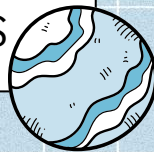


ROYLE PARENT COFFEE: THURSDAY, OCTOBER 13TH 9:00AM-10:00AM

# CT-SEDS: THE NEW IEP & 504 PLAN and PARENT PORTAL

Presented by Katie Risk-Interim AP SESS





# ★ ★ A Bit About Me

- From Upstate New York
- Human Dev. & Family Studies @ UConn
- NYCTF + Masters in SWD @ Pace Univ.
- Sixth Year in Administration through UCAPP
- ICT + Self-Contained Special Education Teacher in the South Bronx & Park Slope
- Reading Specialist & ESL Teacher at Ox Ridge & Hindley
- Elementary Curriculum Coordinator
- Interim Assistant Principal for Special Education





## OUR AGENDA



- Who can I turn to for support?
- CT-SEDS Refresher
- Overview of the Parent Portal
- Overview of the New Document
- Q & A



## SUPPORT FOR FAMILIES

1. Your child's Case Manager
  - a. Special Education Services
    - i. Special Education Teacher or Speech Pathologist
  - b. 504 Plan
    - i. Lynn Holcomb-Interim Assistant Principal
  
2. Royle Administration Team
  - a. Natasha Torre, Katie Risk, Lynn Holcomb




## SUPPORT FOR FAMILIES

1. Royle PTO
2. Royle PTO Special Education Representatives
  - a. Betsy Kilmartin - [betsy17ann@gmail.com](mailto:betsy17ann@gmail.com)
  - b. Natasha Tomai - [natasha.tomai@gmail.com](mailto:natasha.tomai@gmail.com)
3. ELP Representatives
  - a. Kate McIntosh - [mcintosh.kate@gmail.com](mailto:mcintosh.kate@gmail.com)
  - b. Amy Young - [amycyoung6@gmail.com](mailto:amycyoung6@gmail.com)
4. Darien SEPAC
  - ★ a. <https://dariensepac.wordpress.com/>
  - ★ b. [dariensepac@gmail.com](mailto:dariensepac@gmail.com)





# 01



## CT-SEDS



What is CT-SEDS?



# CONNECTICUT SPECIAL EDUCATION DATA SYSTEM

- Year 1 of Connecticut Special Education Data System (CT-SEDS) and new IEP
- September 2020 Partnership with Public Consulting Group (PCG)
- Comprehensive, statewide data system
- Improve format and flow
- Easy to use and access, intuitive displays
- Parent Portal to access IEP/504 and other important docs/information
- Translation feature
- \* Supports PPTs in navigating a smooth process, and high-quality IEPs





# SAME PROCESS, NEW SYSTEM



## PPT

PPTs will run the same way they did last year. You will be able to access all documents digitally through the Portal.



## 15 DAYS

The 15 day implementation period will still stand.



## MANUAL TRANSFER

Our team will work diligently to transfer and create the new IEP.\*



## DOCUMENT

You will be notified when the IEP is finalized. This year, we will also email it to you.



02



# PARENT PORTAL

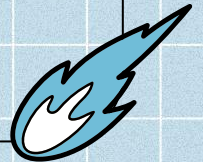
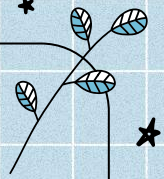


What is it? How do I access it? What's in there?






# PARENT PORTAL OVERVIEW

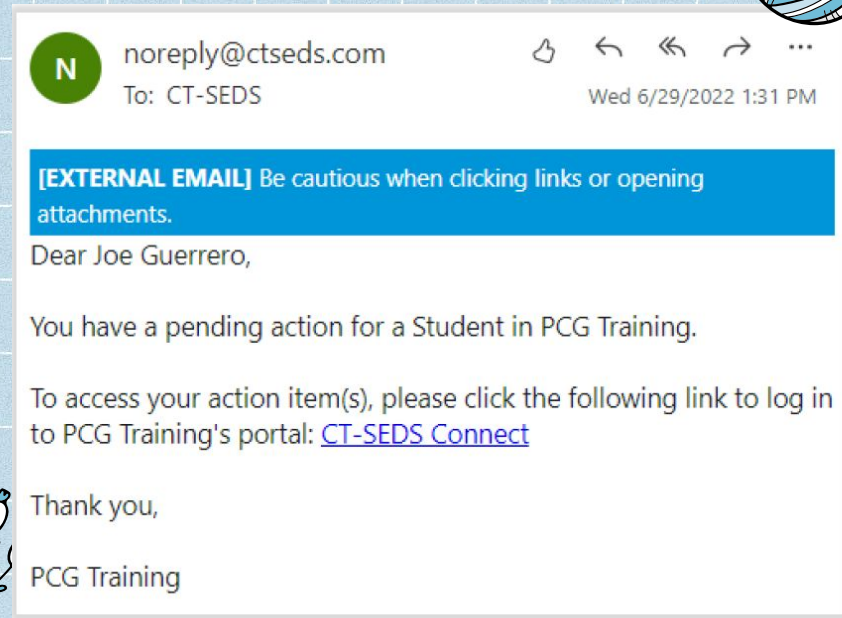






# PARENT PORTAL

- Notices will go to the email addresses provided in Aspen
  - Emails will look similar to this →
- 





# PARENT PORTAL OVERVIEW



CTSEDs

MY INFO

TO-DO LIST

COMPLETED ACTIONS

SERVICE PLAN INFO

DOCUMENTS

CASE MANAGER



Darien School District  
TO-DO LIST

## To-Do List

Student	Date Submitted	Item	Action	Respond
	09/12/2022	<a href="#">Notice of PPT Meeting</a>	<a href="#">Review Final Notice of PPT Meeting</a>	<a href="#">Review</a>
	09/20/2022	<a href="#">Prior Written Notice</a>	<a href="#">Review Final Prior Written Notice</a>	<a href="#">Review</a>
	09/30/2022	<a href="#">Notice of PPT Meeting</a>	<a href="#">Review Final Notice of PPT Meeting</a>	<a href="#">Review</a>
	09/30/2022	<a href="#">Prior Written Notice (IEP)</a>	<a href="#">Review Final Prior Written Notice (IEP)</a>	<a href="#">Review</a>
	10/02/2022	<a href="#">Individualized Education Program</a>	<a href="#">Review Final Individualized Education Program</a>	<a href="#">Review</a>

Showing 1 to 5 of 5 entries


Previous 1 Next





# VIEWING AND/OR SIGNING DOCUMENTS

## To-Do List

Student ↑↓	Date Submitted ↑↓	Item ↑↓	Action ↑↓	Respond ↑↓
Jason Smith	06/13/2022	<a href="#">Consent for the Initial Provision of Special Education</a>	Apply Parent Response for Provision of Services Parental Consent Proposed	

Click **Item** name to view document.

Click **Pencil** icon to sign

Showing 1 to 1 of 1 entries

Previous

1

Next

# VIEWING AND/OR SIGNING DOCUMENTS

## Apply Parent Response for Provision of Services Parental Consent Proposed



Event Type

Provision of Services Parental Consent Proposed

Parent Signing

John Smith

Date

06/13/2022

Select a response.

Response



I consent to Initial Provision of  
Services



I deny consent to Initial Provision  
of Services

Notes

Sign below.

Signature

CLOSE

APPLY PARENT RESPONSE

- Sign with a mouse, stylus, or finger
- Scroll down to check for signature
- Auto-filled dates







# ALL DOCUMENTS WILL BE AUTO-SAVED

MY INFO

TO-DO LIST

COMPLETED ACTIONS

SERVICE PLAN INFO

DOCUMENTS

CASE MANAGER



CT QA Site  
DOCUMENTS

## Student's Documents

Select School Year  
2021 - 2022



School Year <sup>†</sup>	Date Finalized <sup>†</sup>	Document <sup>†</sup>	Associated Event <sup>†</sup>
2021	06/10/2022	<a href="#">Trial Placement for Diagnostic Purposes Planning and Parental Consent</a>	Diagnostic Placement Extension
2021	06/10/2022	<a href="#">Consent to Conduct an Initial Evaluation/ Reevaluation</a>	Parent Consent
2021	05/24/2022	<a href="#">Agreement to Change an Individualized Education Program without Convening a Planning and Placement Team Meeting</a>	



# ★ ACCESSIBLE ANYTIME – DOWNLOAD OR PRINT ★

The screenshot shows a PDF viewer interface. At the top, a toolbar contains various icons for document manipulation. Two red arrows point from text boxes to specific icons: one to the print icon (a printer) and another to the save icon (a floppy disk). The document content includes a title, a section header, and a form field.

1 of 1

CT Training Site

## Consent for the Initial Provision of Special Education

I. Identification Information

Student Name: Jason Smith

Sent: 06/13/2022

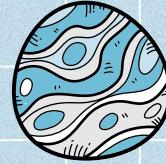
Print document.

Save document.





# 03 NEW IEP/504 DOCUMENT



What will it look like? Is it the same components?

# SAME COMPONENTS!

## 504 PLAN

- Demographics
- Attendance
- Meeting Summary
- Start and End Dates
- Supplemental Aids and Services
- Service Grid
- District and State Testing

## IEP

- Demographics
- Attendance
- Start and End Dates
- Present Levels of Performance
- Goals and Objectives
  - (Academic and Functional)
- Supplemental Aids and Services
- Service Grid
- Removal from General Education
- District and State Testing
- Prior Written Notice



# DOCUMENT LAYOUT



Designed to consolidate parts that go together.



**PRESENT LEVELS  
of PERFORMANCE**



**GOALS &  
OBJECTIVES**



**SUPPLEMENTARY  
AIDS & SERVICES**



# RECORD OF MEETING: DPS Requirement (not CT req.)

## Darien School District Planning and Placement Team (PPT) Record of Meeting

Meeting Date:

Student Name:

Reason for Meeting: Conduct an Annual Review,

SASID:

Parent/Guardian:

Student Address:

Darien, CT, 06820

Darien, CT, 06820

Case Manager:

### PLANNING AND PLACEMENT TEAM (PPT) MEMBERS PRESENT

Name

Role

---





## Summary

## Recommendations


## Resources

Procedural Safeguards in Special Education

Parental Notification of the Laws Relating to Physical Restraint and Seclusion in the Public Schools

A Parent's Guide to Special Education

For assistance with understanding the provisions of the IDEA, please contact the district's special education director or the Connecticut Parent Advocacy Center (CPAC) at 1-800-445-2711.



## Individualized Education Program Darien School District

**Student Name:**

**Meeting Date:** 09/20/2022

**SASID:**

**Case Manager:**

**Date of Birth:**

**Parent/Guardian Name:**

**Current Grade:**

**Primary Disability:**

**Current Enrolled School:** Royle Elementary School (0350511)

**School Next Year:**

**Most Recent Evaluation Date:**

**Next Reevaluation Date:**

**Most Recent Annual Review Date:**

**Next Annual Review Date:**

**Reason for Meeting:**

Review or Revise the IEP

PLANNING AND PLACEMENT TEAM (PPT) MEMBERS PRESENT

**Name**

**Role**



# Planning and Placement Team Recommendations

The PPT recommends the following:

## Special Considerations

**Does the student exhibit behaviors that impede learning for self or others?**

☒ No ☐ Yes

**Is the student deaf or hard of hearing?**

☒ No ☐ Yes

**Is the student blind or visually impaired?**

☒ No ☐ Yes

**Does the student have limited English proficiency (Student qualifies as an EL)?**

☒ No ☐ Yes

**Does the student require accessible educational materials (AEM)?**

☒ No ☐ Yes

**Does the student require an alternative mode of communication?**

☒ No ☐ Yes

## **Present Levels of Academic Achievement and Annual Goal(s) and Objectives**

### ACADEMIC, PRE-ACADEMIC, COGNITIVE ACHIEVEMENT

#### **Parent and/or Student Input**

Mr. and Mrs. Risk shared concerns regarding Katie's current decoding skills. They are grateful for Katie's support, and happy with her progress in Math. Parents would like to know if there are visuals they can use at home. Finally, parents are hoping the team would consider her rate of progress in terms of acquiring new skills in next steps.

#### GOAL AREA: Reading

#### **Present Level of Performance**

Mr. and Mrs. Risk feel that Katie's reading is impacted by her anxiety, and awareness of what others around her are doing. Parents are pleased with Katie's progress in her counseling and reading services, but would like to see greater generalization of skills to her home or classroom settings.



## Strengths

Listening comprehension, vocabulary, and encoding using taught skills.

## Concerns/Needs

Decoding using closed, open, and vce syllables in or out of context, applying skills to texts, and fluency.

## Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities

Katie's current reading needs require specialized instruction in order to access the grade-level curriculum at this time.

Annual Goal 2	Evaluation Method
Given a set of words or sentences, KATIE RISK will decode 1-3 syllable words with closed, open, and vce syllables with 80% accuracy.	Progress toward meeting the annual goal will be measured by achievement on short-term objectives.
Short-term Objectives/Benchmarks	Progress Monitoring Schedule
Given a set of words or sentences, KATIE RISK will decode 1-3 syllable words with closed, open, and vce syllables in isolation with 80% accuracy by 12/25/22.	per marking period
Given a set of words or sentences, KATIE RISK will decode 1-3 syllable words with closed, open, and vce syllables in the context of sentences with 80% accuracy by 12/25/22.	per marking period
Related Services necessary to achieve this goal (if any)	

# Present Levels of Functional Performance and Annual Goal(s) and Objectives

## FUNCTIONAL PERFORMANCE

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Parent and/or Student Input

## GOAL AREA: Fine Motor

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Present Level of Performance

Strengths



# Supplementary Aids and Services

Supplementary aids and services will be provided for the duration of the IEP unless otherwise noted.

## ACCOMMODATION

## Area(s)/Locations

Highlighted paper

All Areas

Extra space for work

All Areas

Give one paper or section at a time

All Areas

List sequential steps

All Areas

Review expectations prior to assignment/task

All Areas

Sensory strategies

All Areas

Visual supports

All Areas

Frequent movement breaks

All Areas

Preferential seating

All Areas

Seat away from distractions

All Areas

Seated close to source of instruction

All Areas

**A report of progress toward meeting the Annual Goals and Short Term Objectives included in this IEP will be provided to the parent(s):**

Consistent with general education grade-level report cards

**Is the PPT developing postsecondary/transition goals and services for the student?**

☐ Yes ☒ No

## SPECIAL EDUCATION SERVICES

Service	Goal ID	Frequency	Duration	Responsible Staff	Service Implementer	Start Date	End Date	Site	Instructional Service Delivery
Reading	2 3 4 5 6 7	5 x per 6-Day Cycle	30 Minutes	Special Education Teacher	Special Education Teacher	10/03/2022	03/08/2023	2a	small group/individual instruction
Study Skills	8 9	1 x per 6-Day Cycle	15 Minutes	Special Education Teacher	Special Education Teacher/Paraprofessional	10/03/2022	03/08/2023	1a	small group/individual instruction



## RELATED SERVICES

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Service	Goal ID	Frequency	Duration	Responsible Staff	Service Implementer	Start Date	End Date	Site	Instructional Service Delivery
Fine Motor Skills Group	1	1 x per 6-Day Cycle	30 Minutes	Occupational Therapist	Occupational Therapist	10/03/2022	03/08/2023	2c	flexible setting

### \*Instructional Site Codes:

- 1a. General Education Setting 50% or more non-disabled peers
- 1b. General Education Setting less than 50% non-disabled peers
- 2a. Resource Setting
- 2b. Separate Setting/Program
- 2c. Related Service Setting
- 3a. Community-Based Setting 50% or more non-disabled peers
- 3b. Community-Based Setting less than 50% non-disabled peers



# ESY Services

Are extended school year (ESY) services required for the Student to receive FAPE?

☒ Yes    ☐ No

## ESY SPECIAL EDUCATION SERVICES

Service	Goal ID	Frequency	Duration	Responsible Staff	Service Implementer	Start Date	End Date	Site	Instructional Service Delivery
Reading	2 3 4 5 6 7	3 x per Week	30 Minutes	Special Education Teacher	Special Education Teacher	10/03/2022	03/08/2023	2a	small group/individual instruction

## ESY RELATED SERVICES

Service	Goal ID	Frequency	Duration	Responsible Staff	Service Implementer	Start Date	End Date	Site	Instructional Service Delivery
Fine Motor Skills Group	1	1 x per Week	30 Minutes	Occupational Therapist	OT/COTA	10/03/2022	03/08/2023	2a	small group/individual instruction



## OTHER IMPORTANT PARTS OF THE IEP

- Removal from General Education (calculated)
- District and State Testing
- Prior Written Notice



# Prior Written Notice

**PURPOSE:** As a parent/guardian of a student suspected of needing or receiving special education services, the school district is required to provide you with prior written notice whenever it proposes or refuses to initiate or change the identification, evaluation, educational placement or provision of a free and appropriate public education (FAPE) to your child. This notice should be given to you after a school district makes a decision and 10 school days before action is taken on the decision, unless the school district and you both agree to waive the 10-day notice.

**To:**

\_\_\_\_\_  
Parent/Guardian/Adult Student

**Date:**

**Re:**

**SASID:**

## ACTION(S) PROPOSED/REFUSED

**Darien School District is providing notice of the following:**

1.

☒ The District is proposing to

☐ The District is refusing the request to

2.

☐ initiate

☒ change

3.

☐ identification/eligibility

☐ an evaluation

☐ an educational placement

☒ the provision of FAPE (IEP)

## DESCRIPTION / REASON

**Description/Reason of the proposed or refused action:**

The team proposed making revisions to

**The reason for proposing or refusing to take action is:**

Based on

**Description (including the date) of each evaluation procedure, assessment, record, or written report the school district used as a basis for the proposed/refused action:**



**Prior Written Notice**

**Student Name:**

**SASID:**  
**DOB:**

**Other options the PPT considered and rejected**

- ☐ Instruction in the general education environment with supplementary aids and services
- ☒ No other options were considered and rejected
- ☐ Other

**Reason for rejecting other options**

- ☒ The student would not receive an appropriate program in the least restrictive environment.
- ☐ Other

**Other factors that are relevant to this action**

- ☒ There are no other factors that are relevant to the PPT decision
- ☐ Other

**PLEASE NOTE:**

Parents have a right to disagree with what is being proposed or refused by the district and may access the due process options described in the procedural safeguards of the IDEA. A copy of the procedural safeguards can be obtained by contacting Contact Name at Contact Phone or Contact Email .

This notice must be provided in the native language of the parent or other mode of communication used by the parent unless it is clearly not feasible to do so.

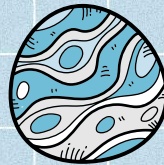
For assistance with understanding the provisions of the IDEA, please contact the district's special education director or the state's Parent Training and Information Center: Connecticut Parent Advocacy Center (CPAC) at 860-739-3089 or 1-800-445-2722; E-mail: [cpac@cpacinc.org](mailto:cpac@cpacinc.org)



04

Q & A // FEEDBACK

How can we help?





★ ★

# THANK YOU!



★ ★

[krisk@darienps.org](mailto:krisk@darienps.org)

★ ★