

**Procedures for Utilizing the
Continuation of Eligibility for Special Education Services
Form
2/24/07**

1. Gather input from teachers and related service personnel to determine if there are any concerns with continuing to identify the student as a student with a disability. Inquire as to whether any of the student's teachers and/or related service providers feels that additional evaluation data is needed to show progress.
2. If someone on the school IEP team feels that an evaluation is needed, move forward with a re-evaluation.
3. If the school IEP team agrees that a re-evaluation is not needed, continue to step 4.
4. Discuss with parent(s)/guardian/ student if over 18 that the IEP school team members did not feel that additional data was needed in order to continue eligibility of special education services. Explain to the parent (or whoever has legal rights) that if they feel a re-evaluation is necessary, it will be completed.
5. If parent agrees that no re-evaluation is necessary:
 - a. Obtain signatures from school personnel on Continuation of Eligibility form
 - b. Complete the Prior Written Notice form
 - c. Meet with the parent to obtain signature on Continuation of Eligibility form **and give parent a completed copy of Prior Written Notice and Continuation of Eligibility forms and a copy of Whose IDEA.**

Child's Name:

Student ID:

Grade:

Date of Meeting:

MANIFESTATION DETERMINATION WORKSHEET

THIS MANIFESTATION DETERMINATION MUST OCCUR WITHIN 10 SCHOOL DAYS OF ANY DECISION TO CHANGE THE PLACEMENT OF A CHILD WITH A DISABILITY DUE TO A VIOLATION OF THE CODE OF CONDUCT.

I. Nature of the behavior Subject to Disciplinary Action

Describe the student's behavior that violated a rule or code of conduct (in observable, measurable terms).

II. Nature of Disability

Describe the nature and severity of the student's disability (in observable, measurable terms).

III. Relevant Information

a. Evaluation/Diagnostic Results:

Date of last evaluation report:

Evaluation current (less than 3 years): Yes ☐ No ☐

Do existing evaluation/diagnostic results address current areas of concern? Yes ☐ No ☐

IV. Describe How the Disability Affects the Student's:

- a. Academic Progress
- b. Social Skills Development
- c. Self-care, Domestic, and/or Community Skills
- d. Receptive and Expressive Language

V. Relevant Information Continued

b. Relevant Parent Information:

Sources of Information:

c. Observations of the Child:

Sources of Information:

d. IEP:

Date of last IEP:

Is IEP current? Yes ☐ No ☐ NA ☐

- e. Placement: Describe current placement appropriate to meet student's needs.

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The manifestation determination review is conducted by the child's parents and the relevant members of the child's IEP team, as determined by the parents and the school system. (NOTE: No manifestation determination review is required when a child is removed from his current placement for NOT MORE THAN 10 SCHOOL DAYS to an interim alternative educational setting (IAES), another setting or via suspension and for additional removals of not more than 10 cumulative days in that same school year for separate incidents of misconduct, as long as those removals do not constitute a pattern. Schools may make such short-term removals for violations of a code of student conduct to the extent that such alternative settings are also applied to students without disabilities. In addition, schools may remove a student to an IAES for not more than 45 school days without regard to whether the behavior is determined to be a manifestation of the child's disability in cases where a child carries or possesses a weapon to or at school, on school premises or at a school function; knowingly possesses or uses illegal drugs, or sells or solicits the sale of a controlled substance, while at school, on school premises or at a school function; has inflicted serious bodily injury upon another person while at school, on school premises or at a school function.

OP-6 Progress Report (Optional Form)

District Name _____

Child's Name: _____

Student ID: _____

Grade: _____

Date: _____

IEP Date: _____

Parent: This form is used to report on your child's progress on the goals and objectives listed on his/her IEP. Should you have any questions, please do not hesitate to contact your child's special education teacher.

Student: _____ School Year: _____

Goals	
Objectives	
Summarize the measurable data utilized to assess progress	
Comments	
Description of child's progress toward meeting the goal in measurable terms	

Homeroom teacher: _____ Special Education Teacher: _____

Related Services Provider: _____

OP-7 Assignment of a Surrogate Parent (Optional Form)

District Name

REQUEST FOR ASSIGNMENT OF A SURROGATE PARENT

Purpose: This form should be completed by any person who knows of a child who may need special education services, and who is a ward of the State, or whose parents or guardian are not known or are not available.

Student's Name

Date of Birth

School of Attendance

Grade

Student's Current Address

Student's Telephone

With whom child is residing

Relationship

Address, City, State Zip

Telephone

Parent's District of Residence

Student's caring agency

Agency's contact person

Agency's telephone

Name of person making request

Position/Title

Employer/Agency

Telephone

Business Address

Why has this request been made?

Signature

Date

APPOINTMENT OF A SURROGATE PARENT

Appointment of the surrogate parent should be reviewed annually.

Reason for the appointment of a surrogate parent:

Date of Appointment:

Please be informed that _____ is appointed as surrogate parent for _____. It is my understanding that this appointee has completed the necessary training, and is qualified to serve in this capacity, and should be involved in all aspects of the child's education in accordance with the district's special education policies and procedures.

Superintendent's or Designee's Signature

School District Address

City

State

Zip