

KY Document Workflow/Validations- KY Conference Summary Report

KY Conference Summary Report

(Student Information>Special Ed>Student>Documents>New Document>Create New Conference Summary/Evaluation>KY Conference Summary Report)

ARC Header

UI:

ARC Header			
*ARC Date			
<input type="text"/>			
Purpose of the Meeting			
<input type="checkbox"/> To discuss a referral for an individual evaluation			
<input type="checkbox"/> To discuss results of an individual evaluation and develop an IEP if eligible			
<input type="checkbox"/> To develop, review, and/or revise the student's IEP and make placement decisions			
<input type="checkbox"/> To discuss post-secondary transition needs and/or services			
<input type="checkbox"/> To determine reevaluation needs			
<input type="checkbox"/> To discuss disciplinary action			
<input type="checkbox"/> At your request to discuss: <input type="text"/>			
<input type="checkbox"/> Other: <input type="text"/>			
Created Date	Created By	Modified Date	Modified By
05/31/2016	Administrator, System	05/31/2016	Administrator, System

Print:

Knox County 200 Daniel Boone Dr Barbourville, KY 40906 (555)510-6932		CONFERENCE SUMMARY REPORT
Student's Full Name: Marcos Henry Lucas I	SSID: 1942814813	ARC Date: 06/01/2016
Date of Birth: 05/21/1998	Grade: 11	
School: Knox Central High School		

Purpose of Meeting

- To discuss a referral for an individual evaluation
- To discuss results of an individual evaluation and develop an IEP if eligible
- To develop, review, and/or revise the student's IEP and make placement decisions
- To discuss post-secondary transition needs and/or services
- To determine reevaluation needs
- To discuss disciplinary action
- At your request to discuss: test 1
- Other: test 2

1. ***ARC Date** > This is a red-required calendar date field with MM/DD/YYYY format. If user attempts to save the editor without entering a date, a validation message will populate that reads: 'ARC Date is required.'
2. **Purpose of Meeting**> This section has eight checkboxes. These check boxes print in the Summary Notes section when checked. The 'At your request to discuss:' check box has a text field with 150 character limit. The 'Other:' check box has a text field with 150 character limit.

Student Demographics

UI:

Student Demographics			
Note: At the point the plan is generated, a snapshot of the student data is taken. To get a fresh copy, click the button below.			
<input type="button" value="Refresh Student Information"/>			
Last Name <i>Lucas</i>	First Name <i>Marcas</i>	Middle Name <i>Henry</i>	Suffix <i>I</i>
Race, Ethnicity <i>6 : White</i>	Gender <i>M</i>	Birthdate <i>05/21/1998</i>	
Student Address <i>123 Minnesota St #10 Kentucky, KY 12345</i>			
School Name <i>Knox Central High School</i>	School Phone <i>(555)230-5933</i>	Student Number <i>1942814813</i>	Grade <i>11</i>

Print:

Student's Full Name: Marcas Henry Lucas I	SSID: 1942814813	ARC Date: 06/01/2016
Date of Birth: 05/21/1998	Grade: 11	
School: Knox Central High School		

1. **Refresh Student Information** >All fields should populate read-only and the information is pulled from Census.

Basis for ARC Decisions & Parent Input

UI:

Basis for ARC Decisions & Parent Input
DESCRIPTION OF EACH EVALUATION PROCEDURE, TEST, RECORD, OR REPORT USED AS BASIS FOR THE ARC DECISIONS. The following items were considered.

Written Assessment Report Date:

Student Progress in Achieving IEP Goals

Functional Vision/Learning Media Assessment
 Orientation and Mobility Assessment

Vision Evaluation
 Braille Skills Inventory

Intervention Data
 Developmental History
 Vision Screening
 Health Screening
 Academic Performance Screening
 Social/Emotional Competence Screening

Referral
 Educational History
 Hearing Screening
 Communication Screening
 Cognitive Screening
 Motor Screening

Voice Evaluation
 Oral Mechanism Evaluation
 Communication Assessment
 Expressive Language Assessment
 Hearing Evaluation

Augmentative Comm. Assessment
 Fluency Evaluation
 Receptive Language Assessment
 Speech Sound Production Assessment

Health/Medical Evaluation or Statement
 Physical Therapy Assessment
 Assistive Technology Evaluation

Motor Abilities
 Occupational Therapy Assessment
 Perceptual Abilities Assessment

Social/Cultural Factors
 Behavior Rating Scales
 Discipline Referral(s)
 Functional Behavior Assessment (FBA)

Adaptive Behavior Scale
 Social Competence Assessment (Emotional/Behavioral)
 Behavioral Data/Logs

Behavior Observations

Individual Family Service Plan (IFSP)

Cognitive/Intellectual Assessment
 Developmental Assessment

Academic Performance Assessment

Individual Learning Plan (ILP)
 Multi-Year Course of Study

Technical Vocational Assessment

Other Data: (Specify Below if Any)

***DOCUMENT PARENT CONCERNS AND INPUT**

Print:

BASIS FOR THE ARC DECISIONS		
I. DESCRIPTION OF EACH EVALUATION PROCEDURE, TEST, RECORD, OR REPORT USED AS BASIS FOR THE ARC DECISIONS. The following items were considered. (See attached explanation of evaluation procedures.):		
<input type="checkbox"/> Written Assessment Report Date:	<input type="checkbox"/> Developmental Assessment	<input type="checkbox"/> Academic Performance Assessment
<input type="checkbox"/> Student Progress in Achieving IEP Goals	<input type="checkbox"/> Behavior Observations	<input type="checkbox"/> Physical Therapy Assessment
<input type="checkbox"/> Intervention Data	<input type="checkbox"/> Communication Assessment	<input type="checkbox"/> Occupational Therapy Assessment
<input type="checkbox"/> Referral	<input type="checkbox"/> Receptive Language Assessment	<input type="checkbox"/> Assistive Technology Evaluation
<input type="checkbox"/> Educational History	<input type="checkbox"/> Expressive Language Assessment	<input type="checkbox"/> Social/Cultural Factors
<input type="checkbox"/> Developmental History	<input type="checkbox"/> Speech Sound Production Assessment	<input type="checkbox"/> Behavior Rating Scales
<input type="checkbox"/> Vision Screening	<input type="checkbox"/> Oral Mechanism Evaluation	<input type="checkbox"/> Adaptive Behavior Scale
<input type="checkbox"/> Hearing Screening	<input type="checkbox"/> Fluency Evaluation	<input type="checkbox"/> Social Competence Assessment (Emotional/Behavioral)
<input type="checkbox"/> Health Screening	<input type="checkbox"/> Voice Evaluation	<input type="checkbox"/> Behavioral Data/Logs
<input type="checkbox"/> Communication Screening	<input type="checkbox"/> Augmentative Comm. Assessment	<input type="checkbox"/> Discipline Referral(s)
<input type="checkbox"/> Cognitive Screening	<input type="checkbox"/> Hearing Evaluation	<input type="checkbox"/> Functional Behavior Assessment (FBA)
<input type="checkbox"/> Academic Performance Screening	<input type="checkbox"/> Vision Evaluation	<input type="checkbox"/> Technical/Vocational Assessment
<input type="checkbox"/> Motor Screening	<input type="checkbox"/> Braille Skills Inventory	<input type="checkbox"/> Individual Family Service Plan (IFSP)
<input type="checkbox"/> Social/Emotional Competence Screening	<input type="checkbox"/> Individual Learning Plan (ILP)	<input type="checkbox"/> Orientation and Mobility Assessment
<input type="checkbox"/> Motor Abilities	<input type="checkbox"/> Functional Vision/Learning Media Assessment	<input type="checkbox"/> Health/Medical Evaluation or Statement
<input type="checkbox"/> Multi-Year Course of Study	<input type="checkbox"/> Perceptual Abilities Assessment	<input type="checkbox"/> Cognitive/Intellectual Assessment
	<input type="checkbox"/> Other Data: (Specify Below if Any)	
II. DOCUMENT PARENT CONCERNS AND INPUT		
test		

- DESCRIPTION OF EACH EVALUATION PROCEDURE, TEST, RECORD, OR REPORT USED AS BASIS FOR THE ARC DECISIONS. The following items were considered.** > This section has multiple check boxes there is no minimum or maximum number of check boxes that can be checked. If 'Written Assessment Report Date:' is checked, a date must be entered in the corresponding date field which is a MM/DD/YYYY format. If a date is not entered when this field is checked, a validation message populates that reads: 'Report Date is required.'. If 'Other Data: (Specify Below if Any) is checked, data must be entered into the unlimited text area below the checkbox. If no data is entered and user attempts to save, a validation message populates that reads: 'Please Specify Other Data.'.
- *DOCUMENT PARENT CONCERNS AND INPUT**> This is a red-required unlimited text area. If user attempts to save without entering data in this field, a validation message populates that reads: 'DOCUMENT PARENT CONCERNS AND INPUT is required.'.

Disciplinary Review

UI (Initial Screen):

Disciplinary Review

Is a Manifestation Determination Form applicable?

Yes, use state Manifestation Determination Form

Yes, use district Manifestation Determination Form

No

UI (state Manifestation Determination Form):

Disciplinary Review

Is a Manifestation Determination Form applicable?

Yes, use state Manifestation Determination Form
 Yes, use district Manifestation Determination Form
 No

Manifestation Determination Review

Step 1:
The ARC reviews all relevant information including the IEP, current data, teacher observations, teacher-collected data, any relevant information provided by the parents to answer the following questions:

1. Was the conduct in question caused by or have a direct and substantial relationship to the student's disability?

No. Proceed with Step 1, Question 2.
 Yes. Follow Step 2 to conduct a manifestation review.

2. Was the conduct in question the direct result of the failure to implement the IEP?

No. Proceed with Disciplinary Action.
 Yes. Follow Step 2 to conduct a manifestation review.

Disciplinary Action: Behavior is NOT a Manifestation of the Disability
If the ARC determines the student's behavior is not a manifestation of the disability, the ARC determines appropriate educational services the student will receive in the disciplinary setting.

Step 2: Behavior is a Manifestation of the Disability

1. Has a functional behavior assessment (FBA) been conducted?

No. The ARC completes an FBA.
 Yes. Proceed to Step 2, Question 2. Date of FBA:

2. Has a Behavior Intervention Plan (BIP) been developed, including strategies for instruction and management of behaviors?

No. The ARC develops a BIP.
 Yes. Proceed to Step 3. Date of BIP:

Step 3: Determining Services and Placement

The ARC reviewed/revised the IEP to determine appropriate educational services.
 The ARC determined an appropriate placement for implementation of the IEP.

UI (No):

Disciplinary Review

Is a Manifestation Determination Form applicable?

Yes, use state Manifestation Determination Form
 Yes, use district Manifestation Determination Form
 No

Notes

Print (state Manifestation Determination Form):

D. DISCIPLINARY REVIEW

provided by the parents to answer the following questions:

1. Was the conduct in question caused by or have a direct and substantial relationship to the student's disability?

- No. Proceed with Step 1, Question 2.
- Yes. Follow Step 2 to conduct a manifestation review.

2. Was the conduct in question the direct result of the failure to implement the IEP?

- No. Proceed with Disciplinary Action.
- Yes. Follow Step 2 to conduct a manifestation review.

Disciplinary Action: Behavior is NOT a Manifestation of the Disability

If the ARC determines the student's behavior *is not* a manifestation of the disability, the ARC determines appropriate educational services the student will receive in the disciplinary setting.

Step 2: Behavior is a Manifestation of the Disability

1. Has a functional behavior assessment (FBA) been conducted?

- No. The ARC completes an FBA.
- Yes. Proceed to Step 2, Question 2. Date of FBA:

2. Has a Behavior Intervention Plan (BIP) been developed, including strategies for instruction and management of behaviors?

- No. The ARC develops a BIP.
- Yes. Proceed to Step 3. Date of BIP:

Step 3: Determining Services and Placement

- The ARC reviewed/revised the IEP to determine appropriate educational services.
- The ARC determined an appropriate placement for implementation of the IEP.

Print (use district Manifestation Determination Form):

D. DISCIPLINARY REVIEW
*See district Manifestation Determination Form

Print ('No', but Notes have been added):

III. OPTIONS/ACTIONS CONSIDERED AND REASONS FOR THE DECISIONS
D. DISCIPLINARY REVIEW
*See Summary Notes

SUMMARY NOTES
Disciplinary Review Notes test notes for 'No' Disciplinary Review

1. **Is a Manifestation Determination Form applicable?** >This editor has three check boxes that toggle according to selection. Each check box prints differently as well.
2. **Yes, use state Manifestation Determination Form**> This check box selection populates the state Manifestation Determination Review form. The Step 1 section has two questions with

single-select Yes or No check boxes. The Step 2 section has two questions with single-select Yes or No check boxes and if the user selects 'Yes' for either or both of the questions, the corresponding date field is required to save the editor. If user selects Yes for either question and does not enter a date, the following validation messages populate according to the date title: 'Please enter a date of FBA' or 'Please enter date of BIP.' Step 3 has two check boxes with statements both check boxes may be checked. This prints in the Disciplinary Review section.

3. **Yes, use district Manifestation Determination Form**> This check box when checked displays '*See district Manifestation Determination Form in the 'Disciplinary Review' section of the print.
4. **No**> This check box populates a 'Notes' unlimited character text area and when saved it prints in the Summary Notes section and a '*See Summary Notes' statement is populated in the 'Disciplinary Review' print section.
5. There is also a validation if a user selects one check box and enters data but then selects a different check box, a validation message populates that reads: 'Data will be lost if selection is changed.'

IEP Developed/Reviewed/Revised

UI:

IEP Developed/Reviewed/Revised	
OPTIONS/ACTIONS CONSIDERED AND REASONS FOR THE DECISIONS:	
Individual Education Program developed/reviewed/revised (A new IEP must be developed at least annually for continued eligibility)	
<input type="checkbox"/>	An Individual Education Program has been developed, reviewed, or revised.
<input type="checkbox"/>	An Individual Education Program has been reviewed and remains appropriate until Annual Review.
<input type="checkbox"/>	An Individual Education Program has NOT been developed, reviewed, or revised.

Print:

E. IEP DEVELOPED/REVIEWED/REVISED	
<input checked="" type="checkbox"/>	An Individual Education Program has been developed, reviewed, or revised.
<input type="checkbox"/>	An Individual Education Program has been reviewed and remains appropriate until Annual Review.
<input type="checkbox"/>	An Individual Education Program has NOT been developed, reviewed, or revised.

1. **IEP Developed/Reviewed/Revised**> This editor has three single-select check boxes. User must select at least one check box to save the editor. If user attempts to save without selecting a check box, a validation message populates that reads: 'Please select at least one Option/Action'

Placement Options and Decisions

UI:

Placement Options and Decisions
Placement Options and Decisions: Based on the review of assessment data and the completed IEP, the ARC discussed the following placement option(s):

Placement Option Considered
 Full time general education environment (Participation only in the regular education environment, including classes with co-teaching)

Accepted:

Yes No

Reason Accepted/Rejected

Part-time general education and Part-time special education environment (Participation in regular education, which may include co-teaching, and special education environments; any time the student is removed from regular education, regardless of the amount of time)

Accepted:

Yes No

Reason Accepted/Rejected

Full-time special education environment (Participation only in a special education environment; no participation with non-disabled peers for any part of school day)

Accepted:

Yes No

Reason Accepted/Rejected

Consideration of Potential Harmful Effects

There are no potential harmful effects of the placement on the child or on the quality of services needed by the child.

Potential harmful effects identified and modifications to compensate are outlined below:

Notes

Print:

F. PLACEMENT OPTIONS AND DECISIONS		
<p>• Based on the review of assessment data and the completed IEP, the ARC discussed the following placement option(s):</p>		
Placement Option Considered	Accepted	Reason Accepted/Rejected
Full time general education environment (Participation only in the regular education environment, including classes with co-teaching)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	test 1
Part-time general education and Part-time special education environment. (Participation in regular education, which may include co-teaching, and special education environments; any time the student is removed from regular education, regardless of the amount of time)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Full-time special education environment (Participation only in a special education environment; no participation with non-disabled peers for any part of school day)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Consideration of Potential Harmful Effects</p> <p><input checked="" type="checkbox"/> There are no potential harmful effects of the placement on the child or on the quality of services needed by the child.</p> <p><input type="checkbox"/> Potential harmful effects identified and modifications to compensate are outlined below:</p>		

1. **Placement Option Considered** > This section has three options with single-select Yes or No checkboxes and corresponding unlimited character text areas. A user must only choose 'Yes' for one of the 'Accepted' reasons. A reason must be given for Reason Accepted/Rejected when checking Yes or No. Once a 'Yes' with a reason has been indicated all other Reasons can be left blank, no Yes/No required. If a reason is not provided when required, a validation message will populate that reads: 'Please enter a Reason Accepted/Rejected for (Accepted section text populates accordingly).
2. **Consideration of Potential Harmful Effects** > This single-select check box section requires the user to check one or the other. If user attempts to save the editor and has not checked one of the boxes, a validation message populates that reads: 'Please mark an option for Consideration of Potential Harmful Effects'
3. **Notes** > This is an unlimited character text area that populates entered data in the 'Summary Notes' section of the print.

Notice of Graduation or Aging Out

UI:

Notice of Graduation or Aging Out
IV. NOTICE OF GRADUATION OR AGING OUT: (for students beginning at age 16 or younger if appropriate)

The ARC anticipates the student will NOT require longer than 4 years of high school to graduate.

The ARC anticipates the student will require longer than 4 years of high school to graduate.

Check all that apply:

The ARC anticipates that the student will graduate within the next twelve (12) months.

The student has been provided with a summary of academic and functional performance including recommendations on how to assist the student in meeting his or her post secondary goal(s).

Based on the student's birth date, the student will age-out and no longer be eligible for services on:

Notes

Print:

IV. NOTICE OF GRADUATION OR AGING OUT
<p>• (for students beginning at age 16 or younger if appropriate):</p> <p><input type="checkbox"/> The ARC anticipates the student will NOT require longer than 4 years of high school to graduate.</p> <p><input type="checkbox"/> The ARC anticipates the student will require longer than 4 years of high school to graduate.</p> <p><input type="checkbox"/> The ARC anticipates that the student will graduate within the next twelve (12) months.</p> <p><input type="checkbox"/> The student has been provided with a summary of academic and functional performance including recommendations on how to assist the student in meeting his or her post secondary goal(s).</p> <p><input type="checkbox"/> Based on the student's birth date, the student will age-out and no longer be eligible for services on:</p>

SUMMARY NOTES
<p>Notice of Graduation or Aging Out Notes</p> <p style="text-align: center;">Test Notes for Graduation or Aging Out Print</p>

1. **Notice of Graduation or Aging Out** > This editor has a two check box sections. The top two check boxes users are able to select one or the other, not both. The bottom three check boxes users are able to check any or all check boxes. If the last check box is checked, a date must be entered in the calendar date field with MM/DD/YYYY format. If user attempts to save without the corresponding date field, a validation message will populate that reads: 'Date is required.'
2. **Notes** > This is an unlimited character text area that populates entered data in the 'Summary Notes' section of the print.

Medicaid

UI:

Medicaid
<input type="checkbox"/> Annual written notice was provided to the parent in order to submit claims for Medicaid Reimbursement.
<input type="checkbox"/> In addition to covered services on the student's IEP and/or covered evaluations outlined through evaluation planning, collateral services will be provided by qualified providers as needed.
<input type="checkbox"/> Student is not eligible for Medicaid.
Notes
<div style="border: 1px solid gray; height: 40px;"></div>

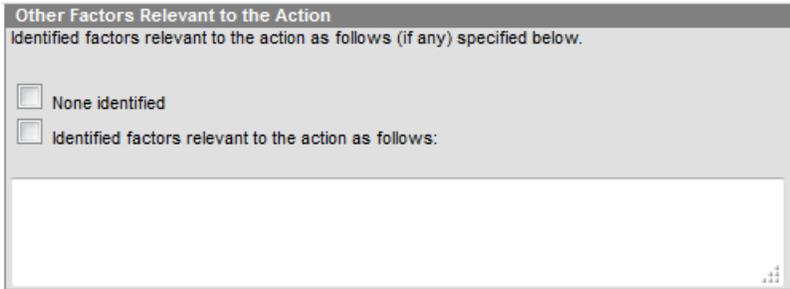
Print:

V. MEDICAID
<input type="checkbox"/> Annual written notice was provided to the parent in order to submit claims for Medicaid Reimbursement.
<input type="checkbox"/> In addition to covered services on the student's IEP and/or covered evaluation outlined through evaluation planning, collateral services will be provided by qualified providers as needed.
<input type="checkbox"/> Student is not eligible for Medicaid.
SUMMARY NOTES
Medicaid Notes Test Medicaid Notes in Summary Section

1. **Medicaid** > This editor has three single-select check boxes.
2. **Notes** > This is an unlimited character text area that populates entered data in the 'Summary Notes' section of the print.

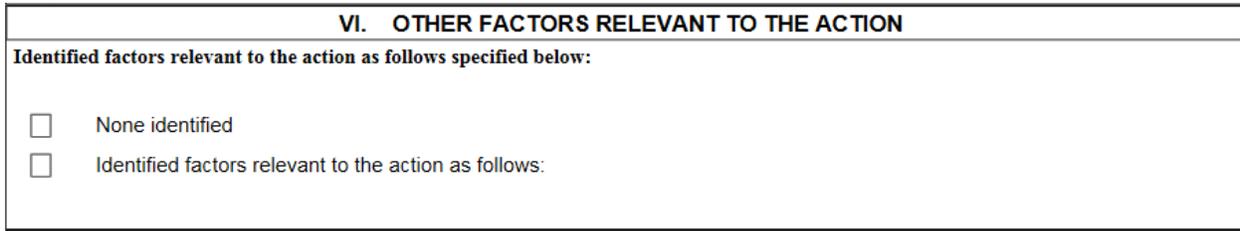
Other Factors

UI:



The screenshot shows a form titled "Other Factors Relevant to the Action". Below the title is the instruction "Identified factors relevant to the action as follows (if any) specified below." There are two radio buttons: the first is labeled "None identified" and is selected; the second is labeled "Identified factors relevant to the action as follows:" and is unselected. Below the radio buttons is a large, empty text area for entering details.

Print:



The printed form has a header "VI. OTHER FACTORS RELEVANT TO THE ACTION". Below the header is the instruction "Identified factors relevant to the action as follows specified below:". There are two radio buttons: the first is labeled "None identified" and is selected; the second is labeled "Identified factors relevant to the action as follows:" and is unselected.

1. **Identified factors relevant to the action as follows specified below:** > This editor has two single-select check boxes with statements. If user selects the second check box then data is required in the unlimited character text area prior to saving the editor. If this check box is checked and no data is entered in the text area, a validation message populates that reads: 'If 'Identified factors relevant to the action as follows' checkbox is marked, text is required.'

Initial Eval/Reevaluation Plan

UI (Initial Toggle Editor):



The screenshot shows a form titled "Initial Eval/Reevaluation Plan". Below the title is the instruction "Indicate type of Evaluation plan:" followed by a dropdown menu.

UI (Initial Evaluation):

Initial Eval/Reevaluation Plan

Indicate type of Evaluation plan: Initial Evaluation ▼

Suspected Disability: (Select all suspected disabilities. For Multiple Disabilities, you may choose additional specific disabilities by clicking again in the white area.)

Select Values

Select disability area(s) for 'Developmental Delay':

Select disability area(s) for 'Specific Learning Disability':

Select disability area(s) for 'Speech or Language Impairment':

Description of Action(s):

- An evaluation will be conducted (See Consent to Evaluate/Reevaluate).
- An evaluation will not be conducted.
- Additional interventions will be implemented in the area(s) of (Specify)

Other: (Specify)

Reason(s) for Decision:

- This referral, as reviewed by the ARC, indicates a suspected disability and there is a need for an individual evaluation.
- This referral, as reviewed by the ARC, does not indicate a suspected disability and there is not a need for an individual evaluation.
- This referral, as reviewed by the ARC, does not include sufficient information to determine a suspected disability and the need to initiate a full and individual evaluation.

The ARC has determined the information needed to be collected and will reconvene on

Print (Initial Evaluation):

Initial Evaluation/Reevaluation Plan			
Initial Evaluation			
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Multiple Disabilities
<input type="checkbox"/>	Deaf-Blindness	<input type="checkbox"/>	Orthopedic Impairment
<input type="checkbox"/>	Developmental Delay	<input type="checkbox"/>	Other Health Impairment
<input type="checkbox"/>	Emotional-Behavioral Disability	<input type="checkbox"/>	Specific Learning Disability
<input type="checkbox"/>	Functional Mental Disability	<input type="checkbox"/>	Speech or Language Impairment
<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Traumatic Brain Injury
<input type="checkbox"/>	Mild Mental Disability	<input type="checkbox"/>	Visual Impairment
<input type="checkbox"/>	No Disability Suspected		

Description of Action(s)

<input checked="" type="checkbox"/>	An evaluation will be conducted (See Consent to Evaluate/Reevaluate).
<input checked="" type="checkbox"/>	An evaluation will not be conducted.
<input checked="" type="checkbox"/>	Additional interventions will be implemented in the area(s) of (Specify). test action validation
<input checked="" type="checkbox"/>	Other: (Specify) Test Other (Specify) validation

Reason(s) for Decision

<input type="checkbox"/>	This referral, as reviewed by the ARC, indicates a suspected disability and there is a need for an individual evaluation.
<input type="checkbox"/>	This referral, as reviewed by the ARC, does not indicate a suspected disability and there is not a need for an individual evaluation.
<input type="checkbox"/>	This referral, as reviewed by the ARC, does not include sufficient information to determine a suspected disability and the need to initiate a full and individual evaluation. The ARC has determined the information needed to be collected and will reconvene on .

UI (Reevaluation):

Initial Eval/Reevaluation Plan

Indicate type of Evaluation plan: Reevaluation Plan ▼

Suspected Disability: (Select all suspected disabilities. For Multiple Disabilities, you may choose additional specific disabilities by clicking again in the white area.)

Select Values

Select disability area(s) for 'Developmental Delay':

Select disability area(s) for 'Specific Learning Disability':

Select disability area(s) for 'Speech or Language Impairment':

The ARC reviewed existing data as outlined in Section I, including but not limited to:

1. Evaluations and information provided by parents;
2. Current classroom-based assessments and observations; and
3. Observations by teachers and related service providers.

The ARC has decided that additional information (See Consent to Evaluate/Reevaluate) is needed to determine: (Check all that apply)

If the student continues to have a disability.

If the student continues to need special education.

The present level of academic and functional performance and educational needs of the student.

Any additions or modifications to the special education and related services needed to enable the student to meet the goals set out in the IEP and to participate, as appropriate, in the general curriculum.

OR, The ARC decided that

Current data is sufficient. OR

A formal evaluation as requested by the parent will be conducted. (See Consent to Evaluate/Reevaluate).

AND

The parents have been informed of these decisions.

Print (Reevaluation):

Initial Evaluation/Reevaluation Plan			
Reevaluation Plan			
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Multiple Disabilities
<input type="checkbox"/>	Deaf-Blindness	<input type="checkbox"/>	Orthopedic Impairment
<input type="checkbox"/>	Developmental Delay	<input type="checkbox"/>	Other Health Impairment
<input type="checkbox"/>	Emotional-Behavioral Disability	<input type="checkbox"/>	Specific Learning Disability
<input type="checkbox"/>	Functional Mental Disability	<input type="checkbox"/>	Speech or Language Impairment
<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Traumatic Brain Injury
<input type="checkbox"/>	Mild Mental Disability	<input type="checkbox"/>	Visual Impairment
<input type="checkbox"/>	No Disability Suspected		

The ARC reviewed existing data as outlined in Section 1, including but not limited to:

1. Evaluations and information provided by parents;
2. Current classroom-based assessments and observations; and
3. Observations by teachers and related service providers.

The ARC has decided that additional information (See Consent to Evaluate/Reevaluate) is needed to determine: (Check all that apply)

<input type="checkbox"/>	If the student continues to have a disability.
<input type="checkbox"/>	If the student continues to need special education.
<input type="checkbox"/>	The present level of academic and functional performance and educational needs of the student.
<input type="checkbox"/>	Any additions or modifications to the special education and related services needed to enable the student to meet the goals set out in the IEP and to participate, as appropriate, in the general curriculum.

OR, The ARC decided that

<input checked="" type="checkbox"/>	Current data is sufficient. OR
<input type="checkbox"/>	A formal evaluation as requested by the parent will be conducted. (See Consent to Evaluation/Reevaluate).

AND

<input checked="" type="checkbox"/>	The parents have been informed of these decisions.
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1. **Indicate type of Evaluation plan:** > This is a red-required single-select drop-list that defaults to null with values of 'Initial Evaluation' and 'Reevaluation'. When user selects a value it will populate the corresponding fields with that type. If user enters data for one type then selects the other type, a validation message populates that reads: 'Data will be lost if Evaluation Type is changed.'

Initial Evaluation

2. **Suspected Disability:** >This is a multi-select field that has all disability categories available. If 'Developmental Delay', 'Specific Learning Disability' or 'Speech or Language Impairment' are selected, the corresponding 'areas' field unlocks the fields to indicate the disability specific area(s). If 'Multiple Disabilities' is selected, users are expected to select additional Disability values from this field.
3. **Select disability area(s) for 'Developmental Delay' :** >This is a multi-select field that lists all areas associated with this disability. This will remain an unlocked/non-editable field unless 'Developmental Delay' is selected in the 'Suspected Disability' multi-select field above. The

'Area(s)' values are as follows: Cognition, Motor development, Self-help/adaptive behavior, Communication, Social-emotional development

4. **Select disability area(s) for 'Specific Learning Disability'** : >This is a multi-select field that lists all areas associated with this disability. This will remain an unlocked/non-editable field unless 'Specific Learning Disability' is selected in the 'Suspected Disability' multi-select field above. The 'Area(s)' values are as follows: Oral Expression, Written Expression, Reading Fluency Skills, Mathematics Calculation, Listening Comprehension, Basic Reading Skills, Reading Comprehension, and Mathematics Reasoning
5. **Select disability area(s) for 'Speech or Language Impairment'** : >This is a multi-select field that lists all areas associated with this disability. This will remain an unlocked/non-editable field unless 'Speech or Language Impairment' is selected in the 'Suspected Disability' multi-select field above. The 'Area(s)' values are as follows: Speech Sound Production and Use, Language, Fluency, Voice
6. **Description of Action(s)** : > There are four check boxes, all can be checked. If the third check box is checked, data must be entered in the corresponding unlimited character text area. If checked and no data is entered, a validation message populates that reads: 'Please specify area(s)'. If the fourth check box is checked, data must be entered in the corresponding unlimited character text area. If checked and no data is entered, a validation message populates that reads: 'Please specify Action'.
7. **Reason(s) for Decision:** > There are three single-select check boxes. If the third check box is checked, a date must be entered in the calendar date field with MM/DD/YYYY format. If user attempts to save without the corresponding date field, a validation message will populate that reads: 'Date is required.'

Reevaluation

*Same as #1-5 above

8. **The ARC has decided that additional information (See Consent to Evaluate/Reevaluate) is needed to determine: (Check all that apply)** > This section has multiple check box sections. The first four check boxes any or all can be checked. If any of the first four check boxes are checked then the next two single-select check boxes in the '**OR, The ARC decided that**' section may not be checked. If check boxes are checked in both of these sections, a validation message populates that reads: 'Make selections in either the top set of checkboxes or the bottom set, not both.'
9. **AND** > This check box must be checked to save the editor. If not checked and user attempts to save, a validation message populates that reads: 'Parents must be informed of these decisions. Please mark checkbox to continue.'

Admissions and Release Committee Members

UI:

 New Team Meeting

Admissions and Release Committee Members	
Name	

Admissions and Release Committee Members
I have been advised, in my native language, and I understand the contents of this notice. I have a copy and have received an explanation of my procedural safeguards as parent of a student with a disability or as a student with a disability. I understand that I can receive an additional copy of my procedural safeguards, a further explanation of my rights, or assistance in understanding the content of this notice by contacting the student's school or the Director of Special Education.

***Names of Student Representative(s)**

Parent participated via alternate means.

***(if age 18 or older or younger if appropriate)**
 Parents did not attend meeting.

Date



A copy of Parent Rights, if necessary, and appropriate Due Process forms were:

- | | |
|-------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Mailed | <input type="checkbox"/> Delivered by school personnel |
| <input type="checkbox"/> Sent home with student | <input type="checkbox"/> Emailed |
| <input type="checkbox"/> Sent by fax | |

Admissions and Release Committee Members Attendance Editor

Name	Role
<input type="text"/>	<input type="text"/>

Print:

VII. ADMISSIONS AND RELEASE COMMITTEE MEMBERS	
I have been advised, in my native language, and I understand the contents of this notice. I have a copy and have received an explanation of my procedural safeguards as parent of a student with a disability or as a student with a disability. I understand that I can receive an additional copy of my procedural safeguards, a further explanation of my rights, or assistance in understanding the content of this notice by contacting the student's school or the Director of Special Education.	
Parent(s)/Student*: _____	<input type="checkbox"/> Parent participated via alternate means.
Typed/Printed Name(s): test names of student representatives to save the editor for print. _____	
*(if age 18 or older or younger if appropriate)	
<input type="checkbox"/> Parents did not attend meeting. A copy of Parent Rights, if necessary, and appropriate Due Process forms were:	
Date: _____	
<input type="checkbox"/> Mailed	<input type="checkbox"/> Delivered by school personnel
<input type="checkbox"/> Emailed	<input type="checkbox"/> Sent by fax

Signature	

1. ***Names of Student Representative(s)** > This is a red-required unlimited character text area. If user attempts to save this editor without entering data into this field, a validation message will populate that reads: 'Names of Student Representative(s) is required.'
2. **Parent participated via alternate means. & *(if age 19 or older or younger if appropriate) Parents did not attend meeting.** > Single-select check boxes for indicating that the parent did not attend the meeting. If either one of these check boxes are checked, a **Date** needs to be recorded in the calendar date field with MM/DD/YYYY format. If a check box is checked and a date is not entered, a validation message will populate that reads 'Please enter a date.'. If a check box is checked then at least one check box must be completed below **A copy of Parent Rights, if necessary , and appropriate Due Process forms were.**. If one of these check boxes is not checked, a validation message will populate that reads: 'Please enter a method of communication.'
3. **Admissions and Release Committee Members Attendance Editor** > This section has a Name text field with a 50 character limit and a Role text field with a 50 character limit.
4. **Add New Attendee** > This button allows users to add additional ARC Member Names and Roles.
5. **Admissions and Release Committee Members** > This list displays the 'Name' of all the 'Names of Student Representative(s) documented.
6. **New Team Meeting** > This tool bar button allows users to add multiple meetings to this document.

Summary Notes

UI:

A screenshot of a software window titled "Summary Notes". The window has a title bar with the text "Summary Notes" and a close button. Below the title bar, the word "Notes" is displayed. The main area of the window is a large, empty text input field with a vertical cursor at the beginning. In the bottom right corner of the text area, there is a small icon consisting of three dots arranged in a triangle.

Print:

SUMMARY NOTES

Purpose of Meeting

- To discuss a referral for an individual evaluation
- To discuss results of an individual evaluation and develop an IEP if eligible
- To develop, review, and/or revise the student's IEP and make placement decisions
- To discuss post-secondary transition needs and/or services
- To determine reevaluation needs
- To discuss disciplinary action
- At your request to discuss: Test 50 character fields! Test 50 character fields12345678901234567890123456789012345678901234567890
- Other: Test 50 character fields! Test 50 character fields12345678901234567890123456789012345678901234567890

Summary Notes

Test Summary Notes Print

Notice of Graduation or Aging Out Notes

Test Notes for Graduation or Aging Out Print

Medicaid Notes

Test Medicaid Notes in Summary Section

1. **Notes** > This is an unlimited character text area that populates entered data in the 'Summary Notes' section of the print after Purpose of Meeting and along with any other editor 'Notes' sections that have been completed.