

TIPS FOR ENCOURAGING STUDENT PARTICIPATION IN IEP MEETINGS



There are many ways to include students in their Individualized Education Program (IEP) meetings, and every student is different. Below are some essential tips to remember when encouraging student participation in IEP meetings.

- **Speak openly** with your student about his/her disability, classification and learning needs.
- **Explain to your student** what services s/he should be receiving, and what those services are meant to provide.
- **Slowly integrate the student** into IEP meetings (e.g. 10 minutes for the first meeting, then increase from there).
- **Encourage student preparation.** Choose a section of the IEP and have your student prepare something to add, such as interests, strengths, and preferences.
- **Remember that the IEP isn't just about academics.** Including a student's extracurricular interests is one great way to let the teacher know some engagement strategies for your student.
- **Inform teachers and service providers** that you're working on this and ask for their support.
- **Speak with the student** about his/her transition goals and how s/he is going to work on them.
- **Encourage your student** to set his/her own academic and postsecondary goals.
- **Remember it is a process.** Student participation takes time and requires ongoing conversations about your student's disability and needs.

INCLUDENYC'S HIGH SCHOOL LAUNCH

The High School Launch curriculum is designed to build students' self-advocacy skills through preparation for an Individualized Education Program (IEP) meeting. By the end of the program, students will be able to identify their disability; articulate their learning styles, educational needs, interests, and transition goals; and identify the supports and services they need to achieve those goals. Students will also create a product (binder, portfolio, or video) aligned with their IEPs that they can use as a resource at upcoming meetings, and will have a chance to practice skills to participate meaningfully.

Pilot year

In the 2015-2016 pilot year of High School Launch, we worked with six schools and 150 students. For the 2016-2017 academic year, we will expand the program to at least 10 schools and evolve the curriculum and model based on first year results. The size of each group should be no more than 15 students. The program includes five sessions with students, along with one workshop for school staff and one for parents.

Results from 2015-2016 academic year

Pre-High School Launch

IEP meeting participation:

- 38% of students do not attend their IEP meetings, while 25% attend but do not participate.

Acknowledgement of having a disability:

- 4% of students responded "yes" to having a disability.

Recognition of future possibilities for people with disabilities:

- 5% of students think people with disabilities can go to college or get a good job.

Post-High School Launch

IEP meeting participation:

- 72% of students stated that they attended or planned to attend and participate in their IEP meetings.

Acknowledgement of having a disability:

- 68% of students responded "yes" to having a disability.

Recognition of future possibilities for people with disabilities:

- 89% of students think people with disabilities can go to college and 81% think people with disabilities can get a good job.

If your school is interested in hosting High School Launch, please contact Emily Mann at (212) 677-4650 x16 or emann@INCLUDEnyc.org.

School District Identifying Information

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

STUDENT NAME:	DISABILITY CLASSIFICATION:
DATE OF BIRTH: LOCAL ID #:	
PROJECTED DATE IEP IS TO BE IMPLEMENTED: (This is when the new program you develop at your meeting will begin)	PROJECTED DATE OF ANNUAL REVIEW: (The date of next year's meeting will go here)

PRESENT LEVELS OF PERFORMANCE AND INDIVIDUAL NEEDS

DOCUMENTATION OF STUDENT'S CURRENT PERFORMANCE AND ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS

Evaluations are tests, exams, or activities that you have been graded on. Your teacher can help you get these.	EVALUATION RESULTS (INCLUDING FOR SCHOOL-AGE STUDENTS, PERFORMANCE ON STATE AND DISTRICT-WIDE ASSESSMENTS)
Describe yourself as a person in your different subject areas at school and at home and in the community. What is your best subject? What are you good at? What do you enjoy doing outside of school?	ACADEMIC ACHIEVEMENT, FUNCTIONAL PERFORMANCE AND LEARNING CHARACTERISTICS LEVELS OF KNOWLEDGE AND DEVELOPMENT IN SUBJECT AND SKILL AREAS INCLUDING ACTIVITIES OF DAILY LIVING, LEVEL OF INTELLECTUAL FUNCTIONING, ADAPTIVE BEHAVIOR, EXPECTED RATE OF PROGRESS IN ACQUIRING SKILLS AND INFORMATION, AND LEARNING STYLE: STUDENT STRENGTHS, PREFERENCES, INTERESTS:
What subjects do you need help with? What are things you struggle with?	ACADEMIC, DEVELOPMENTAL AND FUNCTIONAL NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:

<p>Describe yourself as a person when you interact with others. How do you feel about yourself?</p> <p>What do you do well when you interact with others? What makes you feel good about yourself?</p> <p>What do you need help with or what are issues that make relationships with others difficult?</p>	<p>SOCIAL DEVELOPMENT THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S RELATIONSHIPS WITH PEERS AND ADULTS; FEELINGS ABOUT SELF; AND SOCIAL ADJUSTMENT TO SCHOOL AND COMMUNITY ENVIRONMENTS:</p> <p>STUDENT STRENGTHS:</p> <p>SOCIAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:</p>
<p>Describe your health, your ability to move around, and how well your body works.</p> <p>Do you play any sports? What do you do for exercise? What are your healthy habits?</p> <p>What parts of your health do you want to improve?</p>	<p>PHYSICAL DEVELOPMENT THE DEGREE (EXTENT) AND QUALITY OF THE STUDENT'S MOTOR AND SENSORY DEVELOPMENT, HEALTH, VITALITY AND PHYSICAL SKILLS OR LIMITATIONS WHICH PERTAIN TO THE LEARNING PROCESS:</p> <p>STUDENT STRENGTHS:</p> <p>PHYSICAL DEVELOPMENT NEEDS OF THE STUDENT, INCLUDING CONSIDERATION OF STUDENT NEEDS THAT ARE OF CONCERN TO THE PARENT:</p>
<p>What helps? Think about the things you need more help with. What can people do to help you? Is there technology that helps?</p>	<p>MANAGEMENT NEEDS THE NATURE (TYPE) AND DEGREE (EXTENT) TO WHICH ENVIRONMENTAL AND HUMAN OR MATERIAL RESOURCES ARE NEEDED TO ADDRESS NEEDS IDENTIFIED ABOVE:</p>

<p>How does your disability make it hard to be successful in your classes or be with other kids your age?</p>	<p>EFFECT OF STUDENT NEEDS ON INVOLVEMENT AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM OR, FOR A PRESCHOOL STUDENT, EFFECT OF STUDENT NEEDS ON PARTICIPATION IN APPROPRIATE ACTIVITIES</p>
<p>STUDENT NEEDS RELATING TO SPECIAL FACTORS <small>BASED ON THE IDENTIFICATION OF THE STUDENT'S NEEDS, THE COMMITTEE MUST CONSIDER WHETHER THE STUDENT NEEDS A PARTICULAR DEVICE OR SERVICE TO ADDRESS THE SPECIAL FACTORS AS INDICATED BELOW, AND IF SO, THE APPROPRIATE SECTION OF THE IEP MUST IDENTIFY THE PARTICULAR DEVICE OR SERVICE(S) NEEDED.</small></p>	
<p>Would it help to have strategies or a plan to help manage behavior issues?</p>	<p>Does the student need strategies, including positive behavioral interventions, supports and other strategies to address behaviors that impede the student's learning or that of others? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the student need a behavioral intervention plan? <input type="checkbox"/> No <input type="checkbox"/> Yes:</p>
<p>Are you still learning to speak English? If so, does your language make it difficult to learn?</p>	<p>For a student with limited English proficiency, does he/she need a special education service to address his/her language needs as they relate to the IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
<p>For students who are blind or have severe vision issues, do you need to learn to read through Braille?</p>	<p>For a student who is blind or visually impaired, does he/she need instruction in Braille and the use of Braille? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>
<p>Do you have difficulty speaking or communicating? Is there a strategy or technology that can help you communicate with others? For students who are deaf, would in interpreter in ASL or another strategy help you to be successful in the classroom?</p>	<p>Does the student need a particular device or service to address his/her communication needs? <input type="checkbox"/> Yes <input type="checkbox"/> No In the case of a student who is deaf or hard of hearing, does the student need a particular device or service in consideration of the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>

Is there a strategy or technology that can help you be successful in school?

Does the student need an assistive technology device and/or service? Yes No

If yes, does the Committee recommend that the device(s) be used in the student's home? Yes No

BEGINNING NOT LATER THAN THE FIRST IEP TO BE IN EFFECT WHEN THE STUDENT IS AGE 15 (AND AT A YOUNGER AGE IF DETERMINED APPROPRIATE)

MEASURABLE POSTSECONDARY GOALS

LONG-TERM GOALS FOR LIVING, WORKING AND LEARNING AS AN ADULT

What are your goals for life *AFTER* high school?

Do you plan to go to college or get some other type of training?

What type of job do you want to do?

Do you need to develop goals to be able to live on your own someday?

EDUCATION/TRAINING:

EMPLOYMENT:

INDEPENDENT LIVING SKILLS (WHEN APPROPRIATE):

Think about the goals you listed. What do you need to do to accomplish these goals? What do you need to learn or what will you need help with?

TRANSITION NEEDS

In consideration of present levels of performance, transition service needs of the student that focus on the student's courses of study, taking into account the student's strengths, preferences and interests as they relate to transition from school to post-school activities:

MEASURABLE ANNUAL GOALS

THE FOLLOWING GOALS ARE RECOMMENDED TO ENABLE THE STUDENT TO BE INVOLVED IN AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM, ADDRESS OTHER EDUCATIONAL NEEDS THAT RESULT FROM THE STUDENT'S DISABILITY, AND PREPARE THE STUDENT TO MEET HIS/HER POSTSECONDARY GOALS.

	<p align="center">ANNUAL GOALS</p> <p align="center">WHAT THE STUDENT WILL BE EXPECTED TO ACHIEVE BY THE END OF THE YEAR IN WHICH THE IEP IS IN EFFECT</p>	<p align="center">CRITERIA</p> <p align="center">MEASURE TO DETERMINE IF GOAL HAS BEEN ACHIEVED</p>	<p align="center">METHOD</p> <p align="center">HOW PROGRESS WILL BE MEASURED</p>	<p align="center">SCHEDULE</p> <p align="center">WHEN PROGRESS WILL BE MEASURED</p>
<p><i>What are some goals you can work on this year or next that will help you be successful in school and as an adult.</i></p>				
		<p><i>This information will be filled out by the school team after your meeting</i></p>		

REPORTING PROGRESS TO PARENTS

This section tells how often your parents will get a report about how you are doing on all of this.

Identify when periodic reports on the student's progress toward meeting the annual goals will be provided to the student's parents:

RECOMMENDED SPECIAL EDUCATION PROGRAMS AND SERVICES

<p>This section will list all of the special education services you need to reach your goals and be successful.</p>	<p>SPECIAL EDUCATION PROGRAM/SERVICES</p>	<p>SERVICE DELIVERY RECOMMENDATIONS*</p>	<p>FREQUENCY HOW OFTEN PROVIDED</p>	<p>DURATION LENGTH OF SESSION</p>	<p>LOCATION WHERE SERVICE WILL BE PROVIDED</p>	<p>PROJECTED BEGINNING/ SERVICE DATE(S)</p>
<p>What type of classroom program works best for you? Check one.</p>	<p>SPECIAL EDUCATION PROGRAM:</p> <p>Consultant Teacher or Integrated Co-teaching Classroom (A Regular class program with a special education teacher to help my teacher)</p> <p>Resource room (This is a program where you leave your regular classroom for part of the day and go work with a special education teacher in a small group)</p> <p>Special Class (This is a classroom that only has other special education students)</p>	<p><i>This information will be filled out by the school team after your meeting</i></p>				

<p>Think about the services or professionals that help you outside your classes. What kind of extra help or supports have helped you this year?</p>	<p>RELATED SERVICES: CHECK ONE BELOW</p> <p>Speech Counseling Physical therapy Occupational Therapy Nursing services Assistive Technology services Other, indicate here</p>					
<p>Think about services that help you be successful in regular classes with kids who don't have disabilities. What kind of "extras" do you need so you can fully participate in school? Here are some ideas, check any that apply.</p>	<p>SUPPLEMENTARY AIDS AND SERVICES/PROGRAM MODIFICATIONS/ACCOMMODATIONS:</p> <p>Copy of class notes Books in other formats (Like technology that reads text out loud or Braille) Extra time on tests or to go between classes class Organization strategies A plan to help me control my behavior Extra time to finish assignments Other Preferential seating (Sitting in a special spot in class so you can focus or hear or see better) Organization Strategies Behavior plan Extra time (to finish tests or assignments) Other, indicate here</p>					

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<p>What technology can help you be independent?</p>	<p>ASSISTIVE TECHNOLOGY DEVICES AND/OR SERVICES:</p>					
<p>This section identifies what help your teachers can get to help you learn.</p>	<p>SUPPORTS FOR SCHOOL PERSONNEL ON BEHALF OF THE STUDENT:</p>					
<p>* Identify, if applicable, class size (maximum student-to-staff ratio), language if other than English, group or individual services, direct and/or indirect consultant teacher services or other service delivery recommendations.</p>						

<p>Some students need to go to school during the summer so they can remember all that they have learned. This decision will be made at your meeting.</p>	<p>12-MONTH SERVICE AND/OR PROGRAM – Student is eligible to receive special education services and/or program during July/August: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes: <input type="checkbox"/> Student will receive the same special education program/services as recommended above. OR <input type="checkbox"/> Student will receive the following special education program/services:</p>					
	<p>SPECIAL EDUCATION PROGRAM/SERVICES</p>	<p>SERVICE DELIVERY RECOMMENDATIONS</p>	<p>FREQUENCY</p>	<p>DURATION</p>	<p>LOCATION</p>	<p>PROJECTED BEGINNING/ SERVICE DATE(S)</p>
<p>Name of school/agency provider of services during July and August: For a preschool student, reason(s) the child requires services during July and August:</p>						

TESTING ACCOMMODATIONS (TO BE COMPLETED FOR PRESCHOOL CHILDREN ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL CHILDREN):
 INDIVIDUAL TESTING ACCOMMODATIONS, SPECIFIC TO THE STUDENT’S DISABILITY AND NEEDS, TO BE USED CONSISTENTLY BY THE STUDENT IN THE RECOMMENDED EDUCATIONAL PROGRAM AND IN THE ADMINISTRATION OF DISTRICT-WIDE ASSESSMENTS OF STUDENT ACHIEVEMENT AND, IN ACCORDANCE WITH DEPARTMENT POLICY, STATE ASSESSMENTS OF STUDENT ACHIEVEMENT

	TESTING ACCOMMODATION	CONDITIONS*	IMPLEMENTATION RECOMMENDATIONS**
	<input type="checkbox"/> NONE		
<p>This section identifies what supports you should have when taking a test or exam. If you click on the grey box a drop down menu of some common supports are listed.</p>	<p>Extended time (extra time on tests)</p> <p>Breaks (during the test)</p> <p>Multiple day administration (Take the test over a few days instead of one period)</p> <p>Use assistive technology</p> <p>Separate location (take test in a quiet place or testing center)</p> <p>Preferential seating (sit in a special place in the classroom)</p> <p>Scribe (someone writes your answers, or you record them)</p> <p>calculator</p> <p>spelling or grammar check</p> <p>Waive spelling or punctuation (mistakes for spelling or punctuation don't count)</p> <p>Other, indicate here</p>		<p><i>This information will be filled out by the school team after your meeting</i></p>
	<p>*Conditions – Test Characteristics: Describe the type, length, purpose of the test upon which the use of testing accommodations is conditioned, if applicable.</p> <p>**Implementation Recommendations: Identify the amount of extended time, type of setting, etc., specific to the testing accommodations, if applicable.</p>		

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COORDINATED SET OF TRANSITION ACTIVITIES

<p>This section includes activities to help you reach your goals for AFTER high school.</p>	<p>NEEDED ACTIVITIES TO FACILITATE THE STUDENT'S MOVEMENT FROM SCHOOL TO POST-SCHOOL ACTIVITIES</p>	<p>SERVICE/ACTIVITY</p>	<p>SCHOOL DISTRICT/ AGENCY RESPONSIBLE</p>
<p>What classes will help you or do you need to take to reach your goals?</p>	<p>Instruction</p>		
<p>What other supports or services outside of the classroom will you need to reach your goals?</p>	<p>Related Services</p>		
<p>What job or other experiences outside the school building will help you reach your goals?</p>	<p>Community Experiences</p>		
<p>What are other things you need to work on to prepare you for a career or college?</p>	<p>Development of Employment and Other Post-school Adult Living Objectives</p>		
<p>What do you need to learn to be more independent or live some day on your own?</p>	<p>Acquisition of Daily Living Skills (if applicable)</p>		
<p>Do you still need to figure out what you are good at and what would be a good career for you after high school?</p>	<p>Functional Vocational Assessment (if applicable)</p>		

This information will be filled out by the school team after your meeting

PARTICIPATION IN STATE AND DISTRICT-WIDE ASSESSMENTS

(TO BE COMPLETED FOR PRESCHOOL STUDENTS ONLY IF THERE IS AN ASSESSMENT PROGRAM FOR NONDISABLED PRESCHOOL STUDENTS)

This box shows whether or not you will take the same state and district tests as students without disabilities or participate in different kinds of assessments.

- The student will participate in the same State and district-wide assessments of student achievement that are administered to general education students.
- The student will participate in an alternate assessment on a particular State or district-wide assessment of student achievement.
Identify the alternate assessment:
Statement of why the student cannot participate in the regular assessment and why the particular alternate assessment selected is appropriate for the student:

PARTICIPATION WITH STUDENTS WITHOUT DISABILITIES

This section explains how much time you spend in separate classes only with other kids with disabilities. Is it too much or not enough?

Some students with disabilities do not need to take a foreign language in high school. This will be discussed at the meeting.

REMOVAL FROM THE GENERAL EDUCATION ENVIRONMENT OCCURS ONLY WHEN THE NATURE OR SEVERITY OF THE DISABILITY IS SUCH THAT, EVEN WITH THE USE OF SUPPLEMENTARY AIDS AND SERVICES, EDUCATION CANNOT BE SATISFACTORILY ACHIEVED.

FOR THE SCHOOL-AGE STUDENT:

Explain the extent, if any, to which the student will not participate in regular class, extracurricular and other nonacademic activities (e.g., percent of the school day and/or specify particular activities):

If the student is not participating in a regular physical education program, identify the extent to which the student will participate in specially-designed instruction in physical education, including adapted physical education:

EXEMPTION FROM LANGUAGE OTHER THAN ENGLISH DIPLOMA REQUIREMENT: No Yes - The Committee has determined that the student's disability adversely affects his/her ability to learn a language and recommends the student be exempt from the language other than English requirement.

SPECIAL TRANSPORTATION

TRANSPORTATION RECOMMENDATION TO ADDRESS NEEDS OF THE STUDENT RELATING TO HIS/HER DISABILITY

This section is about how you get to school and whether you need to be on a special ed bus.

- None.
- Student needs special transportation accommodations/services as follows:
- Student needs transportation to and from special classes or programs at another site:

PLACEMENT RECOMMENDATION

The place you will go to school goes here. You, your parents, and the rest of the team will decide at your meeting.

The “Student Plain Language IEP” was developed by Naomi Brickel and Katelyn Stillwagon
Westchester Institute for Human Development, Valhalla NY

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Available online at www.hvsepc.org