability?
- Indicate how this individual will participate in district-wide assessment.
- Least restrictive environment considerations

Post Secondary Planning

IEP Page B

- Strengths, interests and preferences of this individual
- Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills.
- Based on student interests, preferences and strengths and transition assessments of students ages 14 and older, describe the post-secondary expectations for learning, living and working.
- Course of study

IEP Page F (services, activities, linkages and supports)

- Services (See "Definitions & Examples of Services, Activities and Supports")

IEP Page K Summary for Post-secondary Living, Learning and Working

(Available from students who have graduated)

Support for Accommodation Request

(May be available for students planning to attend Post-secondary academic training)

- This is not a required special education form. It is designed for all students who need accommodations at the post-secondary level. Students on an IEP and students protected under ADA and Section 504.

[Return to TOC](#)

Definitions & Examples of Services, Activities and Supports

Service, activity or support	Definition & Examples
Accommodations	Supports or services provided to help a student access the general curriculum and validly demonstrate learning <i>Examples: Teacher prepared notes, peer readers, extended testing time</i>
Assistive technology	Any item, piece of equipment or product that is used to increase, maintain, or improve the functional capabilities of a child with a disability <i>Examples: computerized text reader, special pencil grip, classroom amplification</i>
*Community experiences	Educationally supported activities in the community necessary for FAPE <i>Examples: community based activities providing instruction in the use of community resources (stores, post office, recreational facilities)</i>
Development of work and other post-high school living objectives	Services that lead to a job or career and important adult activities that are done occasionally such a registering to vote, doing taxes or renting a home <i>Examples: work experience placements, instruction in household accounting</i>
Linkages/interagency responsibilities	A statement of interagency responsibility or linkages required for a student to receive FAPE during transition to post-secondary life <i>Examples: activities that secure commitments from work experience sites, DVRS responsibilities, application processes for post-high school living, working, education, training</i>
Program modification	Changes made to the content and performance standards for students with disabilities <i>Examples: extensions of district standards and benchmarks, modifications in performance expectations in general education classes, modified requirements for earning credits</i>
*Specially designed instruction	Instruction, adapted in content, methodology or delivery, provided by or under the direction of a licensed/certified special education teacher. <i>Examples: reading instruction in the areas of phonemic awareness, and decoding skills, math instruction in the area of computation and estimation</i>
Supplementary aids and services*	Supports or services provided to help a student access general education settings to enable education with nondisabled peers to the maximum extent appropriate <i>Examples: educational interpreter, additional adult assistance, physical assistance needed to access school programs</i>
Supports for school personnel	Supports or services provided to school personnel to provide them with the necessary skills and assistance needed to support the implementation of the IEP <i>Examples: professional development for classroom teacher</i>
*Support or related service	Support services are typically provided by area education agency staff and are the specially designed instruction and activities that augment, supplement and support the educational program of eligible individuals <i>Examples: speech therapy, counseling provided by a school social worker</i> Related services are developmental, corrective and other services that are required to assist an individual with a disability to benefit from special education. Related services also includes school health services, school nurse services designed to enable a student to access FAPE as described in the IEP. <i>Examples: special transportation, training required to allow parents to support the implementation of the IEP, school health services</i>
* These areas must include an amount of time. Return to TOC	

RIOT Worksheet

Missing Information Unanswered Questions Needs for clarification	Review Records	Interview	Observe	Test/Assess

AEA 267
05/29/09
AL/SK

III. Yearly Refresher Training

B. Yearly Refresher LEA Training

1. Yearly Refresher LEA Training At A Glance
2. Yearly Refresher LEA Training Explanation
3. Agenda
4. Materials Section
 - a. Commonly Referred Diagnoses
 - b. IVRS Eligibility Face Sheet
 - c. CTP Brochure
 - d. Sample IEPs

Yearly Refresher LEA Training At A Glance

Goal

Re-establish CTP process with AEA and LEA staff at the building level

Outcome(s)

- Introduce new AEA/LEA/VR staff
- Review purpose of CTP
- Reinforce Mutual Benefit
- Update IVRS service options and resources for teachers and students
- Communicate schedule of VR counselor in the district
- Brainstorm ways in which to improve the process

Participant/Role Description

- VR Counselor – Trainer/Facilitator
- AEA Building Representative – Co-facilitator
- LEA Teachers – Participants
- AEA Support Staff serving the building – Participants
- Work Experience Coordinators – Participants
- Others Participants (as appropriate) – High School Guidance Counselors, Principal, School Nurse, At-Risk Coordinator, Alternative Education Teachers

Materials

- Commonly Referred Diagnoses handout
- IVRS Eligibility Face Sheet
- Sample IEPs
- CTP Brochure

Timeframe/Sequence/Prerequisite

Within the first 45 days of the school year

Yearly Refresher LEA Training

Purpose

At this meeting, the VR counselor will build on the established relationship with the special education teachers and AEA staff in a school. New VR and high school staff can be introduced, VR services are thoroughly reviewed and any new service options/processes are presented. The original teacher training materials are reviewed using the same handouts and format as at the first teacher training session, and this will serve as a review or as a new staff training as the situation requires. During this meeting, the VR counselor should make sure to review the referral process and communication plan and request input from high school staff as to their service/resource needs and preferences.

Who should attend

Special education teachers; AEA staff serving the school; VR counselor; VR supervisor (optional); AEA CTP coordinator (optional but recommended).

Scheduling the meeting

This meeting should be scheduled annually and it is best scheduled towards the beginning of the fall semester. The VR counselor can schedule this meeting by requesting to be on the agenda at an upcoming special education teacher's meeting. The CTP Coordinator may be called upon to help in setting up this meeting if needed. Like the original teacher training meeting, this meeting should be limited to 30 minutes if possible.

Materials needed

Commonly Referred Diagnoses handout; IVRS Eligibility Face Sheet; sample IEP, and CTP brochure (provides an overview of the project).

Process of the meeting

VR counselor briefly discusses IVRS services including the emphasis on referral of students with all kinds of disabilities in the 10th grade year. The counselor can outline the types of services that can be provided such as counseling and guidance, career exploration and assessment, job readiness and job seeking skills training, and customized training and job placement services. The high school staff should be asked what they feel are the main service needs in their school, and how they feel VR services can best be integrated into existing high school practices and curriculum so as to meet local needs.

The VR counselor should also revisit the details of the collaboration and the communication plan. This would include the plan for the frequency of counselor visits to the high school, best ways to exchange referral information, best ways to meet with clients and engage parents when necessary, and best ways to communicate between VR and the high school when exchange of information is necessary.

Finally, the counselor can pass out the CTP brochure and briefly review the purpose and process of CTP. After the review, copies of each of the handouts from the standard training packet should be passed out and discussed individually.

The Commonly Referred Diagnoses handout is there to be a reminder to school staff that VR can work with students who have a variety of disabling conditions, so we encourage referral of students with any significant disability, and not just students who are in special education.

The IVRS Eligibility Face Sheet should be discussed, and it should be presented as a tool for teachers as it provides examples of how disability issues can be clearly described. Teachers may find it difficult to address disability issues in the IEP. They are required to outline specific plans in the IEP to deal with the impact of the specific disability situations of their students in the areas of living, learning, and working. Some teachers have stated they found the IVRS Eligibility Face Sheet to be so helpful that they said they would have that handout in their laps whenever they were working on an IEP.

Once the functional capacities have been discussed, the sample IEP can be used by participants to look for examples of functional language within the IEP. This demonstrates the appropriate use of the functional capacities language in writing an IEP and it also demonstrates where in the IEP this kind of language can be found and how it can be applied in different situations. Hopefully, the teachers see the use of this language as a help in identifying and describing disability situations so that appropriate actions can be recommended.

[Return to TOC](#)

Yearly Refresher LEA Training

Agenda

- Introductions
- Review Commonly Referred Diagnoses
- Review Functional Language/IVRS Eligibility Face Sheet
- Review IVRS Services
- Review IVRS schedule, location and interaction process. Identify what is working and what could be improved in the upcoming year.
- Review CTP Brochure
- Review IEP functional language

Commonly Referred Diagnoses

Iowa Vocational Rehabilitation Services (IVRS) works with individuals with a wide variety of strengths and limitations.

The physical, cognitive and/or mental impairment(s) experienced by an individual must limit one or more functional capacities (mobility, self-care, self-direction, work skills, work tolerance, interpersonal skills, communication) in terms of education/employment in order to be determined eligible for IVRS services.

Examples of physical or mental disabilities:

- ADD/ADHD
- Amputation
- Alcohol abuse or dependence
- Anxiety disorders (obsession compulsive, PTSD, panic)
- Arthritis
- Asthma
- Autism
- Brain injury
- Cancer
- Cardiac disorders
- Cerebral palsy
- Congenital birth defects
- Cystic fibrosis
- Diabetes
- Drug abuse or dependence
- Eating disorders
- Head injury
- Hearing impairments
- Intellectual disabilities
- Learning disabilities
- Mental health limitations (anxiety, depression, bipolar, borderline)
- Multiple sclerosis
- Muscular dystrophy
- Neurological disorders (stroke, epilepsy)
- Orthopedic limitations
- Vision disorders

IVRS Eligibility Face Sheet

BECAUSE OF THE DISABILITY:	BECAUSE OF THE DISABILITY:
1. MOBILITY: Difficulty or limitations in the movement of the body into various positions or in getting from place to place in the work environment. <input type="checkbox"/> Walking <input type="checkbox"/> Kneeling <input type="checkbox"/> Twisting <input type="checkbox"/> Climbing <input type="checkbox"/> Crouching <input type="checkbox"/> Stooping <input type="checkbox"/> Balancing <input type="checkbox"/> Crawling <input type="checkbox"/> Travel <input type="checkbox"/> Other _____ 	1. MOBILITY: <input type="checkbox"/> Unable to move safely, including changing body position, without help or device. Explain: _____ <input type="checkbox"/> Takes significantly longer to move about Explain: _____ <input type="checkbox"/> Cannot drive due to physical or mental problems Explain: _____ <input type="checkbox"/> Other limitations - Explain: _____
2. SELF CARE: Difficulty or limitations in taking care of oneself in the living setting and in the work environment. <input type="checkbox"/> Eating <input type="checkbox"/> Child Care <input type="checkbox"/> Medication Management <input type="checkbox"/> Hygiene <input type="checkbox"/> Housekeeping <input type="checkbox"/> Money Management <input type="checkbox"/> Laundry <input type="checkbox"/> Toileting <input type="checkbox"/> Shopping <input type="checkbox"/> Cooking <input type="checkbox"/> Dressing <input type="checkbox"/> Using the Telephone <input type="checkbox"/> Grooming <input type="checkbox"/> Independent Living <input type="checkbox"/> Self-injurious behavior <input type="checkbox"/> Repeat Hospitalization <input type="checkbox"/> Other _____ 	2. SELF CARE: <input type="checkbox"/> Requires home modifications to perform self-care tasks in order to get to work <input type="checkbox"/> Is restricted/limited in the ability to perform average daily living activities to get ready for work Explain: _____ <input type="checkbox"/> Requires a personal assistant, guardian, public administrator, payee or community support worker for self care skill deficits in order to work <input type="checkbox"/> Has episodes of repeated hospitalizations and problems with stability <input type="checkbox"/> Other limitations – Explain: _____
3. SELF DIRECTION: Difficulty or limitations in planning, organizing, completing or managing life goals or activities able to work successfully. <input type="checkbox"/> Dependability <input type="checkbox"/> Judgment <input type="checkbox"/> Planning Activities <input type="checkbox"/> Following Routine <input type="checkbox"/> Frequent Changes <input type="checkbox"/> Initiating Activities <input type="checkbox"/> Making Decisions <input type="checkbox"/> Being Punctual <input type="checkbox"/> Being Organized <input type="checkbox"/> Other _____ 	3. SELF DIRECTION: <input type="checkbox"/> Needs adaptive equipment to do tasks <input type="checkbox"/> Has a case manager/social worker due to the disability <input type="checkbox"/> Has difficulty performing tasks without modifications. <input type="checkbox"/> Has serious difficulty concentrating on tasks, organizing, and following through on expectations. <input type="checkbox"/> Requires detailed directions to adequately plan activities <input type="checkbox"/> Demonstrates impulsivity and poor judgment not typically seen in individuals of comparable age, education, and experience which results in legal problems or equally negative consequences that impact employment <input type="checkbox"/> Has episodes when assistance/monitoring or personal assistance is needed to do tasks <input type="checkbox"/> Other limitations – Explain: _____
4. WORK SKILLS: Difficulty or limitations in thinking about and physically carrying out activities needed to be able to work successfully. <input type="checkbox"/> Memory <input type="checkbox"/> Attention Span <input type="checkbox"/> Comprehension <input type="checkbox"/> Learning Speed <input type="checkbox"/> Quantitative Skills <input type="checkbox"/> Motor Coordination <input type="checkbox"/> Manual Dexterity <input type="checkbox"/> Eye/hand Coordination <input type="checkbox"/> Manipulates Objects <input type="checkbox"/> Spatial/Time Management <input type="checkbox"/> Other _____ 	4. WORK SKILLS: <input type="checkbox"/> Does not have work skills usually possessed by individuals of comparable age, education, and experience <input type="checkbox"/> Requires instructions to be paired with multiple strategies, as compared to peers, to learn work skills <input type="checkbox"/> Requires assistive technology, adaptive equipment, or prosthetic to perform work skills <input type="checkbox"/> Requires a personal assistant or a job coach to learn and/or perform work skills <input type="checkbox"/> Has difficulty performing fine and gross motor skills required by work tasks <input type="checkbox"/> Requires extra time to adequately perform tasks Explain: _____ <input type="checkbox"/> Other limitations – Explain: _____

<p>5. WORK TOLERANCE: Limited strength or stamina compared to what is generally required to perform consistently at the level of physical, environmental or psychological demands commonly found in work settings.</p>	<p>5. WORK TOLERANCE:</p>
<p> <input type="checkbox"/> Stamina <input type="checkbox"/> Strength <input type="checkbox"/> Temperature Change <input type="checkbox"/> Cold/Heat <input type="checkbox"/> Hazards <input type="checkbox"/> Noise/Vibrations <input type="checkbox"/> Fumes/Dust <input type="checkbox"/> Work Speed <input type="checkbox"/> High Places <input type="checkbox"/> Wet/Humid Environment <input type="checkbox"/> Sitting <input type="checkbox"/> Reaching <input type="checkbox"/> Chemical Sensitivity <input type="checkbox"/> Psychological Factors <input type="checkbox"/> Stress <input type="checkbox"/> Standing <input type="checkbox"/> Absenteeism <input type="checkbox"/> Lifting (lbs., specifics) _____ <input type="checkbox"/> Other _____ </p>	<p> <input type="checkbox"/> Has difficulty tolerating common work environmental factors. Explain: _____ <input type="checkbox"/> Has difficulty tolerating common work psychological stresses. Explain: _____ <input type="checkbox"/> Has difficulty tolerating common physical demands of the job. Explain: _____ <input type="checkbox"/> Requires adaptive equipment and/or work schedule to meet job training demands Explain: _____ <input type="checkbox"/> Other limitations – Explain: _____ </p>
<p>6. INTERPERSONAL SKILLS: Difficulty establishing and maintaining working relationships.</p>	<p>6. INTERPERSONAL SKILLS:</p>
<p> <input type="checkbox"/> Cooperation <input type="checkbox"/> Getting along with others <input type="checkbox"/> Controlling Emotions <input type="checkbox"/> Tact/diplomacy <input type="checkbox"/> Understanding Social Cues <input type="checkbox"/> Accepting Supervision <input type="checkbox"/> Social Withdrawal <input type="checkbox"/> Other _____ </p>	<p> <input type="checkbox"/> Exhibits emotional behaviors which interfere with work/training with co workers and managers <input type="checkbox"/> Requires monitoring, behavior management, accommodations or adaptations, not typically made for other employees to develop or maintain working relationships. <input type="checkbox"/> Lacks insight into self that results in a lack of tact/diplomacy which creates difficulties in maintaining work relationships. <input type="checkbox"/> Other limitations – Explain: _____ </p>
<p>7. COMMUNICATION: Difficulty in reading, writing, speaking or hearing that affects the ability to work.</p>	<p>7. COMMUNICATION:</p>
<p> <input type="checkbox"/> Speaking <input type="checkbox"/> Reading <input type="checkbox"/> Hearing <input type="checkbox"/> Writing <input type="checkbox"/> Interviewing <input type="checkbox"/> Other _____ </p>	<p> <input type="checkbox"/> Cannot hear/understand ordinary speech <input type="checkbox"/> Has difficulty reading or writing beyond simple sentences typically found in middle school level and in comparison to peers of equivalent age. <input type="checkbox"/> Requires an interpreter or other hearing accommodation to obtain employment <input type="checkbox"/> Requires a reader or other accommodation to read in order to obtain employment <input type="checkbox"/> Cannot readily be understood on first contact <input type="checkbox"/> Other limitations – Explain: _____ </p>

Outcomes:

In schools where CTP has been implemented:

- Partnerships and collaboration has resulted in improved outcomes for students
- IEP information is functional and more useful for outside agencies (e.g.: VR Counselors, college disability services coordinators, parents/students, and other adult service agencies).
- IEPs are more consistent with the transition requirements of IDEA
- Teachers and AEA staff recognize VR Counselors as valuable contributors to the IEP process
- VR referrals have increased, including those students with primarily physical and other non-learning disabilities.
- VR Counselors are able to make accurate eligibility determinations based solely on the IEP
- VR programming decisions have improved
- VR counselors are more involved in transition planning
- Decreased evaluation costs result in increased resources for VR services
- Transition services are more complete and "seamless"

To learn more about the Collaborative Transition Protocol, contact:

Collaborative Transition Protocol



Helping students with disabilities transition toward their future.

An initiative of
Iowa Vocational Rehabilitations Services,
Iowa AEAs and Local High Schools, and the
Iowa Department of Education



Collaborative Transition Protocol

The Collaborative Transition Protocol (CTP) is an initiative of Iowa Vocational Rehabilitation Services (IVRS), Iowa AEAs and local high schools.

The CTP is designed to:

- improve transition services for students with disabilities
- provide resources and support for special education teachers
- expedite IVRS eligibility determination and enhance quality plan development
- capitalize on teacher expertise/knowledge of student

These mutually beneficial outcomes are realized through heightened collaboration between IVRS and their education partners. VR Counselors work closely with teachers and AEA staff in order to support transition planning. The Collaborative Transition Protocol does not add extra work for Special Education teachers.

Why:

As education moved from diagnostic/labeling to a problem-solving approach in determining eligibility for Special Education services, standardized intellectual testing results were rarely available for use in determining eligibility for IVR and other adult service agencies.

As a result:

- Resources from IVRS were used to provide the psychological evaluations previously provided by the AEAs.
- Joint planning for transition services between the schools and Vocational Rehabilitation was difficult and infrequent.

In addition:

- VR Counselors were not able to benefit from the wealth of information contained in the IEP.
- Special education teachers were struggling to document disability-related impediments to future learning and working environments.

How CTP works:

Cross training

VR Counselors are trained by AEA staff on the IEP to:

- Familiarize them with the IEP document
- Determine where information pertinent to IVRS eligibility and planning can be found in the IEP
- Identify how VR Counselor can contribute to the IEP process

Special education teachers and AEA staff are trained by a VR Counselor and AEA representative in the use of “functional capacities” language.

- 30–45 minute training within local district
- Information sharing in regard to VR services/resources
- Identify communication system and determine schedules



Collaboration

- VR Counselor establishes regular hours within the school (as the need of each school dictates) so he/she can be available to AEA and high school staff to provide consultation, exchange information, or work with applicants/clients.
- VR Counselor provides services and supports to students and teachers (e.g. vocational assessment, Iowa Notebook, O*Net, etc., counseling and guidance, work awareness/job readiness preparation, job seeking skills training, planning for assistive technology, training, and/or job search assistance and follow up.)
- IEP teams include functional impact of the disability on learning, living, and work environments within the IEP.



Individualized Education Program

File or ID number _____

DATE: ____/____/____ TYPE: Initial Review Reevaluation Amendment Interim

STUDENT: _____ M F
Last (legal) First (no nicknames) M.I.

Birthdate: ____/____/____ Grade: _____ Teacher/Service Provider: _____

Resident District: _____ Building: _____

Attending District: _____ Building: _____

Attending Area Education Agency: _____ Attending Building Phone: _____

Parent Name: _____ Home Phone: _____
 Foster Parent Address: _____ Work/Cell Ph: _____
 Guardian _____ E-mail: _____
 Surrogate _____
 Student _____

Parent Name: _____ Home Phone: _____
 Foster Parent Address: _____ Work/Cell Ph: _____
 Guardian _____ E-mail: _____
 Surrogate _____
 Student _____

Duration of this IEP: From ____/____/____ to ____/____/____ Reevaluation is due: ____/____/____

Procedural safeguards were reviewed by: _____ Method: _____

Rights will transfer at age 18: ____/____/____ Notification: Student ____/____/____ Parent: ____/____/____

Persons Present at Meeting/Position or Relationship to Student

_____ Parent _____ Student
_____ Parent _____
_____ LEA Rep/Designee _____
_____ Gen Ed Tchr _____
_____ Sp Ed Tchr _____

Signature or listing indicates presence at the meeting, not approval or acceptance of the IEP

Outside written input: Name/Agency: _____ Date: ____/____/____

Required System Data		
Ethnicity: (See Below)	Shortened school day <input type="checkbox"/>	Basis for enrollment: _____
Disability(ies): _____	Full Time: <input type="checkbox"/> Part Time <input type="checkbox"/>	Served status: _____
Early childhood code: _____	Final Exit: _____	Weighted Enrollment Factor Recommended: ____ Current: ____
Domicile District: _____	Roster change(s): _____	
Domicile Building: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No The student receives 50% or more of his/her special education services in the Attending Building. If no, select the building where the student receives 50% or more of his/her special education services. 50% or more of special education services provided at: _____ Facility type: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No Does this student reside the majority of nights at this facility? Setting Code: _____		
The student was placed in this school/facility at the direction of: _____		
Copies to:		

[Show Race-Ethnicity Data >>](#)

Present Levels of Academic Achievement and Functional Performance

Strengths, interests and preferences of this individual _____

Parents' concerns regarding their child's education _____

The IEP team must consider the following when developing this IEP.

Behavior (in the case of a student whose behavior impedes his or her learning or that of others, consider the use of positive behavioral interventions, supports and other strategies, to address that behavior)
 Yes, behavior is a concern and will be addressed in this IEP.
 Yes, behavior is a concern and will be addressed in the attached Functional Behavioral Assessment and Behavior Intervention Plan.
 No, behavior is not a concern.

Communication and language, especially if the student is deaf or hard of hearing.
 Yes, communication and language are a concern and will be addressed in this IEP.
 Yes, communication and language are a concern and will be addressed in the attached Communication Plan for Deaf and Hard of Hearing.
 No, communication and language are not a concern.

Health Needs (intervention, procedures, or services required in order to access education)
 Yes, health is a concern and will be addressed in this IEP.
 Yes, health is a concern and will be addressed in the health plan as a part of the student's health records.
 No, health is not a concern.

Limited English proficiency (Consider the language needs related to the IEP)
 Yes, limited English is a concern and will be addressed in this IEP.
 No, limited English is not a concern

Braille instruction needs if this student has a visual impairment
 Yes, Braille is needed and will be addressed in this IEP.
 No, Braille is not needed.

Assistive technology (services, software and devices needed to access the general education curriculum)
 Yes, assistive technology is needed and will be addressed in this IEP.
 No, assistive tech. is not needed.

This student is NIMAS eligible: Yes No

Transition assessments and other information essential for the development of this IEP (address living, learning & working):

Living: Information sources: _____

Living: Results: _____

Learning: Information sources: _____

Learning: Results: _____

Working: Information sources: _____

Working: Results: _____

B (Students ages 13-21)

Other information essential for the development of this IEP _____

Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills.

Based on the transition assessments, describe the post-secondary expectations for living, learning, and working.

Post-secondary expectation for living: _____

Yes No Is living an area of need that will be addressed with goals, services or activities in this IEP?

Post-secondary expectation for learning: _____

Yes No Is learning an area of need that will be addressed with goals, services or activities in this IEP?

Post-secondary expectation for working: _____

Yes No Is working an area of need that will be addressed with goals, services or activities in this IEP?

Course of study

What requirements does this student need to meet to graduate? _____

What is this student's current status with regard to these requirements?: _____

Target graduation date (mo/yr): _____ / _____

Courses and activities needed to pursue the post-secondary expectations and graduate by the target graduation date.

B (Students ages 13-21)

Goal #: _____

State of Iowa Core Content Standard and Grade Level Benchmark(s) upon which this goal is based: _____

District Standard and Grade Level Benchmark(s) upon which this goal is based: _____

Current Academic Achievement and Functional Performance (Results of the initial or most recent evaluation and results on district-wide assessments relevant to this goal; performance in comparison to general education peers and standards).

Baseline (Describe individual's current performance in measurable terms using the same measurement as measurable annual goal and progress monitoring procedures).

Measurable Annual Goal: conditions (when and how the individual will perform); **behavior** (what the individual will do); and **criterion** (acceptable level of performance). For students 14 years and older, indicate if this goal is related to post-secondary expectations of: (check all that apply to this goal) living learning working

Progress Monitoring procedures (State how progress toward meeting this goal will be measured, how often progress will be measured, and the decision-making rule that will be used in considering instructional changes). _____

Position(s) responsible for services _____

See attached graph

Major Milestones or Short Term Objectives/Dates Expected (Required for students assessed against alternate achievement standards)	Comments/Progress Notes/Dates Achieved

Goal #:	Progress Report																
1 =	This goal has been met.																
2 =	Progress has been made towards the goal. It appears that the goal will be met by the time the IEP is reviewed.																
3 =	Progress has been made towards the goal but the goal may not be met by the time the IEP is reviewed.																
4 =	Progress is not sufficient to meet this goal by the time the IEP is reviewed. Instructional strategies will be changed.																
5 =	Your child did not work on this goal during this reporting period (provide an explanation to the parents).																
___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5
___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5
___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5	___/___/___	1	2	3	4	5

Special Education Services

Indicate the special education and related services, supplementary aids and services, based upon peer-reviewed research to the extent practicable, that will be provided in order for this individual: 1) to advance appropriately toward attaining the annual goals 2) to be involved and progress in the general curriculum; 3) to be educated and participate with other individuals with disabilities and nondisabled individuals. 4) to participate in extracurricular and other nonacademic activities; and 5) by age 14, to pursue the course of study and post-high school outcomes (living, learning & working);

Y N Accommodations	Y N Linkages/interagency responsibilities	Y N Supplementary aids and services
Y N Assistive technology	Y N Program modifications	Y N Supports for school personnel
Y N Community experiences	Y N Specially designed instruction	Y N Support or related services
Y N Development of work and other post-high school living objectives		Y N Specialized Accessible Formats (Braille, large print, audio, digital text)

Describe each service, activity and support indicated above:	Provider(s) & when the service, activity or support will occur	Minutes in Setting
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	____ General education ____ Special education ____ Community per _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	____ General education ____ Special education ____ Community per _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	____ General education ____ Special education ____ Community per _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Type: _____ Code: _____	Beginning Date: ____ / ____ / ____ Provider(s): _____ Name: _____ Time & frequency/when provided: _____	____ General education ____ Special education ____ Community per _____ <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month
Total minutes per month removed from general education:		
LRE: Removal from GE % plus Time in GE % = 100%		

Special Education Services, continued

Yes No **Are extended school year (ESY) services required?** If yes, specify the goals that require ESY services and describe the services. _____

Yes No **Are specialized transportation services required that are related to the disability?** If yes, describe.
 Special route (outside normal attendance area or transportation not typically provided based on distance from school)
 Attendant services Specially equipped vehicle Other _____
Physical Education: General Modified— describe below Specially designed— requires goal(s)

Will this student participate in district-wide assessments (DWA)?

Yes No, not yet school-age No, student is incarcerated in an adult correctional facility

If yes, indicate how this individual will participate in district-wide assessments for Adequate Yearly Progress (AYP) in:

Reading: Standard assessment (ITBS, ITED) Iowa Alternate Assessment

Math: Standard assessment (ITBS, ITED) Iowa Alternate Assessment

Science: Standard assessment (ITBS, ITED) Iowa Alternate Assessment

The standard assessment will be given: with accommodations without accommodations

If with accommodations, describe accommodations necessary to measure academic achievement and functional performance

If this student will participate in the Iowa Alternate Assessment: Why can't the individual participate in the general assessment?

Why is this alternate assessment appropriate for this student? _____

Non-AYP district-wide assessments will be given:

with accommodations without accommodations through an alternate assessment

If with accommodations, describe accommodations necessary to measure academic achievement and functional performance

Additional Considerations

Address the following questions.

Yes No Will this individual receive all special education services in general education environments?
If no, explain: _____

Yes No Will this individual participate in nonacademic activities with nondisabled peers **and** have the same opportunity to participate in extracurricular activities as nondisabled peers?
If no, explain: _____

Yes No Will this individual attend the school he or she would attend if nondisabled?
If no, explain: _____

Yes No Will this individual attend a special school? If yes, attach responses to the special school questions.

Progress reports

Parents: You will be informed of your child's IEP progress _____ times per year. You will receive:
 An IEP report with report cards and progress reports Updated copies of the IEP goal pages

Reevaluation Questions

1. What progress has the student made, compared to peers or the expected standard, since the last evaluation?

2. What discrepancy, if any, still exists between the student's performance and that of peers or the expected standard?

3. What evidence is there that the student continues to need special education and related services in order to be successful?

4. What additions or modifications to the special education and related services are needed to enable the student to meet the IEP goals and to participate, as appropriate, in the general education curriculum?

5. Does the student continue to be eligible for special education services, based on the information contained in Questions 1-4?

Yes No Explain (if further information is needed). _____

6. Under what conditions will the IEP team consider exiting the student from special education services?



Summary for Post-Secondary Living, Learning, and Working
(To be completed at exit prior to graduation)

Student Name: _____ **Birthdate:** ____/____/____ **Date:** ____/____/____

Attending District/Building: _____ **Date of Exit:** ____/____/____

Post-Secondary Expectations:

Living:

Learning:

Working:

Recent Special Education Services (Indicate all received within three years prior to exit.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Behavior Supports | <input type="checkbox"/> Communication | <input type="checkbox"/> Braille Instruction |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Accommodations | <input type="checkbox"/> ESL Services |
| <input type="checkbox"/> Modifications | <input type="checkbox"/> Specially Designed Instruction | <input type="checkbox"/> Health |
| <input type="checkbox"/> Additional Services (e.g. Speech, Occupational Therapy, Physical Therapy, Transportation) | | |

Goal Areas (Within three years prior to exit)

Describe Student's Current Levels of Performance, as Related to Living, Learning, Working. (Include type of assessment, date of administration, and results)

Describe Functional Impact of the Disability (as related to Living, Learning, Working)

Response to Instruction and Accommodations (As Related to Living, Learning, Working)

Recommendations for: (include suggestions for accommodations, linkages to adult services, or other supports)

Living

Learning

Working

Adult/Community Contacts:

Agency _____ Status _____

Name/Position _____ Phone _____

Agency _____ Status _____

Name/Position _____ Phone _____

Agency _____ Status _____

Name/Position _____ Phone _____

High School Contacts:

Primary High School Contact: Name/Position: _____ Phone _____

Additional team members contributing to this summary:

Student _____ Parent _____

Name/Position _____ Name/Position _____

Name/Position _____ Name/Position _____

Support for Accommodation Request (SAR)

To be used in consideration of post-secondary academic accommodation requests.

Student's Name:

1. ELIGIBILITY/DIAGNOSTIC STATEMENT:

- + Date of original eligibility:
- + Most recent reevaluation date:
- + Current goal area(s) of concern:

2. FORMAL DIAGNOSIS and DATE (when available):

3. What is the BASIS OF DETERMINATION for current services? (Provide available formal/informal diagnostic assessment information and recent evaluation results; include performance levels with/without accommodations.)

4. Describe the CURRENT FUNCTIONAL IMPACT of the disability:

5. RESPONSE TO specially designed INSTRUCTIONAL INTERVENTION:

6. Expected PROGRESSION or STABILITY of the disability:

7. HISTORY of ACCOMMODATIONS:

- + 9th Grade:
- + 10th Grade:
- + 11th Grade:
- + 12th Grade:

8. SUGGESTED ACCOMMODATIONS for post-secondary experiences:

9. RECOMMENDATIONS for (include accommodations, linkages to adult services, other support)

- + Living:
- + Working:

10. ADULT/COMMUNITY Contacts:

- + Agency: Status: Name/Position: Telephone:

11. SIGNATURE of Credentialed Professional

Name of Person completing this form (Print)	Title/Role	Agency/Organization
Signature	Telephone	Date

12. AUTHORIZATION for RELEASE OF INFORMATION. I hereby authorize the release of information summarized in this **Support for Accommodation Request** for the purpose of evaluating eligibility and accommodation requests.

Name of Student (Printed)	Student's Signature	Date
---------------------------	---------------------	------

13. STUDENT WRITTEN RESPONSE — Statement of Goals (Please write your statement of at least 3-5 sentences describing what you hope to accomplish in the next year.)

III. Yearly Refresher Training

C. Yearly Refresher CTP Rubric Training

1. Yearly Refresher CTP Rubric Training At A Glance

2. Agenda

3. Materials Section

a. IVRS Eligibility Face Sheet

The instructor will provide the following materials: CTP Rubric, CTP Rubric Instructions, Sample IEPs

Yearly Refresher CTP Rubric Training At A Glance

Goal

IVRS Counselors will understand how to apply the CTP rubric to an IEP for eligibility consideration

Outcomes

Counselors will demonstrate competency in applying the CTP rubric to an IEP to provide a LD or ID code for eligibility

Participant/Role Description

- IVRS administration or designee: trainer/facilitator
- IVRS supervisor and counselors: participants

Materials

Functional Capacities (Eligibility Face Sheet)

The instructor will provide the following materials: CTP Rubric, CTP Rubric Instructions, Sample IEPs

Timeframe/Sequence/Prerequisites

Allow 2-3 hours for IVRS Rubric Training

IVRS CTP Rubric Training

Agenda

Purpose

IVRS counselors will understand how to locate and identify useful information from the IEP for use with the CTP rubric in making eligibility determinations.

Review IEP and CTP Rubric (1 hour)

- Review blank IEP and where to find information in the IEP documents (IVRS Administrator or Field Supervisor)
- Review CTP Rubric and Instructions (IVRS Administrator or Field Supervisor)

Application (1 hour)

Directions

With a neighbor, use the sample IEP and complete the CTP Rubric. After you have completed the rubric we will take a few minutes for discussion in the whole group. Repeat activity with the second sample IEP.

Facilitator

Facilitate discussion and record public minutes focused on:

- Barriers
- Indicators of success
- Recommendations

[Return to TOC](#)

IVRS Eligibility Face Sheet

BECAUSE OF THE DISABILITY:	BECAUSE OF THE DISABILITY:
1. MOBILITY: Difficulty or limitations in the movement of the body into various positions or in getting from place to place in the work environment.	1. MOBILITY:
<input type="checkbox"/> Walking <input type="checkbox"/> Kneeling <input type="checkbox"/> Twisting <input type="checkbox"/> Climbing <input type="checkbox"/> Crouching <input type="checkbox"/> Stooping <input type="checkbox"/> Balancing <input type="checkbox"/> Crawling <input type="checkbox"/> Travel <input type="checkbox"/> Other _____ 	<input type="checkbox"/> Unable to move safely, including changing body position, without help or device. Explain: _____ <input type="checkbox"/> Takes significantly longer to move about Explain: _____ <input type="checkbox"/> Cannot drive due to physical or mental problems Explain: _____ <input type="checkbox"/> Other limitations - Explain: _____
2. SELF CARE: Difficulty or limitations in taking care of oneself in the living setting and in the work environment.	2. SELF CARE:
<input type="checkbox"/> Eating <input type="checkbox"/> Child Care <input type="checkbox"/> Medication Management <input type="checkbox"/> Hygiene <input type="checkbox"/> Housekeeping <input type="checkbox"/> Money Management <input type="checkbox"/> Laundry <input type="checkbox"/> Toileting <input type="checkbox"/> Shopping <input type="checkbox"/> Cooking <input type="checkbox"/> Dressing <input type="checkbox"/> Using the Telephone <input type="checkbox"/> Grooming <input type="checkbox"/> Independent Living <input type="checkbox"/> Self-injurious behavior <input type="checkbox"/> Repeat Hospitalization <input type="checkbox"/> Other _____ 	<input type="checkbox"/> Requires home modifications to perform self-care tasks in order to get to work <input type="checkbox"/> Is restricted/limited in the ability to perform average daily living activities to get ready for work Explain: _____ <input type="checkbox"/> Requires a personal assistant, guardian, public administrator, payee or community support worker for self care skill deficits in order to work <input type="checkbox"/> Has episodes of repeated hospitalizations and problems with stability <input type="checkbox"/> Other limitations – Explain: _____
3. SELF DIRECTION: Difficulty or limitations in planning, organizing, completing or managing life goals or activities able to work successfully.	3. SELF DIRECTION:
<input type="checkbox"/> Dependability <input type="checkbox"/> Judgment <input type="checkbox"/> Planning Activities <input type="checkbox"/> Following Routine <input type="checkbox"/> Frequent Changes <input type="checkbox"/> Initiating Activities <input type="checkbox"/> Making Decisions <input type="checkbox"/> Being Punctual <input type="checkbox"/> Being Organized <input type="checkbox"/> Other _____ 	<input type="checkbox"/> Needs adaptive equipment to do tasks <input type="checkbox"/> Has a case manager/social worker due to the disability <input type="checkbox"/> Has difficulty performing tasks without modifications. <input type="checkbox"/> Has serious difficulty concentrating on tasks, organizing, and following through on expectations. <input type="checkbox"/> Requires detailed directions to adequately plan activities <input type="checkbox"/> Demonstrates impulsivity and poor judgment not typically seen in individuals of comparable age, education, and experience which results in legal problems or equally negative consequences that impact employment <input type="checkbox"/> Has episodes when assistance/monitoring or personal assistance is needed to do tasks <input type="checkbox"/> Other limitations – Explain: _____
4. WORK SKILLS: Difficulty or limitations in thinking about and physically carrying out activities needed to be able to work successfully.	4. WORK SKILLS:
<input type="checkbox"/> Memory <input type="checkbox"/> Attention Span <input type="checkbox"/> Comprehension <input type="checkbox"/> Learning Speed <input type="checkbox"/> Quantitative Skills <input type="checkbox"/> Motor Coordination <input type="checkbox"/> Manual Dexterity <input type="checkbox"/> Eye/hand Coordination <input type="checkbox"/> Manipulates Objects <input type="checkbox"/> Spatial/Time Management <input type="checkbox"/> Other _____ 	<input type="checkbox"/> Does not have work skills usually possessed by individuals of comparable age, education, and experience <input type="checkbox"/> Requires instructions to be paired with multiple strategies, as compared to peers, to learn work skills <input type="checkbox"/> Requires assistive technology, adaptive equipment, or prosthetic to perform work skills <input type="checkbox"/> Requires a personal assistant or a job coach to learn and/or perform work skills

	<input type="checkbox"/> Has difficulty performing fine and gross motor skills required by work tasks <input type="checkbox"/> Requires extra time to adequately perform tasks Explain: _____ <input type="checkbox"/> Other limitations – Explain: _____ _____
5. WORK TOLERANCE: Limited strength or stamina compared to what is generally required to perform consistently at the level of physical, environmental or psychological demands commonly found in work settings.	5. WORK TOLERANCE:
<input type="checkbox"/> Stamina <input type="checkbox"/> Strength <input type="checkbox"/> Temperature Change <input type="checkbox"/> Cold/Heat <input type="checkbox"/> Hazards <input type="checkbox"/> Noise/Vibrations <input type="checkbox"/> Fumes/Dust <input type="checkbox"/> Work Speed <input type="checkbox"/> High Places <input type="checkbox"/> Wet/Humid Environment <input type="checkbox"/> Sitting <input type="checkbox"/> Reaching <input type="checkbox"/> Chemical Sensitivity <input type="checkbox"/> Psychological Factors <input type="checkbox"/> Stress <input type="checkbox"/> Standing <input type="checkbox"/> Absenteeism <input type="checkbox"/> Lifting (lbs., specifics) _____ <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Has difficulty tolerating common work environmental factors. Explain: _____ <input type="checkbox"/> Has difficulty tolerating common work psychological stresses. Explain: _____ <input type="checkbox"/> Has difficulty tolerating common physical demands of the job. Explain: _____ <input type="checkbox"/> Requires adaptive equipment and/or work schedule to meet job training demands Explain: _____ <input type="checkbox"/> Other limitations – Explain: _____ _____
6. INTERPERSONAL SKILLS: Difficulty establishing and maintaining working relationships.	6. INTERPERSONAL SKILLS:
<input type="checkbox"/> Cooperation <input type="checkbox"/> Getting along with others <input type="checkbox"/> Controlling Emotions <input type="checkbox"/> Tact/diplomacy <input type="checkbox"/> Understanding Social Cues <input type="checkbox"/> Accepting Supervision <input type="checkbox"/> Social Withdrawal <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Exhibits emotional behaviors which interfere with work/training with co workers and managers <input type="checkbox"/> Requires monitoring, behavior management, accommodations or adaptations, not typically made for other employees to develop or maintain working relationships. <input type="checkbox"/> Lacks insight into self that results in a lack of tact/diplomacy which creates difficulties in maintaining work relationships. <input type="checkbox"/> Other limitations – Explain: _____ _____
7. COMMUNICATION: Difficulty in reading, writing, speaking or hearing that affects the ability to work.	7. COMMUNICATION:
<input type="checkbox"/> Speaking <input type="checkbox"/> Reading <input type="checkbox"/> Hearing <input type="checkbox"/> Writing <input type="checkbox"/> Interviewing <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Cannot hear/understand ordinary speech <input type="checkbox"/> Has difficulty reading or writing beyond simple sentences typically found in middle school level and in comparison to peers of equivalent age. <input type="checkbox"/> Requires an interpreter or other hearing accommodation to obtain employment <input type="checkbox"/> Requires a reader or other accommodation to read in order to obtain employment <input type="checkbox"/> Cannot readily be understood on first contact <input type="checkbox"/> Other limitations – Explain: _____ _____

IV. Dialogue and Collaborate

A. Establish Formal Mechanisms for Communication Across CTP Implementation Team

1. Worksheet/questions
2. Sample Directory Information

Establish Formal Communication Mechanisms

Description

Establishing a communication structure between IVRS, LEAs and the AEA is imperative for the success of implementing and sustaining efforts for CTP. There needs to be a conscious effort to communicate and evaluate what is occurring to facilitate collaboration.

The following are questions that will need to be addressed by the CTP Regional Teams to help build the communication structure for your region.

1. How will the CTP coordinator, the IVRS field supervisor, AEA staff and the IVRS counselor assigned to the building communicate regarding implementation progress?
 - Regularly scheduled meetings twice a year (prior to November 15th and sometime in the spring)
 - Regularly scheduled conference calls
 - Email
2. How (and to whom) will LEA staff and IVRS counselors request assistance, report problems, report successes, etc?
3. How will the CTP coordinator, the IVRS field supervisor, AEA staff and the IVRS counselor respond to requests for assistance, problems in implementation, etc.? How will they communicate these issues with each other?

[Return to TOC](#)

IV. Dialogue and Collaborate

B. Communicate CTP within AEA

1. Worksheet/Questions

Communicate CTP within AEA

Description

Establishing a communication structure within the AEA is imperative for the success of implementing and sustaining efforts for CTP. The following are questions that will need to be addressed by the CTP Regional Teams to help build the communication structure for your region.

1. What responsibility do other AEA administrators have for CTP implementation? How is that responsibility communicated to them? How are other AEA administrators communicating with the CTP coordinator?
2. How is the CTP coordinator communicating with the Special Education director?
3. How and what is shared with AEA staff about CTP implementation? Who is sharing it?
4. What responsibility does AEA staff assigned to participating districts have for CTP implementation? How is that responsibility communicated to them? How are AEA staff assigned to participating districts communicating with the CTP coordinator?
5. How and what is shared with LEA superintendents and principals about CTP implementation? Who is sharing it?

[Return to TOC](#)

IV. Dialogue and Collaborate

C. Communicate CTP within IVRS

1. Description of Process

Communicate CTP within IVRS

Goal

Communicate CTP implementation process with all potential/affected IVRS participants

Outcome(s)

- Articulate expectations/allocation of resources to area office staff.
- Identify issues requiring workforce planning in the area office.
- Communicate general information with all stakeholders relating to philosophy of CTP, the process, cross training, scheduling the various trainings and meetings, and follow up communication with AEA/LEA staff.

Participant/Role Description

- IVRS Field Supervisor: Effectively communicate information regarding CTP to area office staff including the purpose of CTP, historical perspective, the process, and expected outcomes (see CTP brochure).
- IVRS Administrative Consultant: Provide information and resources to IVRS Field Supervisor in the implementation of CTP.

Some Key Points to Emphasize

- Counselors will learn to use the IEP and the RSA Reporting Code Rubric through a set of internal and interagency trainings.
- The IVRS counselor and other staff providing services in the school should be trained in reading the IEP, and in the use of the rubric as close to the actual implementation date as possible so new learning can be applied directly.
- Staff needs to understand that the rubric is not used to diagnose; it is a tool for counselors to use to select, from the information provided in the IEP, the most appropriate RSA reporting code between the LD and ID categories. The rubric is not valid for other diagnostic codes.
- IVRS staff that will present the LEA teacher training sessions should be individually trained by the supervisor prior to the teacher training meeting—emphasize: **The rubric is not taught at the LEA teacher training** (see page on LEA Teacher Training for details).
- Each of the meetings and trainings in the proposal should be conducted (no short cuts), and the order of implementation events should be followed.

The Implementation Process

- The VR supervisor and the CTP coordinator from the AEA should meet to work out the implementation plan including schools and timeframes for implementation, communication strategies, cross trainings, and follow up on planned events.
- A date is scheduled for area office participants for IEP training by AEA staff, and this training is planned and provided by CTP coordinator and appropriate AEA staff.
- The CTP coordinator should contact the principals to introduce the CTP and to schedule the administrator meeting between the principal, the CTP coordinator, and the IVRS staff who will be working in the school. See the page on the administrator meeting for details.
- During the administrator meeting, the LEA teacher meeting will be scheduled. See the page on LEA Teacher Training for details.
- Periodic meetings between the IVRS field supervisor and the CTP coordinator should be scheduled to follow the progress of the various steps of implementation.
- A method of follow-up communication between IVRS field supervisor and the CTP coordinator should be in place to deal with issues regarding the progress of the implementation or concerns regarding individual accountability as these come up.

Materials (suggested)

CTP Talking Points or the CTP brochure.

Timeframe/Sequence/Prerequisite

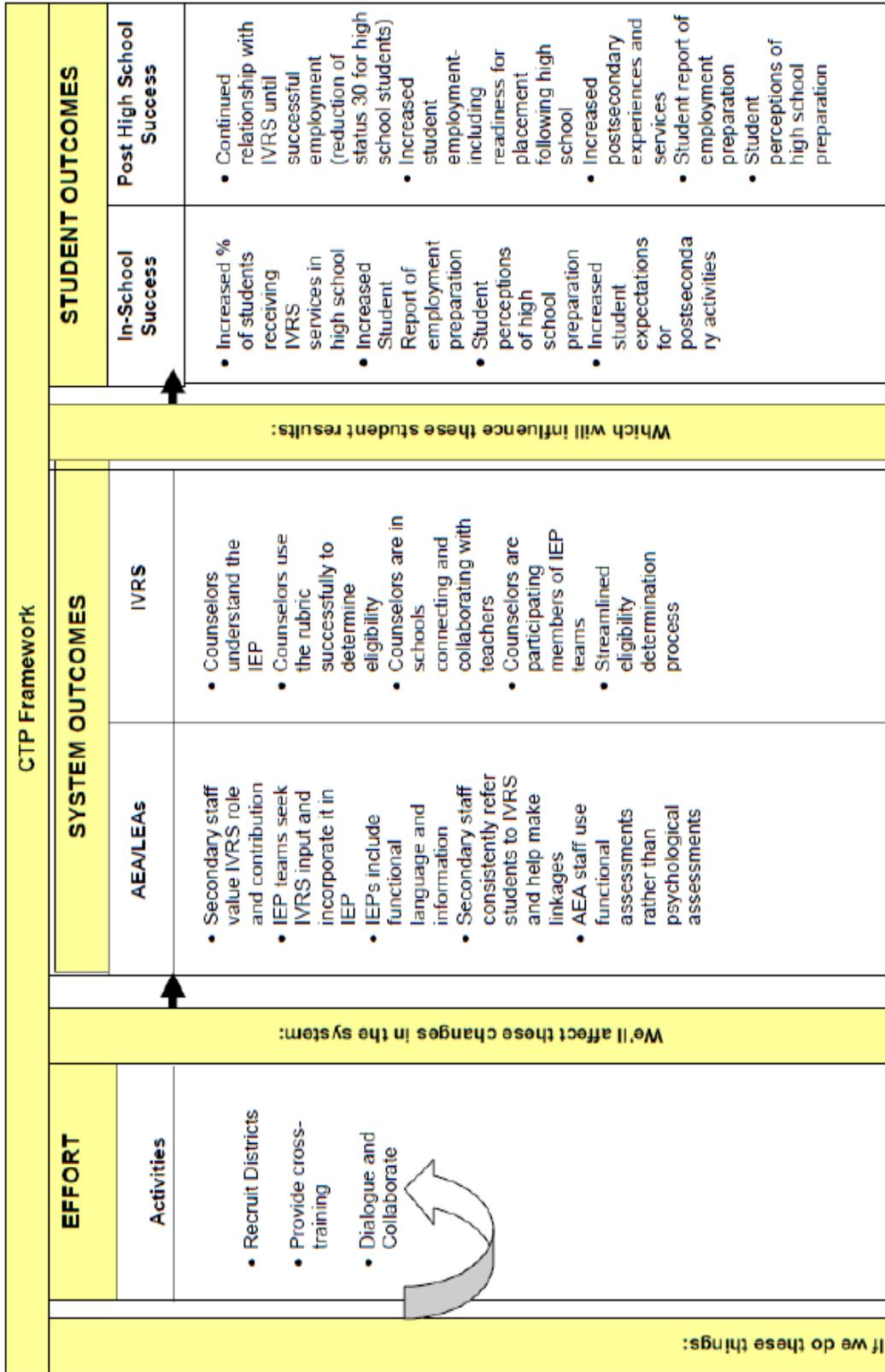
The plan and timeframes are worked out between IVRS field supervisor and CTP coordinator at the onset of the project according to the established sequence of events.

[Return to TOC](#)

V. Evaluate and Refine

A. Overview

1. CTP Evaluation Framework
2. CTP Evaluation Measures, Responsibilities and Timeframes



CTP Evaluation Measures						
EFFORT	SYSTEM OUTCOMES	STUDENT OUTCOMES				
<ul style="list-style-type: none"> • CTP training record • AEA contact • Percentage of districts participating 	<ul style="list-style-type: none"> • Transition Collaboration Survey: IVRS Counselors (baseline, annually) • Transition Collaboration Survey: Teachers (baseline, annually) • Transition Collaboration Survey: AEA staff (baseline, annually) • Indicator B-13 • IVRS file review 	<table border="1"> <thead> <tr> <th>In School</th> <th>Post High School</th> </tr> </thead> <tbody> <tr> <td>IRSS Senior Exit Survey (on cycle)</td> <td>IRSS 1 Year Follow-up (on cycle)</td> </tr> </tbody> </table>	In School	Post High School	IRSS Senior Exit Survey (on cycle)	IRSS 1 Year Follow-up (on cycle)
In School	Post High School					
IRSS Senior Exit Survey (on cycle)	IRSS 1 Year Follow-up (on cycle)					

CTP Evaluation Measures, Responsibilities and Timelines

1. Measures of Effort

CTP Training/Contact Record: This is an Excel file to record the training and contact that occurred. An electronic copy must be sent to Ruth Allison by November 15 of each year. The CTP training/contact record should include all trainings/contact that have been completed from the last reporting period. A new CTP Training/Contact Record should be used at the beginning of each reporting period.

Summary of Progress and Plans for Expansion: The CTP Regional Team should complete the Summary of Progress and Plans for Expansion Worksheet. This worksheet may be completed as many times as desired to inform project activities. It must, however, be completed at least once and submitted to Ruth Allison on **November 15th** of each project year.

2. Measures of System Outcomes

Transition Collaboration Survey: The initial collaboration survey will serve as a baseline measure for the district and IVRS field office. The baseline survey can be completed as soon as a district is approved to participate in CTP. The survey can be sent out to District, AEA and IVRS staff to complete or can be completed in a group setting during the LEA overview of IVRS service and functional language training. Since the survey is web-based, it is recommended that the training be held in a computer lab.

Once the survey is ready, the IVRS Administration will send an email with the URL and access instructions to the CTP Coordinator and IVRS Field Supervisor. It is their responsibility to ensure that teachers, AEA staff and IVRS staff complete the survey in the allotted time frame (**August 1 – October 15**).

Results of both surveys will be sent out in October.

Indicator B-13 Data: These data will be collected through the Department of Education Special Education File Review process. Participating CTP districts will collect these data only in the year they are scheduled to complete the Special Education File Review. The Transition Consultant at the Department of Education will make the district's aggregate data available to CTP IVRS staff for evaluation purposes.

CTP Rubric Decisions Reviews: The first five CTP Rubric decisions an IVRS counselor completes need to be reviewed by their IVRS Supervisor and the IVRS Administration. These reviews are recorded on the CTP Rubric Decision sheet by the IVRS field supervisor and the IVRS Administrator.

On an annual basis three CTP rubric decisions will be reviewed on every counselor completing rubric decisions. These reviews are done by the IVRS field supervisor

and the IVRS Administrator and recorded on the CTP Rubric Decision sheet. CTP Rubric Decision sheets are submitted with the annual Summary of Progress and Plans for Expansion **November 15**.

3. Measures of Student Outcomes

IVRS High School Status Report: These data will be collected by the IVRS State office and will provide an overview percentage of students being closed unsuccessfully before an Employment Plan has even been written (Status 30). Reduction of the percentage of Status 30 will be used to measure the effectiveness of the CTP as well as an increase in Employment Outcomes (Status 26). The IVRS Administrative Consultant will make this information available to AEA/LEA and IVRS offices.

Senior Exit/1 Year Follow-up Data: These data will be collected by CTP districts in accordance with the Department of Education's required data collection for Indicator B-14. Specifically, the questions related to student satisfaction of the school's preparation for employment and postsecondary education will be used to measure effectiveness of the CTP. The Transition Consultant at the Department of Education will make the district's aggregate data for the relevant questions available to CTP IVRS staff for evaluation purposes.

[Return to TOC](#)

V. Evaluate and Refine

B. Complete Collaboration Survey

1. Sample Survey

CTP Collaboration Survey (Sample results)

[Return to TOC](#)

I have been trained in and have implemented the Collaborative Transition Protocol for:

less than one year  72.1% 93
more than one year  27.9% 36

Comments 8

Total # of respondents 135. Statistics based on 133 respondents; 0 filtered; 2 skipped.

Page 3 of 9

Which of the following best describes your role in the transition planning process?

1 = Vocational Rehabilitation Services counselor  11.1% 15
2 = Special Education Teacher  50.4% 68
3 = AEA Team Representative (Consultant, Psychologist, Social Worker)  34.1%
4 = AEA Work Experience Coordinator  3.7% 5
5 = LEA Administrator (Principal)  0.7% 1

Total # of respondents 135. Statistics based on 135 respondents; 0 filtered; 0 skipped.

Involvement in the IEP transition planning process enables me to better identify client needs and plan for VR services?

1 = Strongly Agree  33.3% 5
2 = Agree  46.7% 7
3 = Neutral  20% 3
4 = Disagree 0% 0
5 = Strongly Disagree 0% 0

Total # of respondents 135. Statistics based on 15 respondents; 0 filtered; 120 skipped.

Please list the specific information that is made available that allows you to more easily identify client needs and plan VR services.

Please list the specific information that would be helpful to better enable you to identify student needs and plan for VR services.

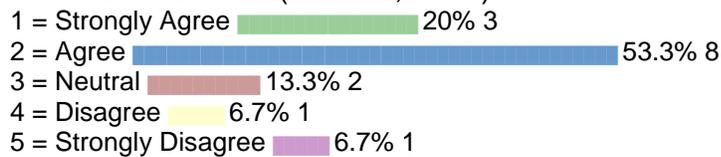
Information provided by the School and AEA are generally sufficient to establish eligibility for Vocational Rehabilitation services.

1 = Strongly Agree  20% 3
2 = Agree  53.3% 8
3 = Neutral  26.7% 4
4 = Disagree 0% 0
5 = Strongly Disagree 0% 0

Total # of respondents 135. Statistics based on 15 respondents; 0 filtered; 120 skipped.

What additional information is needed to better enable you to establish eligibility for Vocational Rehabilitative services?

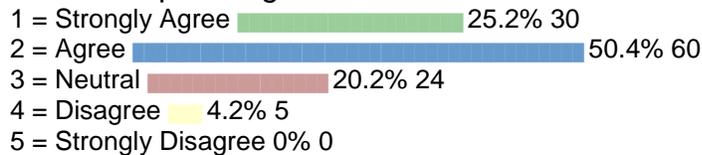
I consistently communicate the outcome of Vocational Rehabilitation referrals to the referral source (teacher, etc...).



Comments 1

Total # of respondents 135. Statistics based on 15 respondents; 0 filtered; 120 skipped.

Vocational Rehabilitation staff provide information that is useful for IEP and Transition planning for students.



Total # of respondents 135. Statistics based on 119 respondents; 0 filtered; 16 skipped.

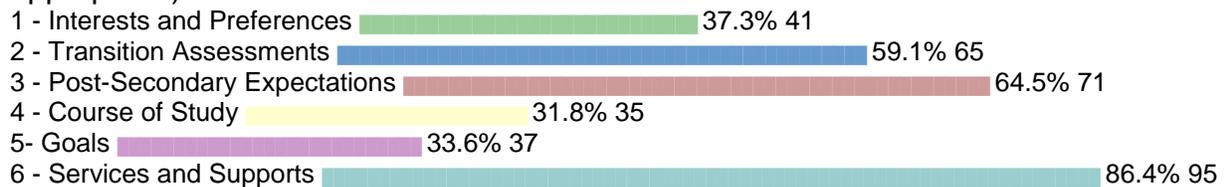
Page 5 of 9

Please list the specific information that is made available by VR staff that is useful for IEP and transition planning for students.

Total # of respondents 135. Statistics based on 59 respondents; 0 filtered; 76 skipped.

Please list the specific information that will be helpful to have from VR staff to assist with IEP and transition planning for students.

The information provided by Vocational Rehabilitation staff is useful in documenting which of the following 6 Critical Elements (choose all that are appropriate).



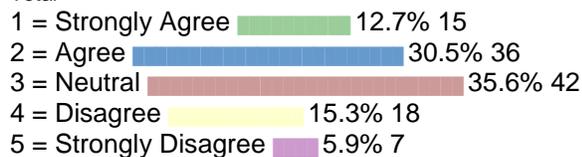
Total # of respondents 135. Statistics based on 110 respondents; 0 filtered; 25 skipped.

I am made aware of the outcome of Vocational Rehabilitation services referrals? Response

Percent

Response

Total



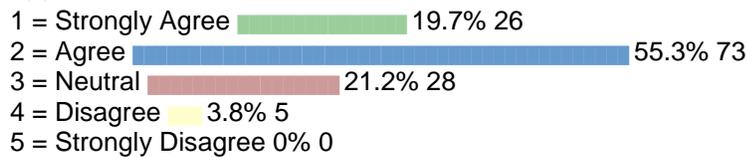
13

Total # of respondents 135. Statistics based on 119 respondents; 0 filtered; 16 skipped.

Page 6 of 9

Team members are positive toward the collaborative transition planning process Response

Percent
Response
Total

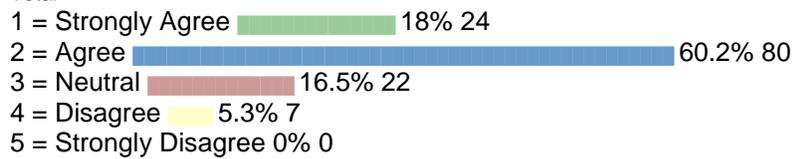


Comments 11

Total # of respondents 135. Statistics based on 132 respondents; 0 filtered; 3 skipped.

Contributions from multiple team members are integrated into and impact the overall transition plan and post-secondary outcomes for students.

Response
Percent
Response
Total

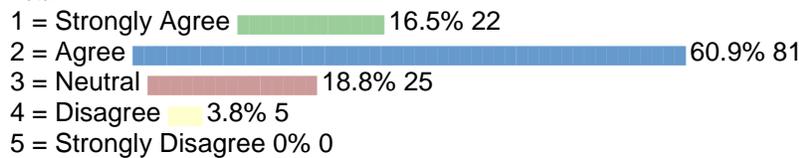


Comments 6

Total # of respondents 135. Statistics based on 133 respondents; 0 filtered; 2 skipped.

Team members consistently and actively contribute their knowledge, opinions and data to the IEP/transition planning.

Response
Percent
Response
Total

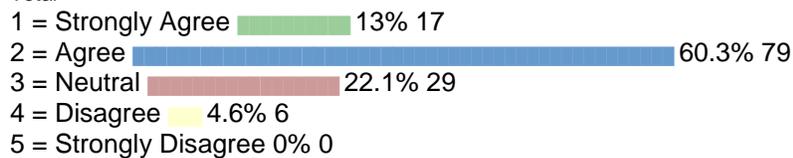


Comments 8

Total # of respondents 135. Statistics based on 134 respondents; 0 filtered; 1 skipped.

Team members willingly accept and fulfill individual roles and responsibilities within the transition planning team.

Response
Percent
Response
Total

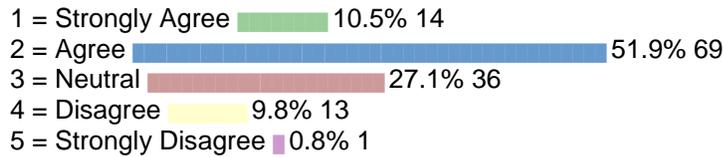


Comments 10

Total # of respondents 135. Statistics based on 132 respondents; 0 filtered; 3 skipped.

Responsibility for meeting intended outcomes are shared among team members.

Response
Percent
Response
Total

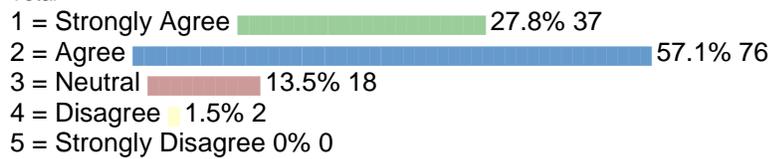


Comments 8

Total # of respondents 135. Statistics based on 133 respondents; 0 filtered; 2 skipped.

Contributions of all team members are valued and encouraged.

Response
Percent
Response
Total



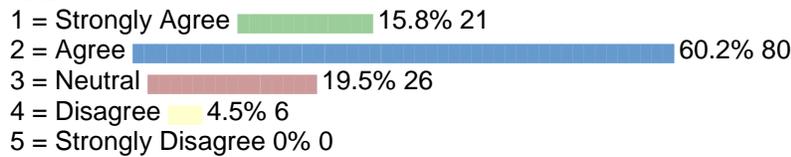
Comments 3

Total # of respondents 135. Statistics based on 133 respondents; 0 filtered; 2 skipped.

Page 8 of 9

Team members are willing to compromise and seek solutions that support the acquisition of post-secondary outcomes.

Response
Percent
Response
Total

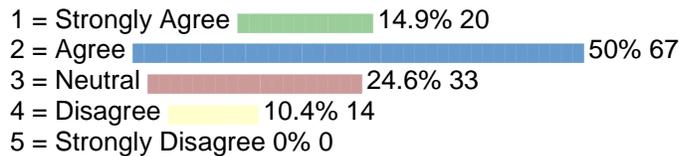


Comments 5

Total # of respondents 135. Statistics based on 133 respondents; 0 filtered; 2 skipped.

Team members engage in open and frequent communication with one another throughout the transition planning process.

Response
Percent
Response
Total



Comments 12

Total # of respondents 135. Statistics based on 134 respondents; 0 filtered; 1 skipped.

[Return to TOC](#)

V. Evaluate and Refine

C. Complete Summary of Progress and Plans for Expansion

1. How to Select and Engage Districts
2. Summary of Progress and Plans for Expansion Worksheet

How to Select and Engage Districts For Involvement in the CTP Expansion Plan

Selection

- Look at criteria for individual schools from Transition Vision Analysis.
- Include 'full' or 'emerging' schools on expansion plan.
- Submit expansion plan for review by the CTP steering committee by November 15.
- Once expansion plan is approved, CTP coordinator will contact new CTP districts with phone call and follow-up letter to invite them to participate.
- CTP coordinator will follow up to schedule meeting.

Summary of Progress and Plans for Expansion

Demographic Information

People completing this worksheet:

Date completed:

CTP Implementation Team (Agency-wide)

Name	Role	E-Mail
	IVRS Supervisor	
	IVRS Supervisor	
	IVRS Supervisor	
	AEA CTP Coordinator	

Districts/IVRS field offices for which data were reviewed:

District	High School	IVRS Counselor	AEA Building Contact

Note: CTP Rubric Decision Sheets must be included with the annual summary of progress and Plans for Expansion.

Review Results of CTP Collaboration Survey

1. Quality of Information

Review results for questions 4-8 and 10-13 across respondents.

What about the data pleases you?

What about the data disappoints you?

What would you like to see improve?

2. Collaboration

Review results for questions 15-22 across respondents.

What about the data pleases you?

What about the data disappoints you?

What would you like to see improve?

3. Communication

Review results for questions 9 and 14 across respondents.

What about the data pleases you?

What about the data disappoints you?

What would you like to see improve?

Review Results Outlined in IVRS Student Status Report

What about the data pleases you?

What about the data disappoints you?

What would you like to see improve?

**Compare Results of the CTP Collaborative Survey Analysis
And the IVRS Student Status Report**

Are the results of the CTP Collaborative Survey analysis consistent with what you would expect relative to the IVRS Student Status Report?

How do you think they are related?

What are the inconsistencies?

What would you like to improve?

Implementation Status

Do you see differences across districts?

If so, are those differences related to levels of CTP implementation?

Do resources need to be allocated differently? What needs to change to ensure full implementation?

Summary of System Progress

Improvements in Quality of Information:

Improvements in Collaboration:

Improvements in Communication:

Communication Plan

Please describe your communication plan between AEA, LEA and IVRS in implementing CTP. (Please refer to section III A in the CTP manual).

Expansion Plans

Please tell us your plans for expansion next year. Include any resources needed to support those activities.

Expansion plans should consider larger high schools.

High schools should be rated as “emerging” or “full” on the Transition Vision Analysis in order to be considered for expansion.

V. Evaluate and Refine

D. Complete Contact/Training Record

1. CTP Training/Contact Record Directions
2. CTP Training/Contact Record

CTP Training/Contact Record Directions

The CTP Training/Contact Record is completed by the CTP coordinator and/or IVRS supervisor after each required training or contact occurs.

The CTP Training/Contact Record is sent to Ruth Allison on November 15 of each year which should include all training/contacts that have occurred since the last report.

VI. Supporting Documents

Completed RIOT Worksheet Sample

RIOT Assessment Procedures/Data Sources			
R Review	I Interview	O Observe	T Test
Permanent products, e.g., written pieces, worksheets, projects, materials, school rules and expectations, district records, health records, cumulative records for educational history, behavior patterns, onset and duration of presenting problem	<ul style="list-style-type: none"> Teachers Relevant LEA personnel Parents Individual 	<ul style="list-style-type: none"> Teacher expectations Antecedent conditions Consequences Setting analysis Target behaviors 	<ul style="list-style-type: none"> Readability of materials and tests Learner performance data—discrepancy between instruction, curriculum, environment and learner performance
RIOT Assessment Procedures/Data Sources for IVRS Eligibility and Planning			
R Review	I Interview	O Observe	T Test
Health records, letter from Psych/Eval, work experience info, IEP, behavior reports, attendance records, VR application info, test scores/assessments, counseling/therapy notes, transition portfolio, employer reports, school records/transcripts, “I Have a Plan” portfolio SK/AL 5.29.09 CTP	<ul style="list-style-type: none"> Client Work Experience Provider Para-Educator Parent School Nurse Guidance Counselor At-Risk Counselor Probation Officer Teachers Work Supervisor AEA Rep from Team 	<ul style="list-style-type: none"> Vocational Teachers Health Care Provider School Principal Social Worker/Case Manager Court Liaison 504 Coordinator Work site – client Client-social skills IVRS intake interview Client a IEP meeting – participation and interaction Classroom Interactions Extra- Curricular “Around” the school Use of Asst. Technology 	<ul style="list-style-type: none"> Psych Eval Assistive Tech Eval Driving Eval Community Work Site Eval Filling out VR application ASVAB COMPASS Test Profiler (Ability) O-Net Choices (I Have a Plan) Mental Health Eval Adaptive Eval – Functional Capacity Career Scope