

# **READY, SET, GO!**

## **JUMPING INTO THE NEW SCHOOL YEAR!**



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**ADVOCACY FOR ACHIEVEMENT**  
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# TAKING A PERSON CENTERED APPROACH

**Start with your vision for your child.**

- **What are the top 5 things you want to see your child accomplish over the next year?**
- **What does your child need to learn to accomplish these?**
- **What supports does your child need to accomplish these?**
- **What barriers exist that keep your child from accomplishing these?**



### Past Success

List past life experiences and events that have prepared or supported my family member to move towards a vision for a good life

List past life experiences that pushed my family member's trajectory toward things they did not want or I did not want for them

### Moving Forward

List current or future life experiences or goals that will continue to support my family member to move towards a vision for a good life

List barriers or things to avoid that might get in the way of my family member taking steps to reach their goals

What is my vision for this school year?

What I Don't Want

# Starting from a point of power!





# **TAKING A PERSON CENTERED APPROACH**

**You and your child are the experts in the supports that work best.**

- **Create a student profile.**
  - **Likes and interests**
  - **Relationships**
  - **Favorite activities**
  - **Challenges**
  - **Supports**

# Meet Caden



Things you will like about me.

My favorite things do are—

I do my best work when—

Things that are challenging for me are--

Sometimes I get frustrated. This is how to help me get back on track.

# GET ORGANIZED!

## GET A BINDER OR CREATE A FILE

- **LAST THREE IEPS**
- **MOST RECENT EVALUATIONS (SCHOOL AND OTHER)**
- **TWO YEARS OF PROGRESS REPORTS/REPORT CARDS**
- **STUDENT PROFILE**
- **CORRESPONDENCE**
  - **EMAILS**
  - **NOTES**



# Know Who to Contact

## COMPREHENSIVE STUDENT SUPPORT PLAN

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Attending School: \_\_\_\_\_ District: \_\_\_\_\_

### School Support Options

#### Teacher/Special Education Teacher

Name:  
Phone:  
Email:

#### Case Manager

Name:  
Phone:  
Email:

#### School Counselor

Name:  
Phone:  
Email:

#### Additional Child Study Team Members

Name:  
Role:  
Phone:  
Email:

Name:  
Role:  
Phone:  
Email:

### District Support Options

#### Building Administrator

Name:  
Phone:  
Email:

#### Special Education Supervisor/Director

Name:  
Phone:  
Email:

#### District Administrator

Name:  
Phone:  
Email:

#### Special Education Advisory Parent Group (SEPAG) Contact

Name:  
Phone:  
Email:

### County and State Support Options

#### County Special Education Specialist

Name:  
Phone:  
Email:

#### Special Education Ombudsman

Name:  
Phone: 609-376-9060  
Fax: 609-984-8422  
[specedombudsman@doe.nj.gov](mailto:specedombudsman@doe.nj.gov)

#### Additional County and/or State Support Contacts

Name:  
Role:  
Phone:  
Email:

Name:  
Phone:  
Email:

### Additional Support Options, Resources and Contact Considerations

#### State Parent Advisory Network (SPAN)

Website: [spanadvocacy.org](http://spanadvocacy.org)  
Phone: 1 (800) 654-SPAN (7726)  
Phone: (973) 642-8100  
Email: [info@spanadvocacy.org](mailto:info@spanadvocacy.org)

#### Resources from NJDOE

Request Facilitated IEP Meetings (FIEPs)

Free and Low Cost Advocate Services

Visit: [New Jersey Department of Education - Special Education \(nj.gov\)](http://NewJerseyDepartmentofEducation-SpecialEducation.nj.gov)

Screenshot





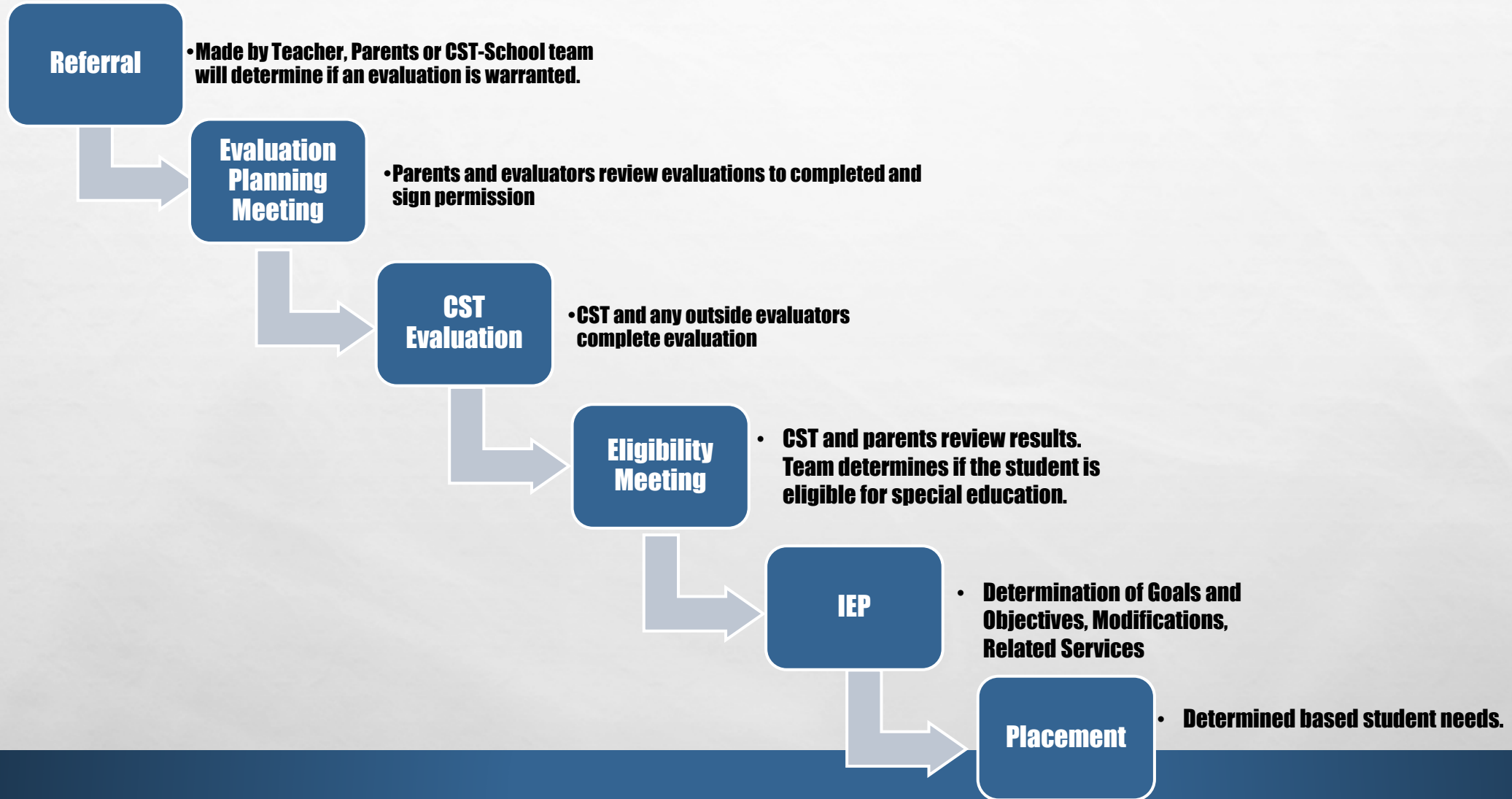
# How Did I get Here?



**Coming from both sides of the desk.**



# How Did You Get Here?



# WHEN TO EVALUATE

- **Every three years.**
  - **Parent may waive the evaluation if all agree that the child remains eligible.**
- **Any time beyond one year that progress is in question or a new need arises**

# PURPOSE OF THE IEP

- **To establish clear, measurable goals and objectives for the student**
- **To state the special education, related services, supplementary aids and services that the school district will provide to the student**



**LET'S TAKE A  
DEEP DIVE INTO  
THE IEP**



# KEY COMPONENTS OF YOUR IEP

## **PLAAFP-Present Levels of Academic and Functional Performance**

**Statement of measurable annual goals and objectives. These include academic and functional skills**

**Statement of how the goals and objectives will be measured and how progress will be reported.**

**Statement of special education, related services, supplementary aides and services.**

**Statement of program modifications and supports**

## **Statement of Parental Concerns**



# **KEY COMPONENTS OF YOUR IEP**

- **TRANSITION PLAN**
- **STARTING AT AGE 14**

## INDIVIDUALIZED EDUCATION PROGRAM - BLANK TEMPLATE

## STUDENT / GUARDIAN INFORMATION

Student:	Date of Birth:	Gender:	Local ID:
Address:	Age: 2,021:5	Native Language:	State ID:
Contacts:	Home/Mobile #:	Work #:	Home #:
School Year:	Case Manager:	School:	Email:
			Grade:
Special Alerts:			

## MEETING OR AGREEMENT INFORMATION

Date:  
Reason:

## IEP INFORMATION

Projected IEP Start Date:  
Projected IEP End Date:  
Behavior Intervention Plan:  
Modifications:  
Supplementary Aids and Services:  
Assistive Technology:  
Supports for School Personnel:  
Testing Accommodations:

## PLACEMENT CATEGORY

## STATUS FOR DURATION OF IEP

## MOST RECENT ELIGIBILITY INFORMATION

Determination:  
Classification:  
Extended School Year:  
Most Recent Annual Review Meeting:  
Annual Review Due:  
Most Recent Reevaluation Eligibility Meeting:  
Reevaluation Due:

## INITIAL ELIGIBILITY INFORMATION

Initial Referral:  
Initial Consent to Evaluate:  
Initial Eligibility Determination:  
Initial IEP Meeting:  
Initial Consent to Implement IEP:  
Initial IEP Implemented:

## SUMMARY-SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES

Student:	Date:
Address:	
Contacts:	Home:
School Year:	Case:
Special Alerts:	

MEETING OR AGREEMENT INFORMATION
Date:
Reason:

IEP INFORMATION
Projected IEP Start Date:
Projected IEP End Date:
Behavior Intervention Plan:
Modifications:
Supplementary Aids and Services:
Assistive Technology:
Supports for School Personnel:
Testing Accommodations:

PLACEMENT CATEGORY
STATUS FOR DURATION OF IEP

MEETING OR AGREEMENT INFORMATION
Date: 05/05/2020
Reason: Annual Review
IEP INFORMATION
Projected IEP Start Date: 05/05/2020
Projected IEP End Date: 05/04/2021
Behavior Intervention Plan: No
Modifications: Yes
Supplementary Aids and Services: Yes
Assistive Technology: No
Supports for School Personnel: Yes
Testing Accommodations: Yes
PLACEMENT CATEGORY
In the presence of general education students between 40% and 79% of the school day (2020-2021)
STATUS FOR DURATION OF IEP
05/05/2020 - 05/04/2021 Receiving Services



## INDIVIDUALIZED EDUCATION PROGRAM - BLANK TEMPLATE

## MOST RECENT ELIGIBILITY INFORMATION

**Reevaluation Due:**

11/06/2021

**Grade:**

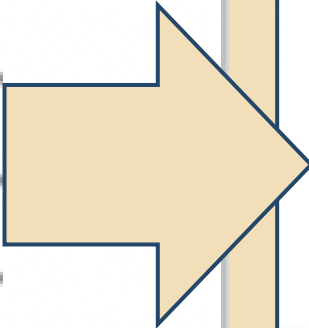
**Reevaluation Due:**

**Initial IEP Implemented:**

## SUMMARY-SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES

## INITIAL ELIGIBILITY INFORMATION

Initial Referral:	01/08/2013
Initial Consent to Evaluate:	01/28/2013
Initial Eligibility Determination:	03/20/2013
Initial IEP Meeting:	03/20/2013
Initial Consent to Implement IEP:	03/20/2013
Initial IEP Implemented:	03/20/2013



Local ID:  
State ID:  
Home #:  
Email:  
Grade:

### INITIAL ELIGIBILITY INFORMATION

Initial Referral:  
Initial Consent to Evaluate:  
Initial Eligibility Determination:  
Initial IEP Meeting:  
Initial Consent to Implement IEP:  
Initial IEP Implemented:

### SERVICES

**PLAAFP**  
**PRESENT**  
**LEVELS OF**  
**ACADEMIC**  
**AND**  
**FUNCTIONAL**  
**PERFORMANCE**  
**CE**

**Academic Skills**-How is the child performing in reading, language arts and math?

**Functional Skills**-How is the child doing with non-academic skills such as social skills and activities of daily living? Is the child's behavior impacting performance?

**The PLAAFP is the basis for writing the goals & objectives!!!!**

Student Name:

DOB:

Meeting or Agreement Date:

Individualized Education Program

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**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE AND CONSIDERATIONS WHEN DEVELOPING THE IEP**

**Initial or Most Recent Evaluations/Reports:** Consider relevant data. List the sources of information used to develop the IEP.

Date

Evaluation/Report

Comments



**PLAAFP**  
**WHAT**  
**SHOULD IT**  
**TELL YOU?**

**The impact of disability on student performance**

**A statement of academic strengths**

**Statement of academic needs**

**Measurable progress based on the current IEP.**

**Statement of functional abilities and needs**

## **Parents should...**

- 1. Compare the new PLAAFP to the PLAAFP from last year.**
- 2. Make sure the PLAAFP is specific.**
  - 1. What area? — ex: Reading**
  - 2. What focus?— ex: Comprehension**
  - 3. What data? -- ex: Based on teacher assessments student attains 60% accuracy**
- 3. Ask what works for the student. What interferes with progress?**
- 4. Make sure the PLAAFP directly addresses Goals and Objectives.**
- 5. Is this what you are seeing at home?**

## EXAMPLE-ELA

JD KNOWS THE ROUTINE AND RULES OF THE CLASSROOM AND FOLLOWS CLASSROOM PROCEDURES. HE GETS ALONG WITH HIS CLASSMATES. HE OFTEN GETS UP AND COMES TO TALK TO THE TEACHER DURING LESSONS, ESPECIALLY WHEN THE MATERIAL IS DIFFICULT FOR HIM. HE WILL OFTEN SAY THAT HE IS TIRED. ACCORDING TO THE TEACHER COLLEGE ASSESSMENT JD IS READING AT AA LEVEL. JD IS ABLE TO RETELL A STORY, AFTER IT HAS BEEN READ TO HIM. SINCE HE DOESN'T KNOW ALL HIS LETTERS OR THEIR SOUNDS, THIS HAS BEEN OUR FOCUS. HE HAS MADE SLOW PROGRESS. HE IS ABLE TO IDENTIFY A FEW LETTERS- (H, T, C, E). JD IS INCONSISTENT WITH HIS SIGHT WORDS, SOMETIMES HE KNOWS I, THE, LIKE. HE HAS BEEN WORKING ON WRITING HIS FULL NAME. HE KNOW THE LETTERS IN HIS NAMES BUT DUE TO FINE MOTOR CHALLENGES STRUGGLES WITH STAYING IN THE LINES AND SPACING THE LETTERS.







## EXAMPLE-MATH

**JD ENJOYS DRAWING AND WORKING IN SMALL GROUPS. JD NEEDS 2-3 VERBAL PROMPTS TO START AND COMPLETE EACH ASSIGNMENT. HE CAN SOLVE ADDITION AND SUBTRACTION MATH PROBLEMS WITH THREE DIGITS WITH 85% ACCURACY. HE CAN COMPLETE ONE DIGIT BY ONE DIGIT MULTIPLICATION AND DIVISION WITH AN OVERALL AVERAGE OF 83%. RECENT INTRODUCTION OF MULTIPLICATION AND DIVISION PROBLEMS WITH TWO DIGITS BY ONE DIGIT RESULTED IN A SCORE OF 52%; JD REQUIRES MODELING AND REPETITION TO ACQUIRE SKILLS. ON THE LAST DISTRICT BENCHMARK ASSESSMENT, THERE WERE 36 QUESTIONS ON THE MATH ASSESSMENT. OUT OF THE 36 QUESTIONS, 18 WERE WORD PROBLEMS. JD SOLVED 6 OUT OF 18; HIS OVERALL SCORE ON THE DISTRICT ASSESSMENT WAS 52%.**





## **Example-Math**

**JD is a pleasure to have in class. Our class is learning to solve addition and subtraction problems with up to 3 digits. We just introduced multiplication and division problems with two digits by one digit. We will continue to work on this. JD completes all homework assignments. He works well with his classmates.**



# STATEMENT OF PARENTAL CONCERNS

- **THIS IS YOUR OPPORTUNITY TO EXPRESS:**
- **YOUR VISION FOR YOUR CHILD**
- **YOUR CHILD'S VISION FOR THEMSELVES**
- **YOUR PRIORITIES**
- **YOUR CONCERNS**

# **Tips for Writing a Parental Input Statement**

- 1. Keep it short.**
- 2. Keep it polite and professional.**
- 3. Include what is working as well as the challenges.**
- 4. Clearly state your concerns.**
- 5. Give recommendations for what you think will work.**

## **Sample Parental Statement**

**JD is a bright child who loves to learn. He has a special interest in animals and searches for YouTube Videos to learn all he can. This works for him because he does not have to read to learn. We are very concerned about his struggles with reading especially since he is moving to middle school. He continues to struggle to sound out words. When we listen to him read it is filled with starts and stops. JD has told us he is afraid to read in front of the class because he thinks the kids will make fun of him. We see him avoiding assignments about things we know he is interested in because of the reading. We see similar struggles with written work. We do not want to lose JD's desire to learn because the reading is just too hard.**

**We would like to focus on continuing to work on developing his reading while giving JD other ways to learn in subjects like science and social studies. Our hope is to add supports such as text to speech and speech to text to motivate JD to do his work with greater ease. We are committed to continuing to work on reading and writing but separate from subject learning.**



# **GOALS AND** **OBJECTIVES**

**Should name a clear skill or behavior.**

JD will be able to isolate and pronounce the initial vowel sounds (phonemes) in three-phoneme (consonant-vowel-consonant, or CVC) words (e.g., bat, can)

**Should describe how the skill or behavior will be assessed.**

Performance evaluations will be based on daily classroom data, weekly quizzes and quarterly progress reporting

**Should state a clear criteria for mastery.**

JD is required to achieve mastery 80% of the time.

# **REMEMBER!!!**

**GOALS AND OBJECTIVES SHOULD RELATE BACK TO THE  
PLAAFP!**



**MODIFICATIONS AND SUPPLEMENTARY AIDS AND SERVICES IN THE GENERAL EDUCATION CLASSROOM AND/OR SPECIAL EDUCATION CLASSROOM**

State the modifications for the student to be involved and progress in the general education curriculum and be educated with nondisabled students. If the student will not be participating in the general education classroom, state the modifications and supplementary aids and services to enable the student to be involved and progress in the general education curriculum in the special education classroom. State the supplementary aids and services that will be provided to the student or on behalf of the student. Identify any assistive technology devices and services to be provided. For preschool students, review the preschool day to determine what accommodations and modifications may be required to allow the child to participate in the general education classroom and activities. Each modification, supplementary aid or service, and assistive technology device should be entered separately.

**Modifications:**ClassroomModifications**Example:**

- **Preferential Seating**
- **Provide notes ahead of time**
- **Manipulatives**

**Supplementary Aids and Services:**ClassroomSupplementary Aids and Services**Example:**

- **Commission for the Blind**

**Assistive Technology Devices and Services:**ClassroomAssistive Technology Devices and Services**Example:**

- **Weighted Pencil**
- **Text to Speech**
- **Word Prediction**

**Modifications****Supplementary Aids  
and Services****Assistive Technology**

Related Services or Speech Language Services for Students Eligible for Speech/Language Services	Location	Ratio	Start and End Dates	Frequency	Period	Duration

Special Transportation Related Services	Comments	Start and End Dates	Frequency	Period

#### STATEMENT OF EXTENDED SCHOOL YEAR SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES

Determine whether the student needs an extended school year (ESY) program. An extended school year program is provided in accordance with the student's IEP when an interruption in the educational programming causes the student's performance to revert to a lower level of functioning and recoupment cannot be expected in a reasonable length of time.

Does the student need an extended school year program?

Extended School Placement Location:

List relevant factors considered in determining whether the student needs an ESY Program:

**Related Services**

**Transportation**

**ESY (Extended School Year)**



# A word about transportation---

- Cell phones must be for emergency use only. This is not a time for bus staff to check email, text friends, or scroll through social media. Headphones should never be used by any bus staff. ***If you observe this REPORT IT!***
- All bus staff must be trained for emergencies. They should be certified in CPR. They should have the necessary information about the needs of the students on their route.  
***Check to make sure the bus driver has emergency information for your child.***
- Bus aides should seat themselves on the bus so they can best always see all the students.
- Bus staff should position students on the bus according to their needs.
- Bus staff should be competent in the use of wheelchair lifts and tie-downs. If a student's Individualized Education Program (IEP) requires a car seat or harness, staff should be competent in the installation and use of these. The use of these must be in the child's IEP.
- Transportation companies must remain open so that should there be a problem like a bus that is late arriving home a parent can call and speak to a person who can respond to the concern.
- Transportation companies must have a way to always reach their drivers.



Special Education Programs	Location	Subject	Start and End Dates	Frequency	Period	Duration

Extended Related Services or Speech Language Services for Students Eligible for Speech/Language Services	Location	Ratio	Start and End Dates	Frequency	Period	Duration

PLACEMENT DECISION

\* NOTE: In accordance with federal data collection requirements, a student in an out-of-district segregated placement for 50% or more of the school day must be reported as being in that setting for the entire day, regardless of whether the student is in a general education setting for the remainder of the school day.

Placement decision category for students with disabilities ages 3-5 or 6-21:

RATIONALE FOR REMOVAL FROM GENERAL EDUCATION

Decisions regarding placement are based on the individual needs of students and must begin with consideration of the general education setting. The purpose of this page is to document the discussions that have occurred with respect to accommodations, modifications, and supplementary aids and services in each academic or functional area that are necessary to educate the student in the general education setting.

If the student will be included in the general education setting for more than 80% of the time, *no rationale is required*. Items 1 through 3 of this section of the IEP need not be completed or included in the student's IEP.

If a student will not be included in the general education setting for more than 80% of the time, items 1 through 3 below **MUST** be completed for each CONTENT/SUBJECT AREA.

\* NOTE: In accordance with federal data collection requirements, a student in an out-of-district segregated placement for 50% or more of the school day must be reported as being in that setting for the entire day, regardless of whether the student is in a general education setting for the remainder of the school day.

If a student will not be included in the general education setting for 80% or more of the time, items 1 through 3 below **MUST** be completed for each content/subject area.

1. Identify the supplementary aids and services that were considered to implement the student’s annual goals. Explain why they are not appropriate to meet the student’s needs in the general education class:

Special Education Programs

Related Services for ESY





# CONFLICT RESOLUTION!



## **WHAT DO I DO IF ALL OF TEACHERS AND THERAPISTS ARE NOT PRESENT AT MY MEETING?**

- **YOU SHOULD BE NOTIFIED AND AGREE TO HOLD THE MEETING WITH THE MISSING PERSON.**
- **YOU CAN STATE THAT YOU WOULD LIKE TO RESCHEDULE.**
- **YOU CAN HOLD THE MEETING AND SCHEDULE A CONTINUATION WITH THE MISSING PERSON.**





## **WHAT ARE MY OPTIONS IF I FEEL THE TEAM IS NOT COLLABORATING WITH ME?**

- **CONSIDER A FACILITATED IEP**
- **THIS IS A FREE SERVICE PROVIDED BY THE NJDOE. A FACILITATOR IS ASSIGNED WHO WORKS WITH EACH SIDE TO ENSURE THAT ALL ARE HEARD. THIS IS NOT BINDING AND BOTH PARTIES MUST AGREE.**





## **I DO NOT AGREE WITH MY CHILD'S PLACEMENT?**

- **START WITH YOUR CHILD'S IEP. IS THE PLACEMENT ABLE TO PROVIDE THE PROGRAM AS OUTLINED? ARE GOALS AND OBJECTIVES REPEATED FROM YEAR TO YEAR?**
- **DOCUMENT PROGRESS. IS MY CHILD MAKING MEANINGFUL PROGRESS?**
- **DOCUMENT, DOCUMENT, DOCUMENT!**

# QUESTIONS?





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