

Transition Services

Date of Student Invitation: _____ Method of Student Invitation: _____

Measurable Postsecondary Goals (Outcomes that occur after the student has left high school.)

Training or Education Goal: _____
 Employment Goal: _____
 Independent Living Goal: _____
 (if applicable)

Transition Assessments List the multiple assessments used to address the student's career interests, vocational skills, employability, independent living skills, self advocacy and other preferences and interests. Assessment documentation must be included in IEP folder.

TRANSITION SERVICES	SCHOOL ACTION STEPS	STUDENT ACTION STEPS	FAMILY ACTION STEPS	AGENCY ACTION STEPS
INSTRUCTION/ RELATED SERVICES				
COMMUNITY EXPERIENCES				
EMPLOYMENT AND POSTSCHOOL ADULT LIVING				
FUNCTIONAL VOCATIONAL EVALUATION AND DAILY LIVING SKILLS				

The Individual Graduation Plan (IGP) Individual Graduation Plan for LEAP Connect Educational/Career Plan for LEAP Connect

WHEN NEEDED, IF A PARTICIPATING AGENCY DOES NOT ATTEND, DOCUMENT OTHER ACTIONS FOR AGENCY LINKAGES.

Exit Document: _____
 Years to Graduate/Exit: _____
 Anticipated Exit Date: _____

General Student Information

HOMEBASED SCHOOL: _____ OTHER SCHOOL: _____

IEP TYPE: _____ INDIVIDUAL EVALUATION / WAIVER DATE: _____

Primary / Other	Exceptionality	Detail(s)
Primary		
Other		
Other		
Other		
Other		

IEP Participants	Name	IEP Participants	Name
ODR	Michael Beck	Parent	Kassie Caskey
Regular Education Teacher	Terri Leone	Special Education Teacher	Brigette Mathews
Student	Brayden Caskey	School Social Worker	Anna Windham
School Pyschologist & Ed. Dig	Susan Williams		

Include strengths; parental concerns; evaluation results; academic, developmental, and functional needs; statewide assessment results; progress or lack of expected progress in general education curriculum; and consideration of special factors: behavior, language needs for english learner, instruction in and use of braille, communication needs, assistive technology devices and services, and health needs.

Directions: Check "Yes" or "N/A" for both questions.

Does the student have limited or no verbal skills?

Yes N/A

Does the student have other significant impairment in the areas of receptive and/or expressive language, including but not limited to impairments in the areas of apraxia, articulation/phonology, fluency, pragmatics, or auditory processing.

Yes N/A

- In order to effectively plan for this student's unique communication support needs and facilitate his/her academic progress,
 - In the General Student Information drop down list, the "Communication" item will self-populate.
 - The "Communication Needs of Child" section must be completed.
 - A communication plan must be developed for this student. "The Tools for Developing Communication Plans" is a resource for IEP teams to use in developing plans.
 - At least 1 communication related goal must be included in the instructional pages of the IEP.

General Information about the Student:

BC is a 6 year old student enrolled in Kindergarten at Red River Elementary School. BC was enrolled in Red River Elementary Preschool Program was on a modified scheduled. Student is in the process of emergency evaluation due to major behavior concerns exhibited by the student and expressed by the parent and teacher. With parent's permission, and initial evaluation is being opened at this interim IEP meeting. The interim IEP shall remain in effect as long as the evaluation is in process and reviewed every 45 days for change in placement. After the evaluation is completed, and the needs/ eligibility for service is determined, and initial IEP will be conducted at which time the parent will be notified of the evaluation.

Strengths:

Strengths will be determined upon completion of assessments and evaluation.

Parent Concerns:

Evaluation / Reevaluation Results:

An initial evaluation will be opened to determine needs and eligibility for services (Parent gave written consent _____).

Academic, Developmental, and Functional Needs:

Academic, Developmental, and Functional needs will be determined upon completion of assessments and evaluation.

Statewide Assessment Results:

No LA state scores available at this time due to a student age and grade level.

Progress or lack of expected progress in general education curriculum:

Accommodations will be provided to meet BC's needs until the initial evaluation process is completed.

General Student Information (continued)

Consideration of Special Factors

Behavior:

BC exhibit some behavior that may affect his performance and progress in general education class. He has been aggressive toward authority figures which involve scratching, biting, kicking and hitting. He has also been destructive with classroom items and equipment. BC has thrown and kicked classroom objects.

English Learner:

English is the student's first language in the home.

Communication Needs of Child:

An initial evaluation will be opened to determine needs and eligibility for services.

Instruction in and use of Braille:

The student is not blind. An initial evaluation will be opened to determine needs and eligibility for services

Assistive Technology Services / Devices - Please indicate AT devices used on the Accommodations Page

An initial evaluation will be opened to determine needs and eligibility for services.

Health needs - IHP needs to be attached to IEP

After consideration by the IEP team, there are no special factors that need to be addressed at this time

Transition Courses of Study - Attach plan to IEP:

Individual Prescription for Instruction

Individual Graduation Plan

Individual Graduation Plan for LEAP Connect Students

Educational/Career Plan for LEAP Connect Students

Educational Needs:

Academic/Cognitive

Behavior

Communication

Motor

Self-Help

Social

Instructional Plan # _____

EDUCATIONAL NEED AREA: _____

CONTENT AREA: _____

- ESY Instruction Act 833 Applied
 Targeted for Secondary Transition Louisiana Connectors Aligned Instruction

Present Level of Academic Achievement and Functional Performance

Measurable Academic / Functional Goal

Method of Measurement: _____

Additional Methods of Measurement: _____

Date Achieved: _____

REQUIRED FOR STUDENTS PARTICIPATING IN ALTERNATE ASSESSMENT AND ACT 833
 MEASURABLE SHORT-TERM OBJECTIVES or BENCHMARKS (Number each objective or benchmark)

#	THE STUDENT WILL	Date Achieved
1		
2		
3		

PERSONNEL RESPONSIBLE FOR IMPLEMENTING GOAL (Check by position)

- Special Education Teacher Parent Speech/Language Pathologist Regular Education Teacher Student Adapted Physical Educator
 Other Related Service Providers (List) _____
 Other (List) _____

Accommodations listed on the IEP should be used routinely in classroom instruction and on similar classroom assessments. Select testing accommodations that correlate to instructional accommodations used routinely throughout the academic year.

ESY Instruction

NONE (This student does not require Accommodations)

*English III Only

**Replaced LEAP and EOC

***Except Reading Comprehension sections on the Eng III EOC

Accommodations

CHECK THE INDIVIDUAL ACCOMMODATIONS NEEDED

	Classroom		Statewide Assessments											
			Paper					Online						
	Instruction	Testing	LEAP 2025** Grades 3-4				Grades 3-12	Grades 9-12	Grades 3-12	LEAP 2025** Grades 3-12				
ELA			Math	Social Studies	Science	LAA 1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science		
Presentation Accommodations														
Read Aloud														
Text-to-Speech	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kurzweil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Recorded voice file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Modify Test/Assignments														
Modified tests	<input type="checkbox"/>	<input type="checkbox"/>												
Modify assignments as needed	<input type="checkbox"/>	<input type="checkbox"/>												
Shorten assignments	<input type="checkbox"/>	<input type="checkbox"/>												
Limit amount of work required or length of tests	<input type="checkbox"/>	<input type="checkbox"/>												
Modify/repeat/model directions	<input type="checkbox"/>	<input type="checkbox"/>												
Alter format of materials on page (type/highlight/spacing)	<input type="checkbox"/>	<input type="checkbox"/>												
Limited multiple choice/Reduce answer choices	<input type="checkbox"/>	<input type="checkbox"/>												
Provide Word bank/Word assistance	<input type="checkbox"/>	<input type="checkbox"/>												
Multiple choice spelling tests, shortened spelling list	<input type="checkbox"/>	<input type="checkbox"/>												

	<input type="checkbox"/> Access For All <input type="checkbox"/> Accessibility Feature		<input type="checkbox"/> Accommodation <input type="checkbox"/> Assistive Technology		Statewide Assessments								
	Classroom		LEAP 2025** Grades 3-4				Grades 3-12	Grades 9-12	Grades 3-12	LEAP 2025** Grades 3-12			
	Instruction	Testing	ELA	Math	Social Studies	Science	LAA 1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science
Presentation Accommodations													
Communication Assistance													
Communication Assistance/Task Description	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>				
Fm system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adapted toys/games	<input type="checkbox"/>	<input type="checkbox"/>											
Computer/Word-Processor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Touch Screen Monitor	<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading pen	<input type="checkbox"/>	<input type="checkbox"/>											
Communication assistance - related to hearing loss only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visuals	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>						
Visual schedule/Picture schedule	<input type="checkbox"/>	<input type="checkbox"/>											
Audio Amplification System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Assistance Script (for interpreters and UEB read aloud)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Presentation Accommodations													
Answer Masking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Administration- Directions Clarified by test administrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Masking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highlight Tool/Highlighter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headphones or Noise Buffers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnification/Enlargement Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pop-up Glossary													
Redirect Student to the Test		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tactile Graphics			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Utilize graphic/pictorial mode materials (e.g. tactile graphics)	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>						
Large Print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="radio"/> Access For All <input type="triangle-up"/> Accessibility Feature	<input type="checkbox"/> Accommodation <input type="diamond"/> Assistive Technology	Statewide Assessments												
		Paper						Online						
		Classroom		LEAP 2025** Grades 3-4				Grades 3-12	Grades 9-12	Grades 3-12	LEAP 2025** Grades 3-12			
		Instruction	Testing	ELA	Math	Social Studies	Science	LAA 1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science

Presentation Accommodations															
Change background font and colors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Color reading filters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Color code material	<input type="checkbox"/>	<input type="checkbox"/>													
Provide study outlines/guides	<input type="checkbox"/>	<input type="checkbox"/>													
Provide assistance/cues/prompts for transitions between activities	<input type="checkbox"/>	<input type="checkbox"/>													
Task analysis	<input type="checkbox"/>	<input type="checkbox"/>													
Use multi-sensory modes /tools to reinforce instruction	<input type="checkbox"/>	<input type="checkbox"/>													
Use text/workbooks/worksheets at modified reading level	<input type="checkbox"/>	<input type="checkbox"/>													
Provide daily assignment list	<input type="checkbox"/>	<input type="checkbox"/>													
Provide homework lists	<input type="checkbox"/>	<input type="checkbox"/>													
Preview test procedures		<input type="checkbox"/>	<input type="checkbox"/>												
Simplify test wording		<input type="checkbox"/>	<input type="checkbox"/>												
Utilize audio/recorded texts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Utilize digital formats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Digital Recorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
E-reader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
UEB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (Classroom only - NOT for state assessments)	
Unique (Requires additional documentation and LDOE approval for use on state assessments)	

	Classroom		LEAP 2025** Grades 3-4				Grades 3-12	Grades 9-12	Grades 3-12	LEAP 2025** Grades 3-12				
	Instruction	Testing	ELA	Math	Social Studies	Science	LAA1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science	
	Statewide Assessments													
Response Accommodations														
Communication Assistance														
Communication board/system	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Functional communication book	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
PECS	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Scribing/Utilize oral responses to assignments/tests (answers recorded)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Speech-to-Text	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Voice output device	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Voice recognition software	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Word Processors	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Switch Interface	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Headmouse	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Trackball Mouse	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Communication Device	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Listening device	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Whisper phone	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Adaptive Keyboard	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Adaptive Joystick	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Computation Devices (Except on specific fluency items)														
Calculators	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Multiplication Chart/Hundreds Chart/Number Line	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Manipulatives/Abacas	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Timers	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Other Response Accommodations														
Braille Note-taker	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Writing Tools	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Slant Board	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

	Classroom		Statewide Assessments										
			Paper				Online						
			LEAP 2025** Grades 3-4				Grades 3-12	Grades 9-12	Grades 3-12	LEAP 2025** Grades 3-12			
	Instruction	Testing	ELA	Math	Social Studies	Science	LAA1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science
Response Accommodations													
NotePad/Blank Paper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eliminate Answer Choices										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flag Items for Review										<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blank Paper/Adapted Paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copy of notes (teacher notes, class notes)	<input type="checkbox"/>												
Word bank, reduced answer choices on multiple choice tests	<input type="checkbox"/>	<input type="checkbox"/>											
Word prediction on the ELA/Literacy Performance-based Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planners/Organizers/Graphic organizers	<input type="checkbox"/>	<input type="checkbox"/>											
Adapted grips/utensils/pencils/drawing tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye gaze communication system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answers Recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferred Answers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide product options for students to obtain information and demonstrate knowledge through use of: alternative projects/ interviews/ oral reports	<input type="checkbox"/>	<input type="checkbox"/>											
Student writes on test		<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>					
Objective tests		<input type="checkbox"/>											
Rephrase test questions	<input type="checkbox"/>	<input type="checkbox"/>											
Test study guide	<input type="checkbox"/>	<input type="checkbox"/>											
Shortened tasks	<input type="checkbox"/>	<input type="checkbox"/>											
Extra credit options	<input type="checkbox"/>	<input type="checkbox"/>											
Hands-on-projects	<input type="checkbox"/>	<input type="checkbox"/>											
Dictionary/Thesaurus/Spell Checker	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Other (Classroom only - NOT for state assessments)													

Unique (Requires additional documentation and LDOE approval for use on state assessments)

<input type="radio"/> Access For All <input type="checkbox"/> Accommodation <input type="checkbox"/> Accessibility Feature <input type="checkbox"/> Assistive Technology	Statewide Assessments												
	Classroom		Paper				Online						
			LEAP 2025** Grades 3-4				Grades 3-12	Grades 9-12	Grades 3-12	LEAP 2025** Grades 3-12			
	Instruction	Testing	ELA	Math	Social Studies	Science	LAA1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science

Timing & Scheduling

Extended Time/Increase the amount of time allowed to complete assignments and tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pace long term projects	<input type="checkbox"/>												
Extra time-written work	<input type="checkbox"/>	<input type="checkbox"/>											
Prior notice of tests	<input type="checkbox"/>	<input type="checkbox"/>											
Modify student's schedule	<input type="checkbox"/>												
Allow breaks during work periods, between tasks, during testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide assistance/cues for transition between classes, lockers, and home	<input type="checkbox"/>												
Content Mastery Center	<input type="checkbox"/>	<input type="checkbox"/>											

Other (Classroom only - NOT for state assessments)

Unique (Requires additional documentation and LDOE approval for use on state assessments)

		Statewide Assessments													
		Paper						Online							
		Classroom		LEAP 2025** Grades 3-4				Grades 3-12	Grades 9-12	Grades 3-12	LEAP 2025** Grades3-12				
		Instruction	Testing	ELA	Math	Social Studies	Science	LAA1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science	
Setting Considerations															
Individual testing			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small group testing			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide individualized instruction		<input type="checkbox"/> <input type="checkbox"/>													
Provide small group instruction		<input type="checkbox"/> <input type="checkbox"/>													
Assign peer tutors/work buddies/note-takers		<input type="checkbox"/> <input type="checkbox"/>													
Provide desktop list of tasks		<input type="checkbox"/> <input type="checkbox"/>													
Alter physical room environment		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Separate or Alternate Location		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified Area or Seating		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Classroom only - NOT for state assessments)															
Unique (Requires additional documentation and LDOE approval for use on state assessments)															

Program / Services

LOUISIANA EDUCATIONAL ASSESSMENT PROGRAM

Regular Assessments

Alternate Assessment LEAP Connect - For students who were in 8th grade or above during the 2018-2019 school year.

LEAP Connect -- For students who were in 7th grade or below during the 2018-2019 school year.

For a 12th grade student who is eligible to participate in LEAP Connect, continue selecting the appropriate LEAP Connect option above even if the student is not required to test during the 12th grade year.

LAA 2 -- The LAA 2 will no longer be administered in grades 4-8 starting with the 14-15 school year. IEP teams may continue to check these boxes for eligible students who have entered a high school cohort in 13-14 or before and those students will continue to have access to the LAA 2 graduation exams.

- ELA Math
- Science Social Studies

None This option should be selected only under one of the following two conditions:
 - Prekindergarten through second grade students (For students in second grade, this IEP may still be valid when the student is in 3rd grade and participating in statewide assessments. Please consider this possibility and the spring testing window when making an assessment decision.)
 - Graduating seniors who have passed the required components of the exit examination

The ACT assessment requires separate documentation and approval for local, state, and ACT approved accommodations as outlined in the Procedures for Requesting ACT Test Accommodations.

Act 833 Eligibility

No Yes

Promotion Graduation

Special Transportation

No Yes - Describe

REGULAR CLASSES

- Reading Spelling Physical Education
- Science Writing Social Studies
- Math Art/Music Foreign Language
- Vocational English/Language Arts
- Electives (list)

If not in regular classes, explain

ACTIVITIES WITH NON-DISABLED PEERS (Check all activities with non-disabled peers)

- Assemblies Buses Field Trips
- Library Meals Recess
- Extracurricular/Nonacademic
- Other

If not participating in activities with non-disabled peers, explain

EXTENDED SCHOOL YEAR SERVICES

Criteria For Consideration:

- Regression / Recoupment
- Critical Point of Instruction 1
- Critical Point of Instruction 2

Special Circumstances

- Employment
- Transition to Part B (Preschool)
- Transition to Post School Outcomes
- Excessive Absences
- Extenuating Circumstances

Supports Needed for School Personnel (Describe)

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Services / Placement

STUDENTS TOTAL INSTRUCTIONAL DAY (Minutes): _____ Student attends school days per week.

Service	Date to Begin	Duration	Individual / Group	Regular Class		Community		Special Class	
				Minutes	Sessions	Minutes	Sessions	Minutes	Sessions
Total Number of Minutes in Special Setting per Week: _____									

Service	Date to Begin	Frequency	Individual / Group	Regular Class		Community		Special Class	
				Minutes	Sessions	Minutes	Sessions	Minutes	Sessions
Total Number of Minutes in Special Setting per Week: _____									

PLACEMENT/SERVICE DETERMINATION CHECKLIST

- | | |
|--|--|
| <p>Attends Regular Early Childhood Program at least 10 hours per week</p> <p><input type="checkbox"/> Receives majority of hours of special education and related services in the regular early childhood program</p> <p><input type="checkbox"/> Receives majority of hours of special education and related services in some other location</p> <p>Attends Regular Early Childhood Program less than 10 hours per week</p> <p><input type="checkbox"/> Receives majority of hours of special education and related services in the regular early childhood program</p> <p><input type="checkbox"/> Receives majority of hours of special education and related services in some other location</p> | <p>Attends Special Education Program (not in any regular early childhood program)</p> <p><input type="checkbox"/> Separate Special Education Class <input type="checkbox"/> Residential Facility</p> <p><input type="checkbox"/> Separate School</p> <p>Attends neither a regular early childhood program nor a special education program</p> <p><input type="checkbox"/> Receives majority of special education and related services at home</p> <p><input type="checkbox"/> Receives majority of special education and related services at service provider or other location</p> |
|--|--|

COMMENTS

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Placement

SITE DETERMINATION

NOTE: The local education agency may choose to complete this section at this time. If the following assurances cannot be provided at this time, then a Site Determination Form assuring that the site selected is in accordance with least restrictive environment rules must be forwarded to the parent within ten (10) calendar days.

ASSURANCES:

1. This school is the one the student would attend if he or she were not identified exceptional.
2. This school and class are chronologically age appropriate for the student.
3. The school selected is accessible to the student for all school activities.
4. The classroom is comparable to and integrated with regular classes.

Site: _____

PROGRESS REPORT

The LEA assures that the program and services described in the IEP will be provided. The schedule for describing the progress towards achievement of the academic and functional annual goals will be every weeks, current with the issuance of report cards.

ASSESSMENT IMPLICATIONS (Check one)

- I understand my child will participate in LEAP Alternate Assessment, LEAP Connect. Testing in LEAP Connect means my child may earn a high school diploma if my child meets the requirements for the alternate pathway to a diploma for students assessed on LEAP Connect. If my child does not meet those requirements, I understand my child should earn a Certificate of Achievement. The implications of participating in LEAP Connect have been explained to me and will be reviewed annually.
- I understand my child (I) will participate in LEAP Alternate Assessment, Level 2 (LAA 2), and by meeting all graduation requirements, my child (I) will receive a high school diploma. However, if my child (I am) is not pursuing a high school diploma, my child (I) may pursue Louisiana's General Education Development (GED) diploma with possibly an Industry Based Certificate, or a State Approved Skills Certificate. If during the exit year all requirements for earning a high school diploma, GED, or State Approved Skills Certificate have not been met, then my child (I) may be eligible to exit high school with a Certificate of Achievement. I understand that this certificate limits my child's (my) choices of post-secondary education and careers, including military services. The implications of participating in LAA 2 have been explained to me and will be reviewed annually.

The LAA 2 will no longer be administered in grades 4-8 starting with the 14-15 school year. Students who have entered a high school cohort in 13-14 will continue to have access to the LAA 2 high school tests for graduation purposes. State law has recently changed regarding graduation options for students with disabilities and the IEP form has been updated to accommodate these new options.

AGE OF MAJORITY

- Beginning at least one year before reaching the age of majority, I (my child) have been informed that my (his or her) rights under the act will transfer to me (my child) on my (his or her) reaching the age of majority

PARENT/STUDENT* CONSENT FOR SERVICES

- I have received a copy of the Louisiana Educational Rights of Exceptional Children with disabilities, and was given an opportunity for an oral explanation. I have received a copy of my (child's) evaluation and documentation of determination of eligibility.
- I give consent for the initial provision of special education and related services.
- I understand that if I disagree with any services or the placement described on the IEP, I can pursue a solution to my complaint through the state's written dispute resolution options.
- Parent / Student did not attend the **Review** IEP Team meeting.

SUPPORTING DOCUMENTATION

Have the following documents been included in the IEP folder?

- | | | |
|---|------------------------------|------------------------------|
| LEAP Alternate Assessment Participation Criteria, Level 2 (LAA 2) | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| Individual Healthcare Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| Individual Prescription for Instruction (get copy from advisor/school guidance counselor) | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| Individual Graduation Plan (current IGP has been uploaded in the attachments feature) | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| Parental Consent form for Connections for 8th graders (get signed copy from SBLC team) | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| Summary of Performance Criteria Form | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| Parental Consent form for Medicaid Billing | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| Individual Graduation Plan for LEAP Connect Students | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| Educational / Career Plan for LEAP Connect Students | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| Behavior Intervention Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| Communication Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| Assistive Technology Consideration Checklist | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| Unique Accommodations Request | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |

SIGN:

PARENT/GUARDIAN/SURROGATE PARENT/COMPETENT MAJOR/STUDENT **Date**

PRINT:

*Signature is only required for the **initial** provision of services.
 * Parents should initial and date in the IEP Participant box on the GSI page if they attended an IEP team meeting where the IEP was amended.

SIGN:

OFFICIALLY DESIGNATED REPRESENTATIVE OF LOCAL EDUCATION AGENCY **Date**

PRINT:

