



Elementary School (K – 4th)
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Phone (302) 324-8901
Fax (302) 324-8908

Middle School (5th – 8th)
1 Fallon Avenue
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2014-2015 Special Education Implementation and Compliance Guide

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Individuals with Disabilities Education Act (IDEA)

POSITION STATEMENT:

The Family Foundations Academy Charter will provide a free and appropriate public education to students who have disabilities within the meaning of IDEA.

Family Foundations Academy Charter intends to identify, evaluate, and provide appropriate educational services for each student who qualifies within the definition of IDEA. Family Foundations Academy intends to provide information, in-service, and training opportunities at least annually for parents and staff, including those having coordination responsibilities for the IEP process.

PUBLIC NOTICE:

Foundations Family Academy Charter, including parents and staff, will be notified at least annually of the charter's responsibilities under IDEA. Notification will be made in writing through this and other documents, including newsletters, Family Foundations Academy Special Education/Section 504 website, staff in-service and parent focus groups (Special Education Department night).

THE LAW:

The Individuals with Disabilities Education Act (IDEA) is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities.

Infants and toddlers with disabilities (birth-2) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B.

It is important to note that IDEA requires that a free appropriate public education be provided to students with handicaps as a responsibility of the comprehensive general public education system. However, consideration of IDEA eligibility may ultimately determine a need for Special Education under IDEA.



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IEP GUIDELINES:

IDENTIFICATION AND EVALUATION PROCEDURES

Referrals for special education can be made by the parents or guardians who believe their child could qualify as having a protected handicap may submit a written referral for a special education evaluation to the school co-director or special education/504 coordinator.

OR

The curriculum team will submit a referral for a child to be considered for special education and/or related services when a child has participated in RTI (Response to Intervention). When a child has been in RTI Tier 2 and 3 for ≥ 18 weeks, with a minimum of 6 weeks of Tier 3 level in math and for ≥ 18 weeks, with a minimum of 6 weeks of Tier 3 level reading.

The Special Education Coordinator will send out a “Permission to Evaluate” form the student’s parents. Once the signed PTE is received back, applicable evaluations will assess the child's abilities, strengths and weaknesses, by a certified school psychologist, and if needed by a speech and language therapist and/or occupational therapist. The IEP team will use the information to identify if the child has disability, develop an IEP

The IEP Team must hold an IEP Determination meeting within forty-five (45) school days or ninety (90) calendar days, whichever is less, of receiving PTE. IF the student is found eligible for Special Education Services. The case manager will create an IEP to meet the student’s needs.

Before each IEP meeting, Case Managers should:

- Determine who needs to be at the meeting (Admin/Designee, Spec. Ed. Teacher, and Parent/Guardian/Surrogate are the minimum required invitees); however, also check to see if student has OT, PT, Speech, Transportation, Medical (Nurse needs to attend), etc.
- *****NEW***** Schedule your meeting using Outlook and invite everyone involved with the student.
- Contact the parent via phone call, email, etc. 20 days prior to your meeting. Phone calls, emails, etc. need to be documented. Please write “Notes” in the “Meeting” section of IEP Plus. You can also cut and paste emails into the notes section. Please let the ED know if you need assistance with how to input notes.
- Add the meeting to Outlook so that it is on the Master calendar
- Then, send the first letter of invitation with all invitees listed on it. Finalize your 1st invitation letter on IEP Plus.
- Create the IEP on IEP Plus so that everyone has enough time to include information.
- Case managers must input their names on the LRE page if you are a teacher. The posting should be CASE MANAGER, or it won’t save correctly. If you are a speech pathologist case manager, please enter your name under the “STAFF” link on the Needs, Services...page. This is being monitored by District Office.



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- Send the second letter of invitation at least 10 days prior to your meeting. If an IEP Excusal is needed, please send it along with the second notice for compliance (it requires 5 days' notice). **Finalize** your 2nd invitation letter on IEP Plus.
- Compile, analyze, and report on any data that needs to be used to develop/revise and explain the goals or make decisions for extended school year services. We now must use the ESY rationale worksheet to document the discussion for a student needing or NOT needed ESY services. Please see insert.
- Each team member involved with the child should prepare and have reviewed all documents in preparation for the IEP meeting (IEP Draft, Prior Written Notice Draft, all evaluation documents, etc.). This is being monitored by District Office.

During IEP meetings, all team members are asked to:

- Please follow the IEP meeting agenda (*insert*) as we work to convey comprehensive information within the time allotted. *Meeting Minutes/Check off sheet Form A or B are helpful (optional)*
- Input any additional information agreed upon by the team into the IEP.
- Please be prepared to give the parent a copy of the complete IEP at the conclusion of the meeting. If the IEP is incomplete, the IEP should not be signed. A meeting will need to be scheduled to complete the IEP. Any incomplete IEP's require an initiation date change (10 school days after the IEP meeting date). Also, do not have the parent sign the Prior Written Notice. See additional information about this below.

After each IEP meeting:

- Case managers will use the Elementary IEP Compliance Checklist to review the IEP prior to submission
- Submit the original, hard copy of the IEP with all accompanying documents (i.e. IEP compliance checklist, excusal form, transportation form, invitation letters, etc.) to the ED by placing in "incoming bin" on top of audit file. Please do this as soon as possible but within 2 days after the IEP meeting just in case there are corrections to be made.
- Update the students (3-8) Smarter Balance Accommodation on IMS/ Assessment Accommodations to match the accommodations on their IEP.
- Special Education Coordinator will use the case manager compliance form and checklist to review the IEP. Please see insert for a draft of the secondary and elementary compliance monitoring form. **This is based on the school's expectation that we provide the parent with a professional and comprehensive IEP.**
- *Incomplete IEP's will be returned.* After corrections are made, please resubmit the IEP and checklist. Case managers will send the parent copy home.
 - o Parent is to receive a copy of any signed documents at the time of the meeting.
 - o **If an IEP incomplete or something needs to be changed, the parent should not sign it nor the Prior Written Notice. Please be sure that the IEP implementation date is 10 school days after the meeting date and that all documents reflect the date change (all pages of the IEP and Prior Written Notice). This is very important.**
 - o Case managers should ensure that all transportation forms are faxed to Transportation 762-7044.
- Case manager will file the IEP after it is completed.



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RE-EVALUATIONS AND ANNUAL REVIEWS

The Special Education Coordinator will work with case managers to coordinate these meetings. During meetings when a re-evaluation and an annual review are taking place, re-evaluations will be discussed prior to an annual review. If a student is due for a 3 yr. re-evaluation, it has to be done prior to that date expiring or a Prior Written Notice needs to be completed with an explanation of why it is delayed. You can get permission up to a year in advance for a re-evaluation.

GENERAL INFORMATION

Note: Most blank forms (documents that accompany the IEP) are in the blue mailbox located in Psychologist's Room

- Confidentiality – FERPA
 - Please keep confidentiality in mind when sharing information.
- Audit File Access, Sign Out, Inspection Sheets
 - Please always sign in on the inspection sheet. If signing out an audit file for review, please sign out using the clipboard on top of the audit file.
- Teacher Files – Maintain a file for each student
- Procedural Safeguards (Parents' Rights) should be sent with the first letter of invitation, offered at the meeting, sent with permissions, etc. Please refer to the booklet that outlines all the instances

AUDIT FILE - ORDER OF CONTENTS

General organizational guidelines:

- Input single pages (No stapled documents).
- Use single sided copies (No back to back copies).
- Use labeled, colored dividers.
- In the White or Black BINDER (current file), input current and old IEP and evaluation information in addition to information in the “minutes” and “other” section.
- Place “old data” in the brown, accordion envelopes.

Current tab

Current IEP pages 1, 2, 3...

- Student Information Page
- Data Considerations Page
- Transition Page (ages 14 and up)
 - Transition Survey
- Needs, Services, and Annual Goal Pages
- Progress Updates (must be updated each marking period/trimester)
- Additional Considerations Page (with accompanying pages below, as applicable)
 - Transportation Pages
 - Accommodation (DCAS or DCAS-Alt 1) Pages
 - Behavior Support Plan
- LRE/Placement Page (with signatures)



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- Prior Written Notice
- Meeting Minutes (if applicable)
- Invitation Letters – Parent and Student (ages 14 and up)
 - Must have at least two invitation letters with different sent dates and providing the parent with at least 10-days' notice, unless signed waivers) by mail and email. The first notice will go out 20 days prior to the IEP expiration date, the second notice will go out 10 day prior to the expiration date and the
- Assurance of Adequate Resources for Implementing IEP's (LEA form)
- *Evaluation Information*
- Evaluation Summary Report
- Medical Information (if applicable – must be current)
- Prior Written Notice
- Letters of Invitation
- Psycho-educational Report
- Related Services (Speech, OT, PT, etc.)
- Permission to Evaluate

Manifestation Meeting Information (if applicable)

- ✓ Old IEP tab
- ✓ Old Assessments tab
- ✓ Old Minutes tab
- ✓ Other tab (Student/Family Information, etc.)

TRANSFER STUDENTS:

When a student transfers into a school and is qualified as disabled under IDEA, Special Education team in the receiving school shall review the existing IEP to determine the plan's appropriateness to the current educational setting. The team may decide to implement the plan as received, write a new plan more appropriate to the current educational setting, or reevaluate the student in order to consider if the student no longer qualifies as disabled under IDEA.

To ensure parent participation, the Parent Input form and Parent Transition Surveys are required by the Family Foundations Academy to go home with the letter of invitation but goes in the teacher file not the audit file.

The ESY Rationale Worksheet should be completed for each meeting, but it goes in the teacher file, not the audit file. However, the discussion should be documented in the Prior Written Notice.



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SPECIAL EDUCATION CASE MANAGER RESPONSIBILITIES

It is the case manager responsibility to ensure that special education services and related services are provided to the student as outlined in the student's IEP and make a good faith effort to assist the child to achieve the goals listed on the IEP.

General Description

- ❖ The case manager will coordinate the delivery of special education services and will be the primary contact for the parent.
- ❖ Assure compliance with procedural requirements, communicate and coordinate among home, school, and other agencies, regular and special educational programs, facilitate placement, schedule meetings.

Responsibility #1: Team Member

Special Education Team Members are responsible to handle all referrals in regards to special education. They may be involved in any of the below tasks:

- Provides referral form to teacher who is referring a student.
- Attend grade level planning sessions.
- Review DELSIS in the beginning of the school year for new students with IEPs.
- Collaborate with regular education staff regarding pre-referral interventions (RTI).
- Notifies team members who need to attend the meeting.
- Establishes meeting times with parents and sends out meeting notice with Parent's Rights Brochure.
- Assures that the referral form from teacher is complete and read for the special education meeting.
- Follows guidelines for the identification, assessment and individual educational plans for students qualifying for or receiving special education services.
- Work with teachers during planning to review student data.
- Work with data team to evaluate student data and make strategic academic decisions.

Responsibility #2: Working with Parents

- Meets parents and review students data.
- Communicate with parents (i.e., notebook, phone log, e-mail, fax, etc.) to provide student academic updates.
- Responsible for IEP development, progress reporting

Responsibility #3: Organization

- Establishes and maintains a student file.
- Completes all reports within the required time frame.
- Complete student progress reports for each trimester.
- Assures that all materials and services are in place for the student.



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- Develop and implement an Individualized Education Program (IEP) for each special education student which sets personalized goals for each student and is tailored to the student's individual learning style and ability.
- Distribute the student's Snapshot of their IEP to their teachers and have the receiving teacher sign the Confidentiality Form.
- Monitor all student's IEP to ensure they are update and in compliance by using the Checklist.
- Develop and implement instructional programs for RTI Tier 2 and 3 and for DCAS preparation.
- Administer the state assessments and DCAS-Alt assessment to students.

Responsibility #4: Communication

- Communicates all decisions, plans and policies to parents and team coordinator/members.
- Communicates needs of the student's safety.
- Create and email/mail Special Education Newsletter.
- Establishes ongoing communication with parents for student progress and/or concerns.
- Documents parent communication plan and establishes a system of documentation of contacts /Case managers can use parent contact logs.

Responsibility #5: Classroom Management

Reviews and collaborates with teachers and related service staff the following:

- Student disabilities
- Specific health and safety concerns/student responses
- Student's personal equipment and how to use to support academic achievement
- School equipment used by students to support academic achievement
- Special communication systems or specific strategies for the student
- Specific student needs to support progress
- Behavioral Intervention Plans (if the student receives special education services)
- Documentation charts/reports for student achievement (Study Island; DCAS; MAP; I Tractor Pro etc)

Responsibility #6: Push-in/Pull-out Instructions

- Develops or incorporates curriculum learning components based on student needs.
- Develops and implements modifications and accommodations for each student
- Provides assistive technology as defined in the IEP.
- Provides assessment of student achievement based on curriculum.
- Provides interventions, accommodations and/or adaptations for student achievement.
- Monitor the student's progress and make adjustment when needed.
- Ensure that the student is working on their Goals and meeting their benchmarks.
- Track all push-in and pull-out hours on "Special Education Service Hours" log.
- Push-in 30 minute sessions, three times a week.
 - When pushing-in support the general education teachers with gen ed students who are struggling.
 - Work with groups no larger than 8 students.



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- Provide accommodations and modifications to spec ed students when needed.
- Use teacher lesson plans with spec ed teacher modifications.
- Pull-out spec ed student when needed or if stated on their IEPs. (Times may vary)
 - Provide additional support and accommodations that are stated on the spec ed student's IEP.
 - Use teacher created lesson plans with spec ed teacher modifications, if needed.

Responsibility #7: Due Process

Special Education Coordinator may conduct periodic reviews to monitor due process. This may consist of a review of a student(s) special education file, evaluation reports, and any part of the IEP

- PLEP/PLOP
- Goals and objectives written in measurable format
- Strengths/Limitations/Needs
- Statewide assessments
- Extended School Year
- Modifications and Accommodations (including consideration of assistive technology)
- Services (Frequency per week)
- Least Restrictive Environments
- Extended School Year
- Reports individual student achievement according to the standard in the school based on documentation of student progress



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SPECIAL EDUCATION COORDINATOR RESPONSIBILITIES:

The Special Education Coordinator is responsible for the day to day activities in the Special Education department and ensuring that the department is in compliance with the IDEA state and federal regulations.

Responsibility:

- Monitor and document on the accountability spreadsheet, on a monthly basis the Special Education Specialist caseloads to ensure that their IEPs dates and paper work are compliant by using the Secondary and Elementary Compliance Form.
- Work with the Leadership Team and Special Education Specialist to create their push-in and pull-out schedules.
- Perform all the duties of a Special Education Specialist for case load.
- Provide job related training to current and new staff.
- Provide instructional support for students with learning disabilities within a resource room using a variety of teaching methods (Direct Instruction, Teacher Modeling, Auditory, Visual, Kinesthetic, and Technology) to meet their individual needs.
- Support academic staff with instructional differentiation strategies, RTI strategies, and special education and 504 Plan accommodations and modifications, and provide academic and behavioral support for students within the classroom.
- Coordinate and assist our School Psychologist, ELL Specialist, Occupational Therapist, and Speech and Language Therapist with the scheduling of meetings, services, and evaluations for students with disabilities.
- Hold monthly meeting to review pertinent information regarding the Special Education World.
- Monitor and update the September 30th and December 1st Unit Count Funding reports to insure our file are compliant.
- Facilitate Multi-disciplinary meeting to review student academic data to determine if the student should be evaluations for possible Special Education Services, to conduct Manifestation IEP meetings, and to write and implement Functional Behavioral Analysis and Positive Behavior Intervention Plans.



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Special Education Department Contacts

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Rachel Valentin
Elementary School Principal
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Special Education Code		
SPED Code	Descriptions	Abbreviation
100	Mild Intellectual Disability	MID
200	Emotional Disturbance	ED
300	Learning Disability	LD
400	Moderate Intellectual Disability	MOD
500	Severe Intellectual Disability	SID
600	Physically Impaired (not used)	PI
601	Other Health Impairment	OHI
602	Othopedic Impairment	OI
700	Hearing Impairment	HHPD
800	Visually Impaired	VI
900	Partially Sighted	PS
1000	Autism	AUT
1100	Deaf-Blind	DB
1200	Speech and/or Language Impairment	SP
1300	Traumatic Brain Injury	TBI
1400	Developmental Delay	DD
1500	Speech for 4 year olds (not used)	SP4
1600	Pre-school Speech delay (3 & 4 yrs old)	PSSD



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**INITIAL EVALUATION: NOTICE THAT NO ADDITIONAL ASSESSMENTS NEEDED
 Form IE-2 (Rev. 10/06)**

_____ **SCHOOL DISTRICT**

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact _____ at _____.]

Dear _____

Date _____

Previously you were notified of the school district’s intent to evaluate your child to determine whether he/she has a disability (impairment and a need for special education). The individualized education program (IEP) team is responsible for this evaluation. You are a participant on the IEP team. The IEP team considered the following existing evaluation assessments, procedures, records or reports:

The IEP team has determined that additional assessments or other evaluation materials do not need to be administered to your child to determine whether he/she has a disability.

You participated in making this determination on _____ in the following way:

 _____.

You did not participate in making this determination and the school district made 3 attempts to involve you as follows:

The reason(s) for this determination (including a description of any other options considered and reasons rejected, and other relevant factors) are:

The IEP team’s next step will be to determine whether your child has a disability and his or her educational needs based upon its review of the existing information available on your child, including information provided by you. As a participant on the IEP team, you will be involved in this determination. Upon completion of the evaluation, the IEP team will prepare an evaluation report. The report will include documentation of your child’s eligibility for special education. You will be provided with a copy of the evaluation report. If the IEP team determines that



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your child is a child with a disability, the team will develop an IEP to address your child’s needs and determine a placement to carry out the IEP. You will be provided with a notice of placement and a copy of your child’s IEP. If it is determined that your child is not a child with a disability, you will be provided with a notice of that finding.

If at any point during an IEP team meeting, to determine your child’s eligibility for special education, develop an IEP, or determine a placement, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances.

You and your child have protection under the procedural safeguards (rights) of special education law. Previously you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact _____ at _____ if you have questions about your rights.

Sincerely,

Name and Title of District Contact Person



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PERMISSION TO EVALUATE (PTE) – EVALUATION REQUEST FORM School Age

If a parent has asked any professional school employee or administrator for the school district or charter school (Local Education Agency – LEA) to evaluate his or her child for special education eligibility, the parent must be given this *PTE-Evaluation Request Form* within 10 calendar days of the date of the oral request.

Child's Name: _____

Date Sent (mm/dd/yy): _____

Name and Address of Parent/Guardian/Surrogate:

For LEA Use Only:
 Date of Receipt of
 Request Form

I am requesting an evaluation of my child for special education services. I have these concerns about my child's educational performance and progress:

Please send me the *PTE-Consent Form* as soon as possible so that I can provide my written consent for the proposed evaluation to begin. I understand that the 60 calendar day (excluding summers) timeline will not begin until the LEA receives the *PTE-Consent Form* with my signature.

 Parent/Guardian/Surrogate Signature

 Date (mm/dd/yy)

Please return this form to the person listed below or to your child's teacher.

Name: _____

Address: _____

Once the school receives this *PTE-Evaluation Request Form*, the school will either:

1. Send you within a reasonable amount of time the *PTE-Consent Form* that will describe the process and timeline that will be used for the evaluation, and ask for your consent for the evaluation to begin, OR



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2. Send you a written notice, called a *Notice of Recommended Educational Placement/Prior Written Notice* that explains why the LEA is refusing to evaluate your child and a *Procedural Safeguards Notice* that explains how you can challenge the LEA’s refusal to evaluate your child.

Keep a copy of this form for your records.

If you have any questions, if you need the services of an interpreter, or if you believe you have not received a prompt response to this request, please contact me.

Name: _____ Position: _____
 Phone: _____ Email: _____

Please read the enclosed *Procedural Safeguards Notice* that explains your rights, and includes state and local advocacy organizations that are available to help you understand your rights and how the special education process works.



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IEP CHECK LIST

Student's Name: _____

IEP Meeting Date: _____

Case Manager: _____

___ Notice of Meeting:

1st _____

2nd _____

3rd _____

___ Disability

___ Measurable PLEPS

___ Measurable Goals and Benchmarks

Support _____

Location _____ Frequency _____

___ Transition IEP and Parent and Student Survey (14 years old)

___ Signed Permission to Evaluate and Prior Written Notice

___ Related Services Documentation (If Applicable)

___ Prior Written Notice

___ Recent Summary of Evaluation with Signatures and Recent Psycho/Ed Evaluation

___ Prior Written Notice for ESR

___ Minutes

___ DCAS Accommodations # _____

___ ESY-Notify ED and 12 Month Student-Notify

Signatures:

___ Nurse Signature (OHI Only)

___ Regular/Special ED Teacher Signature

___ Admin/Designee Signature

___ Parent Signature/Student (14 year old)

___ Parental Consent to Release Information Form

___ LEA Form and Assurance of Adequate Resources to Implement IEP

___ Copies for Teachers/Parent/Cumulative File

___ Update DELSIS

___ Scan into IEP Plus and Finalize IEP



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PRIOR WRITTEN NOTICE

Dear Parent or Legal Guardian:

This Prior Written Notice concerns your child, _____.
 (Name of Child)

The Individuals With Disabilities Education Act (“the IDEA”) and Delaware Department of Education regulations require the school district to provide you with written notice no less than ten (10) business days before the school district proposes to (or refuses to) initiate or change the identification, evaluation, or educational placement of your child, or the provision of a free appropriate public education to your child. In cases involving a change of placement for a disciplinary removal, this notice must be provided no less than three (3) business days before the school district proposes to change your child’s placement. You have rights available to you under Part B of the IDEA and Department of Education regulations. *A copy of the Procedural Safeguards Notice issued by the Delaware Department of Education is attached and describes your rights.* This notice concerns the following:

(1) Description of the Action the School District Proposes or Refuses to Take:

(2) Explanation of Why the School District is Proposing or Refusing to Take the Action:

(3) Description of Each Evaluation Procedure, Assessment, Record, or Report the School District Used in Deciding to Propose or Refuse the Action:

(4) Description of Any Other Choices the IEP Team Considered and the Reasons :Why Those Choices Were Rejected:

(5) Description of Other Reasons Why the School District Proposed or Refused the Action:

(6) Resources for You to Contact for Help in Understanding Part B of the IDEA and Department of Education regulations:



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A copy of the Procedural Safeguards Notice issued by the Delaware Department of Education is attached. It provides you with a list of sources for you to contact for help in understanding Part B of the IDEA and Department of Education regulations.

I waive the 10 day waiting period before implementation of the IEP and agree that the IEP can be implemented as soon as possible. _____

(Parent/Guardian/Student signature)

This Notice is provided to you by _____ on _____.
(Method of delivery) (Date)



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Student Name _____

Case Manager _____

Case Managers:
 Please mark the "Corrected" box after corrections are made.
 Please sign and date at the bottom; return this form to me.
 If no corrections are needed, please simply sign and date; return form to me. Thanks!!!!

ED review dates: _____

eschool _____ IEP archived _____

DELSIS _____ PWN archived _____

of hours _____ LOI archived _____

AT Referral _____

Transportation Does _____

Related Services Goals on IEP + _____ SLT _____ OT _____ PT _____

Student Information	Missing/ Error	Corrected	Complete
State Reporting Dates (initial/end dates)			
Meeting Date			
Initiation Date			
End Date			
Most recent eval date			
Signatures			
Parent/Guardian(s)			
Regular Ed.			
Special Ed.			
Admin/Designee			
IEP Excusal, if applicable			
Data Considerations	Missing/ Error	Corrected	Complete
Strengths/Concerns			
Other Factors to Consider			
Annual Goals	Missing/ Error	Corrected	Complete
ID Needs			
Statement of services for each need			
Services, Aids, & Modifications for each need			
PLEP			
Measurable Benchmarks			
Marking Periods Indicated			
Measurable Annual Goals			
Related Services' Times Indicated			
Related Services' signatures (if appl.)			

Additional Considerations	Missing/ Error	Corrected	Complete
Transportation (Forms, if applicable)			
Assessment (Accommodations/ DAPA form if applicable)			
Discipline (Behavior Plan, if applicable)			
12- Month Program/ESY with Rationale			
LRE	Missing/ Error	Corrected	Complete
Placement checked			
Rationale Completed (all placements)			
Student/Parent boxes checked			
Parent Signature			
Teacher Signature (if parent does not attend)			
Prior Written Notice			
Minutes attached			
Two NOM attached			

Messages from ED:

Please make corrections as *noted.

**Please see any additional notes on back.*

Please check when completed:

Audit file updated (IEP goals)

Sent parent copy of updated goals

IEP is in compliance.



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IEP Meeting/ Conference Minutes

Student: _____ Date of Birth: _____
 School: _____ Classification: _____
 Person Taking Minutes: _____ Date of Meeting: _____

Check all that apply or that were discussed during this meeting:

Meeting Excusal Form Needed?									
If <10 day notice waiver signed?									
Participants Introduced									
Meeting Purpose Explained									
Parental Rights/Procedural Safeguards offered/Reviewed with Parent									
If initial or reevaluation-assessment Info reviewed									
Permission to evaluate signed/completed (if applicable)									
Pg. 2 of IEP	Student strengths listed	Parent concerns addressed	Extracurricular & Non Academic Areas				Other Factors Considered		
Needs and Goals/Objectives/Benchmarks Developed/Discussed									
Current Levels of Academic Performance Discussed									
Accommodations Discussed									
Assistive Technology –If so, Explain:									
Related Services Addressed	Speech	OT	PT	APE/PT	Hearing	Vision	Transportation	Other	
Discipline (school code) if not specify					intervention	BIP	Other:		
Transportation:		If special explain							
Participation in state assessment				DCAS/Smarter Balance			DCAS ALT-1		
Extended School Year Services				If to Be Determined- When?					
Least Restrictive Environment				List the Setting Chosen:					
Parents signature secured on all documents									



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Prior Written Notice Reviewed	Comments?
Statement of IEP Assurance Resources form Completed	

Participants Attending IEP Meeting

Position	Name (Print)	Name (Signature)
Parent/Guardian/Surrogate		
Parent/Guardian/Surrogate		
Student		
Administrator/Designee		
Regular Education Teacher		
Special Education Teacher		
Nurse		
School Psychologist		
Special Education Teacher		

Student: _____ School: _____
 Date of Birth: _____ Grade: _____
 Classification: _____ Date of Meeting: _____

(Form B)

Participants Introduced _____

Participants Attending IEP Meeting

Position	Name (Print)	Name (Signature)
Parent/Guardian/Surrogate		
Parent/Guardian/Surrogate		
Student		
Administrator/Designee		
Regular Education Teacher		
Special Education Teacher		
Nurse		
School Psychologist		
Special Education Teacher		
Principal		
Assistant Principal		



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Parental Rights/Procedural Safeguards:

Copy of Parent Rights/Procedural Safeguards mailed home with meeting notice.

_____ A copy of my Parent Rights/Procedural Safeguards was offered/reviewed with me.

Parent Signature: _____

_____ A copy of my Parent Rights/Procedural Safeguards was offered to me. I chose to waive my right of their review.

Parent Signature: _____

Purpose of Meeting Explained _____

- _____ 1. Determine your child’s initial or continued eligibility for special education and related services.
- _____ 2. Conduct an evaluation or re-evaluation of your child.
- _____ 3. Conduct an annual review of your child’s Individualized Education Program (IEP).
- _____ 4. Conduct transition Planning
 - _____ _____ For children transition from Part C to Part B of the IDEA
 - _____ _____ For children who are in the 8th grade and above or when the child is 14 or older
- _____ 5. Develop, review, and/or revise your child’s Individualized Education Program (IEP).
- _____ 6. Develop a functional behavior assessment and/or behavior support plan for your child.
- _____ 7. Determine whether a recent behavioral incident was a manifestation of your child’s disability.
- _____ 8. Consider dismissing your child from special education.
- _____ 9. Other:

Student _____

Date of Meeting: _____

Meeting Minutes:



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Confidential Special Education

**IEP at a Glance
(Snap Shot)**

Part 1: Student Information

Date:

Student:

Grade:

Case Manager:

Phone Extension:

Disability Information:

Learning Styles/Strengths

Present Level of Performance Classroom /Behavior

Modifications/Accommodations

Assistive Technology/ Augmentative Communication Devices:

Medications/Known side effects of Medications for this student



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Teacher Input Form

Student Name:		Elem/Middle	Grade:	
Teacher Name:		Subject:	Due Date:	

This student is being evaluated (re-evaluated) for eligibility for Special Education. The information you provide will be used as part of this process and will be shared with the parent.

1. What is the student’s current grade in your class (MS) or in each subject (Elem.)?
2. Please check all the factors that may account for the student’s current grade and write in numbers where applicable:
 - Missing assignments
 - Late assignments
 - Incomplete or illegible assignments
 - Failure to participate in class
 - Other *(Please describe.)*
3. What strengths does this student display in your classroom? What challenges does this student present in your classroom?
4. Have you made any informal accommodations or modifications for this student such as extending timelines, preferential seating, or adjusting expectations? *(If yes please list below and tell whether or not it was effective.)*
5. Have you been in contact with this parent/guardian during the current school year? How often and what has been your primary means of communication *(e-mail, phone, conference)*?
6. Any additional information or comments? *(Please use additional pages as necessary.)*



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Parent IEP Input Form

To the Parent(s)/Guardians of _____ Date: _____

It is time to evaluate the progress your child has made this year and to begin the planning process for next year. Your input is **very important** in developing a plan that is right for your child. Using your responses and information from the child, and his/her teachers a rough draft of the IEP will be created for use as a basis for discussion at the IEP meeting.

Please complete this information sheet and return it to _____ by _____ . If you need additional space, feel free to attach another sheet of paper. Thank you.

1. What do you see as your child’s successes this school year?

2. What are his/her academic strengths and other special skills or abilities?

3. What are the areas of weakness that you have noted?

4. Are there other concerns, such as social skills or behavioral issues?

5. Consider your child’s organizational skills and study skills. Do they seem appropriate for his/her grade level? Does your child have difficulty with homework assignments?

6. List any classroom modifications or accommodations that seem helpful to your child.

7. Do you feel that accommodations will be needed if standardized tests are taken during the school year?

8. Is there any type of classroom that might be better for your child’s learning style or self-image? (Examples might include the need for a highly structured environment, emphasis on hands-on learning, or preference for group work).

9. What helps your child to learn? (For example: enjoys projects, needs things read to him/her, needs time limits)

10. Does your child wear prescription glasses/contact lenses, hearing aids, or other assistive devices?



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11. Does your child currently take disability related medication? If so, please list the name of the prescription, the dosage, and when it is taken.

12. Please use the space below to list any other comments or concerns that you may have. Thank you.



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TEACHER CONFIDENTIALITY AGREEMENT

Federal law guarantees privacy and confidentiality for special education students and their records. As an employee at Family Foundations Academy, you may under limited circumstances, have access to student education records and other student information while on campus. Student education records include all records, files, documents and other materials that contain personally identifiable information on any student. As an employee of Family Foundations Academy, you agree to the following:

1. I will not discuss with others the identity of any student at Family Foundations Academy.
2. I will not discuss with others the content of any specific student records, nor will I disclose personally identifiable student information, or any other information regarding individual students.
3. I understand that questions about individual students or the content of confidential student records must be directed to the principal or program specialist.
4. I must report any breach or suspected breach in confidentiality, immediately upon my discovery, to the school principal or program specialist.
5. Communication regarding the observation(s) shared with parents must also be shared with the program specialist and special education teacher to insure two-way communication.
6. You, as the employee, are at the school only to interact with the student(s) you are designated to observe/support and no other student(s) in the classroom and /or building.

School: Family Foundations Academy Principal: Mrs. Valentin

Student: _____ Grade: _____

Type of Document , IEP or 504 Plan _____

Teacher and Specialists Printed Name	Teacher and Specialists Signature	Date of Signature



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Special Education Weekly Service Hourly Log (Example)

WEEK OF:

Student's Name	Grade	Monday	Tuesday	Wednesday	Thursday	Friday	Notes
Student A	2	35 min. Push in 30 min. Pull out	45 min Push In 30 min. Pull out	40 min Push In 30 min. Pull out	40 min Push In 30 min. Pull out	No School	
Student B	2	35 min. Push in 30 min. Pull out	45 min. Push in 30 min. Pull out	40 min Push In 30 min. Pull out	40 min Push In 30 min. Pull out	No School	
Student C	4	45 min. Push in 30 min. Pull out	30 min. Push in 30 min. Pull out	45 min. Push In 30 min. Pull out	45 min. Push in 30 min. Pull out	No School	
Student D	5	30 min. Push In 30 min. Pull out	45 min. Push in 30 min. Pull out	30 min. Push in 30 min. pull out	30 min. Push in 30 min. Pull out	No School	
Student E	7	45 min. Push in 30 min. Pull out	30 min. Push in 30 min. Pull out	45 min. Push In	30 min. Push in 30 min. Pull out	No School	



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Special Education Teacher Monthly Monitoring Form:

Month: _____

Special Education Teacher Name	IEP Dates Are Up-to-date In IEP Plus and ESchool	Evaluation Dates Are Up-to-date In IEP Plus and ESchool	IEP Paperwork is Compliant Based on Compliance Forms (see attached)	Service Logs Turned in Weekly and Hours Correct (see attached)	Comments