

Special School District of St. Louis County
12110 Clayton Road, Town and Country, MO 63131

NON-RESIDENT SERVICES PLAN
NOTIFICATION OF MEETING

Student: _____ Date of Birth: _____ SSD Student ID: _____

To the Parent(s)/Guardian(s) of: _____

and/or To: _____ Adult Student (age 18+ or emancipated minor)

Student (required when post-secondary transition is a purpose of the meeting)

A meeting has been scheduled for the purpose of:

- Develop Initial Non Resident Services Plan Consider Post-secondary Transition
 Review/Revise Non Resident Services Plan Other: _____

Is this meeting being held at parent request? YES NO Date of parent request: _____

This meeting is confirmed for _____
Date Time Location

The following individuals have been invited to participate in this meeting (name and/or specific position(s) held within the public agency):

| <u>Role of Participants</u> | <u>Name</u> | <u>Title</u> |
|--|-------------|--------------|
| General Education Teacher | | |
| Individual to interpret instructional implications of evaluation results | | |
| Component District Representative | | |
| Special Education Teacher | | |
| SSD Representative | | |
| Student | | |
| Agency representative(s) for post-secondary transition (must have appropriate consent to invite) | | |
| Agency Name: | | |
| Agency Name: | | |
| Part C Representative (if applicable) | | |
| Related Services Provider | | |
| Other: | | |
| Other: | | |
| Other: | | |

If you are unable to attend this meeting, please contact me at _____
as soon as possible.

Sincerely,

Name Title Date

**NON-RESIDENT SERVICES PLAN
RECORD OF DISTRICT ATTEMPTS TO SCHEDULE MEETING**

Student: _____

Date of Birth: _____

Meeting Date: _____

SSD Student ID: _____

1st Attempt

Date of Contact: _____

Parent waived notification requirement.*

Method of Contact:

Written

Hand carried by student

Regular mail

Certified mail

Fax

E-mail

Other: _____

Verbal

Phone

Voice mail/answering machine

Face to face contact

Other: _____

Parent/Guardian Response

Do not want to attend (proceed with meeting)

Cannot attend, please reschedule (proceed with 2nd attempt)

No response (proceed with 2nd attempt)

Yes, I'll be there**

* In general, reasonable notification is 10 days.

** If parent does not attend meeting, proceed to 2nd attempt

2nd Attempt (must be a direct contact with parent)

Date of Contact: _____

Parent waived notification requirement.*

Method of Contact: (must be a direct contact):

Written

Regular mail

Certified mail

Verbal

Phone

Face to face contact

Parent/Guardian Response

Do not want to attend (proceed with meeting)

Cannot attend, (proceed with meeting)

No response (proceed with meeting)

Yes, I'll be there**

* In general, reasonable notification is 10 days.

** If parent does not attend meeting, agency may proceed with meeting

**Special School District of St. Louis County
12110 Clayton Road Town and Country, MO 63131
THE NON-RESIDENT SERVICES PLAN FOR:**

Student: _____ Date of Birth: _____ Meeting Date: _____
 SSD Student ID: _____ Projected Date of Annual Review: _____
 Grade: _____ Age: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____
 Resident District: _____ District Attending: _____

Location for Provision of Service:

School Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

Primary Language or Communication Mode(s): English Spanish Sign Language Other: _____
 Date Parent/legal Guardian(s) provided copy: _____ Mode of Delivery: _____

Educational Decision Maker is:

Parent Legal Guardian Educational Surrogate Foster Parent Child (age 18+) Other: _____
 Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Case Manager: _____ Contact Information: _____

Meeting Type: Annual Initial
 Date of most recent evaluation/reevaluation: _____
 Projected date for next triennial evaluation: _____

PARTICIPANTS IN MEETING AND ROLES

The names and roles of individuals **participating in developing** the meeting must be documented.

| Role | Name |
|--|------|
| Parent/Guardian | |
| Parent/Guardian | |
| Student | |
| General Education Teacher | |
| Special Education Teacher | |
| SSD Representative | |
| Individual to interpret instructional implications of evaluation results | |
| Component District Representative | |
| Part C Representative (if applicable - only if child is under 3) | |
| Agency Representative for Post-secondary transition (if applicable) | |
| Other: | |
| Other: | |
| Other: | |

NON-RESIDENT SERVICES PLAN

1. PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

(Functional Performance refers to general ability and problem solving, attention and organization, communication, social skills, behavior, independent living, self-advocacy, learning style, vocational, employment)

Student: _____

Date of Birth: _____

Meeting Date: _____

SSD Student ID: _____

Present Level must include:

How the student's disability affects his/her involvement and progress in the general education curriculum, or for preschool students, participation in age-appropriate activities. (For students with transition plans, consider how the student's disability will affect the student's ability to reach his/her post-secondary goals (what the student will do after high school) For students with the most significant cognitive disabilities, describe how the disability impacts the student's access to the general education curriculum and how the alternate standards are appropriate.)

The strengths of the student (For students with transition plans, consider how the strengths of the student relate to the student's post-secondary goals.)

Concerns of the parent/guardian for enhancing the education of the student (For students with transition plans, consider the parent/guardian's expectations for the student after the student leaves high school.)

NON-RESIDENT SERVICES PLAN

1. PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

(Functional Performance refers to general ability and problem solving, attention and organization, communication, social skills, behavior, independent living, self-advocacy, learning style, vocational, employment)

Student: _____ Date of Birth: _____ Meeting Date: _____

SSD Student ID: _____

Changes in current functioning of the student since the initial or prior IEP (For students with transition plans, consider how changes in the student's functioning will impact the student's ability to reach his/her post-secondary goal.)

A summary of the most recent evaluations/re-evaluation results.

NON-RESIDENT SERVICES PLAN

1. PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

(Functional Performance refers to general ability and problem solving, attention and organization, communication, social skills, behavior, independent living, self-advocacy, learning style, vocational, employment)

Student: _____

Date of Birth: _____

Meeting Date: _____

SSD Student ID: _____

A summary of the results of the student's performance on any general state and district-wide assessment. (For students with transition plans include formal or informal age appropriate transition assessments.)

Describe how the student will access their services and supports on days when their school is utilizing alternative methods of instruction (AMI). Consider method of participation, technology needs, instructional materials, instructional supports available in the home, how communication between the family and school/IEP team will occur and any accommodations/modifications that will be needed based on the type of instruction that will be provided.

NON-RESIDENT SERVICES PLAN

1. PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

(Functional Performance refers to general ability and problem solving, attention and organization, communication, social skills, behavior, independent living, self-advocacy, learning style, vocational, employment)

Student: _____ Date of Birth: _____ Meeting Date: _____

No Yes The IEP team has determined that the student is unable to access the general education curriculum and that a curriculum based on alternative standards is appropriate.
(<https://dese.mo.gov/special-education/compliance/statewide-assessments>)

If yes, describe the following:

- How the student demonstrates the most significant cognitive disabilities and limited adaptive skills that may be combined with physical or behavioral limitations.
- How the most significant cognitive disability impacts the student's access to the curriculum and requires specialized instruction.
- How the most significant cognitive disability impacts the student's post-school outcomes.
- Any additional factors considered. (The student's inability to participate in the general education assessment must be primarily the result of the most significant cognitive disability and NOT excessive absences; visual or auditory disabilities; or social, cultural, language, or economic differences.)

Is the student taking an alternative assessment (MAP-A)? Yes No

If yes,

benchmarks/ short-term objectives are listed on an additional page

benchmarks/short-term objectives are on goal page

NON-RESIDENT SERVICES PLAN

2. SPECIAL CONSIDERATIONS: FEDERAL AND STATE REQUIREMENTS

Student: _____ Date of Birth: _____ Meeting Date: _____

SSD Student ID: _____

Note: For the first six items below, if the team determines that the student needs a particular device or service (including an intervention, accommodation, or other program modification) information documenting the team's decision regarding the device or service must be included in the appropriate section of the plan. These must be considered annually.

Is the student blind or visually impaired?

NO YES If yes, **complete Form A: Blind and Visually Impaired**

Is the student deaf or hearing impaired?

NO YES The team has considered the student's language and communication needs, opportunities for direct communication with peers and professionals 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 in the development of this plan.

Does the student exhibit behaviors that impede his/her learning or that of others?

NO YES If yes, strategies including positive behavior interventions and supports must be considered by the team, and if determined necessary, addressed in this plan. If a behavior intervention plan is developed it becomes a part of the plan.

Behavior Intervention Plan Goals Accommodations Considered, not needed

Does the student have limited English proficiency?

NO YES The student's language needs are addressed in this plan. Students who are English Learners (EL) in grades K-12 take the state's annual English Language Proficiency assessment, ACCESS for ELLS.

Does the student have communication needs?

NO YES The student's communication needs are addressed in this plan.

Does the student require Assistive Technology device(s) and/or services?

NO YES The student's assistive technology needs are addressed in this plan.

Extended School Year

NO, the student is not eligible for ESY Services YES, the student is eligible for ESY services. **Complete Form B**

The need for ESY services will be addressed at a later date. Will be addressed by: _____

When eligibility is determined, complete Amendment. If the student is eligible for ESY services, **Complete Form B.**

Post-secondary Transition Services: (Must be included not later than the first plan to be in effect when the student turns 16, and updated annually thereafter.) Is a Post-secondary Transition Plan required?

NO (Student will not turn sixteen while this plan is in effect). YES (Student is/will be sixteen while this plan is in effect).
If yes, **complete Form C: Post-Secondary Transition Plan**

NO (However, the team agreed to complete a Post-Secondary Transition Plan) **Complete Form C: Post-Secondary Transition Plan**

State Assessments

IDEA requires students with disabilities to participate in the following state assessments:

Does this student's grade placement or course of study during the time this IEP is in effect require consideration of participation in state assessments?

NO No statewide assessment is required for this student at this time. YES The student will participate in:

- Grade-Level Assessment for Grades 3-8 (**complete Form D-1**) (N/A for MAP-A eligible students)
- End of Course Exams for Grades 9-12, or, if appropriate, earlier grades (**complete Form D-2**) (N/A for MAP-A eligible students)
- MAP-A for eligible* students in Grades 3-8 and Grade 11 (**complete Form D-3**)
*MAP-A eligibility criteria: <https://dese.mo.gov/quality-schools/assessment/map-a>
- ACCESS for ELLs for EL students in grades K-12 (**complete Form D-4**)
- NAEP/International Assessments for selected students (**complete Form D-5**) (N/A for MAP-A eligible students)

District Assessments

Are there district-wide assessments administered for this student's age/grade level (refer to the District Assessment Plan)?

NO YES If yes, **complete Form E**

Alternative Method of Instruction (AMI) plan:

This district is choosing to utilize AMI for up to 36 instructional hours and the student's need will be documented on the PLAAFP.

This district is not using AMI.

NON-RESIDENT SERVICES PLAN
3. IEP GOAL WITH OBJECTIVES/BENCHMARKS

Student: _____

Date of Birth: _____

Meeting Date: _____

SSD Student ID: _____

Annual Measurable Goal

Annual Goal #: _____ **Domain:** _____ **Area of Concern:** _____

Goal:

Baseline: _____ **Target:** _____ **Start Date:** _____ **End Date:** _____

Baseline Data:

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support.

- Post-secondary Education/Training Employment Independent Living

Progress toward the goal will be measured by: (check all that apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Checklist | <input type="checkbox"/> Curriculum Based Measures | <input type="checkbox"/> Observational Charting | <input type="checkbox"/> Response Charting |
| <input type="checkbox"/> Portfolio | <input type="checkbox"/> Progress Monitoring Tool | <input type="checkbox"/> Rating Scale | <input type="checkbox"/> Reading Record |
| <input type="checkbox"/> Scoring Guides | <input type="checkbox"/> Teacher Made Test | <input type="checkbox"/> Timed Sample | <input type="checkbox"/> Work Sample |
| <input type="checkbox"/> Other: _____ | | | |

Measurable Objectives / Benchmarks

NON-RESIDENT SERVICES PLAN
3. IEP GOAL WITH OBJECTIVES/BENCHMARKS

Student: _____ Date of Birth: _____ Meeting Date: _____
SSD Student ID: _____

Annual Measurable Goal

Annual Goal #: _____ **Domain:** _____ **Area of Concern:** _____

Goal:

Baseline: _____ **Target:** _____ **Start Date:** _____ **End Date:** _____

Baseline Data:

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support.

- Post-secondary Education/Training Employment Independent Living

Progress toward the goal will be measured by: (check all that apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Checklist | <input type="checkbox"/> Curriculum Based Measures | <input type="checkbox"/> Observational Charting | <input type="checkbox"/> Response Charting |
| <input type="checkbox"/> Portfolio | <input type="checkbox"/> Progress Monitoring Tool | <input type="checkbox"/> Rating Scale | <input type="checkbox"/> Reading Record |
| <input type="checkbox"/> Scoring Guides | <input type="checkbox"/> Teacher Made Test | <input type="checkbox"/> Timed Sample | <input type="checkbox"/> Work Sample |
| <input type="checkbox"/> Other: _____ | | | |

Measurable Objectives / Benchmarks

NON-RESIDENT SERVICES PLAN
3. IEP GOAL WITH OBJECTIVES/BENCHMARKS

Student: _____ Date of Birth: _____ Meeting Date: _____
SSD Student ID: _____

Annual Measurable Goal

Annual Goal #: _____ **Domain:** _____ **Area of Concern:** _____

Goal:

Baseline: _____ **Target:** _____ **Start Date:** _____ **End Date:** _____

Baseline Data:

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support.

Post-secondary Education/Training Employment Independent Living

Progress toward the goal will be measured by: (check all that apply)

Checklist Curriculum Based Measures Observational Charting Response Charting
 Portfolio Progress Monitoring Tool Rating Scale Reading Record
 Scoring Guides Teacher Made Test Timed Sample Work Sample
 Other: _____

Measurable Objectives / Benchmarks

NON-RESIDENT SERVICES PLAN
3. IEP GOAL WITH OBJECTIVES/BENCHMARKS

Student: _____ Date of Birth: _____ Meeting Date: _____
SSD Student ID: _____

Annual Measurable Goal

Annual Goal #: _____ **Domain:** _____ **Area of Concern:** _____

Goal:

Baseline: _____ **Target:** _____ **Start Date:** _____ **End Date:** _____

Baseline Data:

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support.

Post-secondary Education/Training Employment Independent Living

Progress toward the goal will be measured by: (check all that apply)

Checklist Curriculum Based Measures Observational Charting Response Charting
 Portfolio Progress Monitoring Tool Rating Scale Reading Record
 Scoring Guides Teacher Made Test Timed Sample Work Sample
 Other: _____

Measurable Objectives / Benchmarks

NON-RESIDENT SERVICES PLAN
3. IEP GOAL WITH OBJECTIVES/BENCHMARKS

Student: _____ Date of Birth: _____ Meeting Date: _____
SSD Student ID: _____

Annual Measurable Goal

Annual Goal #: _____ **Domain:** _____ **Area of Concern:** _____

Goal:

Baseline: _____ **Target:** _____ **Start Date:** _____ **End Date:** _____

Baseline Data:

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support.

Post-secondary Education/Training Employment Independent Living

Progress toward the goal will be measured by: (check all that apply)

Checklist Curriculum Based Measures Observational Charting Response Charting
 Portfolio Progress Monitoring Tool Rating Scale Reading Record
 Scoring Guides Teacher Made Test Timed Sample Work Sample
 Other: _____

Measurable Objectives / Benchmarks

NON-RESIDENT SERVICES PLAN
3. IEP GOAL WITH OBJECTIVES/BENCHMARKS

Student: _____ Date of Birth: _____ Meeting Date: _____
SSD Student ID: _____

Annual Measurable Goal

Annual Goal #: _____ **Domain:** _____ **Area of Concern:** _____

Goal:

Baseline: _____ **Target:** _____ **Start Date:** _____ **End Date:** _____

Baseline Data:

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support.

Post-secondary Education/Training Employment Independent Living

Progress toward the goal will be measured by: (check all that apply)

Checklist Curriculum Based Measures Observational Charting Response Charting
 Portfolio Progress Monitoring Tool Rating Scale Reading Record
 Scoring Guides Teacher Made Test Timed Sample Work Sample
 Other: _____

Measurable Objectives / Benchmarks

NON-RESIDENT SERVICES PLAN SERVICES SUMMARY

Student: _____ Date of Birth: _____ Meeting Date: _____

SSD Student ID: _____

4. Reporting Progress

When Progress will be reported to parent(s)/guardian(s)

Bi-Quarterly
 Quarterly
 Trimester
 Semester
 Other: _____

5. Services Summary

| Special Education Services | Minutes | Frequency | Location | Begin Date* | End Date |
|----------------------------|---------|-----------|----------|-------------|----------|
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| Related Services | Minutes | Frequency | Location | Begin Date* | End Date |
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| Supplementary Aids and Services | Minutes | Frequency | Location | Begin Date* | End Date |
|---------------------------------|---------|-----------|----------|-------------|----------|
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| Supports for School Personnel | Begin Date* | End Date |
|-------------------------------|-------------|----------|
| | | |
| | | |
| | | |

Program Modifications and Accommodations

- Documented on Alternate Form F
- None

Supports for School Personnel

- Documented Above
- None

* Begin Date for the Non-Resident Services Plan is the date of the meeting. The 10 day waiting period does not apply.

NON-RESIDENT SERVICES PLAN SERVICES SUMMARY

Student: _____ Date of Birth: _____ Meeting Date: _____
 SSD Student ID: _____

4. Reporting Progress

When Progress will be reported to parent(s)/guardian(s)

Bi-Quarterly
 Quarterly
 Trimester
 Semester
 Other: _____

5. Services Summary

| Special Education Services | Minutes | Frequency | Location | Begin Date* | End Date |
|----------------------------|---------|-----------|----------|-------------|----------|
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| Related Services | Minutes | Frequency | Location | Begin Date* | End Date |
|------------------|---------|-----------|----------|-------------|----------|
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| Supplementary Aids and Services | Minutes | Frequency | Location | Begin Date* | End Date |
|---------------------------------|---------|-----------|----------|-------------|----------|
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| Supports for School Personnel | Begin Date* | End Date |
|-------------------------------|-------------|----------|
| | | |
| | | |
| | | |

Program Modifications and Accommodations

- Documented on Alternate Form F
- None

Supports for School Personnel

- Documented Above
- None

* Begin Date for the Non-Resident Services Plan is the date of the meeting. The 10 day waiting period does not apply.

NON-RESIDENT SERVICES PLAN SERVICES SUMMARY

Student: _____ Date of Birth: _____ Meeting Date: _____

SSD Student ID: _____

4. Reporting Progress

When Progress will be reported to parent(s)/guardian(s)

| | | | | |
|---------------------------------------|------------------------------------|------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Bi-Quarterly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Trimester | <input type="checkbox"/> Semester | <input type="checkbox"/> Other: _____ |
|---------------------------------------|------------------------------------|------------------------------------|-----------------------------------|---------------------------------------|

5. Services Summary

| Special Education Services | Minutes | Frequency | Location | Begin Date* | End Date |
|----------------------------|---------|-----------|----------|-------------|----------|
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| Related Services | Minutes | Frequency | Location | Begin Date* | End Date |
|------------------|---------|-----------|----------|-------------|----------|
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| Supplementary Aids and Services | Minutes | Frequency | Location | Begin Date* | End Date |
|---------------------------------|---------|-----------|----------|-------------|----------|
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| Supports for School Personnel | Begin Date* | End Date |
|-------------------------------|-------------|----------|
| | | |
| | | |
| | | |

Program Modifications and Accommodations

- Documented on Alternate Form F
- None

Supports for School Personnel

- Documented Above
- None

* Begin Date for the Non-Resident Services Plan is the date of the meeting. The 10 day waiting period does not apply.

NON-RESIDENT SERVICES PLAN PLACEMENT CONSIDERATIONS

Student: _____ Date of Birth: _____ Meeting Date: _____

SSD Student ID: _____

7. REGULAR EDUCATION PARTICIPATION

Extent of Participation in Regular Education

For Preschool: Will all of this student's special education and related services be provided with non-disabled peers in a regular education setting (designed primarily for students without disabilities)?

Yes No If no:

a. To what extent will the student not receive special education and related services in a regular education setting? (minutes or % of special education and related service minutes on the plan)

b. Describe the reasons why the team determined that provision of services in the regular education setting was not appropriate for the student.

For K-12: The regular education environment **includes all academic instruction as well as meals, recess, assemblies, field trips, etc.** Will this student participate 100% of the time with non-disabled peers in the regular education environment?

Yes No If no:

a. To what extent will the student not participate in a regular education environment? (minutes or % of special education and related service minutes on the plan in special education settings)

b. Describe the reasons why the team determined that provision of services in the regular education environment was not appropriate for the student

Participation in Regular Physical Education

The student will participate in: _____

Participation in Program Options, Nonacademic, and Extracurricular Activities

The district assures that this student will have an equal opportunity to participate in program options, nonacademic and/or extracurricular activities and services offered by the district.

8. PLACEMENT CONSIDERATIONS AND DECISION

This section is a SUMMARY of all of the following: Present Level of Academic Achievement and Functional Performance, goals, objectives/benchmarks (if applicable), characteristics of services, adaptations, and special education and related services information.

Annual Consideration of Placement

For ECSE: At least annually the team must consider whether all the special education and related services will be provided with non-disabled peers in a regular education setting (designed primarily for students without disabilities).

For K-12: At least annually, the team must consider if the goals can be met with services provided 100% of the time in the regular education environment.

Check **all** placement options that were **considered** for the provision of special education and related services (for K-12, Inside regular class at least 80% of the time must be checked. For preschool an EC setting must be checked).

Check the **one** placement option that was selected.

| Placement Continuum (K-12) | | | Placement Options (ECSE) | | |
|----------------------------|--------------------------|--|--------------------------|--------------------------|---|
| Considered | Selected | | Considered | Selected | |
| <input type="checkbox"/> | <input type="checkbox"/> | Inside regular class at least 80% of time | <input type="checkbox"/> | <input type="checkbox"/> | Early childhood setting |
| <input type="checkbox"/> | <input type="checkbox"/> | Inside regular class 40 to 79% of time | <input type="checkbox"/> | <input type="checkbox"/> | Early childhood special education |
| <input type="checkbox"/> | <input type="checkbox"/> | Inside regular class less than 40% of time | <input type="checkbox"/> | <input type="checkbox"/> | Part-time early childhood/Part time early childhood special education |

NON-RESIDENT SERVICES PLAN PLACEMENT CONSIDERATIONS

Student: _____ Date of Birth: _____ Meeting Date: _____

SSD Student ID: _____

7. REGULAR EDUCATION PARTICIPATION

Extent of Participation in Regular Education

For Preschool: Will all of this student's special education and related services be provided with non-disabled peers in a regular education setting (designed primarily for students without disabilities)?

Yes No If no:

a. To what extent will the student not receive special education and related services in a regular education setting? (minutes or % of special education and related service minutes on the plan)

b. Describe the reasons why the team determined that provision of services in the regular education setting was not appropriate for the student.

For K-12: The regular education environment **includes all academic instruction as well as meals, recess, assemblies, field trips, etc.** Will this student participate 100% of the time with non-disabled peers in the regular education environment?

Yes No If no:

a. To what extent will the student not participate in a regular education environment? (minutes or % of special education and related service minutes on the plan in special education settings)

b. Describe the reasons why the team determined that provision of services in the regular education environment was not appropriate for the student

Participation in Regular Physical Education

The student will participate in: _____

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For K-12: At least annually, the team must consider if the goals can be met with services provided 100% of the time in the regular education environment.

Check **all** placement options that were **considered** for the provision of special education and related services (for K-12, Inside regular class at least 80% of the time must be checked. For preschool an EC setting must be checked).

Check the **one** placement option that was selected.

| Placement Continuum (K-12) | | | Placement Options (ECSE) | | |
|----------------------------|--------------------------|--|--------------------------|--------------------------|---|
| Considered | Selected | | Considered | Selected | |
| <input type="checkbox"/> | <input type="checkbox"/> | Inside regular class at least 80% of time | <input type="checkbox"/> | <input type="checkbox"/> | Early childhood setting |
| <input type="checkbox"/> | <input type="checkbox"/> | Inside regular class 40 to 79% of time | <input type="checkbox"/> | <input type="checkbox"/> | Early childhood special education |
| <input type="checkbox"/> | <input type="checkbox"/> | Inside regular class less than 40% of time | <input type="checkbox"/> | <input type="checkbox"/> | Part-time early childhood/Part time early childhood special education |

NON-RESIDENT SERVICES PLAN PLACEMENT CONSIDERATIONS

Student: _____ Date of Birth: _____ Meeting Date: _____

SSD Student ID: _____

7. REGULAR EDUCATION PARTICIPATION

Extent of Participation in Regular Education

For Preschool: Will all of this student's special education and related services be provided with non-disabled peers in a regular education setting (designed primarily for students without disabilities)?

Yes No If no:

a. To what extent will the student not receive special education and related services in a regular education setting? (minutes or % of special education and related service minutes on the plan)

b. Describe the reasons why the team determined that provision of services in the regular education setting was not appropriate for the student.

For K-12: The regular education environment **includes all academic instruction as well as meals, recess, assemblies, field trips, etc.** Will this student participate 100% of the time with non-disabled peers in the regular education environment?

Yes No If no:

a. To what extent will the student not participate in a regular education environment? (minutes or % of special education and related service minutes on the plan in special education settings)

b. Describe the reasons why the team determined that provision of services in the regular education environment was not appropriate for the student

Participation in Regular Physical Education

The student will participate in: _____

Participation in Program Options, Nonacademic, and Extracurricular Activities

The district assures that this student will have an equal opportunity to participate in program options, nonacademic and/or extracurricular activities and services offered by the district.

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This section is a SUMMARY of all of the following: Present Level of Academic Achievement and Functional Performance, goals, objectives/benchmarks (if applicable), characteristics of services, adaptations, and special education and related services information.

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For ECSE: At least annually the team must consider whether all the special education and related services will be provided with non-disabled peers in a regular education setting (designed primarily for students without disabilities).

For K-12: At least annually, the team must consider if the goals can be met with services provided 100% of the time in the regular education environment.

Check **all** placement options that were **considered** for the provision of special education and related services (for K-12, Inside regular class at least 80% of the time must be checked. For preschool an EC setting must be checked).

Check the **one** placement option that was selected.

| Placement Continuum (K-12) | | | Placement Options (ECSE) | | |
|----------------------------|--------------------------|--|--------------------------|--------------------------|---|
| Considered | Selected | | Considered | Selected | |
| <input type="checkbox"/> | <input type="checkbox"/> | Inside regular class at least 80% of time | <input type="checkbox"/> | <input type="checkbox"/> | Early childhood setting |
| <input type="checkbox"/> | <input type="checkbox"/> | Inside regular class 40 to 79% of time | <input type="checkbox"/> | <input type="checkbox"/> | Early childhood special education |
| <input type="checkbox"/> | <input type="checkbox"/> | Inside regular class less than 40% of time | <input type="checkbox"/> | <input type="checkbox"/> | Part-time early childhood/Part time early childhood special education |

**NON-RESIDENT SERVICES PLAN
FORM A: BLIND AND VISUALLY IMPAIRED**

Student: _____

Date of Birth: _____

Meeting Date: _____

SSD Student ID: _____

Based upon the student's current and future reading and writing skills and needs, the IEP team has determined the following regarding Braille/Braille instruction:

NO. The student does not need Braille/Braille instruction. If no, complete the following:

The IEP team made the determination that Braille instruction is not appropriate for this child based upon the following factors:

- Based on formal and ongoing assessment by a teacher of the visually impaired, the student's developmental level precludes effective use of Braille.
- Based on formal and ongoing assessment by a teacher of the visually impaired, Braille instruction is not currently appropriate due to student ability to access curriculum visually.
- Based on educational team review of IEP data, the student accesses the curriculum visually. The student does not have a suspicion of an educational disability of blind/visually impaired.

YES. The student needs Braille/Braille instruction. Appropriate goals and benchmarks/objectives which specify the competencies in reading and writing Braille to be taught during the school year, are included in this IEP. If yes, complete items below.

Methods by which Braille will be integrated into normal classroom activities:

Date on which Braille instruction will begin: _____ and duration of each session: _____

Level of competency in Braille reading and writing expected to be achieved by the end of the period covered in this IEP:

A referral to Rehabilitation Services for the Blind has been discussed with the parent.

- The parent agreed to the referral.
- The parent refused the referral.
- Referral to Rehabilitation Services for the Blind has previously been made.
- The student is receiving services from Rehabilitation Services for the Blind.

**NON-RESIDENT SERVICES PLAN
FORM B: EXTENDED SCHOOL YEAR**

Student: _____

Date of Birth: _____

Meeting Date: _____

SSD Student ID: _____

Determination of ESY eligibility and/or services can be conducted by:

- The team determines ESY eligibility and/or services at the annual meeting
OR
- The parent and authorized representative(s) of the district(s) or the team determines ESY eligibility and/or services at a later date by amending the IEP.

ESY Eligibility Decision

- The student is not eligible for ESY services
- The student is eligible for ESY services. (Services are documented below)

| Services to be provided during Extended School Year * | | | | | | |
|--|-------------------------|---------|-----------|----------|------------|----------|
| Goal Number | Description of Services | Minutes | Frequency | Location | Begin Date | End Date |
| | | | | | | |
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* ESY dates may be adjusted

NON-RESIDENT SERVICES PLAN
FORM C: POST-SECONDARY TRANSITION PLAN

Student: _____ Date of Birth: _____ Meeting Date: _____

SSD Student ID: _____

This plan was developed considering the individual student's needs, preferences and interests based upon age appropriate assessments. This plan must be completed, beginning not later than the first plan to be in effect when the student turns 16, and updated annually.

| EMPLOYMENT (REQUIRED) | |
|---|--|
| POST-SECONDARY GOAL(S) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> | (What work the student will do after graduation from high school.) After graduation, this student WILL: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |
| TRANSITION SERVICES | (May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated post-secondary goal) |
| Responsible Agency/Person | List Transition Services |
| | |
| | |
| | |
| | |

| EDUCATION/TRAINING (REQUIRED) | |
|---|--|
| POST-SECONDARY GOAL(S) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> | (What education/training the student will complete after graduation from high school.) After graduation, this student WILL: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |
| TRANSITION SERVICES | (May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated post-secondary goal) |
| Responsible Agency/Person | List Transition Services |
| | |
| | |
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| | |

*If appropriate the designated Outside Agency MUST be invited to NRSP meeting with proper consent.

NON-RESIDENT SERVICES PLAN
FORM C: POST-SECONDARY TRANSITION PLAN

Student: _____

Date of Birth: _____

Meeting Date: _____

SSD Student ID: _____

| INDEPENDENT LIVING (IF APPROPRIATE) Refer to Independent Living Goal Worksheet | |
|---|--|
| POST-SECONDARY GOAL(S) <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | (How the student will live after graduation from high school.) After graduation, this student WILL: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
| TRANSITION SERVICES | (May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated post-secondary goal) |
| Responsible Agency/Person | List Transition Services |
| | |
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| | |

Student will graduate by: earning required credits meeting goals and objectives

Anticipated month and year of graduation: _____

Course of Study

Include a multi-year description of coursework aligned to the student's post-secondary goals.

List the educational courses by title beginning with the current year (i.e. 9th, 10th, 11th, 12th) and continuing to list the courses to be completed before graduation.

*If appropriate the designated Outside Agency MUST be invited to NRSP meeting with proper consent.

NON-RESIDENT SERVICES PLAN

FORM D – PART 1: MAP GRADE-LEVEL ASSESSMENTS

Grades 3 through 8: English Language Arts and Mathematics
Grades 5 and 8: Science

Student: _____ Date of Birth: _____ Meeting Date: _____
SSD Student ID: _____

The Grade-Level Assessment features both Universal Tools which are available to ALL students unless marked specifically for English Learners and Accommodations which are both only available to students with an IEP/504 plan.

Participation

- Student will participate in the Grade-Level Assessments **WITHOUT** Accommodations.
- Student will participate in the Grade-Level Assessments **WITH** Accommodations.

Universal tools are access features of the assessment that are either provided as digitally delivered components of the test administration system or separate from it. Universal tools are available to students based on student preferences and selection. IEP teams may recommend but not require the use of universal tools. For detailed descriptions of each tool and any restrictions on the use of them, please see the Tools and Accommodations document on DESE's Grade Level Assessment webpage (<https://dese.mo.gov/quality-schools/assessment/grade-level>).

| Universal Tools | | |
|---|---|--|
| Section A: Universal Tools – The following tools are automatically available and do not need to be marked in the testing system to use them. | | |
| Break (Pause) | Calculator (Grades 6 – 8 only) | Color Contrast (Online Only) |
| English Dictionary (For use only on the ELA Writing Prompt) | Grammar Handbook (For use only on the ELA Writing Prompt) | Graphing Tool |
| Highlighter | Line Guide | Magnification |
| Mark For Review (Flag) | Masking (Online Only) | Protractor |
| Read Aloud Test To Self | Reference Sheet | Ruler |
| Scratch Paper (Sticky Notes) | Strikethrough (Cross Off) | Thesaurus (For use only on the ELA Writing Prompt) |
| Writing Tools (Bold, Underline, Italicize, Bullet Points, Undo/Redo Typing, Copy/Paste) | | |
| Section B: Universal Tools – The following tools must be marked in the testing system prior to use. | | |
| <input type="checkbox"/> No Universal Tools from this section are recommended by the IEP Team. | | |
| <input type="checkbox"/> Bilingual Dictionary (For use by ELs only on the ELA Writing Prompt) | <input type="checkbox"/> Color Contrast (Paper Testing) | <input type="checkbox"/> Color Overlay |
| <input type="checkbox"/> Magnification (Assistive Technology) | <input type="checkbox"/> Masking (Paper Testing) | <input type="checkbox"/> Non-Accommodation Paper Based |
| <input type="checkbox"/> Scribe | <input type="checkbox"/> Separate Setting | <input type="checkbox"/> Translation (Only for ELs) |
| Section C: Universal Tools – Read aloud for everything except ELA reading passages. | | |
| All students may have the items and directions read aloud to them without an IEP/504 plan via one of the following methods which must be marked in the testing system prior to use: | | |
| <input type="checkbox"/> No Universal Tools from this section are recommended by the IEP Team. | | |
| English/Language Arts | Mathematics | Science |
| <input type="checkbox"/> Text-To-Speech | <input type="checkbox"/> Text-To-Speech | <input type="checkbox"/> Text-To-Speech |
| <input type="checkbox"/> Human Reader | <input type="checkbox"/> Human Reader | <input type="checkbox"/> Human Reader |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Native Language (ELs Only) | <input type="checkbox"/> Native Language (ELs Only) | <input type="checkbox"/> Native Language (ELs Only) |

NON-RESIDENT SERVICES PLAN

FORM D – PART 1: MAP GRADE-LEVEL ASSESSMENTS

Grades 3 through 8: English Language Arts and Mathematics
Grades 5 and 8: Science

Student: _____ Date of Birth: _____ Meeting Date: _____

SSD Student ID: _____

| Accommodations | | | |
|--|--------------------------|--------------------------|--------------------------|
| NOTE: Use of accommodations marked with ** will cause an invalidation for the assessment for which they were used, and the student will receive the Lowest Obtainable Scale Score (LOSS) . | | | |
| Accommodations | ELA | Math | Science |
| Abacus | | <input type="checkbox"/> | <input type="checkbox"/> |
| Alternate Response Options | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Braille | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| **Calculator – Grade 3 | | <input type="checkbox"/> | |
| Calculator – Grades 4-5 | | <input type="checkbox"/> | |
| Closed Captioning for ELA listening passages | <input type="checkbox"/> | | |
| Large Print | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| **Multiplication Table – Grade 3 | | <input type="checkbox"/> | |
| Multiplication Table – Grades 4-8 | | <input type="checkbox"/> | <input type="checkbox"/> |
| Paper Based Assessment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| **Read Aloud (ELA Reading Passages) - Assistive Technology - Grades 3-5 | <input type="checkbox"/> | | |
| **Read Aloud (ELA Reading Passages) - Human Reader - Grades 3-5 | <input type="checkbox"/> | | |
| **Read Aloud (ELA Reading Passages) - Text-To-Speech - Grades 3-5 | <input type="checkbox"/> | | |
| **Read Aloud (ELA Reading Passages) - Native Language - Grades 3-5 (ELs only) | <input type="checkbox"/> | | |
| Read Aloud (ELA Reading Passages) - Assistive Technology - Grades 6-8 | <input type="checkbox"/> | | |
| Read Aloud (ELA Reading Passages) - Human Reader - Grades 6-8 | <input type="checkbox"/> | | |
| Read Aloud (ELA Reading Passages) - Text-To-Speech - Grades 6-8 | <input type="checkbox"/> | | |
| Read Aloud (ELA Reading Passages) - Native Language - Grades 6-8 (ELs only) | <input type="checkbox"/> | | |
| Read Aloud (ELA Reading Passages) - Blind Students (without adequate Braille skills) | <input type="checkbox"/> | | |
| Sign Language for ELA listening passages | <input type="checkbox"/> | | |
| Specialized Calculator (For Calculator Allowed Items Only) | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech-To-Text via Assistive Technology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NON-RESIDENT SERVICES PLAN
FORM D – PART 2: MAP END-of-COURSE (EOC) ASSESSMENTS

Grades 9-12, or, if appropriate, earlier grades

Student: _____ Date of Birth: _____ Meeting Date: _____

SSD Student ID: _____

The End-of-Course Assessments feature both **Universal Tools** which are available to ALL students unless marked specifically for English Learners and **Accommodations** which are only available to students with an IEP/504 plan.

| | |
|---|---|
| Required EOC Assessments: | Biology, English II, Government, and Algebra I (or Algebra II, if Algebra I was taken prior to grade 9) |
| Optional EOC Assessments | Geometry, English I, American History, Physical Science, and Algebra II |
| Personal Finance EOC Assessment: | <ol style="list-style-type: none"> 1) For students who are receiving personal finance credit from embedded coursework, the assessment is REQUIRED. 2) For students attempting to “test out” and receive personal finance credit toward graduation, the assessment is REQUIRED. 3) For students who are enrolled in a stand-alone personal finance course, the assessment is OPTIONAL. |

| | | | | |
|---|-------------------------------------|---|---|---|
| Participation | | | | |
| Choose one of the following: | | | | |
| <input type="checkbox"/> Student will participate in the End-of-Course Assessments WITHOUT Accommodations. | | | | |
| <input type="checkbox"/> Algebra I | <input type="checkbox"/> Algebra II | <input type="checkbox"/> Geometry | <input type="checkbox"/> American History | <input type="checkbox"/> Government |
| <input type="checkbox"/> English I | <input type="checkbox"/> English II | <input type="checkbox"/> Personal Finance | <input type="checkbox"/> Biology | <input type="checkbox"/> Physical Science |
| <input type="checkbox"/> Student will participate in the End-of-Course Assessments WITH Accommodations. | | | | |
| <input type="checkbox"/> Algebra I | <input type="checkbox"/> Algebra II | <input type="checkbox"/> Geometry | <input type="checkbox"/> American History | <input type="checkbox"/> Government |
| <input type="checkbox"/> English I | <input type="checkbox"/> English II | <input type="checkbox"/> Personal Finance | <input type="checkbox"/> Biology | <input type="checkbox"/> Physical Science |

Universal tools are access features of the assessment that are either provided as digitally-delivered components of the test administration system or separate from it. Universal tools are available to students based on student preference and selection. For detailed descriptions of each tool and any restrictions on the use of them, please see the Tools and Accommodations document on DESE’s End of Course assessment webpage (<https://dese.mo.gov/quality-schools/assessment/end-course>).

| | | |
|---|---|---|
| Universal Tools | | |
| Section A: Universal Tools – The following tools are automatically available and do not need to be marked in the testing system to use them. | | |
| Break | Calculator | English Dictionary (For use only on the English I & II writing prompts) |
| Grammar Handbook (For use only on the English I & II writing prompts) | Graphing Tool | Highlighter |
| Line Reader/Masking | Magnification (Zoom) | Mark for Review (Bookmark) |
| Protractor | Read aloud Test to Self | Reference Sheet |
| Ruler | Scratch Paper (Note) | Strikethrough (Answer Eliminator) |
| Thesaurus (For use only on the English I & II writing prompts) | Writing Tools (Bold, Underline, Italicize, Bullet Points, Undo/Redo Typing, Copy/Paste) | |

NON-RESIDENT SERVICES PLAN
FORM D – PART 2: MAP END-of-COURSE (EOC) ASSESSMENTS

Grades 9-12, or, if appropriate, earlier grades

Student: _____ Date of Birth: _____ Meeting Date: _____

SSD Student ID: _____

| | | |
|--|---|---|
| Section B: Universal Tools – The following tools must be marked in the testing system prior to use. | | |
| <input type="checkbox"/> No Universal Tools from this section are recommended by the Team. | | |
| <input type="checkbox"/> Answer Masking | <input type="checkbox"/> Bilingual Dictionary (For use by Els only on the ELA Writing Prompt) | <input type="checkbox"/> Color Contrast |
| <input type="checkbox"/> Color Overlay | <input type="checkbox"/> Magnification (Assistive Technology) | <input type="checkbox"/> Scribe |
| <input type="checkbox"/> Separate Setting | <input type="checkbox"/> Translation of Student Responses (Only for ELs) | |

| | | |
|--|---|---|
| Section C: Universal Tools – Read Aloud for Math, Science, and Social Studies EOCs. | | |
| <input type="checkbox"/> No Universal Tools from this section are recommended by the Team. | | |
| Mathematics | Science | Social Studies |
| <input type="checkbox"/> Text-To-Speech | <input type="checkbox"/> Text-To-Speech | <input type="checkbox"/> Text-To-Speech |
| <input type="checkbox"/> Human Reader | <input type="checkbox"/> Human Reader | <input type="checkbox"/> Human Reader |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Native Language (Els Only) | <input type="checkbox"/> Native Language (Els Only) | <input type="checkbox"/> Native Language (Els Only) |

| Accommodations | | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Accommodations | Alg I | Alg II | Geom | Amer Hist | Gov | Eng I | Eng II | Pers Fin | Bio | Phys Sci |
| Abacus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Alternate Response Options | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Braille | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Closed Captioning (ELA listening passages) | | | | | | <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"/> |
| Multiplication Table | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Paper 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"/> |
| Read Aloud (ELA Reading Passages) – Assistive Technology | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Read Aloud (ELA Reading Passages) – Human Reader | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Read Aloud (ELA Reading Passages) – Text-To-Speech | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Read Aloud (ELA Reading Passages) – Native Language (Els only) | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Read Aloud (ELA Reading Passages) – Blind Students (without adequate Braille skills) | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Sign Language (ELA listening passages) | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Specialized Calculator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Speech-To Text via Assistive Technology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NON-RESIDENT SERVICES PLAN

FORM D – PART 3: ALTERNATE ASSESSMENT (MAP-A)

Only for students with the most significant cognitive disabilities

Student: _____ Date of Birth: _____ Meeting Date: _____

SSD Student ID: _____

Participation

The student will participate in the MAP-A Assessment. This alternate assessment is for students with the most significant cognitive disabilities who meet the multiple criteria* for eligibility which is based upon an educational curriculum focusing on essential skills and alternative learning standards in the following areas:

- English Language Arts** in Grades 3 through 8 and 11
- Mathematics** in Grades 3 through 8 and 11
- Science** in Grades 5, 8, and 11

*Information from the alternate assessment decision making resources including the guidance document, flowchart, and/or checklist should be used to justify participation in the alternate assessment. These resources can be found on DESE's MAP-A webpage (<https://dese.mo.gov/quality-schools/assessment/map-a>)

- Student will participate in Dynamic Learning Maps (DLM) for local assessment in the following areas:
 - English Language Arts** in Grades 9, 10, and 12
 - Mathematics** in Grades 9, 10, and 12
 - Science** in Grades 3, 4, 6, 7, 9, 10, and 12
- Student will **NOT** participate in Dynamic Learning Maps (DLM) for any local assessment for Grades 3, 4, 6, and 7.
- Student will **NOT** participate in Dynamic Learning Maps (DLM) for any local assessment for Grades 9, 10, and 12. The student still meets MAP-A eligibility and is not required to participate in EOCs.

MAP-A Justification

The IEP team must complete the alternative assessment justification section in the Present Level of Academic Achievement and Functional Performance to explain why the student cannot participate in the general education assessment. Resources to assist in answering are located on DESE's MAP-A Documents webpage: <https://dese.mo.gov/special-education/compliance/statewide-assessments#MAPASupportingDocuments>)

NON-RESIDENT SERVICES PLAN
FORM D – PART 4: ACCESS for ELLs
 Only for K-12 English Learners

Student: _____ Date of Birth: _____ Meeting Date: _____

SSD Student ID: _____

| Participation | |
|--|--|
| Choose one of the following ACCESS assessments and whether it will be administered with or without accommodations: | |
| <input type="checkbox"/> | Student will participate in the Kindergarten ACCESS for ELLs Assessments (review section A) <input type="checkbox"/> WITHOUT Accommodations <input type="checkbox"/> WITH Accommodations (complete section B) |
| <input type="checkbox"/> | Student in grades 1-12 will participate in the Online* ACCESS for ELLs Assessments (review section A) <input type="checkbox"/> WITHOUT Accommodations <input type="checkbox"/> WITH Accommodations (complete section C) |
| <input type="checkbox"/> | Student in grades 1-12 will participate in the Paper/Pencil ACCESS for ELLs Assessments (review section A) <input type="checkbox"/> WITHOUT Accommodations <input type="checkbox"/> WITH Accommodations (complete section D) |
| <input type="checkbox"/> | Student in grades 1-12 will participate in the Alternate ACCESS for ELLs Assessments (review section A) <input type="checkbox"/> WITHOUT Accommodations <input type="checkbox"/> WITH Accommodations (complete section B) |

*This includes students in grades 1-3 who will take the writing modality via paper/pencil.

The ACCESS for ELLs Assessment features universal tools (available to ALL STUDENTS) and Accommodations (available only to students with an IEP/504 plan). Universal tools, including Administrative Considerations, are access features of the assessment that are either provided as digitally delivered components of the test administration system or separate from it. Universal tools are available to students based on student preference and selection. For detailed descriptions of each tool and any restrictions on the use of them, please see the Accessibility and Accommodations Manual for the current school year. There is text in the Accessibility and Accommodations Manual that refer to state education agency (SEA) specific policies on accessibility and accommodations. For information on these pieces, please see the Accessibility and Accommodations Manual - Missouri Policies Supplement. (<https://dese.mo.gov/media/pdf/wida-access-missouri-supplement-accessibility-and-accommodations-manual>).

| Universal Tools and Administrative Consideration | | |
|--|--|---|
| Section A: Universal Tools – The following tools and considerations are automatically available and do not need to be marked in the testing system to use them. | | |
| Adaptive and Specialized Equipment or Furniture | Alternative Microphone | Audio Aids |
| Color Contrast | Color Overlay | Extended Test Time |
| Familiar Test Administrator | Frequent or Additional Supervised Breaks | Highlighter, Colored Pencils, Crayons |
| Individual or Small Group Setting | Keyboard Navigation | Line Guide |
| Low Vision Aids or Magnification Devices | Monitor Placement of Responses in The Test Booklet or Onscreen | Read Aloud to Self |
| Scratch Paper | Short Segments | Specific Seating |
| Sticky Notes | Verbal Praise or Tangible Reinforcement | Verbally Redirect Student’s Attention to the Test |

NON-RESIDENT SERVICES PLAN
FORM D – PART 4: ACCESS for ELLs
 Only for K-12 English Learners

Student: _____ Date of Birth: _____ Meeting Date: _____

SSD Student ID: _____

| Accommodations | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Section B: Kindergarten and Alternate Assessment Accommodations – The following tools must be marked in the testing system prior to use. | | | | |
| Accommodation | Listen | Read | Speak | Write |
| Extended Testing of a Test Domain Over Multiple Days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpreter Signs Test Directions in ASL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recording Device and Transcription | | | | <input type="checkbox"/> |
| Scribe | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Test Administered In a Non-School Setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Word Processor or Similar Keyboarding Device | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Section C: Online Accommodations - The following tools must be marked in the testing system prior to use. | | | | |
| Accommodation | Listen | Read | Speak | Write |
| Extended Speaking Test Response Time | | | <input type="checkbox"/> | |
| Extended Testing of a Test Domain Multiple Days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In-Person Human Reader | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpreter Signs Test Directions in ASL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manual Control of Item Audio | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Recording Device and Transcription | | | | <input type="checkbox"/> |
| Repeat In-Person Human Reader | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Repeat Item Audio | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Scribe | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Test Administered in a Non-School Setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Word Processor or Similar Keyboarding Device | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Section D: Paper/Pencil Accommodations - The following tools must be marked in the testing system prior to use. | | | | |
| Accommodation | Listen | Read | Speak | Write |
| Braille | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Extended Speaking Test Response Time | | | <input type="checkbox"/> | |
| Extended Testing of a Test Domain Multiple Days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In-Person Human Reader | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpreter Signs Test Directions in ASL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Large Print | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manual Control of Item Audio | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Recording Device and Transcription | | | | <input type="checkbox"/> |
| Repeat In-Person Human Reader | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Repeat Item Audio | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Scribe | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| Test Administered in a Non-School Setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Word Processor or Similar Keyboarding Device to Respond to Test Items | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |

NON-RESIDENT SERVICES PLAN

FORM D – PART 5: NATIONAL ASSESSMENT of EDUCATIONAL PROGRESS (NAEP) and/or INTERNATIONAL ASSESSMENTS

Only for students selected to participate

Student: _____ Date of Birth: _____ Meeting Date: _____

SSD Student ID: _____

Participation

- The student was selected for and will participate in NAEP and/or a related International Assessment WITHOUT Accommodations.
- The student was selected for and will participate in NAEP and/or a related International Assessment WITH Accommodations.

NAEP is a national test administered to a statewide representative sample of students for national comparison. NAEP is also tied to several international assessments that also use a representative sample of students. Thus, the NAEP and International Assessment samples include students with disabilities and every effort must be made to ensure that selected students have an opportunity to participate in NAEP and/or International Assessments.

The way in which students with disabilities are assessed on the NAEP and/or International Assessments should mirror as closely as possible the way they are tested on the state assessment. For additional information regarding NAEP's universal tools and accommodations, check with your School NAEP Coordinator or refer to:

<https://Dese.mo.gov/quality-schools/assessment/naep>

| Universal Tools | | |
|---|--------------------------------|--------------------------------------|
| Section A: Universal Tools – The following tools are automatically available and do not need to be marked in the testing system to use them. | | |
| Closed Captioning | Color Theming | Directions Read Aloud/Text-to-Speech |
| Directions Explained/Clarified | Elimination Capability | Read Aloud/Text-to-Speech |
| Scratch Paper | Scratch/Highlighter Capability | Use a computer to Respond |
| Volume Adjustment | Zooming | |

| Accommodations | | |
|---|--------------------------|--------------------------|
| Accommodations | Math | Reading |
| Braille | <input type="checkbox"/> | <input type="checkbox"/> |
| Breaks During Test | <input type="checkbox"/> | <input type="checkbox"/> |
| Calculator Version of the Test | <input type="checkbox"/> | |
| Cueing to Stay on Task | <input type="checkbox"/> | <input type="checkbox"/> |
| Directions Only Presented in ASL/Sign Language | <input type="checkbox"/> | <input type="checkbox"/> |
| Extended Time | <input type="checkbox"/> | <input type="checkbox"/> |
| Familiar Person Present or Administering the Test | <input type="checkbox"/> | <input type="checkbox"/> |
| Hearing Impaired Version of the Test | <input type="checkbox"/> | <input type="checkbox"/> |
| High Contrast for Visually Impaired Students | <input type="checkbox"/> | <input type="checkbox"/> |
| Individual/Small Groups | <input type="checkbox"/> | <input type="checkbox"/> |
| Low Mobility Version of the Test | <input type="checkbox"/> | <input type="checkbox"/> |
| Magnification | <input type="checkbox"/> | <input type="checkbox"/> |
| Preferential Seating | <input type="checkbox"/> | <input type="checkbox"/> |
| Presented in ASL/Sign Language | <input type="checkbox"/> | |
| Response in ASL/Sign Language | <input type="checkbox"/> | <input type="checkbox"/> |
| Scribe | <input type="checkbox"/> | <input type="checkbox"/> |
| Special Equipment | <input type="checkbox"/> | <input type="checkbox"/> |
| Separate Location | <input type="checkbox"/> | <input type="checkbox"/> |
| Uses Template | <input type="checkbox"/> | <input type="checkbox"/> |

**NON-RESIDENT SERVICES PLAN
FORM E: DISTRICT-WIDE ASSESSMENTS**

Student: _____ Date of Birth: _____ Meeting Date: _____

SSD Student ID: _____

The student **WILL** participate in the following District-Wide Assessment(s) of Student Achievement that are administered for this student's grade level.

| District Assessment | Accommodations |
|---------------------|--|
| Assessment name(s) | Accommodations needed for the student to participate in this assessment are: |
| Assessment name(s) | Accommodations needed for the student to participate in this assessment are: |

The student **WILL NOT** participate in the following District-Wide Assessment(s) of Student Achievement administered at their grade. But, they will participate in the following District-Wide Alternate Assessments for this student's grade level:

NOTE: Alternate assessment must assess the same areas as the District-Wide Assessment.

| | |
|--|---|
| Name of District-Wide Assessment: | Name/Description of Alternate Assessment: |
| <ul style="list-style-type: none"> • Statement of why the student cannot participate in the regular assessment | |
| | |
| <ul style="list-style-type: none"> • Statement of why the particular alternate assessment selected is appropriate | |
| | |
| Name of District-Wide Assessment: | Name/Description of Alternate Assessment: |
| <ul style="list-style-type: none"> • Statement of why the student cannot participate in the regular assessment | |
| | |
| <ul style="list-style-type: none"> • Statement of why the particular alternate assessment selected is appropriate | |
| | |

NOTE: Please refer to the alternate assessment decision making resources including the guidance document, flowchart, and/or checklist when making justification for participation in the alternate assessment. See <https://dese.mo.gov/media/pdf/map-decision-making-guidance-document>, and <https://dese.mo.gov/media/pdf/map-assessment-checklist>, and <https://dese.mo.gov/media/pdf/map-decision-making-guidance-flow-chart>

NON-RESIDENT SERVICES PLAN

FORM F: CLASSROOM ACCOMMODATIONS AND MODIFICATIONS

Student: _____

Date of Birth: _____

Meeting Date: _____

SSD Student ID: _____

Differentiated Instruction refers to adjustments in teaching methods or materials to accommodate each student's learning needs and preferences and is available for all students. These instructional strategies should **not** be documented on Form F. **Accommodations** are changes in procedures or materials that increase equitable access in the classroom setting. Accommodations generate comparable results for students who need them and allow these students to demonstrate what they know and can do. **Modifications** are changes in procedures or materials that change the construct of the educational task making it difficult to compare results with typical peer results. Modifications allow students to demonstrate what they know and can do in a non-standardized way.

Indicate below the accommodations and modifications for the student to be used in general and/or special education.

| Location | | | | | | | | | | | Modifications / Accommodations | Frequency | Duration | |
|-------------|---------------|-------------|---------|----------------|--------|-----------|--------------|---------|---------|--|---|-----------|------------|----------|
| ALL Classes | Language Arts | Mathematics | Science | Social Studies | Health | Fine Arts | PE/Athletics | Reading | Other** | | | | Begin Date | End Date |
| | | | | | | | | | | | 1. Grading | | | |
| | | | | | | | | | | | Modify weight of course examinations | | | |
| | | | | | | | | | | | Modify weight of course components | | | |
| | | | | | | | | | | | Use weekly grade checks | | | |
| | | | | | | | | | | | Other: | | | |
| | | | | | | | | | | | 2. Text | | | |
| | | | | | | | | | | | Audio | | | |
| | | | | | | | | | | | Digital | | | |
| | | | | | | | | | | | Braille | | | |
| | | | | | | | | | | | Highlighted | | | |
| | | | | | | | | | | | Provide home set of textbooks / materials | | | |
| | | | | | | | | | | | Study Guides | | | |
| | | | | | | | | | | | Large Print | | | |
| | | | | | | | | | | | Adapted or simplified text/material | | | |
| | | | | | | | | | | | Other: | | | |
| | | | | | | | | | | | 3. Lectures | | | |
| | | | | | | | | | | | Recorded | | | |
| | | | | | | | | | | | Note taking assistance | | | |
| | | | | | | | | | | | Preferential Seating | | | |
| | | | | | | | | | | | Teacher provides notes | | | |
| | | | | | | | | | | | Study guides | | | |
| | | | | | | | | | | | Other: | | | |
| | | | | | | | | | | | 4. Tests / Exams | | | |
| | | | | | | | | | | | Oral | | | |
| | | | | | | | | | | | Short Answer | | | |
| | | | | | | | | | | | Extended time for completion | | | |
| | | | | | | | | | | | Recorded | | | |
| | | | | | | | | | | | Multiple sessions | | | |
| | | | | | | | | | | | Exams of reduced length | | | |
| | | | | | | | | | | | Open book exams | | | |
| | | | | | | | | | | | Read test to student | | | |
| | | | | | | | | | | | Modify test format | | | |
| | | | | | | | | | | | Record student responses | | | |
| | | | | | | | | | | | Alternative setting | | | |
| | | | | | | | | | | | Read test to student using DVD or recorded format | | | |
| | | | | | | | | | | | Other: | | | |

NON-RESIDENT SERVICES PLAN FORM F: CLASSROOM ACCOMMODATIONS AND MODIFICATIONS

Student: _____

Date of Birth: _____

Meeting Date: _____

SSD Student ID: _____

| Location | | | | | | | | | | | Modifications / Accommodations | Frequency | Duration | |
|-------------|---------------|-------------|---------|----------------|--------|-----------|--------------|---------|---------|--|--|-----------|------------|----------|
| ALL Classes | Language Arts | Mathematics | Science | Social Studies | Health | Fine Arts | PE/Athletics | Reading | Other** | | | | Begin Date | End Date |
| | | | | | | | | | | | 5. Environment | | | |
| | | | | | | | | | | | Preferential seating (describe): | | | |
| | | | | | | | | | | | Alter physical room arrangement (describe): | | | |
| | | | | | | | | | | | Adjustments for speech intelligibility / fluency | | | |
| | | | | | | | | | | | Study carrel for independent work | | | |
| | | | | | | | | | | | Other: | | | |
| | | | | | | | | | | | 6. Assignments | | | |
| | | | | | | | | | | | Read directions to student | | | |
| | | | | | | | | | | | Allow copying from instructional resource | | | |
| | | | | | | | | | | | Lower difficulty level - shorten assignments | | | |
| | | | | | | | | | | | Directions given in a variety of ways | | | |
| | | | | | | | | | | | Reduce paper/pencil tasks | | | |
| | | | | | | | | | | | Give oral cues / prompts | | | |
| | | | | | | | | | | | Allow student to record or keyboard assignments | | | |
| | | | | | | | | | | | Adapt worksheets and packets | | | |
| | | | | | | | | | | | Avoid penalizing for penmanship | | | |
| | | | | | | | | | | | Avoid penalizing for spelling errors | | | |
| | | | | | | | | | | | Extended time for completion | | | |
| | | | | | | | | | | | Provide recorded directions to student | | | |
| | | | | | | | | | | | Other: | | | |
| | | | | | | | | | | | 7. Reinforcement | | | |
| | | | | | | | | | | | Use positive / concrete reinforcers | | | |
| | | | | | | | | | | | Repeated review and drill | | | |
| | | | | | | | | | | | Frequent reminders of rules | | | |
| | | | | | | | | | | | Check often for understanding / review | | | |
| | | | | | | | | | | | Frequent eye contact / proximity control | | | |
| | | | | | | | | | | | Other: | | | |
| | | | | | | | | | | | 8. Pacing | | | |
| | | | | | | | | | | | Extended time for oral responses | | | |
| | | | | | | | | | | | Extended time for written responses | | | |
| | | | | | | | | | | | Allow frequent breaks / vary activities | | | |
| | | | | | | | | | | | Other: | | | |
| | | | | | | | | | | | 9. Other (specify) | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

** Must describe "Other"

| For LOCATION | For FREQUENCY |
|--------------|---------------|
| | |

**NON-RESIDENT SERVICES PLAN
BEHAVIOR INTERVENTION PLAN**

Student: _____ Date of Birth: _____ Meeting Date: _____

SSD Student ID: _____

This Behavior Intervention Plan was developed based on:

- Reevaluation
- Functional Behavior Assessment (no reevaluation)
- Other: _____

Summary

1. Definition of behaviors being monitored for reduction include:

2. List of precursory behavior:

3. Hypothesis of the function of behavior:

4. Progress monitoring goal:

**NON-RESIDENT SERVICES PLAN
BEHAVIOR INTERVENTION PLAN**

Student: _____

Date of Birth: _____

Meeting Date: _____

SSD Student ID: _____

Intervention Strategies

1. Alternative replacement behaviors:

2. Strategies to teach replacement behavior:

3. Strategies to prevent problem behavior:

4. Strategies to reduce reinforcement for problem behavior:

5. Strategies to reinforce alternative behaviors:

**NON-RESIDENT SERVICES PLAN
BEHAVIOR INTERVENTION PLAN**

Student: _____ Date of Birth: _____ Meeting Date: _____

SSD Student ID: _____

Crisis Plan

1. Strategies to prevent physical harm to self or others when intervention strategies breakdown:

Crisis procedures will comply with board policy (SSD and Partner District)

Monitoring and Evaluation

Data Collection: Data should be collected _____ on all behaviors in this plan, physical interventions must be monitored as indicated by Special School District's Board Policy.

Review Meetings:

Implementation fidelity data, team consensus plan addresses problem and is effective, and student outcome data should be reviewed

Staff and Training and fidelity: All staff will be trained on this plan prior to implementation.

Note: team consensus that strategies can be carried out as written/described and will address targets outlined in summary section.

**NON-RESIDENT SERVICES PLAN
ADDITIONAL INFORMATION**

Student: _____

Date of Birth: _____

Meeting Date: _____

SSD Student ID: _____

Title: _____

**NON-RESIDENT SERVICES PLAN
ADDITIONAL INFORMATION**

Student: _____

Date of Birth: _____

Meeting Date: _____

SSD Student ID: _____

Title: _____

**NON-RESIDENT SERVICES PLAN
ADDITIONAL INFORMATION**

Student: _____

Date of Birth: _____

Meeting Date: _____

SSD Student ID: _____

Title: _____

**NON-RESIDENT SERVICES PLAN
ADDITIONAL INFORMATION**

Student: _____

Date of Birth: _____

Meeting Date: _____

SSD Student ID: _____

Title: _____

**NON-RESIDENT SERVICES PLAN
ADDITIONAL INFORMATION**

Student: _____

Date of Birth: _____

Meeting Date: _____

SSD Student ID: _____

Title: _____