Reading IEPs in the Aspen Family Portal
How to Open IEP: Pages 1-2
Reading IEP: Pages 3-12
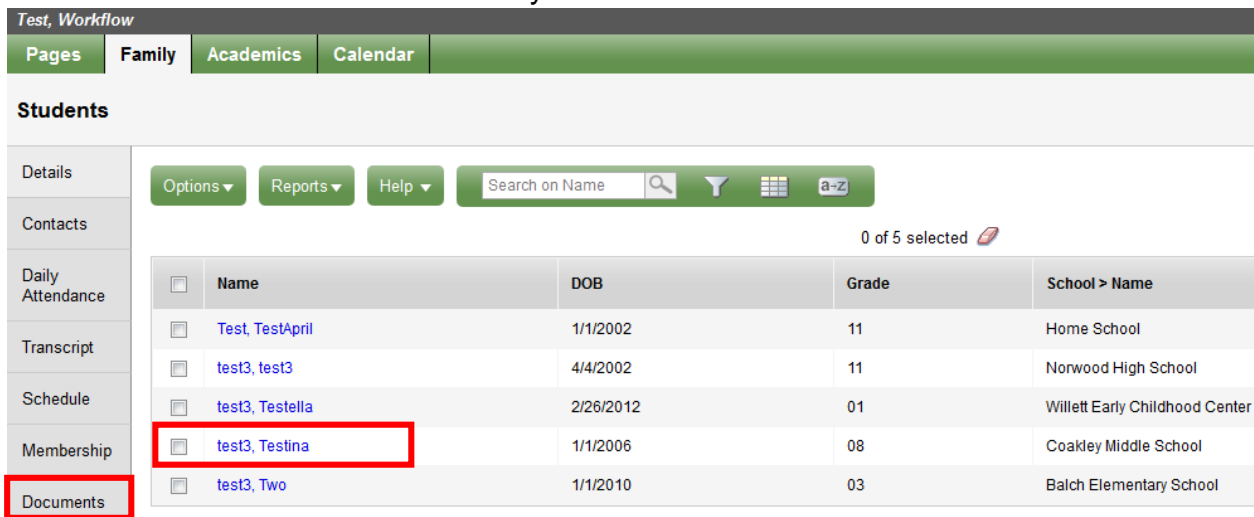## Save and Print IEP: Page 13

Log into your Aspen Family Portal
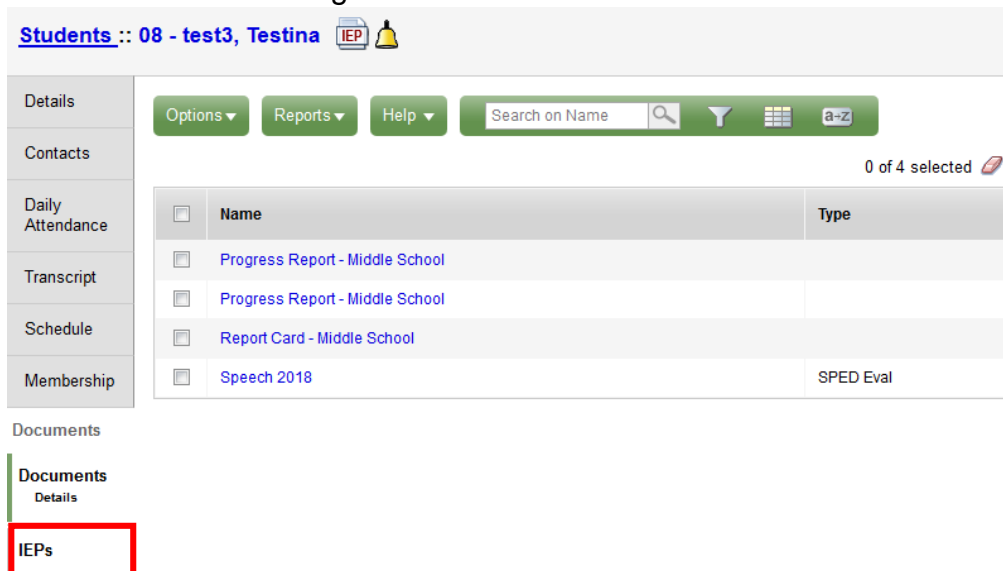Click on the Family top tab

Norwood Public School District 2018-2019
Test, Workflow

Pages	Family	Academics	Calendar

Home

Announcements

Click on the Student that has an IEP you want to read

Test, Workflow

Pages	Family	Academics	Calendar

Students

Details

Contacts

Daily Attendance

Transcript

Schedule

Membership

Documents

Options ▼ | Reports ▼ | Help ▼ | Search on Name

0 of 5 selected

	Name	DOB	Grade	School > Name
☐	Test, TestApril	1/1/2002	11	Home School
☐	test3, test3	4/4/2002	11	Norwood High School
☐	test3, Testella	2/26/2012	01	Willett Early Childhood Center
☐	test3, Testina	1/1/2006	08	Coakley Middle School
☐	test3, Two	1/1/2010	03	Balch Elementary School

Click on the Documents side tab
Click on the IEPs tab right under Documents

Students :: 08 - test3, Testina

Details

Contacts

Daily Attendance

Transcript

Schedule

Membership

Options ▼ | Reports ▼ | Help ▼ | Search on Name

0 of 4 selected

	Name	Type
☐	Progress Report - Middle School	
☐	Progress Report - Middle School	
☐	Report Card - Middle School	
☐	Speech 2018	SPED Eval

Documents

Documents
Details

IEPs

Click on the blue link that says Active – this is the Active IEP

Students :: 08 - test3, Testina [IEP] 🔔

		Details
		Contacts
		Daily Attendance
		Transcript
		Schedule
		Membership

Options ▼   Reports ▼   Help ▼ | Search on Name 🔍 | ▼   ▦   a-z   📖

0 of 2 selected 🩹

☐	IEP Status	StartDate	EndDate	IEP type
☐	Discarded			Initial
☐	Active	1/10/2019	1/9/2020	Initial

Documents

Documents

- - - - - - - - - - - - - - - -

IEPs
  Details

The IEP will open
Each little top tab is a page of the IEP

| Attributes | Vision | PLEP A | PLEP B | Goals | Services | Schedule | Assessment | Response | Medicaid | Transition |

Attributes has information from the Administrative Data Sheet, as well as IEP dates and placement information

Attributes	Vision	PLEP A	PLEP B	Goals	Services	Schedule	Assessment	Response	Medicaid	Transition

Name	test3, Testina	Last IEP review date	1/10/2019
Date of birth	1/1/2006 Age 13	Next IEP review date	1/10/2020
Status	Active	Last IEP evaluation date	1/10/2019
IEP type	Initial	Next IEP evaluation date	1/10/2022
Start date	1/10/2019		
End date	1/9/2020	Special ed. referral date	9/27/2018
Mailed to parent		Special ed. initial eligibility date	1/10/2019
Signed date	1/10/2019		
Meeting date	1/10/2019	Special ed. last eligibility date	1/10/2019
Special Education Exit Date		SPED Decision 18+	
IEP Amendment > Date		Court Appointed Guardian	

Special Education Staff

Case Manager > Name	test, test	District Contact > Name	test, test
Next Case Manager > Name		Staff 3 > Name	

Placement Information / DOE Status Fields

Ed. environment 3-5 (DOE32)		Cost shared	N
Ed. environment 6-21 (DOE34)	Full Inclusion	Cost share agency	
Primary Disability (DOE36)	Autism	Institutionalized setting agency	
Level of need (DOE38)	Low (2 hours or less)		
Evaluation Results (DOE40)	Eval/eligible w/instr		

Placements (from PL-1 forms)

StartDate	PlacementProgram > Name	SignedDate
1/10/2019	Norwood High School	

Student Contacts

Name	Priority	Phone1	Phone2	Phone3	Email1	LivesWith	Relationship

Vision = Parent/Student Concerns, Student Strengths & Key Evaluation Results, Vision Statement

Attributes	Vision	PLEP A	PLEP B	Goals	Services	Schedule	Assessment	Response	Medicaid	Transition

Individualized Education Program

IEP Dates: from1/10/2019to1/9/2020

Name : test3, Testina   Date of birth : 1/1/2006 Age 13   Local ID : 1772   Grade level : 08

Parent and/or Student Concerns

What concern(s) does the parent and/or student want to see addressed in this IEP to enhance the student's education?

sdhbm

Student Strengths and Key Evaluation Results Summary

What are the student's educational strengths, interest areas, significant personal attributes and personal accomplishments? What is the student's type of disability(ies), general education performance including MCAS/district test results, achievement towards goals and lack of expected progress, if any?

zdfszkmhs

Vision Statement: What is the vision for this student?

Consider the next 1 to 5 year period when developing this statement. Beginning no later than age 14, the statement should be based on the student's preferences and interest, and should include desired outcomes in adult living, post-secondary and working environments.

xhmdkdtyul

PLEP A = Present Levels of Educational Performance A: General Curriculum

Attributes	Vision	**PLEP A**	PLEP B	Goals	Services	Schedule	Assessment	Response	Medicaid	Transition

Present Levels of Educational Performance
A: General Curriculum

Check all that apply.

General curriculum area(s) affected by this student's disability(ies):

Y **English language arts** — Consider the language, composition, literature (including reading) and media strands.

Y **History and social sciences** — Consider the history, geography, economic and civics and government strands.

Y **Science and technology** — Consider the inquiry, domains of science, technology and science, technology and human affars strand.

Y **Mathematics** — Consider the number sense, patterns, relations and functions, geometry and measurement and statistics and probability strands.

☐ Other

How does the disability(ies) affect progress in the curriculum area(s)?

xgh,ch.yyif;l'/

What type(s) of accommodation, if any, is necessary for the student to make effective progress?

ContentArea	Category	Name	Description
No matching records			

cvhj.hvk.

What types of specially designed instruction, if any, is necessary for the student to make effective progress?

Check the necessary instructional modification(s) and describe how such modification(s) will be made.

☐ Content:

vhk.hvc /

☐ Methodology/Delivery of Instruction:

vk/j/

☐ Performance Criteria:

vhk/.

PLEP B = Present Levels of Educational Performance B: Other Educational Needs

Attributes	Vision	PLEP A	**PLEP B**	Goals	Services	Schedule	Assessment	Response	Medicaid	Transition

Present Levels of Educational Performance
B: Other Educational Needs

Check all that apply.   *General Considerations*

N	Adapted physical education	Y	Assistive tech devices/services	Y	Behavior
N	Braille needs	Y	Communication (all students)	N	Communication (hearing impaired)
N	Extra curriculum activities	N	Language needs (LEP)	N	Nonacademic activities
Y	Social/emotional needs	N	Travel training	N	Skill development

☐ Other:

Age-Specific Considerations

○ For children ages 3 to 5 -- participation in appropriate activities
○ For children ages 14* (or younger if appropriate) -- student's course of study
○ For children ages 16 (or younger if appropriate) to 22 -- transition to post-school activities including community experiences, employment objectives, other post school adult living and, if appropriate, daily living skills
○ Not Applicable

How does the disability(ies) affect progress in the indicated area(s) of other educational needs?

cgju.h

What type(s) of accommodation, if any, is necessary for the student to make effective progress?

ContentArea	Category	Name	Description
		No matching records	

ch j.

What types of specially designed instruction, if any, is necessary for the student to make effective progress?

Check the necessary instructional modification(s) and describe how such modification(s) will be made.

☐ **Content:**

c hj.

☐ **Methodology/Delivery of Instruction:**

c.

☐ **Performance Criteria:**

c h.j

Goals = Current Performance/Measurable Annual Goals
Click on the Blue Goal Number to read the full goal

Attributes	Vision	PLEP A	PLEP B	Goals	Services	Schedule	Assessment	Response	Medicaid	Transition

Current Performance Levels/Measurable Annual Goals

ID	Focus	Baseline	Goal
1	Academic Strategies	ZDJszriky	zxfh,gdxl

Progress Reports are required to be sent to parents at least as often as parents are informed of their nondisabled children's progress.
Each progress report must describe the student's progress toward meeting each annual goal.

Identifier   **1**   **Specific Goal Focus:**   **Academic Strategies**

Current Performance Level

What can the student currently do?

ZDJszriky

Measurable Annual Goal   Goal Bank Selection | Add to Goal Bank

Category

Subcategory

What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period? How will we know that the student has reached this goal?

zxfh,gdxl

Benchmark/Objectives

What will the student need to do to complete this goal?

SeqNo	Objective
1	dfzjnxsfrykhf,l
2	zcgmzxf,yh

✖ Cancel

Services = the Service Delivery Grid

Attributes	Vision	PLEP A	PLEP B	Goals	**Services**	Schedule	Assessment	Response	Medicaid	Transition

Service Delivery
What are the total service delivery needs of this student?

Include services, related services, program modifications and supports (including positive behavioral supports, school personnel and/or parent training/supports). Services should assist the student in reaching IEP goals, to be involved and progress in the general curriculum, to participate in extracurricular/nonacademic activities and to allow the student to participate with nondisabled students while working towards IEP goals.

School District Cycle: ○ 5 day cycle ○ 6 day cycle ◉ 7 day cycle ○ 10 day cycle ○ Other   Other Cycle   Other Comment

A. Consultation (Indirect Services to School Personnel and Parents)

Goals	Type	Personnel	Setting	Freq	Duration	Cycle	StartDate	EndDate
All	Consult	OT		1.0	10	7 days	1/10/2019	1/9/2020

B. Special Education and Related Services in General Education Classroom (Direct Service)

Goals	Type	Personnel	Setting	Freq	Duration	Cycle	StartDate	EndDate
All	ELA	Teacher	Small Group	5.0	55	7 days	1/10/2019	1/9/2020
All	Math	Special Education Teacher	Group	5.0	55	7 days	1/10/2019	1/9/2020

C. Special Education and Related Services in Other Settings (Direct Service)

Goals	Type	Personnel	Setting	Freq	Duration	Cycle	StartDate	EndDate
All	Speech Therapy	SLP	Individual	1.0	30	7 days	1/10/2019	1/9/2020

Schedule = Nonparticipation Justification, Schedule Modification, Transportation Services

| Attributes | Vision | PLEP A | PLEP B | Goals | Services | Schedule | Assessment | Response | Medicaid | Transition |

Nonparticipation Justification

Is the student removed from the general education classroom at any time? (Refer to IEP 5--Service Delivery, Section C.)

○ No　◉ Yes　　　**If yes, why is removal considered critical to the student's program?**

> sxfrystdxl

IDEA 2004 Regulation 20 U.S.C. §612 (a) (5).550: "... removal of children with disabilities from the regular educational environment occurs **only when** the nature or severity of the disability of a child is such that education in regular classes with use of supplementary aids and services cannot be achieved satisfactorily." (Emphasis added.)

Schedule Modification

Shorter: Does this student require a *shorter school day or shorter school year?*

☐ **No**　**N Yes -- shorter day**　**N Yes -- shorter year**　If yes, answer the questions below.

Longer: Does this student require a longer school day or a longer school year to prevent substantial loss of previously learned skills and / or substantial difficulty in relearning skills?

☐ **No**　**Y Yes -- longer day**　**N Yes -- longer year**　If yes, answer the questions below.

How will the student's schedule be modified? Why is this schedule modification being recommended? If a longer day or year is recommended, how will the school district coordinate services across program components?

> xfghkxtdo7l

Transportation Services

Does the student require transportation as a result of the disability(ies)?

○ No　Regular transportation will be provided in the same manner as it would be provided for students without disabilities. If the child is placed away from the local school, transportation will be provided.

◉ Yes　Special transportation will be provided in the following manner:

☐ **on a regular transportation vehicle with the following modifications and/or specialized equipment and precautions:**

> xgldcyt;p8

☐ **on a special transportation vehicle with the following modifications and/or specialized equipment and precautions:**

After the team makes a transportation decision and after a placement decision has been made, a parent may choose to provide transportation and may be eligible for reimbursement under certain circumstances. Any parent who plans to transport their child to school should notify the school district contact person.

Assessment = State or District-Wide Assessment

Attributes	Vision	PLEP A	PLEP B	Goals	Services	Schedule	Assessment	Response	Medicaid	Transition

State or District-Wide Assessment

Identify state or district-wide assessments planned during this IEP period:MCAS

Fill out the table below. Consider any state or district-wide assessment to be administered during the time span covered by this IEP. For each content area, identify the student's assessment participation status by putting an "X" in the corresponding box for column 1,2, or 3.

CONTENT AREAS	1. Assessment participation: Student participates in on-demand testing under routine conditions in this content area.	2. Assessment participation: Student participates in on-demand testing with accommodations in this content area. (See [1] below)	3. Assessment participation: Student participates in alternate assessment in this content area. (See [2] below)	(None)
	COLUMN 1	COLUMN 2	COLUMN 3	(None)
English Language Arts	○ Routine	◉ Accommodations	○ Alternate	○
History and Social Sciences	○ Routine	○ Accommodations	○ Alternate	◉
Mathematics	○ Routine	◉ Accommodations	○ Alternate	○
Science and Technology	○ Routine	◉ Accommodations	○ Alternate	○
Reading	○ Routine	○ Accommodations	○ Alternate	◉

Accommodations

[1] For each content area defined by an X in column 2 above: note in the space below, the content area and describe the accommodations necessary for participation in the on-demand testing. Any accommodations used for assessment purposes should be closely modeled on the accommodations that are provided to the student as part of his/her instructional program.

ContentArea	Category	Name	Description
All	MCAS 2.0 Designated	Familiar Test Admin	Familiar Test Admin (DF8)
All	MCAS 2.0 Designated	Small Group Test Administration	Small Group Test Administration (DF1)
All	MCAS 2.0 Universal	Read Aloud, Repeat or Clarify Directions	Read Aloud, Repeat or Clarify Directions (UF12)

Alternatives

[2] For each content area identified by an X in column 3 above: note in the space below, the content area, why the on-demand assessment is not appropriate and how that content area will be alternatively assessed. Make sure to include the learning standards that will be addressed in each content area, the recommended assessment method(s) and the recommended evaluation and reporting method(s) for the student's performance on the alternate assessment.

NOTE: When state model(s) for alternate assessment are adopted, the district may enter use of state model(s) for how content area(s) will be assessed.

Response = Additional Information and Signature page

If your child has Autism listed as a disability (primary or not), you will see the Autism Spectrum Checklist on this tab. If they do not, you will not see the checklist.

| Attributes | Vision | PLEP A | PLEP B | Goals | Services | Schedule | Assessment | Response | Medicaid | Transition |

Additional Information

N Include the following transition information: the anticipated graduation date; a statement of interagency responsibilities or needed linkages; the discussion of transfer rights at least one year before age of majority; and a recommendation for Chapter 688 Referral.

Anticipated Graduation Date:

Statement of Interagency Responsibilities or Needed Linkages:

Transfer of Rights Discussed: (at least one year before age of majority)   ○ Yes   ○ No   ○ N/A

Chapter 688 Referral Recommended: ○ Yes   ○ No   ○ N/A

N   Document efforts to obtain participation if a parent and if student did not attend meeting or provide input.

N   Record other relevant IEP information not previously stated.

For students with an Autism Spectrum Disability, please verify that each of the needs listed below has been considered and specifically addressed by the IEP Team.

N   The verbal and non-verbal communication needs of the student.

N   The need to develop social interaction skills and proficiencies.

N   The needs resulting from the student's unusual responses to sensory experiences.

N   The needs resulting from resistance to environmental change or change in daily routines..

N   The needs resulting from engagement in repetitive activities or stereotyped movements.

N   The need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from Autism Spectrum Disorder.

N   Other needs resulting from the child's disability that impacts progress in the general curriculum, including social and emotional development.

Additional Comments

Response Section
School Assurance

I certify that the goals in this IEP are those recommended by the team and that the indicated services will be provided.

[Signature line appears on printed form.]

Parent Options / Responses

It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district. Thank you.

◉ (No Response)

○ I accept the IEP as developed.   ○ I reject the IEP as developed.

○ I reject the following portions of the IEP with the understanding that any portion(s) that I do not reject will be considered accepted and implemented immediately. Rejected portions are as follows:

N   I request a meeting to discuss the rejected IEP or rejected portion(s).

[Signature line appears on printed form.]

The Medicaid tab is not part of the IEP, it is here to help with billing of eligible consented services only.

| Attributes | Vision | PLEP A | PLEP B | Goals | Services | Schedule | Assessment | Response | Medicaid | Transition |

Medicaid number	

✖ Cancel

The Transition tab = the Transition Planning Form

| Attributes | Vision | PLEP A | PLEP B | Goals | Services | Schedule | Assessment | Response | Medicaid | **Transition** |

Transition Planning Form (TPF)

Massachusetts requires that beginning when the eligible student is 14 for the IEP developed that year, the school district must plan for the student's need for transition services and the school district must document this discussion annually. This form is to be maintained with the IEP and revisited each year.

Trans. tab date completed 1/10/2019

POST-SECONDARY VISION

Write the student's POST-SECONDARY VISION in the box below. In collaboration with the family, consider the student's preferences and interests, and the desired outcomes for post-secondary education/ training, employment, and adult living. This section should correspond with the vision statement on IEP 1.

> szAFHR

DISABILITY RELATED NEEDS

Write the skills (disability related) that require IEP goals and/or related services in the box below. Consider all skills (disability related) necessary for the student to achieve his/her post-secondary vision.

> zdj

Transition Planning Form (TPF)

ACTION PLAN

The ACTION PLAN should outline how the student can develop self-determination skills and be prepared both academically and functionally to transition to post-school activities in order to achieve his/her post-secondary vision. Indicate how Special Education/General Education, family members, adult service providers or others in the community will help the student develop the necessary skills. Disability related needs must also be stated on page 1.

Develop the ACTION PLAN needed to achieve the POST-SECONDARY VISION by outlining the skills the student needs to develop and the courses, training, and activities in which the student will participate. Include information on who will help the student implement specific steps listed below in the Action Plan.

Instruction: Is there a course of study or specific courses needed that will help the student reach his/her post-secondary vision?
Consider the learning opportunities or skills that the student may need. This could include specific general education courses and/or special education instruction, career and technical education, and/or preparation for post-secondary outcomes such as vocational training or community college.

> xhkgxdi

Employment: Are there employment opportunities and/or specific skills that will help the student reach his/her post-secondary vision?
Consider options such as part-time employment, supported job placement, service learning projects, participation in work experience program, job shadowing, internships, practice in resume writing/ interviewing skills, the use of a one-stop resource center and job specific skills in areas such as customer service, technology, etc.

> SAEhgh

Community Experiences/ Post School Adult Living: Are there certain types of community and/or adult living experiences that will help the student reach his/her post-secondary vision?
Consider options such as participation in community based experiences, learning how to independently access community resources, building social relationships, managing money, understanding health care needs, utilizing transportation options and organizational skills.

> Dfhauiki

From any of these little tabs, you can click on the Reports button to Save or Print your child's IEP.

A new window will open. You can click Run as is

We recommend clicking Print Setting Column and then clicking Run. This will print the Group/Small Group/Individual column on the Service Delivery Grid (if there is any data filled out)

Your computer will either download the PDF, or open it depending on the settings. You can save the PDF for later, and/or print it.