



# Idaho Special Education Forms

Updates for 2018-19 School Year

## FORMS UNDERGOING CHANGE

- IEP All in One
- IEP Amendment
- Service Plan
- Eligibility Report
- Sufficiency Review
- Authorization for Exchange Confidential Student Information

## “DEAFNESS” CHANGED TO “DEAF OR HARD OF HEARING”

### IEP INFORMATION

Eligibility Category: Deaf or Hard of Hearing

Medical Information: Autism Spectrum Disorder  
Deaf-Blindness  
**Deaf or Hard of Hearing**  
Developmental Delay  
Emotional Disturbance  
Intellectual Disability  
Other Health Impairment  
Specific Learning Disability  
Multiple Disabilities

**PROCEDURAL**

I have been provided with a language instruction program that meets the needs of the child as determined by the child's Individualized Education Program (IEP) and the child's needs in my native language or other mode of communication:

Offered and Accepted

34 CFR 300.504

\_\_\_\_\_  
Parent/Guardian or Adult Student Signature

\_\_\_\_\_  
Date

Please see eligibility category dropdowns on the following Forms:

- IEP All in One
- IEP Amendment
- Service Plan
- Eligibility Report
- Sufficiency Review

### D. Is the student deaf or hard of hearing?

34 CFR 300.324(a)(2)(iv)

No  Yes *If Yes, explain what considerations are necessary:* \_\_\_\_\_

If deaf or hard of hearing, is hearing aid monitoring required?

No  Yes *If Yes, explain what monitoring is required:* \_\_\_\_\_

Please see updated language for “Other Considerations” letter “D” on the following forms:

- IEP All in One
- IEP Amendment
- Service Plan

## PROMPT DETAIL BOX FOR “OTHER” ASSESSMENT PARTICIPATION

### PARTICIPATION IN STATEWIDE AND DISTRICTWIDE ASSESSMENT

34 CFR 300.320(a)(6)(i)

Only those accommodations listed in the "Accommodations, Adaptations, and/or Support in General and Special Education" section of this IEP and regularly used by the student in classroom instruction and classroom testing may be used during statewide or districtwide assessments.

#### ELA/Reading

IRI     ISAT     ISAT-Alt     NAEP     Other     Not tested at this grade level

#### Other Assessment

If other, name the assessment and explain the team's decision:

#### Math

ISAT     ISAT-Alt     NAEP     Other     Not tested at this grade level

#### Other Assessment

If other, name the assessment and explain the team's decision:

#### Science

ISAT     ISAT-Alt     NAEP     Other     Not tested at this grade level

#### Other Assessment

If other, name the assessment and explain the team's decision:

#### Other

Access     Access-Alt     Civics     College Entrance Exam     Other

#### Other Assessment

If other, name the assessment and explain the team's decision:

New prompt reads “If other, name the assessment and explain the team's decision:” on the following forms:

- IEP All in One
- IEP Amendment

## ADDITION OF GUIDANCE DOCUMENT LINKS TO ACCOMODATIONS SECTION

### ACCOMMODATIONS, ADAPTATIONS, AND/OR SUPPORTS IN GENERAL AND SPECIAL EDUCATION

34 CFR 300.320(a)(4)(i)-(ii) and 300.320(a)(6)(i)

*Document accommodations and/or adaptations the student requires, based on assessed needs, in order to advance, be involved and make progress in general education curriculum, and be educated in general education to the maximum extent possible.*

**Include all necessary classroom accommodations and adaptations.**

Current information and descriptions of allowable accommodations for the ISAT can be found on page 4 of the [Smarter Balanced Assessment Consortium: Usability, Accessibility, and Accommodations Guidelines](#). Accommodation information for other Idaho statewide assessments can be found on the [Idaho State Department of Education's Assessment and Accountability](#) webpage.

#### A. Accommodations

##### Presentation



##### Timing/Schedule



##### Setting



##### Response



##### Other



Added paragraph reads “Current information and descriptions of allowable accommodations for the ISAT can be found on page 4 of the Smarter Balanced Assessment Consortium: Usability, Accessibility, and Accommodations Guidelines. Accommodation information for other Idaho statewide assessments can be found on the Idaho State Department of Education's Assessment and Accountability webpage.

Document Links are as follows:

SBAC Usability, Accessibility, and Accommodations Guidelines

<http://idaho.portal.airast.org/core/fileparse.php/1519/urlt/Usability-Accessibility-and-Accomodations-Guidelines-UAAG.pdf>

SDE Assessment & Accountably Webpage

<http://www.sde.idaho.gov/assessment/index.html>

Please add to the following forms:

- IEP All in One
- IEP Amendment
- Service Plan

## NEW BOX AND TEXT ADDED TO THE SLD VERSION OF THE ELIGIBILITY FORM

### SECTION 5: OTHER CONSIDERATIONS

**A. Indicate if the student's learning difficulty in the area(s) of suspected disability is impacted by any of the following:**

34 CFR 300.309(a)(3)(i)-(vi)

- A visual, hearing or motor impairment
- An intellectual disability
- An emotional disturbance
- Environmental or economic disadvantage
- Cultural factors
- Lack of appropriate instruction in reading or math
- Limited English Proficiency



- The team has reviewed all exclusionary criteria and determined that none impact the student at this time.

**B. For any boxes checked above, summarize the team's consideration of whether it is a primary or contributing factor to the student's academic difficulties.**

Eligibility All in One, Section 5, Part A has a new checkbox with the following text:

“The team has reviewed all exclusionary criteria and determined that none impact the student at this time”

Please add this to:

- Eligibility Report

## LANGUAGE IMPROVED ON AUTHORIZATION TO EXCHANGE FORM

### A. The names of parties authorized to exchange information: <sup>1</sup>

I authorize:

Name:  Title:   
Organization:   
Address:  City:  Zip:

To exchange information with:

Name:  Title:   
Organization:   
Address:  City:  Zip:

### B. The Information to be exchanged between the parties:

- |   |  |
|---|--|
| <input type="checkbox"/> Counseling Record        | <input type="checkbox"/> Psychological Records       |
| <input type="checkbox"/> Special Education Record | <input type="checkbox"/> Psychological Tests         |
| <input type="checkbox"/> Medical Report           | <input type="checkbox"/> Current Testing             |
| <input type="checkbox"/> Social Work Report       | <input type="checkbox"/> Other: <input type="text"/> |

Please carefully update the language so that the second part of A reads “To exchange information with” and the part B heading to read “The information to be exchanged between the parties:” on the following form:

- Authorization for Exchange Confidential Student Information