
Present Levels of Academic and Functional Performance

Student Strengths and Parental Concerns

Prompt:

This section of the present level of educational performance (PLEP) should summarize the child's individual strengths and document any specific parental concerns for enhancing the education of their child. This information should contribute to the development of annual goals and specific services for the child.

Health/Physical/Motor

Prompt:

This present level of educational performance (PLEP) should summarize the child's current achievement in the area of health/physical/motor and specifically address HOW the child's health/physical/motor condition affects the child's involvement and progress in the general curriculum and general education classroom and other education related settings. This PLEP should contain current, specific, measurable, objective baseline information from which measurable annual goals may be developed and should be aligned with the general education curriculum.

Social/Emotional

Prompt:

This present level of educational performance (PLEP) should summarize the child's current achievement in the area of social/emotional and specifically address HOW the child's social/emotional condition affects the child's involvement and progress in the general curriculum and general education classroom and other education related settings. This PLEP should contain current, specific, measurable, objective baseline information from which measurable annual goals may be developed and should be aligned with the general education curriculum. If the team has determined that the child's behavior impedes their learning or that of others, this section MUST include a statement as to how the child's behavior affects his/her progress or participation in the general education classroom.

Academic Performance

Prompt:

This present level of educational performance (PLEP) should summarize the child's current achievement in the area of academic performance and specifically address HOW the child's academic performance affects the child's involvement and progress in the general curriculum and general education classroom and other education related settings. This PLEP should contain current, specific, measurable, objective baseline information from which measurable annual goals may be developed and should be aligned with the general education curriculum. The concerns identified in this section MUST be linked to this child's goals and objectives/benchmarks.

Communication

Prompt:

This present level of educational performance (PLEP) should summarize the child's current achievement in the area of communication and specifically address HOW the child's communication skills affect the child's involvement and progress in the general curriculum and general education classroom and other education related settings. This PLEP should contain current, specific, measurable, objective baseline information from which measurable annual goals may be developed and should be aligned with the general education curriculum. The concerns identified in this section MUST be linked to this child's goals and objectives/benchmarks.

Transition Services

Statement of Needed Transition Services (ages 14-21, or younger if appropriate)
Tri-County Interlocal 607

Name: Legal Full Name (last,first)

Date:

District:

Desired post school outcome (Goal):

Year in school:

Present Levels and Transition Needs	Activities and Strategies	Time Line	Provider(s)
Instruction:			
Community Participation			
Employment/Career Goal:			
Adult/Daily Living:			
Recreation and Leisure:			
Transition Related Services:			
Functional/Vocational Evaluation:			

Transition: Voc. Rehabilitation and Other Agencies

Transition: Statement of Trans. Service Needs

Goals/Benchmarks

Prompt:

* Timeframe is usually specified in the number of weeks or a certain date for completion. A year is the maximum allowed length for the timeframe. * Conditions specify the manner in which progress toward the goal is measured. Conditions are dependent on the behavior being measured and involve the application of skills or knowledge. * Behavior clearly identifies the performance that is being monitored, usually reflects an action or can be directly observed, and is measurable. * Criterion identifies how much, how often, or to what standards the behavior must occur in order to demonstrate that the goal has been reached. The goal criterion specifies the amount of growth the child is expected to make by the end of the annual goal period.

Goal No. _____
Goal Text:

State Standard:

Baseline:

Evaluation Procedure:

Benchmark # 1 Text:

Benchmark # 2 Text:

Benchmark # 3 Text:

Benchmark # 4 Text:

Benchmark # 5 Text:

Benchmark # 6 Text:

Benchmark # 7 Text:

Anticipated Services to be Provided

Special Education Services

Prompt:

What special education, consisting of specially designed instruction, will be provided for the child? (See K.A.R. 91-40-1(jjj) for guidance.) Although the following areas have been addressed on the Teacher Information Page, they MUST also be described here.

Related Services

Prompt:

What special education, consisting of specially designed instruction, will be provided for the child? (See K.A.R. 91-40-1(jjj) for guidance.) Although the following areas have been addressed on the Teacher Information Page, they MUST also be addressed here.

Supplementary Aids and Services

Prompt:

What supplementary aids and services will be provided in the general education classroom and other education-related settings to enable the child to be educated with nondisabled children to the maximum extent appropriate? (See K.A.R. 91-40-1 (sss) for guidance.) List ALL supplementary aids and services provided in this space.

Program Modifications and Staff Training

Prompt:

****Program Modifications & Staff Training***** Describe program modifications and accommodations AND any staff training that will occur in general education classrooms and other education-related settings, plus supports for school personnel, including training, to be provided. List ALL program modifications and accommodations provided in this space. Be sure to identify any staff training to be provided.

Supports for School Personnel

Participation with Non-Disabled Students in the Regular Education Environment

Prompt:

To what extent, if any, will the child participate with non-identified children in general education classes, the general education curriculum, extracurricular activities, and other nonacademic activities? If the child will not be fully participating in the general education curriculum and classroom, explain why not. (The child may not be removed from the general education classroom solely because of needed accommodations or modifications in the general curriculum.)

Potential Harmful Effects

Participation in District-wide Assessments

Participation in State Assessments

Extended School Term

Behavior Intervention Plan

Prompt:

A Behavior Intervention Plan is a specially designed plan consisting of positive behavioral interventions, strategies and services to address the behavior of the child with a disability whose behavior impedes his/her ability to learn. This plan should help the student learn socially appropriate and responsible behavior in the school and other community-based educational settings. The Behavior Intervention Plan MUST be described in this section and a copy of the Behavior Intervention Plan MUST be attached to the student's IEP. Be sure to include information on any Functional Behavior Assessments that have been conducted.

Assistive Technology Plan

Prompt:

Document the Assistive Technology services and/or devices necessary to increase, maintain, or improve educational capabilities of the student.

Team Considerations

Special Considerations

Prompt:

This section should include any additional information relating to the student's educational program that has not already been addressed.

Notification of Transfer of Rights

The student has been informed that at age 18 all rights afforded parents under special education law will transfer to the student unless he/she has been legally adjudicated to be an incapacitated person or a child in care. This means that in the absence of court directive, the student will become the educational decision maker.

Notice provided to: _____ Parents (Date _____) _____ Student (Date _____)

CHANGE to: _____ Parents (Date _____) _____ Student (Date _____)

Progress Report

Parent Release of Information

Student Name: Legal Full Name (first.last) Birthdate Birthdate

Permission is given for the Agency Name LEA to share appropriate information concerning the above listed student with the Kansas Health Policy Authority so the LEA, can, if applicable, seek reimbursement for any health-related services that are claimable under the Title XIX Medicaid Program or the Title XXI State Child Health Insurance Program.

In conjunction with the above, I understand that the LEA may also need to obtain a "Physician's Prescription" for some/all of the health-related services that is provided to the student. In this regard, I hereby give permission for the LEA, if applicable, to share portions of the students Individual Education Plan (IEP) with a qualified health care professional or the Tri-County Special Education Medicaid Medical advisor in order to obtain such "Physician's Prescriptions".

Physicians Name: _____

Contact Information: _____

I understand that the LEA is required to provide certain health-related services to any student who has an IEP at no additional cost to the students parent(s)/guardian(s). I also understand that my signature- or failure to sign this form- will not affect whether such services are provided to the student.

I understand all of the statements set forth above * and I hereby grant all of the above * referenced permissions for the period from July 1, 2011 through June 30, 2012.

PARENT(S)/GUARDIAN(S)SIGNATURE(S) _____
DATE ____/____/____

PHYSICIAN AUTHORIZATION

Dear Health Care Provider:

As specified in the students, Individual Education Plan (IEP), the student qualifies to receive one or more of the following services during the time period that is specified in that IEP.

- | | | |
|------------------|-------------------------|--|
| Audiology | Occupational Therapy | Physical Therapy |
| Nursing Services | Speech/Language Therapy | Psychological Testing/Social Work Services |

If/as appropriate, the LEA may seek reimbursement from the Kansas Health Policy Authority for some/all of the above-listed services. In order to do that, however, the LEA must obtain the signature of a qualified health care provider.

Your signature certifies that the student qualifies to receive all of the above-listed service that are specified in the students IEP. In this regard, this document will serve as the required "Physician's Prescription" with respect to those services.

Signature _____ Date ____/____/____

For the period from July 1, 2011 through June 30, 2012