

Student Name:

DOB:

Date of ARC:

Individual Education Program (IEP)

Plan Information			
Meeting Date:	Start Date:	End Date:	
Special Ed Status:	Special Ed Setting:		
Primary Disability:			

Student Information			
Student Name:	DOB:	Student Number:	
Address:	District of Residence:		
School of Attendance:	Grade:	Gender:	Race (Ethnicity Code):

Present Level of Academic Achievement and Functional Performance
<p>Present Levels of Academic Achievement and Functional Performance, including how the disability affects the student's involvement and progress in the general curriculum:</p> <p>(For preschool children include the effect on participation in appropriate activities. Beginning in the child's 8th grade year or when the child has reached the age of 14, a statement of transition needs is included.)</p> <p>Communication Status</p> <p><input type="checkbox"/> Performance commensurate with similar age peers</p> <p>Academic Performance</p> <p><input type="checkbox"/> Performance commensurate with similar age peers</p> <p>Health, Vision, Hearing, Motor Abilities</p> <p><input type="checkbox"/> Not an area of concern at this time</p> <p>Social and Emotional Status</p> <p><input type="checkbox"/> Performance commensurate with similar age peers</p> <p>General Intelligence</p> <p><input type="checkbox"/> Performance commensurate with similar age peers</p> <p>Functional Vision/Learning Media Assessment</p> <p><input type="checkbox"/> Not an area of concern at this time</p> <p>Functional Hearing, Listening, & Communication Assessment</p> <p><input type="checkbox"/> Not an area of concern at this time</p>

Present Level of Academic Achievement and Functional Performance	
Transition Needs	
<input type="checkbox"/> Not an area of concern at this time (Checking this box is not an option when the student is in the 8th Grade or 14 years or older because transition must be addressed for these students)	
Check all areas of need as identified by the Admissions and Release Committee (More than one area may be checked.)	
<input type="checkbox"/> Instruction	<input type="checkbox"/> Related services
<input type="checkbox"/> Community Experiences	<input type="checkbox"/> Employment
<input type="checkbox"/> Daily Living Skills	<input type="checkbox"/> Post School Adult Living Objectives
<input type="checkbox"/> Functional Vocational Evaluation	

Transition Services Needs	
(Beginning in the child's 8th grade year or when the child has reached the age of 14 and thereafter)	
What transition assessments were used to determine the child's preference and interests? (Check all that apply)	
<input type="checkbox"/> Student Interview	<input type="checkbox"/> Student Survey
<input type="checkbox"/> Student Portfolio	<input type="checkbox"/> Vocational Assessments
<input type="checkbox"/> Interest Inventory	<input type="checkbox"/> Parent Interview
<input type="checkbox"/> Career Awareness	<input type="checkbox"/> Career Aptitude
<input type="checkbox"/> Individual Learning Plan	<input type="checkbox"/> Other:
Needs Related to The Course of Study - See Present Levels of Performance	
<input type="checkbox"/> The Multi Year Course of Study is included with this IEP.	
<input type="checkbox"/> The Multi Year Course of Study has been uploaded and attached.	
Do transition service needs focus on the child's course of study and are they addressed in the Present Levels?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes

Postsecondary Goal(s)	
(By age 16, or younger if appropriate, and thereafter)	
Postsecondary Goal(s) Related to Education/Training & Employment	
After high school, _____'s goal is to _____ to be able to	
a.	
Transition Service	Agency Responsible

After graduation, Student's goal is to _____

Student Name:

DOB:

Date of ARC:

Postsecondary Goal(s) (By age 16, or younger if appropriate, and thereafter)	
to be able to	
Transition Service	Agency Responsible

Upon completion of high school, Student's goal is to _____ to be able to	
Transition Service	Agency Responsible

Postsecondary Goal(s) Related to Independent Living	
After high school, Student's goal is to	
Transition Service	Agency Responsible

After graduation, Student's goal is to	
Transition Service	Agency Responsible

Student Name:

DOB:

Date of ARC:

Postsecondary Goal(s) (By age 16, or younger if appropriate, and thereafter)	

Upon completion of high school, Student's goal is to	
Transition Service	Agency Responsible

Course of Study			
Proposed courses of study to assist the student in reaching the measurable postsecondary goals.			
Grade:	Grade:	Grade:	Grade:

Transfer of Rights at Age of Majority
<p>If applicable, one year before the student reaches age 18 the student and parent have been informed of the student's rights under Part B of the Individuals with Disabilities Education Act, if any, that will transfer on reaching the age of majority.</p> <p>Date student was first informed of the transfer of rights: _____</p>

Consideration of Special Factors for IEP Development (The ARC MUST address each question below and consider these issues in the review and revision of the IEP.)
<p>Does the child's behavior impede his/her learning or that of others?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, consider, if appropriate, strategies, including positive behavioral intervention strategies and supports to address that behavior.</p> <p>Does the child have limited English proficiency?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what is the relationship of language needs to the IEP?</p>

Consideration of Special Factors for IEP Development

(The ARC MUST address each question below and consider these issues in the review and revision of the IEP.)

Is the child blind or visually impaired? Yes No **If Yes, the IEP Team must consider:**

- Is instruction in Braille needed? Yes No
- Is use of Braille needed? Yes No
- Will Braille be the student's primary mode of communication? Yes No

(See evaluation data for supporting evidence.)

For Math & Science, student will need: (Please check one)

- Unified English Braille (UEB) only
- Unified English Braille (UEB) w/Nemeth Code

Does the child have communication needs? Yes No **If Yes, specify below:**

- See Present Levels for Communication Status
- Other (Specify):

Is the child deaf or hard of hearing? Yes No **If Yes, the IEP Team must consider:**

- The child's language and communication needs; Describe:
 - See Present Levels for Communication Status and Functional Hearing, Listening and Communication Assessment.
 - Other (Specify):
- Opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level and full range of needs; Describe:
- Any necessary opportunities for direct instruction in the child's language and communication mode. Describe:

Are assistive technology devices and services necessary in order to implement the child's IEP?

- Yes No

If Yes, include appropriate devices in the 'Statement of Devices/Services' below.

Statement of Devices/Services: If the ARC answers Yes to any of the questions above, include a statement of services and or devices to be provided to address the above special factors.

- See Specially Designed Instruction
- See Supplemental Aids and Services
- See Behavior Intervention Plan
- Other (Specify):

Measurable Annual Goals and Benchmarks

Annual Measurable Goal (# 1):

Measurable Annual Goals and Benchmarks
<p>Method(s) of Measurement:</p> <p>Specially Designed Instruction:</p> <p>For the IEP to be in effect by the child's 16th birthday and thereafter: This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of: <input type="checkbox"/> Education/training <input type="checkbox"/> Employment <input type="checkbox"/> Independent living</p>
Benchmarks/Short-Term Instructional Objectives
1.
2.
3.
<p>Annual Measurable Goal (# 2):</p> <p>Method(s) of Measurement:</p> <p>Specially Designed Instruction:</p> <p>For the IEP to be in effect by the child's 16th birthday and thereafter: This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of: <input type="checkbox"/> Education/training <input type="checkbox"/> Employment <input type="checkbox"/> Independent living</p>
Benchmarks/Short-Term Instructional Objectives
1.
2.
3.
<p>Annual Measurable Goal (# 3):</p> <p>Method(s) of Measurement:</p> <p>Specially Designed Instruction:</p> <p>For the IEP to be in effect by the child's 16th birthday and thereafter: This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of: <input type="checkbox"/> Education/training <input type="checkbox"/> Employment <input type="checkbox"/> Independent living</p>
Benchmarks/Short-Term Instructional Objectives
1.
2.

Measurable Annual Goals and Benchmarks

3.

Annual Measurable Goal (# 4):

Method(s) of Measurement:

Specially Designed Instruction:

For the IEP to be in effect by the child's 16th birthday and thereafter:

This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of:

- Education/training
- Employment
- Independent living

Benchmarks/Short-Term Instructional Objectives

1.

2.

3.

Annual Measurable Goal (# 5):

Method(s) of Measurement:

Specially Designed Instruction:

For the IEP to be in effect by the child's 16th birthday and thereafter:

This annual goal will reasonably enable the student to meet the student's postsecondary goal in the area(s) of:

- Education/training
- Employment
- Independent living

Benchmarks/Short-Term Instructional Objectives

1.

2.

3.

Reporting Progress

- Concurrent with the issuance of Report Cards
- Other, specify

Supplementary Aids and Services

Statement of Supplementary Aids and Services, to be provided to the child or on behalf of the child.

Accommodations for Administration of State Assessments and Assessments in the Classroom	
<input type="checkbox"/> ARC determined no accommodations needed.	
In order to justify appropriateness of accommodations for any state mandated tests, the testing accommodations must be used consistently as part of routine instruction and classroom assessment as well as meet all additional requirements established by the <i>Inclusion of Special Populations in the State-Required Assessment and Accountability Programs, 703 KAR 5:070</i> document.	
NOTE: The Kentucky Administrative Regulations regarding accommodations on state testing dictate whether a student may use a particular accommodation during the administration of state tests. Any IEP test accommodation that the regulations determine will invalidate a particular test or type of test <u>shall not</u> be utilized in administration of such tests to the student.	
<input type="checkbox"/> Readers <input type="checkbox"/> Paraphrasing <input type="checkbox"/> Reinforcement and behavior modification strategies <input type="checkbox"/> Manipulatives <input type="checkbox"/> Interpreters <input type="checkbox"/> Other, specify:	<input type="checkbox"/> Scribes <input type="checkbox"/> Calculator <input type="checkbox"/> Use of Technology <input type="checkbox"/> Braille <input type="checkbox"/> Extended time <input type="checkbox"/> Time and a Half <input type="checkbox"/> Double Time

Kentucky Alternate Assessment Participation Guidelines Documentation Form	
**For further clarification of terms used in this worksheet, please refer to the Guidance for Admissions & Release Committee(ARCs) on Participation Decisions for the KY Alternate Assessment.	
**All answers to Participation Criterion must be answered Yes in order to be eligible to participate in the KY Alternate Assessment.	

<input type="checkbox"/> Yes <input type="checkbox"/> No	The parent was provided a copy of the Alternate Assessment Parent Guide with an opportunity to ask questions. If yes , indicate below when the Guide was provided to the parents. If no , provide a copy of the Alternate Assessment Parent Guide and an opportunity to ask questions.
<input type="checkbox"/> Prior to Meeting <input type="checkbox"/> During Meeting <input type="checkbox"/> Other Date Guide Provided to Parents: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The Admissions and Release Committee has explained the difference between an Alternative High School Diploma (704 KAR 3:305) and a Regular High School Diploma to all members of the ARC. Participation in the KY Alternate Assessment is stated in the IEP and based on the annual review.

Participation Criterion #1 (questions to determine eligibility):	Response (Answer to Criterion):	Sources of Evidence and Justification (Check and complete after sources have been reviewed and documented in the conference summary)
1. Has the student been determined to be a student with a disability eligible to receive special education services under the Individuals with Disabilities Education Act (IDEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> If NO to either question. Stop here. The student must meet Special Education Determination for Eligibility criteria in one or more disability categories defined in Kentucky Administrative Regulations (KAR). The student is not eligible to participate in the KY Alternate Assessment. The ARC must determine state approved accommodations (as set forth in 703 KAR 5:070) in the general assessment, if any, refer to the accommodations and modifications form. Document on IEP and conference summary. <input type="checkbox"/> If YES to both. If the student meets the Special Education Determination	<input type="checkbox"/> Evaluation Data Date: _____ <input type="checkbox"/> Disability Eligibility Determination Form (required) Date: _____ <input type="checkbox"/> Individual Education Program (required) Date: _____ <input type="checkbox"/> Other
2. Is a current Individual Education Program (IEP) in place or being developed for the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		

	for Eligibility criteria in one or more disability categories, continue to Criterion #2.	
Participation Criterion #2:	Response (Answer to Criterion):	Sources of Evidence and Justification
<p>1. The student's demonstrated cognitive functioning and adaptive behavior in the home, school and community environments are significantly below age expectations, <i>even with</i> program modifications and accommodations.</p> <p style="text-align: center;">Yes No</p> <p>2. ARC reviewed current and longitudinal data across settings (age appropriate home, school, and community environments) in all academic areas AND adaptive behavior(s), to inform the ARC decision.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> If NO to either question. Stop here. The student does not have a significant cognitive disability. The student is not eligible to participate in the KY Alternate Assessment. The ARC must determine state approved accommodations (as set forth in 703 KAR 5:070) in the general assessment, if any, refer to the accommodations and modifications form. Document on IEP and conference summary.</p> <p><input type="checkbox"/> If YES to both. Continue to Criterion #3.</p>	<p><input type="checkbox"/> Evaluation Data (required) Date:</p> <p><input type="checkbox"/> Individual Education Program (required) Date:</p> <p><input type="checkbox"/> Previous IEP (required if available) Date:</p> <p><input type="checkbox"/> Progress Monitoring Data (required)</p> <p><input type="checkbox"/> Teacher Observations (optional)</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Supporting Comments (optional)</p>
Participation Criterion #3:	Response (Answer to Criterion):	Sources of Evidence and Justification
<p>1. Does the student require extensive individual direct instruction across multiple settings, utilizing intensive accommodations, modifications and assistive technology to access and make progress on the Kentucky Academic Standards and to maintain and generalize learning.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. ARC reviewed current and longitudinal data across settings (age appropriate home, school, and community environments) to inform the ARC decision.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> NO to either question. Stop here. The ARC determines that the student does not require direct instruction across multiple settings and/or accommodations, modifications, and supports that exceed what is allowed on the general assessments for students as described in the "Inclusion Document" and set forth in 703 KAR 5:070. The student is not eligible to participate in the KY Alternate Assessment. The ARC must determine state approved accommodations (as set forth in 703 KAR 5:070) in the general assessment, if any, refer to the accommodations and modifications form. Document on IEP and conference summary.</p> <p><input type="checkbox"/> Yes to both. The student requires extensive direct individual instruction in multiple settings and substantial supports to achieve measurable gains in the grade and age appropriate curriculum that do exceed what is allowed on the general assessments for students as described in the "Inclusion Document" and set forth in 703 KAR 5:070, Continue to Criterion #4.</p>	<p><input type="checkbox"/> Evaluation Data Date:</p> <p><input type="checkbox"/> Disability Eligibility Determination Form Date:</p> <p><input type="checkbox"/> Individual Education Program (required) Date:</p> <p><input type="checkbox"/> Progress Monitoring (required)</p> <p><input type="checkbox"/> Assistive Technology Consideration Guide (optional) Date:</p> <p><input type="checkbox"/> Documentation of Accommodations Determination (required) Date:</p> <p><input type="checkbox"/> Parent Input (required)</p> <p><input type="checkbox"/> Teacher Observations</p> <p><input type="checkbox"/> Other</p>
Participation Criterion #4:	Response (Answer to Criterion):	Sources of Evidence and Justification
<p>1. Did the ARC carefully consider (check as</p>	<p><input type="checkbox"/> If NO to either question. Stop here.</p>	<p><input type="checkbox"/> Supporting Comments (optional)</p>

<p>considered) each of these items:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Excessive or extended absences <input type="checkbox"/> Disability related to visual or auditory disabilities, emotional-behavioral disabilities, specific learning disabilities, speech and language impairment <input type="checkbox"/> Native language, social, cultural, and economic differences <input type="checkbox"/> Those identified as English Language Learners (ELL) <input type="checkbox"/> Pre-determined poor performance on the grade-level assessment <input type="checkbox"/> The student displays disruptive behaviors or experiences emotional duress during testing <input type="checkbox"/> Administrator decision <input type="checkbox"/> Educational placement or instructional setting <p>2. The ARC's decision for the student to participate in the KY Alternate Assessment is not primarily the result of any of the exclusions listed above.</p> <p><input type="checkbox"/> Yes (Agree) <input type="checkbox"/> No</p>	<p>Any criterion that is not checked means that the student is not eligible to participate in the KY Alternate Assessment. The student is not eligible to participate in the KY Alternate Assessment. The ARC must determine state approved accommodations (as set forth in 703 KAR 5:070) in the general assessment, if any, refer to the accommodations and modifications form. Document on IEP and conference summary.</p> <p><input type="checkbox"/> If YES to both. All necessary exclusions were considered. Continue to ARC Eligibility Determination.</p>	
<p>ARC Eligibility Determination:</p>	<p>Response (Answer to Eligibility Determination):</p>	<p>Statement of Eligibility:</p>
<p>1. The student meets the participation guidelines for KY Alternate Assessment as a student with a significant cognitive disability and is eligible to receive instruction based upon alternate academic achievement standards and participate in the KY Alternate Assessment as indicated above.</p> <p>All data sources referenced can be verified with supporting documentation.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> NO. Stop here. The student is not eligible to participate in the KY Alternate Assessment. The ARC must determine state approved accommodations (as set forth in 703 KAR 5:070) in the general assessment, if any, refer to the accommodations and modifications form. Document on IEP and conference summary.</p> <p><input type="checkbox"/> Yes. All participation Criterion #1 - #4 are answered Yes, the student is eligible to participate in the KY Alternate Assessment. Continue with documentation form below.</p>	<p><input type="checkbox"/> Supporting Comments (required)</p>
<p>Documentation Questions:</p>	<p>Response (Answer to Documentation Questions):</p>	<p>Sources of Evidence and Justification</p>
<p>1. The ARC reviewed and completed the Learner Characteristic Inventory (LCI) for the individual student? (See LCI Attachment below)</p> <p>Yes No</p> <p>2. Is receptive and expressive communication addressed in the IEP?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> If No to either. Stop here if the ARC has not reviewed or completed the LCI. The ARC must complete the LCI before completing this documentation form. If student is found eligible, an ARC must convene to develop a (or review current) communication plan as part of the student's IEP.</p> <p><input type="checkbox"/> If Yes to both. Continue with documentation form below.</p>	<p><input type="checkbox"/> Learner Characteristics Inventory (required) Date:</p> <p><input type="checkbox"/> Individual Education Program (required) Date:</p>

ADDITIONAL COMMENTS HERE

Kentucky Department of Education definition of a student with a significant cognitive disability:

As outlined in the Kentucky Alternate Assessment Participation Guidelines Documentation form, students with the most significant cognitive disabilities:

- Meet eligibility criterion in one or more of the existing categories of disabilities under IDEA (e.g., intellectual disabilities, autism, multiple disabilities),
- Have cognitive and adaptive behavior functioning preventing them from attaining grade level achievement standards, even with program modifications and accommodations,
- Require extensive individual instruction across multiple settings to access and make progress in the Kentucky Academic Standards, and to maintain, generalize and demonstrate learning,
- Have a significant cognitive disability that is not primarily the result of:
 - excessive or extended absences
 - disability related to visual or auditory disabilities, emotional-behavioral disabilities, specific learning disabilities, speech and language impairment
 - native language, social, cultural, and economic differences,
 - those identified as English Learners (EL)
 - pre-determined poor performance on the grade-level assessment
 - the student displays disruptive behaviors or experiences emotional duress during testing
 - administrator decision
 - educational environment or instructional setting

Learner Characteristics Inventory

1. Student's primary IDEA disability label:

- Intellectual disability
- Multiple disabilities
- Autism
- Speech or Language Impairment
- Hearing Impairment
- Visual impairment, including blindness
- Traumatic brain injury
- Emotional disability
- Deaf-blindness
- Other health impairment
- Orthopedic impairment
- Specific learning disability
- Other

2. Is your student's primary language a language other than English?

- Yes
- No

3. What is the student's primary classroom setting?

- Special school
- Regular school, *self-contained special education classroom*, some special inclusion (students go to art, music, PE) but return to their special education class for most of school day.

Learner Characteristics Inventory

- Regular school, *primarily self-contained special education classroom*, some academic inclusion (students go to some general education academic classes (such as reading, math, science, in addition to specials) but are in general education classes less than 40% of the school day).
- Regular school, *resources room/general education class*, students receive resource room services, but are in general education classes 40% or more of the school day.
- Regular school, *general education class inclusive/collaborative* (students based in general education classes) - at least 80% of the school day is spent in general education classes.

4. Expressive Communication (check the best description)

- Uses symbolic language to communicate: Student uses verbal or written words, signs, Braille, or language-based augmentative systems to request, initiate, and respond to questions, describe things or events, and express refusal.
- Uses intentional communication, but not as a symbolic language level: Student uses understandable communication through such modes as gestures, pictures, objects/textures, points, etc., to clearly express a variety of intentions.
- Student communicates primarily through cries, facial expressions, change in muscle tone, etc., but no clear use of objects/textures, regularized gestures, pictures, signs, etc., to communicate.

5. Does your student use oral speech to communicate? (student uses his/her vocal cords to produce words)

- Yes
- No

6. Does your student use an augmentative communication system in addition to or in place of oral speech?

- Yes
- No

7. Receptive Language (check the best description)

- Independently follows 1-2 step directions presented through words (e.g. words may be spoken, signed, printed, or any combination) and does NOT need additional cues.
- Requires additional cues (e.g., gestures, pictures, objects, or demonstrations/models) to follow 1-2 step directions.
- Alerts to sensory input from another person (auditory, visual, touch, movement) BUT requires actual physical assistance to follow simple directions.
- Uncertain response to sensory stimuli (e.g., sound/voice; sigh/gesture; touch; movement; smell.)

8. Motor (check the best description)

- No significant motor dysfunction that requires adaptations.
- Requires adaptations to support motor functioning (e.g., walker, adapted utensils, and/or keyboard).
- Uses wheelchair, positioning equipment, and/or assistive devices for most activities.
- Needs personal assistance for most/all motor activities.

9. Engagement (check the best description)

- Initiates and sustains social interactions.
- Responds with social interaction, but does not initiate or sustain social interactions.
- Alerts to others.
- Does not alert to others.

10. Health Issues/Attendance (check the best description)

- Attends at least 90% of school days.

Learner Characteristics Inventory

- Attends approximately 75% of school days; absences primarily due to health issues.
- Attends approximately 50% or less of school days; absences primarily due to health issues.
- Receives Homebound Instruction due to health issues.
- Highly irregular attendance or homebound instruction due to issues *other* than health.

11. Reading (check the best description)

- Reads fluently with critical understanding in print or Braille (e.g., to differentiate fact/opinion, point of view, emotional response, etc.)
- Reads fluently with basic (literal) understanding from paragraphs/short passages with narrative/informational texts in print or Braille.
- Reads basic sight words, simple sentences, directions, bullets, and/or lists in print or Braille.
- Aware of text/Braille, follows directionality, makes letter distinctions, or tells a story from the pictures that is not linked to the text.
- No observable awareness of print or Braille.

12. Mathematics (check the best description)

- Applies computational procedures to solve real-life or routine word problems from a variety of contexts.
- Does computational procedures with or without a calculator.
- Counts with 1:1 correspondence to at least 10, and/or makes numbered sets of items.
- Counts by rote to 5.
- No observable awareness or use of numbers.

Program Modifications/Supports for school personnel that will be provided

Supports for school personnel:

- Not needed at this time

Least Restrictive Environment (LRE) and General Education

Explain the extent, if any, to which the student will **not** participate in general education (content area):

Special Education Services

Type of Service	Anticipated Frequency and Duration of Service					Service Provider (by Position)	Location (e.g., Regular Classroom, Resource Room, Separate Class)
	Service Minutes (Per Service Frequency)	Service Frequency (Number of times provided per Service Period)	Service Period (Daily, Weekly, Monthly, Annually)	Start Date	End Date		

Student Name:

DOB:

Date of ARC:

Related Services							
Type of Service	Anticipated Frequency and Duration of Service					Service Provider (by Position)	Location (e.g., Regular Classroom, Resource Room, Separate Class)
	Service Minutes (Per Service Frequency)	Service Frequency (Number of times provided per Service Period)	Service Period (Daily, Weekly, Monthly, Annually)	Start Date	End Date		

Extended School Year
<p>Are extended school year services required for this student?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> More data needed</p> <p>If the ARC determines ESY services are to be provided, describe the service and indicate to which annual goal or goals the service is related. If the ARC determines no ESY services are to be provided, please document the reason(s) for this decision.</p>