Student:	DOB:		District:	Casimir Pulas	ski Elementary	School Meeting Date:	06/05/2020
Last Nam	ne, First Name	mm/dd/yyyy					mm/dd/yyyy
		PLANNING AND P	LACEMENT	TEAM (PPT) CO	OVER PAGE		
Current Enrolled School	: Casimir Pulaski Elementary School	Age: 8	Current Gr	ade: <u>03</u> H.S. 0	Credits:	Grade Next Yr: 04	Gender: Male
Current Home School:	Casimir Pulaski Elementary School	School Next Year:	Casimir Pulas	ki Elementary School	ol l	Home School Next Year:	Casimir Pulaski Elementary School
SASID#:		If	your school di	strict does not hav	ve its own high	school, is the student atte	ending the designated high school?
Case Manager: Mag	guder, Julie		☐ Yes	□ No ☑	₫ NA		
Student Address1:			_ Student I	nstructional Lang:	☑ English	☐ Other:(Specify)	
Parent/Guardian (Name)	(Mother)		_ Home Do	ominant Lang:	☑ English	☐ Other:(Specify)	
Parent/Guardian (Addre	ss): 🗹 Same		_ Student H	Home Phone:		Parent Home Phone:	
Surrogate:			_ Parent W	ork Phone:		Misc. Phone:	
(Name and Address): _			_ Most Red	ent Eval. Date:	11/12/2019	Next Reevaluation Date:	11/12/2022
Most Recent Annual Re	eview Date: 11/12/2019		Novt App	ual Review Date:	mm/dd/yyyy		mm/dd/yyyy
WOSt Necent Annual Ne	mm/dd/yyyy		Next Allit	iai Neview Date.	<u>11/12/2020</u> mm/c	d/yyyy	
Reason For Meeting 2:	☐ Review Referral ☐ Plan Eval/F	Reeval	Eval/Reeval	☐ Determine Elig	gibility	☐ Determine Continuing	Eligibility
	☐ Review or Revise IEP ☐ Conduct A	nnual Review Transit	ion Planning	☐ Manifestation [Determination	☑ Other(specify) Am	endment
Primary	sm	☐ Multiple Disabilities ☐ O	rthopedic Impai	rment	☐ Speech o	r Language Impaired	☐ Other Health Impairment
Disability: Deaf	f- Blindness	or Hard of Hearing)	pecific Learning	J Disabilities	☐ Traumation	Brain Injury	☐ OHI-ADD/ADHD
☐ Deve	elopmental Delay (ages3-5 only)	tual Disability 🔲 S	pecific Learning	Disabilities/Dyslexi	ia 🛘 Visual Im	pairment	☐ To be Determined
The next Projected Pl	PT meeting date is: 11/12/2020						
Eligible as a studer	nt in need of Special Education (The child is	evaluated as having a disal	bilitv. and nee	ds special educati	ion and related	services) 🗹 Yes	□ No
							_
Is this an Amendm	ent to a current IEP using Form ED 634?	Yes, attached is the ED 6	34 and amend	dments (revised IE	EP pages 1,2,3	and other supporting IEP	documents) \square No
If YES, what is the	date of the IEP being amended?	11/12/2019					
		Team Member Pr		ed)			
Admin/Designee:	Hall, Amy	Spec. Edu.Teacher: M	aguder, Julie			OT:	
Parent/Guardian:		School Psych:				PT:	
Parent/Guardian:		Social Work:				Agency:	_
Surrogate Parent:		Speech/Lang:				Other:(specify)	
Student:		Guidance:				Other:(specify)	
Student's Reg. Ed.T	eacher:	Nurse:				Other:(specify)	

¹ Address of student's primary residence. 2 May choose more than one.

student:		DOB:		District:	Casimir Pulaski Elementary Sch	ooi Meeting Date:	06/05/2020
	Last Name, First Name		mm/dd/yyyy				mm/dd/yyyy
			LIST OF F	PPT RECOMMEN	IDATIONS		
Revise IE	EP to add ESY						
		PL	ANNING AND PLACEME	NT TEAM MEET	ING SUMMARY(OPTIONAL)		
This is an	n amendment to	to add ESY.	moets criteria for ESV servi	icas This amondr	nent is being conducted during sch	ool closure due to the Covid 1	10 nandemic ESV will
					i Mist adaptive camp for 5 weeks a		
safety gu	idelines. During the weeks of	7/6/20 to 7/31/20, 3 h	nours of special education ser	rvices will be provid	led and 30 minutes of speech / lan	iguage servi <u>ces wee</u> kly. An a	dditional 5th week of
					s. Two 30 minute sessions will be		ne week of 6/15/20
	on social skills instruction relate on social skills instruction relate				inute sessions will be provided at se recommendations and consente		during the week of 8/24/20 posent form will be sent
electronic				ag. •••			

Parents please note: Effective October 1, 2009, parents must be provided with a copy of the state developed Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools (https://portal.ct.gov/SDE/Special-Education/Special-Education-Legal-and-Due-Process) at the first PPT meeting following a child's initial referral for special education. ☑ A copy of the Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools has been provided to the parents on 9/26/2019.

ED 620,Revised July 2018 INDIVIDUALIZED EDUCATION PROGRAM 2

Student:		DOB:	District:	Casimir Pulaski Elementary School	Meeting Date:	06/05/2020
_	Last Name, First Name	mm/dd/yyyy			_	mm/dd/vvvv

PRIOR WRITTEN NOTICE

Actions Proposed	Reasons for proposed actions	Evaluation procedure, assessment, record actions propose		Date these actions will be implemented
Revise IEP	 ☑ Educational performance supports proposed actions ☑ Evaluation results support proposed actions ☐ Previous IEP goals and objectives have been satisfactorily achieved ☐ Student has met Exit Criteria ☐ Other 	Classroom Observation Cognitive Communicatior Developmental Classroom □ Rev □ Soci	ort Cards riew of Records (dated) 06/05/2020 ial Emotional Behavior cher Reports	6/15/2020
Actions Refused	Reasons for Refused actions	Evaluation procedure, assessment, records, o	or reports used as a basis for the action	s refused (dated)
	 □ Educational performance supports refusal □ Evaluation results support refusal □ Previous IEP goals and objectives have been satisfactorily achieved □ Student has met Exit Criteria □ Other	□ Achievement □ Adaptive □ Classroom Observation □ Cognitive □ Communicatior □ Developmental □ Health/Medical		
Other options considered and rejected in favor of the proposed actions	Rationale for rejecting other options	Other factors that are relevant to this act	tion Exit Information	on
 □ Full-time placement in general education with supplementary aids and services. ☑ No other options were considered and rejected. □ Other options considered and rejected in favor of this action: 	☑ Options would not provide Student with an appropriate program in the least restrictive environment. ☐ Other:	 ☐ There are no other factors that are relevant to the PPT decision ☑ Information/concerns shared by the parents ☐ Information/preferences shared by the student ☐ Other: (specify) 	□ Date of exit from Special Education: □ Returning to general education □ Reason for exiting Special Edu	
Parents please note: Under the procedural safeg also shall be given to the parents: 1) upon initial re	uards of IDEA, a copy of the <u>Procedural Safeguards in the Procedural Safeguards in the second second to the Procedural Safeguards in the second seco</u>	n <u>Special Education</u> shall be given to the parents of a irst occurrence of the filing of a complaint under Secti	child with a disability only one time per year, on 615(b)(6), 3) upon request by a parent, and	except that a copy d 4) upon a change o

also shall be given to the parents: 1) upon initial referral or parental request for evaluation, 2) upon the first occurrence of the filing of a complaint under Section 615(b)(6), 3) upon request by a parent, and 4) upon a change of placement resulting from a disciplinary action. A copy of Procedural Safeguards in Special Education was made available previously this school year (date) Polyson of Special Education was made available previously this school year (date) Polyson of Special Education was made available previously this school year (date) Polyson of Special Education was made available previously this school year (date) Polyson of Special Education was made available previously this school year (date) Polyson of Special Education was made available previously this school year (date) Polyson of Special Education was made available previously this school year (date) Polyson of Special Education was made available previously this school year (date) Polyson of Special Education was made available previously this school year (date) Polyson of Special Education was made available previously this school year (date) Polyson of Special Education was made available previously this school year (date) Polyson of Special Education was made available previously this school year (date) Polyson of Special Education was made available previously this school year (date) Polyson of Special Education was made availabl

is enclosed with this document. A copy of <u>Procedural Safeguards in Special Education</u> is available on school district website: www.meridenk12.org. If you need assistance in understanding the provisions of IDEA, please contact your child's principal, the district's special education director or the CT's federally designated Parent Training and Information Center (CPAC at 800-445-2722). For a copy of "A Parent's Guide to Special Education in CT" and other resources contact SERC (800-842-8678) or go to: https://portal.ct.gov/SDE/Special-Education/Special-Education-Resources-for-Families.

Student:		DOB:	District:	Casimir Pulaski Elementary School	Meeting Date:	06/05/2020
	Last Name, First Name	mm/dd/yyyy				mm/dd/yyyy
	a	PRESENT LEVELS OF ACADEMIC from: report data, documentation from classessments, including Smarter Balanced	assroom performa	AND FUNCTIONAL PERFORMANCE ance, observations, parent /student Assessments results and student s	reports, and curricul	um based and standardized
Parent a	nd Student input and concerns Mrs	is in agreement with the recommendations of t	ne PPT			
					Impact of stude	ent's disability on involvement
	Area	Strengths		Concerns/Needs		in the general education
(brie	efly describe current performance)	(include data as appropriate)	(1	requiring specialized instruction)	curriculum or a	ppropriate preschool activities.
Acaden	nic/Cognitive: Language Arts:	Phonics, comprehension.	n/a		n/a	
\square	Age Appropriate					
On the Wo 2019, Letter Wo Comprehe Attack 124	oodcock Johnson IV administered October earned the following Standard Scores: ord ID 111, Spelling 115, Passage ension 112, Written Expression 101, Word 4, Sentence Reading Fluency 93, Oral Reading an overall Reading score of 112					
	nic/Cognitive: Math: Age Appropriate	Calculations	n/a		n/a	
	roblems 93, Calculation 99, Math Facts Fluency					
☑ /	Academic/Nonacademic Areas: Age Appropriate Performance WISC-V 11,VCI=106,VSI=94,FRI=103,WMI=97,PSI=108,)					

ED 620,Revised February 2009a INDIVIDUALIZED EDUCATION PROGRAM

Student:		DOB:	District:	Casimir Pulaski Elementary School	Meeting Date:	06/05/2020
	Last Name, First Name	mm/dd/yyyy				mm/dd/yyyy
		PRESENT LEVELS OF ACADEMIC ACI	HIEVEME	NT AND FUNCTIONAL PERFORMANCE		
(briefly	Area describe current performance)	Strengths (include data as appropriate)		Concerns/Needs (requiring specialized instruction)	and progress in	s disability on involvement the general education opporate preschool activities.
is to follow be	ral/Social/Emotional: ☐ Age Appropriate a positive and polite student who has the capacie havioral expectations of the school day, with the a behavioral intervention plan.		specifi Social	exhibits a weakness within the areas of social skills, ically social responsibility, social communication, engagement, and how to respond during unplanned expected social events.		ability to facilitate and engage ured social activities, will for engagement, and social skills choices during unexpected events or
mastered the accuracy. Construction (10/12 trials TOLD-P:4:	has his goal. Current progress indicates 95.7% Comprehension: Progress shows 83% accuracy s). Updated testing: OWLS II total test score: 90; syntactic understanding scaled score 11; LCT 2 9; TOPL-2 pragmatic language index score: 90.	Progress with goals and objectives show improvement the fluency enhancing strategy of forward flowing speed and comprehension skills (details and reasoning skills).	h his pri	production of fluent speech continues to be one of mary areas of focus. showed that using to clues in order to answer inferential questions was an of difficulty (LCT-2 reasoning subtest: 83; pre/post test:	fluency skills, is academic based tasks, s verbally presented inform adults, and verbally partic (discussions, showing coinstruction and visual/ver	eficits in listening comprehension, and unable to verbally participate in uch as showing comprehension of lation, conversation with peers and cipating in academic based tasks mprehension), without explicit bal supports in order to promote lent of word initiation techniques, and sion skills.
Vocation	nal/Transition: ☑ Age Appropriate				ÿ .	
	nd Development-Including Vision an ☑ Age Appropriate	d				
F: .	10 M. (
Fine and	Gross Motor: ☑ Age Appropriate					
Activities	s of Daily Living: ☑ Age Appropriate					
followed by opportunities	☐ Age Appropriate program consists of a 25 minute work block or a 5 minute break. Additionally he has sensory es built in throughout his day. He is seen for dire the resource room during the arrival/ breakfast day.	benefits from his schedule, the use of the timer his breaks. He is able to transition on and off his breaks successfully.		nittently he struggles with transitioning off of the lebook when his 5 minute break ends.	Applying a strategies as his academic performance	needed without prompting may impact ie.

Student: DOB: District: Casimir Pulaski Elementary School Meeting Date: 06/05/2020

Last Name, First Name mm/dd/yyyy

mm/dd/yyyy

ED 620,Revised February 2009a INDIVIDUALIZED EDUCATION PROGRAM 5

Student	dent: DOB: Di	istrict: C	asimir Pulaski Elementary School	Meeting Date	e: 06/05/2020
	Last Name, First Name mm/dd/yyyy			_	mm/dd/yyyy
		N PLANNIN			
		- -			
	☐ This is either the first IEP to be in effect when the student turns 16 (or younger if app planning is required.	propriate and	transition planning is needed) o	r the student	is 16 or older and transition
2.	, , ,				
	a) Was the student invited to attend the Planning and Placement Team (PPT) meeting?		□ Yes □ No		
	b) Did the student attend?		□ Yes □ No		
	c) How were the student's preferences/interests, as they relate to planning for Transition	Services, det	ermined?		
	☐ Personal Interviews ☐ Comments at Meeting ☐ Functional Vocational Evaluations	s □ Age app	ropriate transition assessments	Other: (spec	ify)
	d) Summarize student preferences/interests as they relate to planning for Transition Serv	ices:			
3.	Age Appropriate Transition Assessment(s) performed: (Specify assessment(s) and	dates admin	istered)		
4.	4. Agency Participation:				_
	a) Were any outside agencies invited to attend the PPT meeting? ☐ Yes with written cor	nsent □ No	(If no, MUSTspecify reason as liste	d in the IEP M	anual)
	b) If yes, did the agency's representative attend? ☐ Yes ☐ No				
	c) Has any participating agency agreed to provide or pay for services/linkages?	'es □ No	(If yes, specify)		
5.	()				
	a) Post-School Outcome Goal Statement - Postsecondary Education or Training: _				
	Annual goal(s) and related objectives regarding Postsecondary Education or Trainin b) Post-School Outcome Goal Statement - Employment:				
	Annual goal(s) and related objectives regarding Employment have been developed a Post-School Outcome Goal Statement - Independent Living Skills (if appropriate		led in this IEP		
	Annual goal(s) and related objectives regarding Independent Living have been deve	loped and are	included in this IEP		
6.					
	☐ The course of study needed to assist the child in reaching the transition goals and	d related object	ctives will include (including general	education act	ivities):
	Student has completed academic requirements; no academic course of study is r	equired - stud	ent's IEP includes only transition go	als and servic	es.
7.	7. At least one year prior to reaching age of 18, the student must be informed of the rig	hts under ID	EA which will transfer at age 18.		
	☐ NA (Student will not be 17 within one year) ☐ The student has been informed o	f the rights un	der IDEA which will transfer at age	18 □	No IDEA rights will transfer
8.	 For a child whose eligibility under special education will terminate the following year the Summary of Performance will be completed on or before: (specify date) 	due to gradu	uation with a regular education di	ploma or due	to exceeding the age of eligibility,
Parer	arents please note: Rights afforded to parents under the Individuals with Disabilities Educa	ation Act (IDE	A) transfer to students at the age	of 18, unles	s legal guardianship has been obtained.

INDIVIDUALIZED EDUCATION PROGRAM

tudent:	DOB:			District:	Casimir	Pulaski Elem	entary School	Meeting Date:		06/05/20)20
	Last Name, First Name	r	nm/dd/yyyy	_						mm/dd/	уууу
		MEAS	URABLE ANNUAL	L GOAL AND SHOR	RT TERM	M OBJECTI	VES *				
	cademic/Cognitive		Communication ndependent Living	☐ Gross/Fine Moto ☐ Health		Postsecond Other:	ary Education/Tr	aining		ates for Eva Progress in	luating and Boxes Below
□ Ch	neck here if the student is 15 years of age	(Note: Page 6	, Transition Planning	must be completed if t	this box i	s checked)		1 MAR	2 JUN	3 NOV	4
Mea	asurable Annual Goal * (Linked to Present	Levels of Perfe	ormance)#1					5	6	7	8
	will improve his ability to use context clu		•	estions during				Damant D	vanuas Dalai	(Llaa Dana	utina (Carr)
liste	ening tasks as measured by increasing his ra				Eval.	Procedure:	3/		rogress Belov	w (Use Repo	rting Key)
					Perf.	Criteria:	A/	1 S	2 S	7	8
					(%, Tı	rials, etc.)	42%			,	
Short	Term Objectives/Benchmarks (Linked to achi	eving progress	towards Annual Goal	l)	-						
	ective # 1 will locate correct context clues ne			g listening/reading tasks in	Eval I	Dunnandiiinai	11 /	Report P	rogress Belov	w (Use Repo	rtina Kev)
4/5 ti	rials (80%) over 3 data points when provided with explic	it instruction and vis	sual/verbal supports.			Procedure: Criteria:	E/	1 s	2 M	3	4
						ials, etc.)	4/5	5	6	7	8
					(70, 11	iais, etc.,					
	will use context clues in order to co			listening/reading tasks in				Panart D	rogress Belov	u /I loo Dono	rting Koyl
4/5 tı	rials (80 $\overline{\&}$) over 3 data points when provided with explic	it instruction and vis	sual/verbal supports.			Procedure:	<u>11 /</u> E /	1 s	2 S		4
						Criteria:		5	6	7	8
					(%, Ir	ials, etc.)	4/5				
Obje	ective #							Donort D	rograna Dalay	u /Llas Dana	rting Kov
						Procedure:		1	rogress Belov		4
						Criteria:		5	6	7	8
					(%, Ir	ials, etc.)		Ů		'	
F l	attan Davidania					D (0.11				
	ation Procedures			A.		Performanc	e Criteria				
	riterion-Referenced/Curriculum Based Assess re and Post Standardized Assessment		evement of Objective er:(specify) Weekly	es <i>(Note: use with goal</i> Data Collection	" "	A. Percent of	•		ecify)		
	e and Post Standardized Assessment e and Post Base Line Data		er:(specify)	Data Collection		B. Months Gr			ecify)		
	uizzes/Tests		er:(specify)				Score Increase	K. Other: (sp	• /		
	udent Self-assessment/Rubric		er:(specify)			D. Passing gr		L. Other: (sp	ecify)		
	oject/Experiment/Portfolio		er:(specify)			E. Frequency	ı ı rıaıs	M.Other: (sp	ecify)		
	ehavior/Performance Rating Scale		er:(specify)			E. Duration		N.Other: (sp			
	marter Balanced and CT Alternate Assessme		er:(specify)				Completion	O.Other: (sp	• •		
	ork Samples, Job Performance or Products	17. Out	er:(specify)			of Task/Act H. Mastery	tivity	P.Other: (sp	• •		
	<u> </u>										
	rogress Reporting Key: (indicating extent			• •	•	•	M = Mastered		, ,	ess - Likely t	o achieve goa
L	= Limited Progress U = Unsatisfactory	Progress - Unlik	cely to achieve goal	N = No Progress - W	Vill not ac	chieve goal	NI = Not Introdu	ced O = Other			

Related to meeting the student's needs that result from the individual's disability, to enable the student to be involved in and make progress in the general curriculum; and to meet each of the student's other educational needs that result from the student's disability.

tuden	t:	DOB:			District:	Jasimir Pulaski Elem	entary School	_ Meeting Date:		06/05/202	0
	Last Name, First N	lame	mm/dd/yyyy	1						mm/dd/y	/уу
			MEASURABLE	ANNUAL O	SOAL AND SHORT	TERM OBJECTI	VES *				
	Academic/Cognitive Self Help	☐ Social/Behavioral☐ Employment	✓ Communica☐ Independen		☐ Gross/Fine Motor ☐ Health	Postseconda	ary Education/Tr	aining	Enter Date Reporting Pr	es for Evalu ogress in B	
	Check here if the student	is 15 years of age (Note	e: Page 6, Transition	Planning m	ust be completed if th	is box is checked)		1 MAR	2 JUN	3 NOV	4
	Accourable Amoust Cool	* /Linked to Dresent Level	a of Doufoumonas)#	10				5	6	7	8
IV.		* (Linked to Present Level	•								
		speech by using word-initiat	tion techniques as m	easured by r	mastering 3/4	Eval. Procedure:	10 /	Report P	rogress Below	(Use Report	ing Key)
C	objectives.					Perf. Criteria:	H/	1 S	2 0	3	4
						(%, Trials, etc.)	3/4	5	6	7	8
						(70, 111ais, etc.)					
0	Objective # 1 will use	nmarks (Linked to achieving the word initiation technique of bo 4/5 trials over 3 data points when p	uncing within short phrase	es/sentences di	uring structured tasks I/verbal supports.	Eval. Procedure: Perf. Criteria: (%, Trials, etc.)	11 / E / 4/5	Report P	rogress Below 2 O	(Use Report	ing Key) 4 8
						(70, 111015, 610.)					
		e the word initiation technique of slic 4/5 trials over 3 data points when p				Eval. Procedure: Perf. Criteria: (%, Trials, etc.)	11 / E / 4/5	Report P	rogress Below 2 O 6	(Use Report	ing Key) 4 8
		e the word initiation technique of ligl es) in 4/5 trials over 3 data points w				Eval. Procedure:	11 /	Report P	rogress Below	(Use Report	ing Key)
	upports.	oo, iii iio alalo otol o data poillo ii	non promote man expired		1.000.00	Perf. Criteria:	E/	1 s	2 0	3	4
						(%, Trials, etc.)	4/5	5	6	7	8
						, , ,					
Fva	aluation Procedures					Performance	a Critaria				
		rriculum Based Assessment	10. Achievement of	f Objectives	(Note: use with goal o	(\		1 00 /			
	Pre and Post Standardiz		11. Other:(specify)			A. Percent of B. Months Gro		I. Other: (sp			
	Pre and Post Base Line I		12. Other:(specify)				Score Increase	J. Other: (sp	• •		
	Quizzes/Tests		13. Other:(specify)			D. Passing gr		K. Other: (sp			
	Student Self-assessment		14. Other:(specify)			E. Frequency		L. Other: (sp			
	Project/Experiment/Portfo		15. Other:(specify)			F. Duration		M.Other: (sp			
	Behavior/Performance R Smarter Balanced and C		16. Other:(specify)			G. Successful	Completion	N.Other: (sp			
	Work Samples, Job Perfo		17. Other:(specify)			of Task/Act		O.Other: (sp	• • • • • • • • • • • • • • • • • • • •		
J.			18. Other:(specify)			H. Mastery		P.Other: (sp			
		y: (indicating extent to which	. •		• •	• •	M = Mastered		actory Progres	s - Likely to	achieve goal
	L = Limited Progress	U = Unsatisfactory Progre	ess - Unlikely to achie	eve goal I	n = No Progress - Wil	ı not achieve goal	NI = Not Introduc	$\mathbf{ced} \ \mathbf{O} = \mathbf{Other}$			

Related to meeting the student's needs that result from the individual's disability, to enable the student to be involved in and make progress in the general curriculum; and to meet each of the student's other educational needs that result from the student's disability.

tudent		DOB:		District:	Casimir Pulaski Elem	entary School	_ Meeting Date:		06/05/202	20
	Last Name, First N	lame	mm/dd/yyyy						mm/dd/y	ууу
			MEASURABLE ANN	UAL GOAL AND SHOR	T TERM OBJECTIV	/ES *			•	
	Academic/Cognitive Self Help	☐ Social/Behavioral☐ Employment	☑ Communication☐ Independent Livir	☐ Gross/Fine Moto	Postseconda	ry Education/Tr	aining		tes for Eval	uating and Boxes Below
	Check here if the student	is 15 years of age (Note	e: Page 6, Transition Plani	ning must be completed if the	nis box is checked)		1 MAR	2 JUN	3 NOV	4
		,	•		,		5	6	7	8
M	easurable Annual Goal	* (Linked to Present Level	s of Performance)#2							
		speech by using word-initiat	tion techniques as measur	red by mastering 3/4	Food Documents	40.7	Report P	rogress Below	(Use Repor	ting Key)
0	bjectives.				Eval. Procedure:	<u>10 /</u> H /	1 S	2 0	3	4
					Perf. Criteria:		5	6	7	8
					(%, Trials, etc.)	3/4				
O ta	bjective # 4 will use	hmarks (Linked to achieving e the word initiation technique of ea es) in 4/5 trials over 3 data points w	sy onsets within short phrases/so	entences during structured	Eval. Procedure: Perf. Criteria: (%, Trials, etc.)	11 / E / 4/5	Report P	rogress Below	(Use Repor	ting Key) 4 8
	bjective #						Dament D	Dalaw	/Usa Danar	tina (Zavi)
					Eval. Procedure:		1	rogress Below	3	ung Key)
					Perf. Criteria:		5	6	7	8
					(%, Trials, etc.)		3	0		0
0	bjective #				Eval. Procedure:	1	Report P	rogress Below	(Use Repor	ting Key)
					Perf. Criteria:		1	2	3	4
					(%, Trials, etc.)		5	6	7	8
					(70, 111010, 0101)					
Eva	luation Procedures				Performance	Criteria				
		rriculum Based Assessment		ctives (Note: use with goal	only) A. Percent of (Change	I. Other: (sp	ecify)		
	Pre and Post Standardiz		11. Other:(specify) Wee	ekly Data Collection	B. Months Gro	•	J. Other: (sp	ecify)		
	Pre and Post Base Line I Quizzes/Tests	Data	12. Other:(specify) 13. Other:(specify)		C. Standard S		K. Other: (sp			
	Quizzes/Tests Student Self-assessment	t/Ruhric	14. Other:(specify)		D. Passing gra		L. Other: (sp			
	Project/Experiment/Portfo		15. Other:(specify)		E. Frequency/	Trials	M.Other: (sp	ecify)		
	Behavior/Performance R		16. Other:(specify)		F. Duration	O-marila (Co.	N.Other: (sp			
		T Alternate Assessments	17. Other:(specify)		G. Successful		O.Other: (sp			
9.	Work Samples, Job Perfo	ormance or Products	18. Other:(specify)		of Task/Acti	vity	P.Other: (sp	• • • • • • • • • • • • • • • • • • • •		
	Progress Reporting Ke	ey: (indicating extent to which		achieve goal by the end of		/I = Mastered		actory Progre	ss - Likelv to	achieve goal
	L = Limited Progress	• ,	. •	oal N = No Progress - W	• •			, ,		

Page 3 of 4 Goal Pages

7

Related to meeting the student's needs that result from the individual's disability, to enable the student to be involved in and make progress in the general curriculum; and to meet each of the student's other educational needs that result from the student's disability.

tuden	τ:	DOB:			District:	Casim	ir Pulaski Elem	entary School	Meeting Date	·	06/05/20	20
	Last Name, First N	Name		mm/dd/yyyy							mm/dd/y	ууу
			MEAS	URABLE ANNUAL	GOAL AND SHORT	T TER	M OBJECTIV	/ES *			_	
	Academic/Cognitive Self Help	☑ Social/Behavioral □ Employment		Communication Independent Living	☐ Gross/Fine Moto☐ Health		☐ Postseconda☐ Other:	ary Education/Tra	aining		tes for Eval rogress in l	uating and Boxes Below
	Check here if the student	is 15 years of age (Note	e: Page 6	, Transition Planning i	must be completed if th	nis box	is checked)		1 MAF	2 JUN	3 NOV	4
	Accourable Annual Coal	l * /l inked to Dresent Level	of Dout						5	6	7	8
IV		I* (Linked to Present Level		•								
		of independent social proble	m solving	g strategies, to assist it	n conflict	Eval	. Procedure:	10 /	Report F	rogress Below	(Use Repor	ting Key)
Г	esolution of unexpected of	or unplanned events					. Criteria:	H/	1 S	2 S	3	4
							rials, etc.)	3/3	5	6	7	8
						(/0,	i i i ai 5, Etc.				_	
0	ort Term Objectives/Bencl Objective # 1 Given a hypothonflict, prior to engaging the cla		•	towards Annual Goal) classroom strategies he ca		Perf.	Procedure: Criteria: rials, etc.)	11 / E / 4/5	Report F	Progress Below	(Use Repor	ting Key) 4 8
						(70, 1	11010, 0101,					
0	Objective # 2 Given a hypotheon on the first before engaging family o	etical situation will respond	with three	community strategies he ca	an utilize to solve social	Eval	Procedure:	11 /	Report F	Progress Below	(Use Repor	ting Key)
C	offilict before engaging family o	ir adult supervision.					Criteria:		1 s	2 S	3	4
							rials, etc.)	4/5	5	6	7	8
						(70, 1	,,					
0	Objective # 3 If an unexpecte	ed or social conflict occurs	will discuss	previous social conflict, an	d generate 3 possible					. 5.		
	Iternative solutions	,		,	a gamenana a processor		Procedure:	11/		rogress Below	<u> </u>	ting Key)
						Perf.	Criteria:	E /	1 S	2 L	7	4
						(%, T	rials, etc.)	4/5	5	6	/	8
Eva	aluation Procedures						Performance	Criteria				
1.	Criterion-Referenced/Cu	rriculum Based Assessment	10. Ach	ievement of Objective	s (Note: use with goal	only)	A. Percent of (Change	I. Other: (s	necify)		
	Pre and Post Standardiz		11. Oth	er:(specify) Teacher	Observation		B. Months Gro		J. Other: (s			
	Pre and Post Base Line I	Data		er:(specify)			C. Standard S	-	K. Other: (s			
	Quizzes/Tests	4/Dula via		er:(specify)			D. Passing gra		L. Other: (s			
	Student Self-assessmen Project/Experiment/Portf		14. Oth	er:(specify)			E. Frequency/	Trials	M.Other: (s	· · ·		
	Behavior/Performance R			er:(specify) er:(specify)			F. Duration		N.Other: (s			
		T Alternate Assessments		er:(specify) er:(specify)			G. Successful		O.Other: (s			
	Work Samples, Job Perfe			er:(specify) er:(specify)			of Task/Acti H. Mastery	vity	P.Other: (sp			
	1 ,	ey: (indicating extent to which		· · · · · · · · · · · · · · · · · · ·	eve goal by the end of	the ve		M - Mastarad			00 Likok 4	anhiova sasi
	L = Limited Progress	U = Unsatisfactory Progre			•	•	•	VI = Mastered VI = Not Introduc		factory Progre	ss - Likely to	achieve goal
	L - Lillingu Frogress	- Officialistaciony Frogre	JO - UIIII	nois in aniiese Anai	14 - 140 1 1091633 - WI	ווו ווטנ מ	ioilieve yoai l	TI - INOL IIILIOUUL				

Related to meeting the student's needs that result from the individual's disability, to enable the student to be involved in and make progress in the general curriculum; and to meet each of the student's other educational needs that result from the student's disability.

tudent: Last Name, First Name	DOB:	mm/dd/yyyy	District:	Casimir Pulaski Elementary	School	_ Meeting Date	06/05/2020 mm/dd/yyyy
Program Accommodations and Modi	ifications - INCL	JDING NONACADEMIC AN	D EXTRACURRICU	JLAR ACTIVITIES/COLLAB	ORATION/	SUPPORTS F	FOR SCHOOL PERSONNEL
-To be involved in ar -To participate in ext	riately toward attaind make progress tracurricular and of participate with	nining the annual goals; in the general education cur other non-academic activities other children with and withou	, and ut disabilities.				Sites/Activities Where Required and Duration
Materials/ Books/ Equipment: Manipulatives	i					All area	as for the duration of the IEP
Tests / Quizzes/Assessments: Alternate set	ting , Orally Read Tes	ts/Directions , Prior Notice of Tests				All area	as for the duration of the IEP
Grading:							
Organization: Give One Paper or Section at a Tir	ne , List Sequential S	teps , Post Assignments , Post Rout	tines , Visual Schedule			All area	as for the duration of the IEP
Environment: Frequent movement breaks, Minin	nizing or Structure tra	nsitions , Preferential Seating				All area	as for the duration of the IEP
Behavioral Interventions and Support: F	Provide options for sel	f-regulation , See accommodation li	sted in text box				ehavior Intervention Plan Follow Behavior intion Plan in all areas of the school environment
Instructional Strategies: Check Work in Progre	ess , Concrete Examp	les , Cueing/Prompts , Immediate F	eedback , Provide Mode	els , Review Directions , Use Manipu	latives	in all a	reas for the duration of the IEP
Other: Consultation by Occupational Therapist as r sensory needs/sensory diet.	needed with	special education teacher and the	team working with	This consultation may include to	out is not limite	ed to classro	oom and school at large
Note: When specifying required supp	orts for personne	to implement this IEP, includ	le the specific suppo	orts required, how often they a	re to be pro	ovided (freque	ncy) and for how long (duration)

Frequency and Duration of Supports Required for School Personnel to Implement this IEP include: Consultation from district ABA specialist as needed for Occupational Therapy as needed if adjustments to sensory breaks is needed.

Behavior Intervention Plan. Consultation for Occupational Therapy as needed if adjustments to sensory breaks is needed.

ED 620,Revised February 2009a INDIVIDUALIZED EDUCATION PROGRAM 8

Student:		DOB:		District:	Casimir Pulaski Elementary School	Meeting Date:	06/05/2020
	Last Name, First Name		mm/dd/yyyy				mm/dd/yyyy

STATE AND DISTRICT TESTING AND ACCOMMODATIONS STATEWIDE ASSESSMENTS AND DISTRICTWIDE ASSESSMENTS section must be completed

	Cł	*	WIDE ASSESSMENT tudent will be in wher					<u>Ch</u>		RICTWIDE ASSESS e student will be in wh	MENT nen the tests are given.		
	Grade Pre-K	☐ Grade K	☐ Grade 1	☐ Grade 2	✓	Grade 3		Grade Pre-K	☐ Grade K	☐ Grade 1	☐ Grade 2	$\overline{\checkmark}$	Grade 3
	Grade 4	☐ Grade 5	☐ Grade 6	☐ Grade 7		Grades 8		Grade 4	☐ Grade 5	☐ Grade 6	☐ Grade 7		Grade 8
	Grade 9	☐ Grade 10	☐ <u>Grade 11</u>	☐ Grade 12				Grade 9	☐ Grade 10	☐ Grade 11	☐ Grade 12		
		sessments (Grade 3	ments and Alternate -8), Connecticut SAT	(Grade 11) and t						trictwide Assessme			
			nglish Language Arts e Assessment require			<u>3-8 & 11</u>).		N/A - No district	wide assessment is	scheduled during the	e term of this IEP.		
		s: (Select ONE Opt	•					Alternate Asse	ssment(s) ★				
$\overline{\checkmark}$	1. Smarter Bala	nced Assessments (I	Includes Standard Sci			5 & 8)		ect one of the foll No accommod	owing options: ations will be prov	rided, OR			
			cience Assessment (G		`		\square	Accommodation	ons will be provide	d as specified on Pa	age 8, OR		
Engl	ish Language F	Proficiency Assessr						Accommodation	ons will be provide	d as specified belov	N.		
		-	ssment required for all	English Learners G	ades K-12								
	Student requires	designated supports/a	accommodations on the	ELP assessment									
Adm	inistration Opti	ons - Accommodat	tions will be provide	ed. (Select ONE (Option):								
V		articipating in the Smar signated supports and/o	ter Balanced Assessme or accommodations*	ents & Standard Sci	ence Asses	ssment							
	The student is pa	. •	ecticut SAT & Standard	d Science Assessme	ent and will	request							
* If s	upports/accommod	ations are given, attach a	a copy of the Test Design	nated Supports/Accor	nmodations	Form for the	IEP ar	nd provide a copy to	the district test coordin	ator for required registrat	ion.		
for co	ollege admission an	d state accountability. TI		h the State Allowed	Accommo	dations (SAA) proc	ess: If accommoda	itions are approved thro		rough the CB process, test so st scores can ONLY be used		
			nt Eligibility Form i for use in determini			•			ments.				
*		sessments must be selected is appropri		ement provided fo	r each as	to why the	child	I cannot particip	ate in the standard	assessment and wh	y the particular alternate	÷	
	NOTE: A PP	T decision to assess	s the student using t	the CTAA and Alt	ernate Sc	ience Asse	ssme	ent must be reco	rded on page 3 of	the IEP, Prior Writter	n Notice.		

Student:			DOB:		District:	Casimir Pulaski Elem	entary School	Meeting Date:	06/05/2020
	Last Name, Fire	st Name		mm/dd/yyyy SPECIAL FACTORS, PI	DUGDESS D	EDODTING EYIT CI	DITEDIA		mm/dd/yyyy
1 Fc	or students whose he	havior impedes the	e learning or that of	others, the PPT has considere		·		s and supports to a	ddress that behavior, and :
		·	· ·	ped ☑ IEP Goals and Objecti	-	•			duroso that bonavior, and .
		•		onsidered the language needs of		·		· · · · · -	llowing :
	ĭ NA □ Recomm	•	•	molacida mo languago nodas c	or the stadent c	o they relate to the otal	donto illi dila it		ilowing .
				- 1 (c (c 2. 1 20)				- TI - DDT I I - I	
stu		vriting skills, needs	, and appropriate re	eading and writing media (inclu					ermined, after an evaluation of the use of braille), that
ma	•		`	lexia, blind/VI, physical limitatio	•	•			
stu	ident's language and	communication ne	eeds), opportunities	See attached required Language of or direct communications with fuction in the student's language	n peers and pro	fessional personnel in	the child's langu	age and communication	ation mode, academic level,
PRO	GRESS REPORTIN	G							
1. A	report of progress to	ward meeting the N	Measurable Annual	Goals and Short Term Objective	ves included in	this IEP will be sent to	parents periodic	ally, according to th	e following schedule :
] Quarterly	☑ Consistent v	vith grade level rep	ort cards					
EXIT	CRITERIA								
	kit Criteria: Student w pecial Education upor		☑ Ability to succe Special Educat	ed in Regular Education withou on Support	t □ Gradu	ation Age 21	☐ Other: (specify)		
INFO	DRMATION ON IEPs	and SECONDAR	Y TRANSITION						
by	the CSDE (including	, but not limited to,	information relatin	r older have been provided (☐ g to transition resources and se ter: ☐ <i>Building a Bridge</i> ☑	ervices for high	school students) imme	ediately upon the	formal identification	
			·	students in sixth through twelft	ŭ			·	Bill of Rights:

ED 620,Revised December 2015 INDIVIDUALIZED EDUCATION PROGRAM 10

Student:		DOB:		_ District:	Casimir Pulaski Elementary School	Meeting Date:	06/05/2020
	Last Name, First Name		mm/dd/yyyy	_		_	mm/dd/yyyy

SPECIAL EDUCATION, RELATED SERVICES, AND REGULAR EDUCATION

Special Education Services	Goal(s) #	Frequency	Responsible Staff	Service Implementer	Start Date	End Date	Site*	If needed, description of Instructional Service Delivery (e.g. small group, team taught classes, etc.)
Behavioral support	3	5 X Weekly, 3 hrs 30 mins	Instructional Assistant/Paraprofessional , Instruction	Instructional Assistant/Paraprofessional , Instruc	8/31/2020	11/26/2020	1	Flexible schedule depending on student need
Behavioral support	3	5 X Weekly, 30 mins	Special Education Teacher , Special Education Te	Special Education Teacher , Instructional Assist	8/31/2020	11/26/2020	2	Small group/individual instruction
Behavioral support	3	3 X Weekly, 1 hrs 0 mins	Special Education Teacher	Special Education Teacher , Instructional Assist	7/6/2020	7/31/2020	4	Summer instruction
Related Services								
Speech/Language Pathology	1-2	2 X Weekly, 30 mins	Speech/Language Pathologist	Speech/Language Pathologist	8/31/2020	11/26/2020	2	Individual instruction
Speech/Language Pathology	2	1 X Weekly, 30 mins	Speech/Language Pathologist	Speech/Language Pathologist	8/31/2020	11/26/2020	2	Small group/individual instruction
Counseling	3	1 X Weekly, 30 mins	School Psychologist	School Psychologist	8/31/2020	11/26/2020	2	Small group
Speech/Language Pathology	1-2	1 X Weekly, 30 mins	Speech Pathologist	Speech Pathologist	7/6/2020	7/31/2020	4	Summer instruction
*Instructional Site:	1. Regular C	assroom 2. Reso	urce/Related Service Room 3.	Self-Contained Classroom 4.	Commu	nity-Base	ed 5.	Other:
Description of Participation in General Education		articipate in the general		special education resource service	es, his 5	minute b	reaks	throughout the day, sensory breaks,
Note: Each Item #1-13 must include a response must include a response 2. Applied (Voc.) Ed:								
8. Total School Hours/Week 31.25 (2020-2021)	: (Specify)	9. Special Educatio 20.00 (2020-2021	n Hours/Week: (Specify)	10 . Hours per week the stu have disabilities (time w 26.75 (2020-2021)				hildren/students who do not):
11. Since the last Annual Re	view, has the stu	dent participated in	school sponsored extracurricula	r activities with non-disabled pe	ers?		Yes	☑ No
12. Extended School Year S	ervices: \square N	ot Required	☑ Required: See service de additional page 11 for se		[□ Requ	ired: C	Continue to implement current IEP
13. a)The extent, if any, to w students who do not h education services sessio	ave disabilities:			ricular and other nonacademic	ices for 3	30 minute	s per v	nch, recess, transportation, etc., with week, and five 30 minute special ple: Student will participate fully
	emoval of the stud		classroom, extracurricular, or nonac cation environment.	ademic activities, (e.g.,lunch, rece	ss, trans	portation,	etc.) t	hat he/she would attend if not
·		•	on environment because: (provide a	detailed explanation - use addition	nal page	s if neces	ssary)	
			ral intervention/ sensory needs.				10.01	
			to this IEP it the student is to be re- sion to ensure conformity with the LI					<u>more</u> of the time. It is <u>recommended</u> Act.

ident:	D	OB:	District	t:	Casimir Pulaski Ele	mentary S	School	Meeting	Date:	06/05/2020
Last Name, First Na	ame		dd/yyyy	-0 41	DEGULAR ERU	0 A TION				mm/dd/yyyy
Special Education Services	Goal(s) #	Frequency	DUCATION, RELATED SERVICE Responsible Staff	=5, AN	Service Implementer	CATION	Start Date	End Date	Site*	If needed, description of Instructional Service Delivery (e.g. small group, team taught classes, etc.)
Related Services										
ocial Skills Instruction	3	2 X Weekly, 30 mins	School Psychologist , Special Education Teacher	er School	Psychologist , Special Educ	ation Teache	6/15/2020	6/19/2020	2	Individual instruction
ocial Skills Instruction	3	2 X Weekly, 1 hrs 30 mins	School Psychologist , Special Education Teacher	er School	Psychologist , Special Educ	ation Teache	8/24/2020	8/26/2020	2	Individual instruction
*Instructional Site:	1. Regular C	classroom 2. Reso	urce/Related Service Room 3	3. Self-	Contained Classro	om 4.	Commur	nity-Base	ed 5.	Other:
Description of Participation in General Education		participate in the gene ervices and speech se		of speci	al education resourc	ce service	es, his 5	minute b	reaks	throughout the day, sensory breaks,
uet include a reenonce	Assistive Technol Applied (Voc.) Ed	ogy: ☑ Not Requir : □ Regular	ed □ Required: See Pg. 8 □ Special (specify)		1	☑ N/A	5. Lengt	h of Sch	ool Da	ay: (Specify) 6.25 hrs (2020-2021)
	Physical Education	_	□ Special (specify)			□ N/A	6. Numb	er of Da	ys/We	ek: (Specify) ^{5.00 (2020-2021)}
	Fransportation:	☐ Regular	☑ Special (specify) Va	an		□ N/A	7. Lengt	h of Sch	ool Ye	ear: (Specify) 181 Days (2020-2021)
8. Total School Hours/Week 31.25 (2020-2021)	x: (Specify)	9. Special Educatio 20.00 (2020-2021	n Hours/Week: (Specify))		10 . Hours per wee have disabilitie 26.75 (2020-202	s (time w				hildren/students who do not):
11. Since the last Annual Re	view, has the stu	dent participated in	school sponsored extracurricul	lar acti	vities with non-dis	abled pe	ers?		Yes	☑ No
12. Extended School Year S	Services: 🗆 I	lot Required	☑ Required: See service of additional page 11 for service.				[□ Requ	ired: C	Continue to implement current IEP
13. a) The extent, if any, to w students who do not h education services session	ave disabilities:		n regular classes and in extract te in three 30 minute speech and l				ices for 3	0 minute	s per v	veek, and five 30 minute special ole: Student will participate fully
	emoval of the stud		lassroom, extracurricular, or nona cation environment.	cadem	, -	nch, rece Applicabl	ss, trans	portation	, etc.) 1	hat he/she would attend if not
·		•	n environment because: (provide	a deta	led explanation - u	se additio	nal page	s if neces	ssary)	
			al intervention/ sensory needs.		d from the a	duas!'-			20.07 :	response of the time of the management of
			to this IEP if the student is to be r ion to ensure conformity with the l							<u>more</u> of the time. It is <u>recommended</u> Act.

ED 620,Revised February 2009a INDIVIDUALIZED EDUCATION PROGRAM 11

Student:		DOB:	mm/dd/yyyy	District:	Casimir Pulaski Elementary School	Meeting Date:	06/05/2020
	Last Name, First Name		mm/aa/yyyy	Required Data Co	llection		mm/dd/yyyy
			(Co	ollect and/or update			
For Child	Iren 3 years of age						
Free Ap	propriate Public Education (FA	PE) by age 3.	☑ Yes □ No				
If the Oc	t 1st reported "Annual Review/PF	T Meeting Date"	and child's DOB indicated th	at the child did not rec	eive FAPE by their 3rd birthday, why?		
	Late referral (less than 90 days		• /	☐ Moved into district I	(-)/		
	Child initially found not eligible a	it age 3 (re-referr	ed to district at a later date)	☐ Parent Choice	☐ FAPE met via earlier PPT	Date of initial PPT was:	
Early Ch	Idhood (E.C.) Placement Settin	gs (children age	s 5 or younger OR grade is	s preschool):			
1.Provid	le the hours per week the child	participates in a	n early childhood program	which is <u>not</u> provid	ed as a part of the IEP (hours from p	g 2): <u>0.00</u>	
2.ldenti	v the placement/setting where	the child spends	s the majority of the week v	which is a combination	on of programming from both pages	2 and 11:	
	Regular E.C. Preschool or Kinde	-	• •				
	E.C. Special Education Program	n in Separate Clas	SS				
	E.C. Special Education Program	n in Separate Sch	ool				
	E.C. Special Education Program	n in Residential Fa	acility				
	Home						
	Service Provider Location (Itiner	rant Services) - a	pplies <u>only</u> when a child does	s not spend time in any	y environment with non-disabled peers		
Educatio	n Placement 3 to 21 years of ag	je					
1. Does	the student live at any of the fo	llowing location	is?				
☑	None of these locations (Default	t - 00)					
	Temporary Housing Situation: F (Housing that is subsidized by D			orted Housing; and Tel	mporary Shelters. (02)		
	Hospital (03)						

ED620, Revised October 2014 INDIVIDUALIZED EDUCATION PROGRAM 12

☐ Private Residential Facility (09)

Connecticut State Department of Education

Testing Designated Supports/Accommodations Form:

Students with an IEP Students with a Section 504 and/or Students who are English Learners (EL)

Meeting Date:	6/5/2020	SASID:	
Student's First Name:		Student's Last Name:	
Administrator/Designee:	Julie Maguder	Email:	julie.maguder@meridenk12.org
District:	Meriden School District	School:	Casimir Pulaski Elementary School
This student has a (choose one):	Special Education IEP	Section 504 Plan	○ Neither
This student is an English Learner	- EL: Yes	• N	10

		5	
			MATTIN CHARTER DALANCED C. L. A.A.M. J. C.
			MATH = SMARTER BALANCED Grades 3-8 Mathematics ELA = SMARTER BALANCED Grades 3-8 English Language Arts- Includes Reading; Writing; Listening; Research
			SC = NGSS Science, Grades 5, 8 & 11 ONLY
MATH	ELA	SC	Presentation Supports/Accommodations ALL ▲ SPED/504 ■ EL ♦
0	0	0	Embedded: Refreshable Braille - Presentation must be set to "Braille" in TIDE and Permissive mode required ■
			Embedded: Braille Type - Permissive mode required and Presentation must be set to "Braille" in TIDE. ■
			Math: ○ EBAE Contracted + Nemeth Math ○ UEB Contracted + Nemeth Math ○ UEB Contracted + UEB Math
0	0	0	O EBAE <i>Uncontracted</i> + Nemeth Math UEB <i>Uncontracted</i> + Nemeth Math UEB <i>Uncontracted</i> + UEB Math
		O	ELA: Q EBAE Contracted UEB Contracted (No Math Content)
			O EBAE Uncontracted O UEB Uncontracted (No Math Content)
			SC: O UEB Contracted + Nemeth
	O *		Embedded: American Sign Language (ASL) - Video *(ELA-Listening only)
0	0*	O^	Non-Embedded: ^(Sign Language for Test Items Including Directions by a Qualified Staff) ■
	0		Embedded: Text-to-Speech (TTS) for ELA Reading Passages - (Grades 3-8) ■ Requires TTS in all subjects
0	0*	0	Embedded: Text-to-Speech (ELA items, Math/SC items & stimuli) (*Does NOT include ELA Reading Passages) ▲
			Embedded: Print Size Online:
0	0	0	O 21 point (Level 1) O 24.5 point (Level 2) O 35 point (Level 3) O 42 point (Level 4)
		O	O 70 point (Level 5) O 140 point (Level 6) O 210 point (Level 7) O 280 point (Level 8) ▲
0	0	0	Embedded: Streamline (automatically enforced when Presentation is set to "Braille" in TIDE) ▲
	0*		Embedded: Closed Captioning - *(ELA-Listening only) ■
_		_	Embedded: Color Contrast: O Black on White O Yellow on Blue
0	0	0	O Medium Gray on Light Gray O Reverse Contrast O Black on Rose ▲
			Embedded: Permissive Mode - Must be set in TIDE. Permits accessibility software such as speech-to-text, screen
0	0	0	readers, Refreshable Braille Displays (RBDs), embossers, or magnifiers. ■
0	0	0	Embedded: Masking ▲
			Non-Embedded: Braille Booklet (see TIDE Test Settings for options.) ■
			Math: O EBAE Contracted + Nemeth Math O UEB Contracted + Nemeth Math O UEB Contracted + UEB Math
0	0	0	O EBAE Uncontracted + Nemeth Math O UEB Uncontracted + Nemeth Math O UEB Uncontracted + UEB Math
			ELA: O EBAE Contracted UEB Contracted (No Math Content)
			O EBAE <i>Uncontracted</i> O UEB <i>Uncontracted</i> (No Math Content)
			SC: O UEB Contracted + Nemeth
Ö	0	0	Non-Embedded: Large Print Booklet ■
0	0*	0	Non-Embedded: Read Aloud by a qualified person: *NOT ELA Reading passages ▲ Non-Embedded: Color Contrast ▲
0	0		Non-Embedded: Color Overlay ▲
0	0	0	Non-Embedded: Color Overlay ▲ Non-Embedded: Noise Buffer ▲
0	0	0	Non-Embedded: Magnification ▲
_		_	
MATH	ELA	SC	Response Accommodations SPED/504 ■
0	0	0	Non-Embedded: Alternate Response Options (Includes adapted keyboard/mouse, touchscreen, headwand, etc.) Permissive mode required ■
0	0	0	Non-Embedded: Speech-to-Text (Voice Recognition Software) (i.e., Dragon Naturally Speaking) Permissive Mode Required ■
MATH	ELA	SC	Other Supports/Accommodations ALL ▲ SPED/504 ■ EL ♦
	LLA	30	TP
0			Non-Embedded: Abacus - used in place of scratch paper
00		0	Non-Embedded: Specialized Calculator (Braille/Talking) (Math Grades 6-8 only; Science Grades 5, 8, and 11) ■
0			Non-Embedded: Multiplication Table - (Only for grade 4-8) ■
0			Non-Embedded: 100s Number Table (Only for grade 4-8) ■
0	0		Non-Embedded: Simplified Test Directions ▲
		0	Non-Embedded: Separate Setting ▲

Embedded: Available through the online computer platform when the appropriate settings are selected in TIDE.

Non-Embedded: Provided to the student by the school. All accommodations <u>MUST</u> be entered into the Test Information and Distribution Engine (TIDE). For more information, please see the <u>CSDE ASSESSMENT GUIDLINES</u>.

The following accommodations: SCRIBE, READ ALOUD OF READING PASSAGES, PRINT ON DEMAND, HUMAN SIGNER for ELA or MATH, MATH MANIPULATIVES (Grades 4-8), NON-EMBEDDED CALCULATOR (math Grades 6-8) and CUSTOMIZED ACCOMMODATIONS (including non-compatible Speech-to-Text applications) require approval from CSDE through the PETITION FOR APPROVAL OF SPECIAL DOCUMENTED ACCOMMODATIONS.

District Administrators (DA in TIDE) are required to initiate this procedure by contacting: Deirdre Ducharme (860-713-6859) or Janet Stuck (860-713-6837), Special Populations, Performance Office.

ALL ▲ Available to any student; SPED/S04 ■ Available to any student with an IEP or Section 504 Plan; EL ♦ Recommended for English Learners (EL)

			MATH = SMARTER BALANCED Grades 3-8 Mathematics				
			ELA = SMARTER BALANCED Grades 3-8 English Language Arts- Includes Reading; Writing; Listening; Research				
MATH	ELA	SC	SC = NGSS Science, Grades 5, 8 & 11 ONLY Designated Supports - EL ♦				
			Embedded: Translation Glossary (Includes audio): ○ Illustration Glossary ▲ ♦				
			OArabic OBurmese OCantonese OEnglish (default) OFilipino (Tagalog & Ilokano) OHmong				
			OKorean OMandarin OPunjabi ORussian OSomali OSpanish				
			OUkrainian OVietnamese ONo Glosary ♦				
0			○English & Illustration Glossary ▲◆				
			OEnglish & Arabic OEnglish & Burmese O English & Cantonese O English & Filipino (Tagalog & Ilokano)				
			OEnglish & Hmong OEnglish & Korean OEnglish & Mandarin OEnglish & Punjabi				
			OEnglish & Russian OEnglish & Somali OEnglish & Spanish OEnglish & Ukrainian				
			OEnglish & Vietnamese ♦				
0			Embedded: Spanish Presentation (Stacked) Includes test directions ◆				
		0	Embedded: Spanish Presentation (Toggle) Includes test directions ◆				
		0	Embedded: Text-to-Speech (Spanish Only) Includes test directions ♦				
		0	Non-Embedded: Native Language Reader Directions Only (Certified Staff or Non Certified Staff) ◆				
		0	Non-Embedded: Bilingual Dictionary - Word-to-Word ◆				
0		0	Non-Embedded: Read Aloud (English or Spanish) Includes test directions ♦ (Trained and qualified reader) ♦				
			Non-Embedded: Translation Glossary-Only for large print paper/pencil assessments: O Illustration Glossary				
0			OArabic OBurmese OCantonese OEnglish OFilipino (Tagalog & Ilokano) OHmong OKorean				
			OMandarin O Punjabi O Russian O Somali O Spanish O Ukrainian O Vietnamese				
			Non-Embedded: Translation Test Directions:				
0	0		OArabic OBurmese OCantonese ODakota OFilipino (Tagalog & Ilokano) OFrench				
			OHaitian-Creole OHmong OJanpanese OKorean OLakota OMandarin OPunjabi ORussian OSomali OSpanish OUkrainian OVietnamese OYup'ik ◆				
			online computer platform when the appropriate settings are selected in TIDE. tudent by the school. All accommodations MUST be entered into the Test Information and Distribution Engine (TIDE). For				
			SDE ASSESSMENT GUIDLINES.				
The follo	wing accomi	nodations: S	SCRIBE, READ ALOUD OF READING PASSAGES, PRINT ON DEMAND, HUMAN SIGNER for ELA or MATH, MATH				
MANIPU	MANIPULATIVES (Grades 4-8), NON-EMBEDDED CALCULATOR (math Grades 6-8) and CUSTOMIZED ACCOMMODATIONS (including non-						
	ble Speech-to IMODATIO		cations) require approval from CSDE through the PETITION FOR APPROVAL OF SPECIAL DOCUMENTED				
<u> 1200m</u>			District Administrators (DA in TIDE) are required to initiate this procedure by contacting:				
		Deire	dre Ducharme (860-713-6859) or Janet Stuck (860-713-6837), Special Populations, Performance Office. Rev. 8/16/2019				

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