Diocese of Knoxville

SPECIAL SERVICES HANDBOOK
FOR STUDENTS
WITH EXCEPTIONALITIES

Grades K-12

Most Reverend Richard F. Stika
Bishop of Knoxville

Sister Mary Marta Abbott, R.S.M.
Superintendent of Catholic Schools
Acknowledgements

I would like to acknowledge the work of numerous teachers, consultants, and administrators who have worked on this handbook since 1995. The most recent revision began in the summer of 2013 with the addition of a Grade 9-12 component. The current version of this document was reviewed by special education teachers in the spring of 2013, and their feedback was applied to this handbook. I am grateful to all of the professionals who gave their time to make this a helpful guide.

Notation

Users of this guide will note that every effort was made to minimize the number of forms and to streamline procedures. Some forms serve more than one purpose. In 2013 one new form was added for K-8. This is a form to extend an ACP beyond the fifth grade. This enables our elementary schools to continue to serve students who may be working on a modified curriculum to achieve grade level competency by 8th grade or to support their transition out of the diocesan school system to an alternate placement. The Grade 9-12 portion is entirely new. Some forms are shared between the school levels, and some are specific to the school level that uses them. The link related to the use of RTI has also been updated as of August 2013.

One of the best things about living in the digital age is that all documents can be revisited. All handbooks are intended to help us to serve our children and families well and should be evaluated in that light.

Sister Mary Marta Abbott, R.S.M.
Superintendent
# Table of Contents

**SPECIAL SERVICES FOR STUDENTS WITH EXCEPTIONALITIES**

Preface .................................................................................................................. 5

**SECTION 1: SPECIAL SERVICES FOR GRADE K-8 STUDENTS WITH EXCEPTIONALITIES**

General Screening Timeline .................................................................................. 10
Required Immunizations ....................................................................................... 10
Grade K-8 Classroom Teacher Procedures Prior to Student Referral to S-Team ....... 11
Grade K-8 Guidelines for Student Referral to S-Team .......................................... 16
K-8 Guidelines for Student Referral for Formal Assessment ............................... 17
Formal Assessment Components ........................................................................... 19
Grade K-8 Guidelines after Formal Assessment is Completed ........................... 21
Student Support Plan (SSP) (Form C) .................................................................. 23
Adjusted Curriculum Plan (ACP) (Form J) ............................................................ 23
Least Restrictive Environment .............................................................................. 24
Grade K-8 Re-Evaluation Procedure ................................................................... 25
Termination of Services ......................................................................................... 27

**SECTION 2: SPECIAL SERVICES FOR GRADE 9-12 STUDENTS WITH EXCEPTIONALITIES**

The High School Special Needs Environment ....................................................... 29
Graduation Requirements ...................................................................................... 30
The Administration of Programs for High School Students with Disabilities ......... 31
Transitions between School Levels ..................................................................... 32
General Screening Information for High School .................................................. 34
High School Guidelines for Student Referral to S-Team ....................................... 38
High School Formal Assessment Components .................................................... 41
High School Guidelines for Student Referral For Formal Assessment ................. 42
Diocesan Qualification of Services in High School ............................................... 43
Overview of High School Individualized Student Support Plans (SSP) ............... 43
Developing the Student Support Plan (SSP) ......................................................... 45
Components of the Student Support Plan ............................................................. 45
Monitoring and Evaluation of Student Support Plans ......................................... 48
Re-Evaluation of Disabilities ............................................................................... 51
Special Testing Accommodations for Standardized College Placement Tests and Advanced Placement Exams .................................................................................................................. 52
Termination of Services at the High School Level ............................................... 54
Appendix Listing .................................................................................................. 55
Descriptions of Diocese of Knoxville K-8 Student Support Forms ....................... 56

**APPENDIX 2: Pre-Referral K-8 Procedures Check List** .................................... 106
**APPENDIX 3: Procedural Steps from Pre-Referral to Re-Evaluation for K-8 Students** 107
**APPENDIX 4: Guidance on Private School/Home School Evaluation Requests** ... 110
Frequently Asked Questions ................................................................................. 111
**APPENDIX 5** .................................................................................................. 112
**READING INSTRUCTION INTERVENTION** .................................................. 112
**MATH INSTRUCTION INTERVENTION** ......................................................... 115
Appendix 6: CHRONOLOGY .............................................................................. 118
SPECIAL SERVICES FOR STUDENTS WITH EXCEPTIONALITIES

Number: 1520 (formerly 1520, 1521, 1522)  
Section: ADMINISTRATION  
Date Written: September 8, 1995  
Date Promulgated: March 17, 1996  
Date Revised: June 2000, 2003, 2010, September 2013  

PURPOSE: To provide guidelines for the education of students with exceptionalities in the elementary and secondary schools with resource/special education personnel.  

POLICY: All schools with resource/special education programs and faculty are required to use the SPECIAL SERVICES HANDBOOK FOR STUDENTS WITH EXCEPTIONALITIES for the Diocese of Knoxville (revised March 2013, K-8; originated 9-12, September 2013).

Special Needs Statement for Diocesan High Schools  
The Diocese of Knoxville welcomes the opportunity to serve students with disabilities who, when provided with appropriate accommodations, are able to be successful in a full-time, college preparatory, regular education setting and are also able to meet Tennessee state graduation requirements for a Regular Diploma.

Key Definitions  
Accommodation: a support or a service that is provided to help a student fully access the regular education curriculum or subject matter. Students with impaired spelling or handwriting skills, for example, may be accommodated by a note-taker or permission to take notes on a laptop computer. An accommodation does not change the content of what is being taught or the expectation that the student meet a performance standard applied for all students.

Modification: a change to the general education curriculum or other material being taught which alters the standards or expectations for students with disabilities. As an example, a student not required to answer the same number or difficulty level of questions as the other students.

Diocese of Knoxville  
POLICY AND PROCEDURE
Preface

The development and implementation of a system-wide student evaluation program is an essential component of any educational system. The screening and evaluation process helps educators to arrive at a better understanding of the unique abilities of every student. While the Catholic schools of the Diocese of Knoxville are not able to offer services to meet all of the needs of every student, it is diocesan policy to strive to meet as many of the needs of our students as possible using resources available in each school. The Diocese of Knoxville Catholic Schools will provide services to the extent possible; however, under federal and state law, the Diocese of Knoxville Catholic School system is not legally obligated to provide services under the Individuals with Disabilities Education Act (IDEA 2004, reauthorized 2006).

This Special Services Handbook for Students with Exceptionalities is provided as an administrative guide to assist in the implementation of a systematic approach to the process of individualizing the program of instruction for students with identified disabilities and specific learning needs. The first section of the handbook is addressed to the regular classroom teacher, particularly in the K-8 classrooms. The success of the pre-referral observations and interventions require the support and commitment of the classroom teacher, working in consultation with resource personnel to meet the individual needs of students. Every effort should be made to meet the needs of the students within the regular classroom.

This last section of the handbook addresses issues related specifically to high school students with disabilities; it expands on many ideas, processes, and procedures discussed in the previous section on elementary and middle school education. However, this section also identifies issues that are faced in the high school environment specifically, and in some instances,
may be resolved differently than processes outlined in previous sections. It is important to note these differences are rooted in the distinctively unique role of high school educators to prepare students for the rigors of college and career transitions.

The information in the handbook is to be used by any teacher or specialist who will develop and implement a Student Support Plan (SSP) or Adjusted Curriculum Plan (ACP) for students. All forms referenced in this handbook can be found in Appendix 1.
SECTION 1: SPECIAL SERVICES FOR GRADE K-8 STUDENTS WITH EXCEPTIONALITIES
General Screening Information for Grade K-8

A. Definition

A general screening is an activity through which a school is able to identify students who may need support or enrichment in order to achieve their potential within the classroom. General screenings are often done in grade-level groups or classes. Information obtained from a general screening may be used to determine if further action is needed. Individualized screenings may occur if the general screening indicates there is a need for additional review.

B. Characteristics of Screening

School personnel make use of existing information on students to identify any areas that indicate a need for support or enrichment within the classroom. This information may consist of standardized achievement/cognitive test scores, psychological/educational assessment, medical records, school records, sensory screening (such as vision and hearing), checklists, parent/guardian information forms, and teacher observations.

Beyond records review, schools may choose to administer an additional screening assessment in order to identify students, whose capabilities are outside of the norm for their grade level, indicating a need for support or enrichment. Although the majority of general screenings are completed with groups of students, occasionally there may be a need to screen an individual student. An individual screening may also be utilized when an admission decision requires additional information. Parental consent for screening is not required, but it is appropriate to let parent/guardians know the screening data are being collected in the event that further assessment is indicated. This will help build support if further assessment is needed.
C. Personnel

A coordinator of the screening program should be designated in order to ensure that the process is carried through to its logical conclusion in the best interest of the child. Resource teachers, school counselors, school psychologists, and/or social workers should be utilized as coordinators when possible since most have been specifically trained in interpreting educational data.

D. Communicating Results

Screening results are most often used internally within a school; however, they become part of the permanent record of a student. All schools must have a procedure for communicating results with the parent/guardians of students who may need additional assessment or observation. In addition, parent/guardians may request to see the results of their child’s screening at any time. The screening coordinator or another designated individual will provide recommendations to parent/guardians for monitoring, referrals to outside agencies, and subsequent steps within the school.
## General Screening Timeline

*Required* - required for all students at least one time during the indicated grade ranges  
*Intervals* - done at regular intervals or transition grade levels  
*Referrals* - necessary for new students or students with suspected exceptionalities  
*N. A* - not applicable at that level

<table>
<thead>
<tr>
<th>Components</th>
<th>PreK/Primary K – 1 – 2</th>
<th>Intermediate 3 - 4 - 5</th>
<th>Middle 6 - 7 - 8</th>
<th>Secondary 9 –12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Immunization</strong></td>
<td>Required for school entrance</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td><strong>Physical Examination</strong></td>
<td>Required for school entrance</td>
<td>Referrals</td>
<td>Referrals</td>
<td>Referrals</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td>Intervals</td>
<td>Intervals</td>
<td>Intervals</td>
<td>Referrals</td>
</tr>
<tr>
<td><strong>Hearing</strong></td>
<td>Intervals</td>
<td>Intervals</td>
<td>Intervals</td>
<td>Referrals</td>
</tr>
</tbody>
</table>

### Development

<table>
<thead>
<tr>
<th>Components</th>
<th>PreK/Primary (K Screening)</th>
<th>Intermediate (K Screening)</th>
<th>Middle (Grades 3 &amp; 5)</th>
<th>Secondary (Grade 7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual Perceptual</td>
<td>Required</td>
<td>Referrals</td>
<td>N.A.</td>
<td>N.A.</td>
</tr>
<tr>
<td>Auditory Perception</td>
<td>Required</td>
<td>Referrals</td>
<td>N.A.</td>
<td>N.A.</td>
</tr>
<tr>
<td>Gross Motor</td>
<td>Required</td>
<td>Referrals</td>
<td>N.A.</td>
<td>N.A.</td>
</tr>
<tr>
<td>Fine Motor</td>
<td>Required</td>
<td>Referrals</td>
<td>N.A.</td>
<td>N.A.</td>
</tr>
<tr>
<td><strong>Speech and Language Readiness and/or Achievement</strong></td>
<td>Required</td>
<td>Referrals</td>
<td>Referrals</td>
<td>Referrals</td>
</tr>
<tr>
<td>Cognitive Skills (CogAT)</td>
<td>Not required</td>
<td>Required</td>
<td>Required</td>
<td>Not required</td>
</tr>
</tbody>
</table>

## Required Immunizations

Required immunizations are defined as those specified by law. These may be found at the Tennessee Department of Health website [http://health.state.tn.us/ceds/required.htm](http://health.state.tn.us/ceds/required.htm).
Grade K-8 Classroom Teacher Procedures Prior to Student Referral to S-Team

In addition to the general screening information, a classroom teacher should gather and review data about his/her students: screening results, previous teachers’ recommendations, achievement test scores, and the permanent record file. A dot on the permanent record indicates that there is additional information available on a student in a separate file in resource. If a teacher notices a student is not progressing as expected, further individualized or differentiated instruction may become necessary.

The regular classroom teacher should review the teaching strategies currently being used in terms of how these methods are meeting the needs of the students in the classroom. The Pre-Referral Intervention Manual (Hawthorne Educational Services) is an excellent resource for differentiated instructional strategies. All teachers should be using research-based teaching strategies for instruction and documenting individual student progress.

Figure 1: Support for All Students – by classroom teacher

- Records review (general screening information, permanent record, teacher recommendations, test data)
- Research-based instruction for all students
- Document individual student progress
- Evaluate success of instructional methods

If a teacher has a student who appears to need non-typical support in the classroom, he or she should document the standard teaching strategies and differentiated approaches to instruction used in the classroom and how effective they are for the student. He or she should also document any additional interventions attempted within the classroom. Examples of teaching interventions include, but are not limited to, small group work, tutoring, one-on-one instruction, re-teaching/re-testing, or use of manipulatives. The Pre-Referral Teaching Strategies form (Form A1), found in the Appendix of this handbook, should be used for this purpose and be updated over a period of
six to nine weeks. This information is placed in the student’s classroom file.

The teacher is also required to contact the parent/guardian regarding his or her concerns. Contact should be frequent – at least every two weeks – to ensure that the parent/guardian is informed and supporting classroom efforts. Telephone calls, e-mails, notes home, and conferences meet this requirement. Documentation of each parent/guardian contact is required. The *Documentation of Conference* form *(Form D)*, found in the Appendix, can be used and maintained in the student’s classroom. Copies of correspondence with the parent/guardian are to be placed in the student’s classroom file. While talking to the parent/guardian, teachers should be mindful of the following: begin with positive statements about the student; inform the parent/guardian of concerns using language that describes direct, observable behavior; and provide suggestions regarding strategies the parent/guardian can use that support the teacher’s classroom efforts. Statements of opinion or judgment should be avoided.

The regular classroom teacher should work with the resource teacher or another trained professional during follow-up conferences to review the effectiveness of the implemented strategies. If the classroom and/or home strategies are ineffective, the plan should be revised. Multiple interventions should be tried over the six to nine-week intervention period to ensure that differentiation has been fully utilized. It is also important to gather measurable data on the student’s progress on a frequent basis in order to document whether or not the student is responding to the attempted interventions. This documentation is vital to the referral process, particularly if there is the possibility of applying to a public school system for evaluation. Internal forms can be used for this purpose, or there are forms in *Appendix 5* from the State of Tennessee that are designated for this purpose.
Figure 2: If a student appears to need non-typical support in the classroom…

- Use Form A\(^1\) to document standard teaching approaches, attempts to differentiate instruction, and additional interventions that have been tried to better support student. Consult with resource teacher on effectiveness of strategies and revise interventions as needed. Document student progress for six-nine weeks to determine if a referral is necessary.
- Contact parents about concerns and document contact on Form D. Provide suggestions for parent support for classroom efforts. Contact should be at least every two weeks.
- Maintain this information in a student file in the classroom.

If the student shows progress with differentiation and short-term interventions, the classroom teacher should continue these strategies, documenting what helps the student to be successful on the original Pre-Referral Teaching Strategies form (Form A\(^1\)). Any additional parent contact should be documented on Documentation of Conference forms (Form D) as needed. This information should be maintained in the student’s classroom file, which should be transferred to the student’s subsequent teacher at the end of the school year. This information is intended to improve communication between teachers and help a student transition between grade levels. It is not considered a guarantee that prior strategies will be continued.

Figure 3: If the student shows progress with differentiation and short-term interventions…

- Continue approaches that were successful.
- Maintain Form A\(^1\) in classroom file and continue to document parent contact as needed on Form D.
- Transfer file to next grade level teacher at end of school to help with continuity.

If the student is not making adequate progress after six to nine weeks, the student should be referred to an S-Team. The classroom teacher should complete the Teacher Pre-Referral Information Form (Form A\(^2\)), found in the Appendix, to document specific areas of concerns. The classroom teacher should also complete and submit to the resource teacher a Special Services Referral form (Form B\(^1\)), found in the Appendix. Teachers are to include the following, if appropriate, with the referral: examples of student work, grades, documentation of research-based teaching strategies used and their results, and documentation of parent/guardian contact.
The regular classroom teacher should submit the original *Pre-Referral Teaching Strategies* form (Form A₁), all *Documentation of Conference* forms (Form D), the *Teacher Pre-Referral Information Form* (Form A²), and *Special Services Referral* form (Form B₁) to the resource teacher. It is critical that the regular classroom teacher refer students to the S-Team only after teacher and parent strategies have not worked over a six to nine-week period, and the required communication with the parent/guardian has been documented. The resource teacher will become the coordinator of all future action within the school in regard to the student.

*Figure 4: If the student continues to have difficulty in the classroom after six to nine weeks of multiple interventions…*

- Student should be referred to S-Team using a Form B₁, submitted to the resource teacher. Include relevant work samples and grades.
- Classroom teacher will also complete a Form A², documenting specific areas of concern in narrative form.
- Classroom teacher will provide the resource teacher with the classroom file containing completed Form A₁ and all Form Ds.
- Resource teacher becomes primary coordinator for the student.

When a parent/guardian has a concern, the parent can submit a written request to the resource teacher or the staff person designated by the principal. The resource teacher will send the parent/guardian a *Parent/Guardian Referral to S-Team* (Form B₂) to be completed and returned to the resource teacher. A parent conference should be initiated by the school immediately following receipt of the *Parent/Guardian Referral to S-Team* (Form B₂). A *Documentation of Conference* (Form D) should be completed at the time of the conference. Following the conference, a *Pre-Referral Teaching Strategies Form* (Form A₁) and a *Teacher Pre-Referral Information Form* (Form A²) will be distributed to the teacher(s) for completion. This information plus the student’s academic record will be reviewed, and the S-Team will meet to formulate a plan to address the parent’s concerns.
Figure 5: Requests for S-Team by a Parent

- Parent will be asked to complete a Form B², documenting their specific concerns, and submit it to the resource teacher.
- Parent conference will be held to discuss concerns and will be documented on a Form D.
- Classroom teacher(s) will complete a Form A¹ and a Form A², documenting current teaching strategies and any areas of concern.
- Standard school procedures will be followed from this point.
Grade K-8 Guidelines for Student Referral to S-Team

The information submitted by the teachers and parents/guardians will be evaluated by the S-Team, which may be comprised of an administrative representative, resource or special education teacher, school counselor (if available), school psychologist (if available), and classroom teacher(s). Recommendation(s) will follow regarding the next appropriate step for the student using the *Documentation of Conference (Form D)*, found in the Appendix of this manual.

The recommendations of the S-Team include but are not limited to:

1. Collection and review of additional data

2. Development of additional teaching strategies for implementation by the classroom teacher

3. Implementation of additional interventions (i.e., supplemental tutoring, counseling, other related services) where appropriate. The school should request that the parents sign the *Permission to Release or Receive Information Form (Form E)* to permit the school to share information with any outside specialists.

4. Recommendation of Formal Assessment – A more comprehensive assessment is needed to determine the unique strengths and weaknesses of the student.
   - Option 1: Public school system
   - Option 2: Private practice
   - Option 3: Testing within the school

*Figure 6: Student Referral to S-Team – by resource teacher*

- All available data will be reviewed by members of the S-Team.
- Additional teaching strategies may be developed and implemented in the classroom.
- Additional interventions may be recommended, such as counseling, related services, and supplemental tutoring. Parents will need to complete a Form E if information needs to be shared with outside agency.
- Decision regarding need for formal assessment will be made.
- If parent declines formal assessment, S-Team with an administrative representative will make determination about next steps.
- All S-Team meetings will be documented on a Form D, maintained in the student’s resource file.
K-8 Guidelines for Student Referral for Formal Assessment

If the S-Team determines that a more comprehensive assessment is needed, a recommendation will be made to the parent/guardians for a formal assessment. If the parent/guardians do not agree with the recommendation for formal assessment, they are required to meet with the principal or the principal’s designee to resolve the matter. The S-Team can review the information and determine what services, if any, can be utilized to support the student before an assessment is actually completed.

The formal assessment can be completed by a school psychologist contracted/employed by the school, by the student’s zoned public school, or by an outside source approved by the school. When the school administers the assessment, the School Assessment Permission Form (Form G¹) will be completed by the parent. It must be returned to the school prior to the assessment being administered. If the school is recommending assessment by an outside professional, the Referral for Outside Assessment Form (Form G²) must be signed by the parent. If the assessment is administered by the student’s zoned school or an outside agency, Permission to Receive or Release Information (Form E) must be completed. The resource teacher should complete a Classroom Observation (Form F) if the school is performing the assessment or as requested by an outside agency. If a physician is included in the evaluation, a Physician Report (Form I¹) will be provided for completion by the physician. If an outside psychologist, psychiatrist, or other medical professional is included in the evaluation, a Medical Report (Form I²) will be provided for completion by the medical professional. The resource teacher will send the parent/guardian a Parent/Guardian Referral to S-Team (Form B²) to be completed and returned to the resource teacher as part of the data-gathering process.
If the school performs the assessment, the parent must complete a Form G\(^1\), giving permission for assessment. If the school is completing the assessment, the resource teacher should perform a classroom observation, documented on Form F. If the school is recommending an outside assessment, the parent must sign a Form G\(^2\), agreeing to schedule the assessment in a given timeframe. If an outside agency performs the assessment, the parent must complete a Form E, giving permission to share information with individuals outside of the school. If a physician is included in the evaluation, a Form I\(^1\) will be provided for completion by the physician. If an outside psychologist, psychiatrist, or other medical profession is included in the evaluation, a Form I\(^2\) will be provided for completion by the medical professional. Parent will complete a Form B\(^2\), documenting their specific concerns related to their child. The resource teacher will retain copies of these forms and convene an M-Team meeting once assessment is complete.

---

**Figure 7: Student Referral for Formal Assessment – by resource teacher**
Formal Assessment Components

Assessment Specialties

Various specialists may complete a formal assessment based on the area of concern. Some of these specialists include: audiologist, ophthalmologist/optometrist, pediatrician, psychiatrist, psychologist, and speech/language specialist/clinician. In addition, some resource teachers or special education professionals within a school are trained in test administration and evaluation.

The components of the formal assessment include, but are not limited to the following:

1. Norm-referenced Testing

This compares a student's performance with that of his/her peers in a norm group. A norm group is a heterogeneous group of students chosen as close to the demographic characteristics of the national census population as possible on age, grade level, gender, geographic region, ethnicity, and socio-economic status. Results of norm-referenced testing are typically reported as standard scores, percentile ranks, national-curve equivalents, stanines, age equivalents, and/or grade equivalents.

2. Criterion-referenced Testing

This testing procedure measures a student’s performance with skill level or mastery of a classroom curriculum or specific academic area. Results may be reported as a grade equivalent, percentage, or mastery level. This information is useful to the regular classroom teacher and/or resource teacher.
3. Historical Data

An important part of the assessment process is the developmental history of the student: health records, past assessments, sensory screening reports (auditory and visual), and parent/guardian interviews.

4. Observational Data

Observation of the student in his/her natural environment of school, play, or home provides useful diagnostic information relative to how the student manages the demands of the classroom and social settings.

An observation may be direct, as in a systematic observation, within a limited time frame. This produces objective data. The observation may also be less structured and written up in an anecdotal style. Observations should be done several times in different settings and at different times of day.

5. Intellectual Assessment

The intellectual assessment must include an individually administered test of intelligence administered by a qualified professional.

6. Achievement Assessment

A professional trained in the use of testing instruments should make the assessment of a student’s academic achievement. Most standardized achievement tests provide norms, including standard scores, grade equivalents, percentiles, and stanines. By using this data, a student's level of achievement may be compared with earlier test data, other current assessment data, or scores of grade-level peers.
Grade K-8 Guidelines after Formal Assessment is Completed

After the results of the assessment are made available to the school, a Multi-Disciplinary Team (M-Team) will convene to review the results. The M-Team may be comprised of the original S-Team members, including the parent or guardian. It may also include any other professional with knowledge of the student and/or the suspected area of disability. The student may also be a part of the team. An M-Team must have at least two members plus a parent/guardian.

After receiving formal evaluation results, the M-Team will assess the needs of the student and complete an *M-Team Summary of Formal Assessment Report (Form H)* to make appropriate recommendations concerning the student’s educational program.

Students qualify for special education services by:


- Meeting the criteria for a Specific Learning Disability based on an Response to Intervention (RTI) method of identification in conjunction with a school district approved in the use of this method by the Division of Special Education in the State Department of Education. (Information on RTI requirements [http://tennessee.gov/education/speced/doc/rtimanual.pdf](http://tennessee.gov/education/speced/doc/rtimanual.pdf))

- Meeting the diagnostic criteria from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5 or the most current version), as determined by a licensed professional in the field of diagnosis. This might be a licensed psychiatrist, licensed psychologist, or licensed clinical social worker.

- Having a *Physician Report (Form I1)* completed by a qualified physician or a *Medical Report (Form I2)* completed by an outside psychologist, psychiatrist, or other medical professional.
Figure 8: Steps Following Formal Assessment

- The M-Team will determine if the student will qualify for special education services, continued additional support, and/or does not demonstrate a need for special services. A Form H will be completed to document these findings.
- A Form C (Student Support Plan) or Form J (Adjusted Curriculum Plan) will be completed at the M-Team meeting when appropriate.
- All M-Team meetings will be documented on a Form D, maintained in the student’s resource file.

Students who do not meet the criteria for special education may receive accommodations through a Student Support Plan (Form C) if it is determined by the M-Team to be in the best interest of the child. However, this SSP will not transfer to a public school or another Catholic school. Decisions of this nature are at the discretion of the individual school. Schools may use the Diocese of Knoxville Alternative Criteria for making this determination (Forms R1 or R2).

The M-Team will develop a Student Support Plan (Form C) for those students whose needs can be met in the regular classroom with specific accommodations or an Adjusted Curriculum Plan (Form J) for those students who need modifications to the regular curriculum. Upon the completion of the SSP/ACP and written approval of the parent/guardian, the school administration will require the immediate implementation of the designated plan. The SSP/ACP is distributed to all teachers of a student to ensure uniform implementation. This plan will be reviewed annually.

The Diocese of Knoxville Catholic schools will provide services to the extent possible; however, under federal and state law, the Diocese of Knoxville Catholic school system is not legally obligated to provide services under the Individuals with Disabilities Education Act (IDEA 2004, reauthorized 2006).
Student Support Plan (SSP) (Form C)

The Student Support Plan is a written record of the accommodations made in the classroom or to class schedules that do not fundamentally alter or lower the curriculum standards or expectations in the classroom. For individuals familiar with the public school system, an SSP is similar in function to a 504 Plan; however, it is not generally transferable to a public school.

Adjusted Curriculum Plan (ACP) (Form J)

The Adjusted Curriculum Plan is a written record of modifications that are made in the classroom or to class schedules that do fundamentally alter or lower the curriculum standards or expectations in the classroom. Goals for each modified subject area should be developed and documented on the goal sheet(s). Modified curriculum must be denoted on the report card for the adjusted curricular areas. In addition to the modifications, some accommodations may also be needed in the classroom and will be included as part of the ACP. For individuals familiar with the public school system, an ACP is similar in function to an Individualized Education Plan (IEP); however, it is not generally transferable to a public school.

At this time, the Diocese of Knoxville high schools are not able to provide a modified curriculum for students who may need it; therefore, it is the goal of the Catholic elementary schools to help their students reach grade-level competency by the end of fifth grade. Resource teachers will then work with middle school teachers to build these students’ capacity to work within the regular middle school curriculum. Elementary schools may request from the school system permission to extend an ACP beyond fifth grade if they believe they can reach grade-level competency by 8th grade or to support the student’s transition to a non-diocesan school system. This requires both the
diocesan superintendent’s approval and a signed agreement, *ACP Middle School Extension (Form Q)*, with the student’s family.

**Least Restrictive Environment**

The goal of the M-Team is to design an educational plan to meet the unique needs of each student. There must be an emphasis on educating children with disabilities in regular education settings with non-disabled peers to the maximum extent appropriate in view of the child’s individual needs. This concept is known as the least restrictive environment (LRE) and may involve mainstreaming and inclusion. The educational plan for the student may include any combination of instruction within the regular education classroom, pull-out instruction in resource, consultative support, and/or outside related services.
Grade K-8 Re-Evaluation Procedure

1. Following the initial evaluation, a student must be re-evaluated at least every three years, or as necessary based on the student’s changing needs. However, re-evaluations should be done with regard to high school standardized testing requirements. The ACT currently requires an evaluation within three years of the testing date. The SAT currently requires an evaluation within five years of the testing date. The resource teacher is responsible for identifying the re-evaluations that are due.

2. The Parent/Guardian Re-Evaluation Form (Form M) will be sent to parent/guardians for permission to re-evaluate and for information on any areas of concern.

3. The resource teacher should compile the following and attach it to an updated Re-Evaluation Referral (Form L): copy of the student’s ITBS/CogAT or other standardized test; school and special education records; copy of current progress report; current Physician Report (Form I ) or Medical Report (Form I ).

4. The resource teacher or designated professional will complete a Classroom Observation Form (Form F).

5. The classroom teacher(s) will complete Teacher Re-Evaluation Information Form (Form N).

6. If qualified to do so, the resource teacher should administer an updated academic assessment (i.e., Woodcock-Johnson III NU Tests of Achievement, Wechsler Individual Achievement Test) prior to the re-evaluation meeting. A signed School Assessment Permission Form (Form G ) should be completed by the parent/guardian.

7. If an outside assessment is being recommended, a Referral for Outside Assessment Form (Form G ) must be signed by the parent.

8. The resource teacher will schedule an M-Team meeting to review current student data.
9. The school should determine if a parent/guardian should participate in this data review. If not, a follow-up meeting with the parent/guardian should be scheduled by the resource teacher to discuss re-evaluation recommendations and complete an updated SSP/ACP, if needed.

10. The M-Team will review the available data to determine whether additional assessment is needed to update the student’s existing SSP/ACP.

11. The M-Team will complete a Re-Evaluation Summary (Form O) and make appropriate recommendations.

12. The resource teacher will complete an updated SSP/ACP with the parent/guardian.

13. The stated “Guidelines after Formal Assessment is Completed” will be followed.

**Figure 9: Student Re-Evaluation – by resource teacher**

- Re-evaluation must occur at least every three years, or as needed to meet student’s changing needs.
- Parents will complete a Form M, giving permission for re-evaluation and documenting any continuing or new areas of concern.
- The resource teacher will complete a Form L and gather relevant permanent records for review.
- The classroom teacher will complete a Form N, providing information on student progress for re-evaluation.
- The resource teacher should perform a classroom observation, documented on Form F.
- If the school performs any assessment, the parent must complete a Form G\(^1\), giving permission for assessment.
- If the school is recommending any outside assessment, the parent must sign a Form G\(^2\), agreeing to schedule an external evaluation.
- The M-Team will convene to determine if additional assessment is needed.
- If an outside agency performs the re-evaluation, the parent must complete a Form E, giving permission to share information with individuals outside of the school.
- If a physician is included in the re-evaluation, a Form I\(^1\) will be provided for completion by the physician.
- If a psychologist, psychiatrist, or other medical professional is included in the re-evaluation, a Form I\(^2\) will be provided for completion.
- The M-Team will reconvene to review all available data and make appropriate recommendations on a Form O, which summarizes the re-evaluation.
- An updated SSP (Form C) or ACP (Form J) will be completed by the resource teacher with the parent.
- All M-Team meetings will be documented on a Form D, maintained in the student’s resource file.
Termination of Services

Special services may be terminated under the following conditions:

- Parent/guardian requests discontinuation of services.
- The student no longer requires accommodations/modifications to demonstrate appropriate progress in the classroom.
- The school is unable to provide the appropriate special services to meet the needs of the student. An alternate placement is recommended.

A Termination of Services (Form P) will be completed and signed by the parent/guardian, the principal, and any M-Team members present at the meeting. It will be filed in the student’s resource file.
SECTION 2: SPECIAL SERVICES FOR GRADE 9-12 STUDENTS WITH EXCEPTIONALITIES
The High School Special Needs Environment

Although each school may have a unique mission statement, all diocesan high schools define their objectives in language that includes building partnerships between parents, students, and the parish; to embrace teaching the Gospel; and to nurture learning and the growth of students in body, mind, and spirit. Specific to serving special needs programs, the mission also reflects the opportunity to serve students with disabilities who, when provided with appropriate accommodations, are able to be successful in a full-time, college preparatory, regular education setting and are also able to meet state graduation requirements for a regular high school diploma.

Curriculum and support services are predicated at the high school level on meeting state requirements for a regular high school diploma. Diocesan programs are not available to offer alternatives to a regular high school diploma, such as a state recognized certificate. The provision for offering only a regular high school diploma is based on the complex level of support services, including remedial tutoring, medical and therapeutic services, that would be required to offer alternatives to a regular high school diploma and for which the Diocese is not in a position to be able to provide.

Although graduation requirements vary by state and vary over time, an example is shown below for what is currently required to receive a regular high school diploma in the state of Tennessee. The curriculum of Diocesan high schools is designed to provide equivalent coursework and core competencies.
# Graduation Requirements

(Students beginning high school during or after the Fall of 2009)

**Regular Diploma** – Awarded to students who have earned the prescribed 28 credits and have a satisfactory record of attendance and discipline.

<table>
<thead>
<tr>
<th>Core Subjects</th>
<th>Number of Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>4 (English I, II, III, IV)</td>
</tr>
<tr>
<td>Mathematics</td>
<td>4 (Algebra I, Geometry, Algebra II, one higher level math)</td>
</tr>
<tr>
<td>Science</td>
<td>3 (Biology, Chemistry or Physics, one additional lab science)</td>
</tr>
<tr>
<td>World History or Geography</td>
<td>1</td>
</tr>
<tr>
<td>US History</td>
<td>1</td>
</tr>
<tr>
<td>US Government</td>
<td>½</td>
</tr>
<tr>
<td>Economics</td>
<td>½</td>
</tr>
<tr>
<td>Physical Education and Health</td>
<td>1.5 (Lifetime Wellness and one additional ½ credit)*</td>
</tr>
<tr>
<td>Personal Finance</td>
<td>½</td>
</tr>
<tr>
<td><strong>Elective Focus</strong></td>
<td>3**</td>
</tr>
</tbody>
</table>

**University Admissions**

Students must complete two units of the same world language and one unit of fine/performing arts in order to meet college/university admission requirements.***

**Total**

28****

---

* The additional ½ credit in Physical Education may be met by completing a Physical Education course (in addition to Lifetime Wellness) or by substituting a documented and equivalent time (minimum of 65 hours outside of the school day) of physical activity in school sponsored activities such as marching band, JROTC, cheerleading, dance, interscholastic athletics and other areas pre-approved by the local board of education.

** The elective focus may be CTE (3 courses in the same CTE program of study), science and math, humanities, fine arts, AP/IB/DE, JROTC, Human Services, Physical Fitness, Business Education, or other areas approved by the local board of education. With the exception of the AP focus, courses taken as part of the core subject requirement may not be used to fulfill the elective focus requirement.

*** Students not planning to attend university may waive the two units of world language and one unit of fine/performing arts to expand and enhance their elective focus.

**** Total credits required for graduation is 4 credits less than the potential number available in the master schedule of the student's school (or schools) during the four school years following the student's entry into 9th grade.

*Source: Knox County Public Schools, Knoxville, Tennessee; http://highschools.knoxschools.org/*
The Administration of Programs for High School Students with Disabilities

Programs for students with disabilities are managed in a collaborative environment within the guidance department. In this organizational structure, the special needs program is included in the same operational unit as school counselors, advisors, and admissions officers. The Special Needs Program Director is responsible for the operational administration of the services provided to students with disabilities and reports directly to the Academic Dean of the school.

The Special Needs Program Director is responsible for the final determination of evaluating student information and adding a student to the Census, the name given to the list of students who have approved Student Support Plans (Form CC) to receive accommodations. The Special Needs Program Director serves as the primary point of contact to teachers, staff, administration, students, and parents regarding the needs of Census students. In addition to external communication with parents or guardians, the Special Needs Program Director is responsible for communicating student plans to all relevant faculty and staff, for reviewing student progress throughout the year, working with faculty and staff to mitigate academic and social issues that arise, and for providing additional support, when warranted, in order to meet the objectives of the student’s plan.

Creating, maintaining, and disposing of all special needs program information is the responsibility of the Special Needs Program Director. Because of the highly sensitive nature of information about individual students, the Special Needs Program Director is responsible for assuring that all program information is kept securely and that the appropriate physical environment is in place to prevent unwarranted access to data about students or the program.

Student files must be maintained in a locked area and should be disposed of at intervals approved by records retention schedules for student records. Documentation that should be
safeguarded includes external testing, correspondence, student support plans, transcripts, and any other information maintained for students receiving services. All records will be destroyed by the Special Needs Program Director five years after the student’s graduation date. Upon destruction, documentation must be shredded and disposed of according to current best practices for sensitive records. A signed Notification Regarding Schedule for Destruction of Student Records form is required for all students receiving services; this form will be maintained with the official transcript of the student after all other records have been disposed.

**Transitions between School Levels**

Effective transitions are important for students who have previously received services in middle school. Transition planning should be in place across the Diocese to assure that the optimum level of services are continued and that protocols for properly maintaining documentation from one school to another are well understood and uniformly managed. Transition meetings also are important to communicate information describing the high school special needs program; the goals, objectives, and milestones of the program; and to answer questions that parents/guardians may have as their student moves into a new and very different academic environment.

The Special Needs Program Director should begin transition planning in the February-March timeframe. Elementary/middle school resource staff should have sufficient time to prepare information for the transition meetings and assure that documentation is current; preparation should include performing any re-evaluations that might be required to receive services during the following academic year. Pre-planning should also include discussions on individual student plans before meetings with the parent/guardian are scheduled.

Transition meetings should be held for each eighth grade student who is expected to require continued services in high school. In addition to communicating with the parent/guardian, these
meetings provide an important opportunity to assess the capability of students to succeed in the high school environment, evaluate the support options that will be available, and determine the need for the continuation of services. These meetings are often held with the student and their parent/guardian, teachers and resource staff from the student’s current school, the high school Admissions Dean, and the special needs staff from the high school. Transition meetings may include a review of the student’s standardized test scores, current academic performance, information from current and previous teachers, and analysis of accommodations currently being used by the student. At the conclusion of the transition meeting, the Student Support Plan (Form CC) for the following academic year is developed.

Transition meetings also provide an important forum for gathering information that will be useful for student placement in classes to be scheduled at the high school level. Although course selection and placement processes for high school scheduling include faculty and staff who do not attend the transition meetings, the high school special needs staff are often included in order to provide input in the course selection process for incoming freshmen. For special needs programs that offer classes specifically for Census students on topics such as study skills, organizational skills, or special study halls, the opportunity to discuss these options with the parent/guardian before schedules are determined is important.

Transition meetings also serve as the designated point for transferring student records maintained by the elementary/middle school resource program to the high school special needs program. Student records should also be transferred for any students who do not elect to have support at the high school level, but who attend the diocesan high school at the beginning of their freshman year. Records should be managed at the elementary/middle school for those students who do not attend a diocesan high school.

For incoming students who are receiving services at a school that is not in the Diocese,
transition meetings may also be held. The Dean of Admissions is responsible for notifying the Special Needs Program Director regarding enrollment of all incoming students receiving services at their current school. For students from schools outside the Diocese, the Special Needs Program Director should contact the resource staff at the non-diocesan school as early as possible to determine if there is a need to hold a transition meeting. The purpose and objectives of transition meetings at schools outside of the Diocese are the same as those held at schools within the Diocese.

**General Screening Information for High School**

Special needs programs are designed to support students with a variety of disabilities including, but not limited to: hearing, visual, and physical disabilities, attention deficit disorders, learning disabilities (e.g., reading, math, writing, and language), auditory and visual processing disorders, and students with Autism Spectrum disorders.

**A. Definition**

A general screening is an activity through which a school is able to identify students who may need support in order to achieve their potential within the classroom. Information obtained from a general screening should be used to determine if further action is needed. Further evaluation may occur if the general screening indicates there is a need for additional review.

**B. Initial Screening – Identifying Students at Risk**

Students are identified to receive services through the following five methods. The steps taken in each method vary widely, but the end result is the same: an evaluation process that leads to a determination as to whether additional student evaluation or a *Student Support Plan* (*Form CC*) to provide programmatic services is warranted.
(1) **Pre-existing Support Plan or Admissions Data**

The vast majority of students receiving services at the high school level, approximately 80% of all students with support plans, are identified in the admissions process because they have an existing plan at their previous school. Some students who have not previously received services are identified in the high school’s panel review of entrance exam data (i.e., test scores and/or entrance essays) or on self-disclosure data required on admission applications.

(2) **Teacher-Initiated Identification**

Classroom teachers monitor academic and behavioral progress on a consistent basis. All teachers are required to use research-based teaching strategies for instruction and documenting individual student progress. When they have a concern about low grades, academic performance, missing assignments or behavioral issues, teachers are responsible for bringing their concerns to the Academic Dean, school counselor, or to the Special Needs Program Director.

If a teacher has a student who appears to need atypical support in the classroom, the standard teaching strategies should be documented. Based on the specific student, interventions or differentiated approaches to instruction should be used in the classroom and monitored to determine how effective the approach is for the student. Examples of teaching interventions include, but are not limited to, small group work, tutoring, one-on-one instruction, or re-teaching/re-testing.

The teacher is required to be the first school contact to the parent/guardian regarding his or her concerns and student performance. Contact should be frequent enough to ensure that parent/guardians are informed and clearly understand their role in supporting classroom objectives. Documentation of parent/guardian contact is strongly recommended.

*Communication Log – High School (Form DD)* can be used for this purpose. If the teacher
continues to be concerned about the lack of progress for the student, the school counselor, Academic Dean or Special Needs Program Director should be notified.

Once the teacher brings the concern regarding a student forward, the Special Needs Program Director will consult with the student’s school counselor to determine if further screening or evaluation for services is necessary. This process also includes obtaining teacher feedback using a Pre-Referral Teacher Information Form – K-12 (Form A\(^2\)) and/or Classroom Performance Information – High School (Form AA) to solicit information from all of the student’s current teachers to document the student’s grades and performance.

(3) **High School Guidance Department Staff-Initiated Identification.**

The Special Needs Program Director, as well as each school counselor, consistently monitors all students by reviewing standard reports that identify failing grades, attendance issues, detention lists, missing assignments, and other data that is available from the school data management system. If a concern is identified, school personnel make use of any additional information on students to assess any areas that indicate the potential need for support. This information may consist of standardized achievement/cognitive test scores, psychological/educational assessment, medical records, sensory screening (such as vision and hearing), parent/guardian information forms, and documented teacher observations.

Guidance department school counselors are responsible for initial discussions with students identified who are struggling in the school environment. Based on guidance department determinations by both the school counselor and the Special Needs Program Director and a discussion with the student’s parent/guardian, a recommendation by the Special Needs Program Director for further screening and evaluation is made to determine the need for support services.
(4) **Student Self-Identification.**

Students who self-identify with questions about their own learning concerns can initiate the assessment process. Guidance department school counselors are responsible for initial discussions with the student. Based on guidance department determinations by both the school counselor and the Special Needs Program Director and a discussion with the student’s parent/guardian, a recommendation for further screening and evaluation to determine the need for support services is made.

(5) **Parent/Guardian-Initiated Identification.**

A parent/guardian often directly contacts the high school to raise concerns about their child’s performance at school. Typically, parent/guardians are directed to first discuss issues with the specific teacher(s) but often, when issues are complex, it is appropriate that the initial discussion would include the Special Needs Program Director and/or the student’s school counselor.

The Special Needs Program Director, with the appropriate school counselor(s), will hold an initial interview with the parent/guardian to gather basic information on the areas of concern. The meeting will also clarify the expectations of the parent/guardian as well as provide a forum for the Special Needs Program Director to explain what services are available to the student. Based on guidance department determinations by both the school counselor and the Special Needs Program Director, a recommendation for further screening or evaluation to determine the need for support services is then made. The Special Needs Program Director is responsible for documenting key issues, responses and decisions discussed in meetings using a *Communication Log – High School* (**Form DD**) and/or *Student Referral – High School* (**Form BB**).
C. Administration of the Screening Process

The Special Needs Program Director serves as the coordinator of screening to ensure that the process is carried through to its logical conclusion in the best interest of the student. The Special Needs Program Director will provide recommendations to the parent/guardian for monitoring, referrals to outside agencies, and subsequent steps within the school.

D. Communicating Screening Results

Screening results become part of the permanent record of a student. The Special Needs Program Director is responsible for communicating results with the parent/guardians of students for whom additional assessment or observations in the school setting have been made. The Special Needs Program Director will provide a recommendation to the parent/guardian for the need to establish a Student Support Plan (Form CC) once screening is completed.

High School Guidelines for Student Referral to S-Team

Initiating Services

Before the Special Needs Program Director creates a new Student Support Plan, the Special Needs Program staff meets with the initial stakeholders (i.e., teachers, school counselors, parent/guardians, student, and/or other school administrators) who brought the need forward. After the specific areas of concerns are clarified, the Special Needs Program Director identifies members for a support team (S-Team) to provide input on determining if a plan is warranted. The S-Team is a critically important component for defining the services for individual students. The S-Team will be convened based on the needs of the individual student and may include an administrative representative, the Academic Dean, special needs program staff, school counselors, school psychologist, school chaplain, and/or classroom teachers.

The Special Needs Program Director and the S-Team review all available, relevant information
including, but not limited to, transcripts, teacher feedback, attendance records, discipline reports, parent-teacher documentation, and daily progress reports for students for whom a Student Support Plan (Form CC) is being considered. If not included in the S-Team, the Special Needs Program Director will meet with the student’s school counselor and the Academic Dean to communicate the suggested course of action.

If it is determined that programmatic interventions are needed, a Student Support Plan may be created with input from the S-Team at this point; or, an informal assessment plan may be put in place until the determination for creating a permanent plan is finalized. A timeframe will be defined by the Special Needs Program Director and the classroom teachers to implement initial interventions and to monitor responses to the interventions. The Student Support Plan or informal assessment plan is then reviewed and approved by the parent/guardian and, when appropriate, the student. Once the plan is put in place, information on the specific accommodations or modifications the student should receive will be communicated to the student’s current teachers, the Academic Dean, the school counselors, and the school principal.

During the initial intervention time period, the classroom teacher should periodically review the effectiveness of the implemented strategies with the Special Needs Program Director. Multiple attempts at specific interventions should be tried over a six- to nine-week initial intervention period to ensure that differentiation has been fully implemented and its utility properly assessed.

If the student shows progress with differentiation and short-term interventions, the classroom teachers should continue these strategies and continue to document what helps the student to be successful. If the student is not making adequate progress after six to nine weeks, the classroom teachers should provide the Special Needs Program Director documentation on specific areas of concerns, interventions and results, and additional information that can be used to modify the intervention approach using a Pre-Referral Teacher Information Form – K-12 (Form A2) and/or
Classroom Performance Information – High School (Form AA). Teachers are to include the following with the updated referral: examples of student work, grades, documentation of research-based teaching strategies used and their results, and documentation of parent/guardian contact.

Based on the results of initial and iterative interventions, the Special Needs Program Director with input from the S-Team will determine if a referral is warranted for testing to identify an undiagnosed learning disorder or disability that is affecting intervention outcomes. It is important that teachers gather measurable data on the student’s progress on a frequent basis in order to document whether or not the student is responding to the attempted interventions. This documentation is vital to the referral process, particularly if the student qualifies for educational or psychological testing services through the public school system.

If a referral for testing services is recommended by the Special Needs Program Director, information on testing approaches and area service providers will be provided to the student’s parent/guardian by the Special Needs Program Director. A timeframe in which testing should occur, the responsibilities for communicating test results, and the support to be provided to the student in the interim time period will also be communicated to the parent/guardian at this time. If the student’s parent/guardian does not agree with the recommendation for formal assessment, a meeting will be held with the Academic Dean, school counselor, the Special Needs Program Director and the student’s parent/guardian to gain a consensus on meeting the needs of the student.

The S-Team will be updated on the status of the referral process; all relevant information for teachers to continue or modify current interventions during the interim timeframe will be communicated by the Special Needs Program Director.
High School Formal Assessment Components

Assessment Specialties

Various specialists may complete a formal assessment based on the area of concern. Some of these specialists include: audiologist, ophthalmologist/optometrist, pediatrician, psychiatrist, psychologist, and speech/language specialist/clinician.

The components of the formal assessment include, but are not limited to the following:

1. **Norm-referenced Testing**: A comparison of a student’s performance with that of his/her peers in a norm group based on factors such as age, grade level, gender, geographic region, ethnicity, and socio-economic status.

2. **Criterion-referenced Testing**: Measurement of a student’s performance with skill level, mastery of a classroom curriculum, or a specific academic area.

3. **Historical Data**: Analysis of health records, past assessments, sensory screening reports (auditory and visual), and parent/guardian interviews.

4. **Observational Data**: Observation of the student in his/her natural environment of school, extra-curricular activities, or home produces useful, objective data.

5. **Intellectual Assessment**: Assessment of individually administered tests of intelligence administered by a qualified professional.

6. **Achievement Assessment**: Analysis of standard scores, grade equivalents, percentiles, and stanines to compare student achievement relative to earlier test data, other current assessment data, or scores of grade-level peers.
High School Guidelines for Student Referral
For Formal Assessment

If the parent/guardian elects to have their child assessed by an outside professional, test results will be provided to the Special Needs Program Director for review. If findings differ from original protocols defined in the initial plan, an updated Student Support Plan (Form CC) will be developed based on diagnostic impressions, recommended accommodations, or other summary findings reported in the test results. The updated plan will be reviewed and approved by the parent/guardian and, when warranted, the student. Following approval, the updated plan will be communicated to the student’s teachers, school counselor, and the Academic Dean. If a formal Student Support Plan was not developed during the initial intervention, a final determination for creating a Student Support Plan will be made at this time based on test results and current student progress.

Standards for Qualification of Services

IDEA definitions form the basis of the qualification for the designation of a disability. Students qualify for special education services if they meet any of the following criteria:


- Specific Learning Disability definitions based on the Response to Intervention (RTI) methodology by the Division of Special Education in the State Department of Education. (See Department of Education website http://tennessee.gov/education/speced/doc/rtimanual.pdf)

- Diagnostic and Statistical Manual of Mental Disorders definitions (DSM-5 or the most current version) as determined by a licensed professional in the field of diagnosis.

- Medical disability identified and documented by an outside psychologist, psychiatrist, or other medical professional.
Diocesan Qualification of Services in High School

The Diocese of Knoxville Catholic Schools will provide services to the greatest extent possible; however, under federal and state law, the Diocese school system is not legally obligated to provide services under the *Individuals with Disabilities Education Act of 2004* (IDEA 2004, reauthorized 2006).

Students who do not meet the criteria for special education based on the above definitions may still be candidates to receive formal accommodations identified in a *Student Support Plan* (Form CC) if it is determined by the S-Team to be in the best interest of the child. The designation for students that receive services based on S-Team assessment only are referred to as “Alternative Diocesan Criteria” students; this designation is intended to identify students that exhibit a significant discrepancy in academic ability, executive functioning, or socio-behavioral indicators. *Student Support Plans* for these students are developed, implemented, monitored, and managed the same as *Student Support Plans* for students with a documented diagnosis; however, the “Alternative Diocesan Criteria” students should not expect to receive support in a public school or college environment, nor will they be candidates to receive special testing consideration on standardized college entrance examinations.

**Overview of High School Individualized Student Support Plans (SSP)**

The determination for creating an individual *Student Support Plan* is based on the documented need for long-term, systematic support. A *Student Support Plan* is developed for each student with an identified disability or significant need that impacts the student’s potential to achieve academic success. The *Student Support Plan* is not implemented until approval has been received from, at a minimum, the Special Needs Program Director and the student’s parent/guardian. The *Student Support Plan* (Form CC) that is designed for use in the high school environment is included in Appendix 1.
It is important to clarify terminology that is applied to define the specific categories of support that are made available to high school students.

- **Accommodation**: a support or service that is provided to help a student fully access the regular education curriculum or subject matter. Students with impaired spelling or handwriting skills, for example, may be accommodated by a note-taker or receive permission to take notes on a laptop computer. An accommodation **does not change the content** of what is being taught or the expectation that the student meet a performance standard applied for all students.

- **Modification**: a change to the general education curriculum or other material being taught which **alters the standards or expectations** for students with disabilities. As an example, a student who is not required to answer the same number or difficulty level of questions as the other students is receiving a modified curriculum.

Accommodations commonly offered in the high school environment include: preferential seating, copies of class notes or study guides, extended time for testing, or testing in a quiet location. Parents and faculty should be aware that these accommodations would be considered modifications for students who do not have the specific disability that necessitates the accommodation. For example, it would be a modification to reduce the number of multiple choice options on test questions for students who do not have a diagnosed reading disability, or to allow students who do not have a diagnosed disability to use notes on a test where all students are not allowed to do the same, or to allow a student who does not have a diagnosed disability to have extended time to finish in-class assignments where all students are not allowed the same time extension. For all students, modifications would be considered only for courses that do not impact state graduation requirements for receiving a regular high school diploma.
Developing the Student Support Plan (SSP)

The *High School Student Support Plan* (Form CC) is a written record of the accommodations or modifications made in to class schedules, in the classroom, or in the testing environment. In elementary and middle school, a plan that includes modifications that fundamentally alter or lower the curriculum standards or expectation of the student are identified as *Adjusted Curriculum Plans*. *Adjusted Curriculum Plans* are not supported at the high school level due to the requirements for receiving a regular high school diploma.

*High School Student Support Plans* should provide a uniform structure for creating individualized plans for students. These *Student Support Plans* should be updated annually unless more frequent redefinition of the plan is warranted. The options should be based on proven and scientifically validated multi-disciplinary approaches for classroom instruction and testing options. The *High School Student Support Plan* also should incorporate best practices that have been identified as highly effective by classroom instructors, school counselors, and special needs program staff.

Components of the Student Support Plan

The content in a *High School Student Support Plan* differs from *Student Support Plans* for younger students. High School Special Needs Program Directors are required to provide documentation, justification, and traceability of accommodations for students who may elect to request similar accommodations from College Board, ACT, and other organizations that offer Advanced Placement and standardized college entrance exams. *High School Student Support Plans* are also an integral component of the documentation that collegiate special services programs require in their determination to provide accommodations to the student in college.

Although the content of plans varies widely, all *High School Student Support Plan* should include the following components:
• A clear distinction between a student receiving an accommodation versus a modification;

• Accommodations or modifications relative to the classroom environment in general or for a particular discipline;

• Accommodations or modifications relative to test taking that can be applied in general for all subjects or should be applied only for a particular discipline;

• Identification of any exemptions for graduation requirements that are allowable for the student;

• Identification of any accommodations that the Special Needs Program Director determines can form the basis for substantiating a request for accommodations on Advanced Placement and/or standardized college entrance exams;

• Additional services that may be warranted in order to provide full support to the student such as outside agency counseling services;

• The need for documentation, such as a Medical Report (Form I\(^1\)) or Physician Report (Form I\(^2\)) that clarifies a disability or the therapeutic regime the student is prescribed that may impact the student in the school environment;

• Any recommendations for the student that should be considered when course schedules are determined;

• And, clearly identified responsibilities of the parent where intervention at home will be systematically required to assure success of the Student Support Plan.

The plan begins with a brief overview section that includes student name, grade, and disability. Other information, such as long term goals of the student, areas of concern, or other summary data can also be included in this introductory section.
The plan is organized so that the separation between classroom topics and testing topics are distinct and obvious. One section of the plan identifies accommodations or modifications for the student in the classroom setting that will be supported by all teachers of the student regardless of the specific class the student is taking. General support may include a variety of facets such as the physical arrangement of the classroom allowing the student to be seated in the front of the room, teacher communications such as providing rubrics for complex assignments, or promoting the use of assistive technologies such as allowing the use of laptops for note taking. Any accommodations that are only for a specific class, such as allowing the student to be given extra time on in-class English assignments, should be noted in a separate section where support specific to each discipline is uniquely defined.

A separate section identifies accommodations or modifications for students with regards to the testing environment. Specific support for variables within the testing environment such as tests given in class, in alternative settings, or only at set timeframes, such as semester exams, should be clearly articulated.

The purpose of the High School Student Support Plan (Form CC) is to provide a framework to enable a holistic approach for the student to succeed academically as well as to meet non-academic objectives that will aid students in their transition from high school. In addition to classroom and testing components, other facets can be included in the Student Support Plan as needed. For example, a focus on skills required for effective transitions to college and the workforce can be incorporated in the plan when a student faces significant behavioral, non-academic deficits. Transition planning can include a focus on soft-skill development that is often required for the student to be successful. Organizational and time management skills, the ability to work well in a team environment, or the ability to communicate clearly are all objectives that can be incorporated into a Student Support Plan. An example of a College Transition Checklist (Form EE) is included in Appendix 1.
The High School Student Support Plan (Form CC) must include an area for signatures of key stakeholders. The plan is developed with input from the S-Team in addition to the Special Needs Program Director, school counselor, parent/guardian, and others. It is important that signatures be captured to reflect the involvement of those who developed, reviewed, and committed to the plan. A parent/guardian is required to sign the Student Support Plan indicating they understand and agree with the specific accommodations or modifications that are to be made available. Signatures are also required of the Special Needs Program Director or other designated school official who will have direct responsibility for the administration of the plan.

All students are required to have a current, complete Student Support Plan, updated annually, in order to receive the services of a special needs program and receive the specified accommodations or modifications that are outlined in the plan. In rare instances, a student may legitimately require support even though there is no plan in place. Temporary accommodations or modifications may be made on a case-by-case basis by the Special Needs Program Director until such time as a formal plan is put in place or the determination is made by the Special Needs Program Director that support is no longer warranted.

Monitoring and Evaluation of Student Support Plans

The Special Needs Program Director, the student’s school counselor, and the student’s teachers share responsibility for monitoring student progress. Performance data should be continually reviewed to assure that the plan is meeting the needs of the student. The Special Needs Program Director is responsible for collecting and managing the organization of the data.

At the beginning of the academic year, the Special Needs Program Director should meet with new and returning faculty to provide an overview of the services available through the special needs program; the meeting should also provide an overview of Student Support Plans for individual students. The Principal, Academic Dean, school counselors, and all teachers should receive
information packets detailing special needs program which includes the following:

- An overview of the program parameters for the special needs program including how
determinations are made for who receives services and the process for recommending students
for consideration who do not have a *High School Student Support Plan* (Form CC) in place;
- The hours of service the special needs program is available to students and to faculty;
- A complete listing of all students who are approved to receive services from the special needs
program.

At the beginning of each semester, teachers should receive each of the following for the Census
students that are enrolled in their classes:

- Class rosters for each of their classes that identifies each student who has a *Student Support
  Plan*

- A *Student Support Plan Data Sheet* (Form FF) for each student listed on the class roster. The
data sheet should include a detailed listing of all classroom and testing accommodations or
modifications the student should receive. Data sheets also should include suggestions from
previous teachers on specific approaches that were successful for the student in the past.

All information provided to faculty and staff that identifies students on the Census and their
specific disability is highly confidential and sensitive information; forms such as the *Student Support
Plan Data Sheet* should be provide only to teachers that have a need-to-know for this level of
information. The Special Needs Program Director must reiterate each time when distributing this
information that it should be safeguarded and never be left in an unsecured area where students or
others may gain access. Each page that includes confidential and sensitive information must be marked
accordingly in the header or footer of every page - “Confidential – Do Not Distribute without Prior
Authorization from the Special Needs Program Office” or a similar declaration must be clearly visible.

The Special Needs Program Director should meet with teachers individually to discuss the *High
School Student Support Plan (Form CC) for each student. Throughout the year, the special needs program staff should assure availability to teachers and S-Team members to discuss specific student concerns as they arise. All information gathered in collaborative sessions is maintained in the student files and is used when assessing the appropriateness of current accommodations.

Student Support Plans must be updated annually. Changes should be incorporated based on the student’s progress throughout the year in addition to input provided by teachers and staff. Any changes made in the Student Support Plan should be noted on a High School Student Support Plan Change Log (Form GG) that lists the specific accommodation or modification that was added or removed from the previous plan, the date, the name of the staff member who made the change, and a brief explanation as to why the change was initiated. During the annual review process, Student Support Plans should be scrutinized for ways in which the plans can be tailored to promote increased independence and accountability for students. High school plans are often the final support plans the students will have; therefore, as students become upperclassmen, accommodations should be removed or minimized whenever possible to better prepare the student for future transitions.

The Special Needs Program Director is responsible for monitoring student performance through weekly grade checks for all Census students and to follow-up with students who are struggling. Data on grades also should be sorted and reviewed by individual class and/or teacher in order to identify classes or teachers where multiple Census students are struggling. The Special Needs Program Director also should periodically review data on discipline, attendance, and extracurricular activities.

Where feasible, or if necessitated by the inability of a student plan to provide the full level of support needed, special needs programs should offer small-group mentoring or courses for pass/fail credit to provide supplemental support to Census students. Courses should target common needs of students such as soft-skill or executive functioning skill development including study and organizational skills. Based on the individual school, enrollment can be open to all students or can be
limited by approval of the Special Needs Program Director in order to allow enrollment only to those students considered to be the most at-risk for successfully meeting the rigor of their schedule.

**Re-Evaluation of Disabilities**

Special needs programs are required to adhere to a periodic re-evaluation cycle based on state and college testing requirements. The re-evaluation is required to re-substantiate the need for continued services. This information is provided to external college testing services such as the College Board or ACT in order for students to be considered for accommodations on standardized tests taken during high school; the timeframe for re-evaluation varies across testing organizations but are typically required every three to five years.

Medical confirmation for students to receive services due to ADHD and disabilities or disorders identified by a physician should be re-evaluated on an annual basis. Documentation of need should be signed by the physician and submitted to the special needs program through submission of a *Medical Report* (**Form I**) or *Physician Report* (**Form I**).

A re-evaluation requires signed approval from a parent/guardian to initiate the process including a *High School Re-Evaluation Parent Permission Form* (**Form HH**) and a completed *High School Parent-Guardian Re-Evaluation Information* (**Form II**) form. The re-evaluation should include review of all current academic, cognitive, or other testing documentation previously submitted to the special needs program office. Additional, updated information from current teachers should be solicited as part of the review cycle. Procedures for processing a re-evaluation also include requesting input from the student’s parent/guardian and school counselors. All relevant data from the school management system including, but not limited to, information on attendance, discipline, and other factors should be reviewed. A licensed psychologist or professional with similar training is required to review all of the documentation gathered by the Special Needs Program Director. The re-evaluation
provides a current academic assessment by the professional that includes an updated set of recommendations for appropriate educational accommodations if warranted. If changes are identified that require updating the High School Student Support Plan (Form CC), the process identified previously for modifying plans is initiated.

**Special Testing Accommodations for Standardized College Placement Tests and Advanced Placement Exams**

Students who have a formal Student Support Plan (SSP) may be eligible to receive accommodations on standardized tests of independent college testing agencies. The most frequent college entrance exams are the ACT and the SAT. Tests administered by College Board include the SAT, Preliminary SAT (PSAT), National Merit Scholarship Qualifying Test (PSAT/NMSQT), and Advanced Placement (AP) subject exams. Tests administered by ACT include the ACT and the PLAN exams.

The outside testing agency typically approves only accommodations that mirror the accommodations made in the high school testing environment. However, a formal Student Support Plan that includes accommodations for extended time on tests or for the student to be able to test in an alternative test setting outside the traditional classroom does not automatically assure the student will be given similar accommodations on standardized tests. Each testing agency has its own evaluation process to determine if a student should receive accommodations; each testing agency defines what accommodations are approved for the student.

The Special Needs Program Director is responsible for submitting the request for special testing accommodations on behalf of the student only when formally requested by the student and/or parent/guardian to do so. For ACT, if the student is under the age of 18, a parent/guardian signature is required in order to make the request for accommodations; if the student is over 18, the student can
make the request. SAT requires parent/guardian signatures to request accommodations regardless of the age of the student. The Special Needs Program Director is also required to sign the request; this signature affirms that the student has a current, viable *High School Student Support Plan* (Form CC) and that the student currently receives accommodations similar to those being requested. The Special Needs Program Director is also responsible for submitting all supporting documentation required by the testing agency.

Upon review of the request for special testing accommodations, a student may be approved by the college testing agency to take the test, with or without accommodations, at a national test site; or, the student may be approved to take the test in an alternative test setting at the student’s school. If the student’s school is to administer the test as an alternative test site, the Special Needs Program Director is responsible for identifying the testing area and proctors for the exam, safeguarding the test materials until the test has been administered, and post-processing the test and accompanying documentation.

Proctors must be familiar with all of the testing protocols, processes and documentation that are required to meet the requirements set forth by the testing agency and the school. The proctor and the Special Needs Program Director establish the date, time, and location for testing based on the testing window required by the testing agency as well as the proctors’ availability. The test must be administered with at least two adults present; one adult is responsible to serve as the primary proctor; although not assigned directly to proctor the exam, a second adult must be in the testing area at all times.

A test can be administered to more than one student in the same session or over multiple days if the specified accommodations for each of the students include the exact same provisions. Students who are approved to take tests in an alternative setting but who have different extended time accommodations, such as being given time-and-a-half versus double-time, cannot be proctored in the same session. All tests must be proctored outside of regularly scheduled school times; students are not
allowed to take tests during the day in lieu of attending their scheduled classes.

Payment for proctoring tests is based on the individual testing organization and the specific school policies that define allowable costs. Documentation for individual test sessions must be kept on file according to record retention policies of the testing organization and the Diocese.

**Termination of Services at the High School Level**

Services to students with current *High School Student Support Plans* (Form CC) may be terminated under the following conditions:

- A parent/guardian requests discontinuation of services.
- The S-Team, with parent/guardian approval, determines the student no longer requires accommodations/modifications to demonstrate appropriate progress in the classroom.
- Re-evaluation determines that the student no longer qualifies for special needs services.

*A Termination of Services* (Form P) and the *Notification Regarding Schedule for Destruction of Student Records* (Form JJ) forms must be completed and signed by the parent/guardian and the Special Needs Program Director. Both forms will be filed in the student’s resource file. Student records will be maintained for five years from the termination of services after which time the data will be destroyed according to accepted record management processes. The *Notification Regarding Schedule for Destruction of Student Records* form will be maintained with the official transcript of the student.
Appendix Listing

Appendix 1: Diocese of Knoxville Special Services Forms

Form A^1  Pre-Referral Teaching Strategies Form
Form A^2  Pre-Referral Teacher Information Form – K-12
Form B^3  Special Services Referral
Form B^4  Parent/Guardian Referral to S-Team
Form C  Student Support Plan (SSP)
Form D  Documentation of Conference
Form E  Permission to Release or Receive Information
Form F  Classroom Observation Form
Form G^1  School Assessment Permission Form
Form G^2  Referral for Outside Assessment Form
Form H  M-Team Summary of Assessment Report
Form I^1  Physician Report
Form I^2  Medical Report
Form J  Adjusted Curriculum Plan (ACP)
Form K  Goal Sheet
Form L  Re-Evaluation Referral
Form M  Parent/Guardian Re-Evaluation Form
Form N  Teacher Re-Evaluation Information Form
Form O  Re-Evaluation Summary
Form P  Termination of Services
Form Q  ACP Middle School Extension
Form R^1  Worksheet for Alternative Criteria for Suspected Weakness in Cognitive Functioning
Form R^2  Worksheet for Alternative Criteria for Suspected Weakness in Academic Area
Form AA  Classroom Performance Information (High School)
Form BB  High School Student Referral Form
Form CC  High School Student Support Plan
Form DD  Communication Log – High School
Form EE  College Transition Checklist
Form FF  High School Student Support Plan Data Sheet
Form GG  High School Student Support Plan Change Log
Form HH  High School Re-Evaluation Parent Permission Form
Form II  High School Re-Evaluation Parent Information Form
Form JJ  Notification of the Schedule for the Destruction of Student Records

Appendix 2: Pre-Referral Checklist for K-8 Classroom Teachers

Appendix 3: Procedural Steps from Pre-Referral to Re-Evaluation for K-8


Appendix 5: Optional Forms for Monitoring Progress of Reading or Math Interventions from Tennessee Department of Education, Division of Special Education website

Appendix 6: Chronology
Descriptions of Diocese of Knoxville K-8 Student Support Forms

Pre-referral Forms
1. **Form A¹ (Pre-Referral Teaching Strategies)**
   Classroom teachers should use this form to document strategies used to differentiate instruction to meet the specific needs of an individual student. The classroom teacher should consult with the resource teacher as needed to devise strategies to help the student to progress in the general curriculum. Teachers should collect progress monitoring data to determine if interventions are successful over a six to nine-week period. Frequent parent/guardian contact should be documented throughout this period using Form D. If the interventions are unsuccessful, Forms A¹ and A² will be submitted to the resource teacher with a Form B¹.

2. **Form A² (Pre-Referral Teacher Information Form – K-12)**
   If classroom interventions have been unsuccessful over a six to nine-week period, the teacher should complete this form, documenting areas of concern and the strengths and weaknesses of the student. This form and the Form A¹ should be attached to the Form B¹ when students are being referred for evaluation.

Referral and Evaluation Forms
3. **Form B¹ (Special Services Referral)**
   This form is completed by the classroom teacher when classroom interventions have not been successful, and a referral to an S-Team is needed. It should be submitted with copies of the Forms A¹ and A², documentation of parent/guardian contact during the intervention period on Form Ds, standardized test data, current grades, observational information, and information regarding medical conditions.

4. **Form B² (Parent/Guardian Referral to S-Team)**
   This form is completed by the parent/guardian when a parent/guardian has concerns about his/her child’s classroom progress that he/she wants to have reviewed by a student support team (S-team).

5. **Form C (Student Support Plan - SSP)**
   The Student Support Plan is a written record of the accommodations made in the classroom or to class schedules that do not fundamentally alter or lower the curriculum standards or expectations in the classroom. It is updated annually and distributed to all teachers of a student.

6. **Form D (Documentation of Conference)**
   This form is used by classroom and resource teachers to document parent/guardian contact and meetings of S-Teams and M-Teams. Recommendations and further actions are noted for reference.

7. **Form E (Permission to Release or Receive Information)**
   This form is signed by a parent/guardian when an exchange of information about his/her child is needed. This can be for a written or oral exchange of information. It is used most often when information is shared with a physician, psychologist, psychiatrist, or another school/system.

8. **Form F (Classroom Observation Form)**
   This is completed by resource teacher or special education professional when a student has been referred for an initial evaluation or a re-evaluation.

9. **Form G¹ (School Assessment Permission Form)**
   This form is completed by the resource teacher to document an assessment plan when an S-Team has recommended a formal evaluation of a student. It is signed by the parent/guardian.

10. **Form G² (Referral for Outside Assessment Form)**
    This form is completed by the resource teacher and signed by the parent to refer a student for an outside evaluation/assessment. It provides a timeframe for completion.

11. **Form H (M-Team Summary Assessment Report)**
    This form is completed by the resource teacher during an M-Team meeting to review data and make appropriate recommendations concerning the student’s educational program.

12. **Form I¹ (Physician Report)**
    This form should be completed by a physician annually to confirm diagnoses, current medication information, and vision and hearing data that may impact a student’s educational performance.
13. **Form I** (Medical Report)
This form should be completed by a psychologist, psychiatrist, or other medical professional annually to confirm diagnoses, current medication, and other data that may impact a student’s educational performance.

14. **Form J** (Adjusted Curriculum Plan –ACP)
The Adjusted Curriculum Plan is a written record of modifications that are made in the classroom or to class schedules that fundamentally alter or lower the curriculum standards or expectations in the classroom. Modified curriculum must be denoted on the report card. In addition to the modifications, some accommodations may also be needed in the classroom and are included in the ACP. It is updated annually and distributed to all teachers of a student.

15. **Form K** (Goal Sheet)
Goals in an ACP (Form J) for each modified subject area should be developed and documented on a goal sheet(s). Goals are reviewed and updated throughout the year. They are reviewed with parent/guardians annually.

### Re-Evaluation and Termination Forms

16. **Form L** (Re-Evaluation Referral)
This form is completed by the resource teacher when it is time for a re-evaluation. This occurs at least every three years. It should be submitted with copies of the Forms M, N, and F, Form G¹ or G² or E if assessment is needed, Form I¹ if a physician is evaluating the student, a Form I² if a psychologist, psychiatrist, or other medical professional is evaluating the student, and standardized test data, current grades, observational information, and information regarding medical conditions.

17. **Form M** (Parent/Guardian Re-Evaluation Form)
This form is signed by parent/guardians to authorize a re-evaluation of a student. Parent/guardians complete this form when their child is being re-evaluated in order to document changes that have taken place since the initial evaluation and any concerns they have.

18. **Form N** (Teacher Re-Evaluation Information Form)
All classroom teachers complete this form when a student is being re-evaluated in order to document current progress and any concerns they have.

19. **Form O** (Re-Evaluation Summary)
This form documents the information reviewed to develop or alter a student’s educational plan. Recommendations are made.

20. **Form P** (Termination of Services)
This form documents the decision to terminate the special services that a student is receiving. It is signed by an administrator, a teacher, and a parent/guardian.

21. **Form Q** (ACP Middle School Extension)
This form authorizes the use of an ACP beyond fifth grade. It is signed by a school administrator, the superintendent, and a parent/guardian.

22. **Form R¹** (Worksheet for Alternative Criteria for Suspected Weakness in Cognitive Functioning)
This form is used to determine if there is an area of cognitive processing area that is significantly discrepant from the student’s ability and/or is significantly impacting academic performance in order to qualify for an SSP.

23. **Form R²** (Worksheet for Alternative Criteria for Suspected Weakness in Academic Area)
This form is used to determine if there is an academic area that is significantly discrepant from the student’s measured academic ability on a standardized assessment in order to qualify for an SSP.
### Pre-Referral Teaching Strategies Form – Form A¹

<table>
<thead>
<tr>
<th>Student ___________________________</th>
<th>Date ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher ___________________________</td>
<td>Grade ____________</td>
</tr>
</tbody>
</table>

**Student’s Strengths:**

- ________________________________
- ________________________________
- ________________________________

**Student’s Weaknesses:**

- ________________________________
- ________________________________
- ________________________________

**Strategies:**

(Check those attempted):

- _Assignment notebook initialed by teacher and parents_
- _Break tasks into smaller steps_
- _Clarify directions_
- _Consultation w/resource teacher_
- _Contract_
- _Correct assignments/tests for partial credit_
- _Daily or weekly notes home_
- _Enrichment activities_
- _Extra credit opportunities_
- _Extracurricular support_
- _Guided practice_
- _Homework checked by parent/guardians_
- _In-class support from resource teacher_
- _Modeling_
- _Over learning or practice_
- _Parent/Student Conference_
- _Peer tutoring or mentoring_
- _Positive notes home_
- _Praise/Positive reinforcement_
- _Pre-teach vocabulary_
- _Pre-teach spelling_
- _Preferential seating_
- _Provide prompts_
- _Proximity control_
- _Supplemental tutoring_
- _Telephone parent/guardian_
- _Use of concrete/manipulative materials_
- _Use of logical consequences_
- _Use of additional materials_
- _Use of study area_
- _Use of computer to type assignments_
- _Other differentiated strategies (list):_

**Dates Attempted/Results**

(Interval time should be between 6-9 weeks before referring to S-Team)

Results of parent contacts: __________________________________________________________
Pre-Referral Teacher Information Form – K-12 (Form A²)

Student’s Name: ___________________________ School: ______________________

Teacher’s Name: ___________________________ Subject: __________________

1. A. Do you have concerns for this student? YES or NO
   B. What does he/she do (or not do) that causes you concern?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

C. How often?

2. A. What specific steps have you taken to deal with this concern?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

B. What results have you had?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

3. A. How does this student perform academically?

____________________________________________________________________________________
____________________________________________________________________________________

B. On what level?

____________________________________________________________________________________
____________________________________________________________________________________

4. Are there accommodations that you think would help this student? (Be specific.)

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

____________________________________________________________________________________

Teacher’s Signature ___________________________ Date ____________________________
Special Services Referral - Form B1 – page 1

STUDENT DATA:

Student ___________________________________________         D.O.B. _____________________
Grade ________ Teacher ____________________________ Class ____________________
Mother ___________________________ Phone: H# __________ W# __________
Address __________________________________________ C# __________
Father ___________________________ Phone: H# __________ W# __________
Address __________________________________________ C# __________
Guardian _________________________ Phone: H# __________ W# __________
Address __________________________________________ C# __________

REASON FOR REFERRAL:

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Other schools attended ____________________________________________________________
Retention: Grade ________ Does student have high absentee rate: ______Yes _____ No
Is a language other than English spoken in the home? _____Yes (Which? __________) _____ No

A. TESTING INFORMATION (Complete or attach a copy of the ITBS/CogAT scores to this form.)

Standardized achievement test (Name) _________________________________ Date: __________
Total battery score ___________% Total social studies ___________%
Total reading score ___________% Total science ___________%
Total math ___________% Total language ___________

Most recent Cognitive Achievement Test score: ___________ Grade: ___________
Special Services Referral - Form B

B. TEACHING OBSERVATIONS
For each area: Rate the student in comparison to classmates using scale from 1 to 5. (In lowest 10%, use 1; below average, use 2; average, use 3; above average, use 4; and in highest, use 5)

___ completes assignments
___ motivation & effort
___ fine motor coordination
___ relates well with adults
___ arrives on time for class
___ attends school regularly
___ follows rules & structures

___ functions independently
___ language skills
___ sensitive to social cues
___ relates well with peers
___ generally appears healthy
___ is reality oriented
___ age appropriate self-help skills

___ speech
___ gross motor coordination
___ follows directions
___ displays appropriate emotions
___ normal energy level
___ can concentrate, attend in class

C. MOST RECENT ACADEMIC GRADES

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>LETTER GRADE</th>
<th>SUBJECT</th>
<th>LETTER GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion</td>
<td></td>
<td>Health / PE</td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td></td>
<td>English</td>
<td></td>
</tr>
<tr>
<td>Spelling</td>
<td></td>
<td>Reading / Literature</td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td></td>
<td>Spanish</td>
<td></td>
</tr>
<tr>
<td>Social Studies / History</td>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

D1. Has the student been previously diagnosed with ADHD? [ ] Yes [ ] No
If yes, is the student currently on medication for this condition? [ ] Yes [ ] No
If on medication, is a Physician Report – Form I or Medical Report – Form I on file? [ ] Yes [ ] No

D2. If not previously diagnosed, does the student demonstrate inattention, impulsivity, or hyperactivity that interferes with learning? [ ] Yes [ ] No

E. SENSORY SCREENING RESULTS (Provide data if screened within the past year.)

Vision results: ______ Date: ______
Hearing results: ______ Date: ______

F. INCLUDE WITH REFERRAL:

☐ Documented attempts to meet needs within the regular program (Form A)
☐ Teacher Information Form detailing concerns (Form A)
☐ Documentation of parent/guardian notification (Form D)
☐ Any examples of work/test results that will help S-Team members understand student performance

OBSERVATION/CONSULTATION REQUESTED? [ ] Yes [ ] No

TEACHER’S SIGNATURE ___________________________ Date ___________________
Parent/Guardian Referral to S-Team - Form B

Student’s Name ____________________ Date of Birth ____________________ Date ____/____/____

Parent/Guardian Name __________________________ Form Completed by_____________________

1. ☐ Yes ☐ No  Has there been a sudden change in behavior or academic performance? Please describe: ____________________________________________________________ ___________________________________________________________

2. ☐ Yes ☐ No  Is your child currently taking prescribed medication? If yes, please describe the medication and the condition for which it is prescribed. ___________________________________________________________

3. ☐ Yes ☐ No  Are there significant changes in your child’s home or family relationships that might have an impact on your child: __________________________________________________________
                                                                                                                  ___________________________________________________________

4. Describe your concerns ____________________________________________________________ __________________________________________________________

5. Describe current concerns that you have about your child’s educational program. __________________________________________________________
                                                                                                                  ___________________________________________________________

6. Is there additional information about your child that you think the professional staff involved in the needs to know? If so, please describe. __________________________________________________________
                                                                                                                  ___________________________________________________________

7. ☐ Yes ☐ No  Has your child ever had a special evaluation or any type of special services? __________________________________________________________
                                                                                                                  ___________________________________________________________

8. What would you like the result of this referral to be? __________________________________________________________
                                                                                                                  ___________________________________________________________

9. What goals do you have for your child? __________________________________________________________
                                                                                                                  ___________________________________________________________

Parent/guardian’s Signature ___________________________ Date ____/____/____

This form will be reviewed at a student support team meeting. Members of this team may include the principal, assistant principal, classroom teacher, resource teacher, school counselor and/or school psychologist.
Student Support Plan (Accommodations) – Form C – page 1

Student ___________________ Grade ___________ Date __________

Teacher(s) __________________________________________

Deficit Area(s) ________________________________________

Student needs accommodations in the following subjects:

_________________________________________________________________________________

CLASSROOM SETTING - Check appropriate accommodations for student:

☐ Accept typed assignments instead of handwritten
☐ Accompany oral assignments with written instructions or visual cues
☐ Allow manuscript writing instead of cursive – list exceptions - ______________________________
☐ Allow an opportunity to talk through concepts
☐ Allow manipulatives/calculator for math computation
☐ Allow student to use assistive technology
☐ Assignment notebook initialed daily by teacher(s) and parent/guardian(s)
☐ Assignments posted online for parent/student access
☐ Break long term assignments or projects into smaller steps, to be turned in step by step
☐ Daily/weekly notes home about progress
☐ Directions to be read for the student with a demonstrated sample or check for comprehension
☐ Extended time needed for_________________________ ______________________
☐ Extra credit opportunities
☐ Frequently acknowledge effort put forth
☐ Homework checked by parent/guardians
☐ Implement behavior contract/reward system
☐ Model (academic/behavioral) expectations
☐ Oral response to assignment
☐ Preferential seating
☐ Provide a copy of class notes
☐ Provide checklist to follow for (academic/behavioral) needs
☐ Provide information for books on tape to the parent/guardians
☐ Provide large spaced paper for writing
☐ Provide organized workspace area with minimal distractions
☐ Provide peer tutor/volunteer to help with ______________________________
☐ Provide structured routine
☐ Provide study sheets/outlines/webs
☐ Reduced assignments – subject(s) - ______________________________
☐ Reduced number of spelling/vocabulary words. Suggested number __________________________
☐ Sessions with the school counselor
☐ Small group instruction within classroom
☐ Student permitted copy of assignment on which to write
☐ Student will not be penalized for poor penmanship with the exception of handwriting assignments
☐ Supplemental tutoring – time(s)? ______________________
☐ Supplemental assignments for reinforcement/enrichment
☐ Other ______________________________
Student Support Plan (Accommodations) – Form C – page 2

A. SCHOOL TESTING ACCOMMODATIONS

☐ Allow extended time on tests - subjects:______________________________________________
☐ Allow oral response/teacher recorded answers on tests
☐ Alternate grading method (different criteria)
☐ Grade on effort/individual ability in addition to test scores
☐ Grade satisfactory vs. unsatisfactory
☐ Provide taped tests or software to read tests to student
☐ Provide word bank on test
☐ Reduce number of choices on multiple-choice test
☐ Reduce number of test items for student
☐ Reduce test items per page
☐ Student will not be penalized for misspelling with the exception of: ____________________
☐ Student will not be penalized for poor penmanship on written work with the exception of:

___________________________________________________________________________
☐ Test will be read to student
☐ Tests taken in Resource room or alternate location ________________________________
☐ Other ____________________________________________________________

B. STANDARDIZED TESTING ACCOMMODATIONS

(Accommodations will be made as allowable by the testing company manual.):

☐ No accommodations needed

ALLOWABLE ACCOMMODATIONS:

☐ Calculator/mathematics tables – only if regularly used as an accommodation in math class – not to be used on a test of math calculation
☐ Extended time
☐ Flexible scheduling
☐ Flexible setting
☐ Marking in test booklet
☐ Read aloud internal test instructions
☐ Read aloud internal test items – not to be used on a test measuring reading comprehension or vocabulary
☐ Reread oral instructions verbatim
☐ Scribe/Record answers
☐ Student reads aloud test to self
D. RESOURCE/SPECIAL EDUCATION SERVICES:

Support to regular program – hours of service each week

☐ Inclusion _______ hours/week
☐ Pull-out _______ hours/week

Supplementary to program – hours of service

☐ Consultation _______
☐ Other _______

Services rendered by outside agency

☐ Psychological services ☐ Physical therapy
☐ Occupational therapy ☐ Speech/language therapy
☐ Counseling service ☐ Other related service _____________________

Site of services, if not at school __________________________________________

☐ Permission to Receive or Release Information – Form E is signed and on file.

E. BUILDING ACCESSIBILITY: _____________________________________________

F. EXTRACURRICULAR ACTIVITIES _______________________________________

G. MEDICATION:  ☐ Yes  ☐ No  Type: _________________________________

Administered at:  ☐ Home  ☐ School

H. PHYSICIAN REPORT (FORM 1^1) OR MEDICAL REPORT (FORM 1^2) IS ON FILE:  ☐

Date: __________________________

I. PARENT/GUARDIAN(S) SIGNATURE/DATE

________________________________________

The Diocese of Knoxville Catholic Schools will provide services to the extent possible; however, under federal and state law, the Diocese of Knoxville Catholic School System is not legally obligated to provide services under the Individuals with Disabilities Education Act (IDEA 2004, reauthorized 2006).

J. SCHOOL STAFF SIGNATURE/POSITION/DATE

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________
**Documentation of Conference - Form D**

<table>
<thead>
<tr>
<th>Student</th>
<th>Grade</th>
<th>Date</th>
</tr>
</thead>
</table>

**Type of Conference:**

**Parent/guardian(s) attending:**

**Staff present at conference:**

<table>
<thead>
<tr>
<th>Staff present</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Concerns:**

<table>
<thead>
<tr>
<th>Concerns</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Decisions/Recommendations:**

<table>
<thead>
<tr>
<th>Decisions/Recommendations</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Further action:**

<table>
<thead>
<tr>
<th>Further action</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Dates for follow up:**

*This form is appropriate to use as documentation for any type of conference.*
Permission to Receive or Release Information – Form E

TO: ______________________________________

______________________________________

____________________

REGARDING (student name): ______________________________

Date of Birth: ______________________________________

I hereby authorize and request you to:

☐ Release To

☐ Receive From

____________________________________________________________________

____________________________________________________________________

☐ Oral Exchange of Information

☐ Summary Letter of Treatment

☐ Written Evaluation Report and Test Results

☐ Other ____________________________________________________________

Signature ______________________________ Date _________________

Relationship to student __________________________

This signed document is valid for one year after signing date.
# Classroom Observation Form - Form F

**Student** ____________________________________________________________

Name of Observer ___________________________________ Position _______________________

Date of Observation __________ Time of Observation: from _________ to _________

Place of Observation (school, grade, type of class): ________________________________ ______

**OBSERVATION IN GENERAL CLASSROOM:** (use reverse if needed).

**A.** Describe the instructional situation in the class.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

B. Summarize the student’s learning and behavior in terms of direct, observable behaviors.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

C. How does the student’s behavior compare to his/her peers?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
School Assessment Permission Form - Form G

Student: ___________________________ Grade: ___________ Date: ___________
School: __________________________________ Teacher: ________________
Parent/guardian: ______________________________________________________
Address: ____________________________________________________________

Your child has been referred for possible additional educational services.

We are requesting your permission to evaluate your child to provide additional information to determine if he/she needs special services and to plan a more effective educational program. The extent of the evaluation will depend upon the nature of the behavioral or academic concerns. However, the areas to be considered for evaluation have been checked below:

☐ Academic achievement  ☐ School and/or home behaviors
☐ Attention  ☐ Other
☐ Intellectual functioning

You, as the child's parent/guardian, have the right to accept or reject this evaluation.
(If rejected, parent/guardians are required to meet with the principal or principal’s designee to resolve matter.)

This assessment is being provided as a service of the school; however, you also have the right to an independent evaluation. Your signature does not commit you to accepting any further services. When the evaluation is complete, you will be contacted, the results will be shared with you, and a more appropriate educational program will be planned for your child if needed.

Tentative schedule for evaluation: Beginning date: ___________ Completion: ___________

Your prompt reply would be appreciated. The evaluation will not begin without your permission. Please sign this form and return it to the school.

☐ Yes, I give my permission for an individual assessment.
☐ No, I do not give permission. I am pursuing an independent evaluation (through my child’s zoned school or an outside agency approved by the school). Results will be shared with the school.
☐ No, I do not give permission at this time. Please schedule an appointment for me to meet with the principal or principal’s designee.

I understand that the Diocese of Knoxville Catholic Schools will provide services to the extent possible; however, under federal and state law, the Diocese of Knoxville Catholic School System is not legally obligated to provide services under the Individuals with Disabilities Education Improvement Act of 2004 (IDEIA’04).

Date:_______________ Parent/Guardian Signature: ____________________________

If you have questions, you may contact the following:
Name: ___________________________ Title: ___________________________ Phone: ___________
Referral for Outside Assessment Form - Form G²

Student: _____________________________________   Grade: _______________   Date:  _____________
School: _______________________________________________  Teacher: _________________________
Parent/guardian:_________________________________________________________________________
Address: _______________________________________________________________________________

Your child has been referred for educational assessment in one or more of the following areas.

In order to determine how best to meet the needs of your child, the school is requesting that you
schedule an evaluation/assessment of the areas checked below.

☐ Academic achievement  ☐ Speech/language services  ☐ Vision/hearing screening
☐ Attention  ☐ Vision/Auditory Skills  ☐ Other ______________________
☐ Gross/Fine Motor Skills  ☐ Intellectual functioning  ☐ School and/or home behaviors

You, as the child's parent/guardian, have the right to accept or reject this request.
(If rejected, parent/guardians are required to meet with the principal or principal’s designee to resolve matter.)

This assessment is being requested to determine if your child needs special services and/or to plan a
more effective educational program. Your signature does not commit you to accepting any further
services. When the evaluation is complete, you agree to share all results with the school. A more
appropriate educational program will be planned for your child if needed at this time.

Expected Timeframe to __ Schedule or __ Complete Assessment: By _______________________
If you are unable to schedule an assessment within this time frame, please contact the individual listed below.

Your prompt reply would be appreciated. The evaluation will not begin without your permission.
Please sign this form and return it to the school.

☐ Yes, I agree to take my child for the indicated individual assessment(s).
☐ No, I do not agree. Please schedule an appointment for me to meet with the principal or
principal’s designee.

I understand that the Diocese of Knoxville Catholic Schools will provide services to the extent
possible; however, under federal and state law, the Diocese of Knoxville Catholic School System is not
legally obligated to provide services under the Individuals with Disabilities Education Improvement
Act of 2004 (IDEIA ’04).

Date:_______________   Parent/Guardian Signature: ________________________________

If you have questions, you may contact the following:
Name:_____________________________ Title:_____________________ Phone:________________
# M-Team Summary of Assessment Report - Form H

**Student:** ___________________________________________

**Grade:** ________  **Date:** __________

**Primary concerns:** _____________________________________________________________

______________________________________________________________________________

**Tests given:** ___________________________________________________________________

______________________________________________________________________________

**Summary:** ______________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Based on assessment results, this student:

- [ ] does not meet any eligibility criteria.
- [ ] meets the Tennessee Department of Education disability eligibility standards for ___________________.
- [ ] meets the criteria for a Specific Learning Disability in the area of ____________________ based on a Response to Intervention (RTI) method of identification by a school district approved in the use of this method by the Division of Special Education in the Tennessee State Department of Education.
- [ ] meets the diagnostic criteria from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV or the most current version), as determined by a licensed/certified professional in the field of diagnosis.
- [ ] has a medical diagnosis for a condition that impacts learning that is documented by a *Physician Report* (Form I) completed by a qualified physician or a *Medical Report* (Form F) completed by qualified medical professional.

**Recommendations:** _____________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

**Signature of Parent or Guardian/Date:** ____________________________

**Signature of staff present/Date:** _____________________________________________

**Signature of staff present/Date:** _____________________________________________

**Signature of staff present/Date:** _____________________________________________

**Signature of staff present/Date:** _____________________________________________

---
Physician Report – Form I

Student: _______________________________ D.O.B. _____________ Grade: ______

School: _______________________________ Teacher: _______________________

Parent/Guardian: ____________________________

Address: ___________________________________________________________

Instructions: This confidential report is to be used only by those involved in the education of the child named above. Please return to: ____________________________

EXAMINATION RESULTS

Vision:_____________________________________________________________

Hearing:____________________________________________________________

Diagnosis (e.g., illness, physical condition): ________________________________

☐ There were no apparent medical findings that would restrict participation or that would require a change in routine school activities.

☐ The following is a list of medical findings, activities that should be restricted, or adjusted, and the length of restriction, if applicable:

<table>
<thead>
<tr>
<th>Medical finding/diagnosis</th>
<th>Restricted or adjusted activities</th>
<th>Restriction ends (date)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medication (s) prescribed and dosage: ________________________________

Other significant factors peculiar to condition: ________________________________

________________________________________________________________________

________________________________________________________________________

Physician/examiner’s signature: ________________________________ Date: _________

Address: ______________________________________________________________

Phone: ________________________________

This form must be returned on or before _________ to ensure continuation of services for your child for this school year.
Medical Report – Form I²

Student: ___________________________  D.O.B. ___________  Grade: ________

School: ___________________________  Teacher: ___________________________

Parent/Guardian: ___________________________

Address: ___________________________________________________________________

Instructions: This confidential report is to be used only by those involved in the education of the child named above. Please return to: ____________________________________________________________

Diagnosis(es)/Etiology: ______________________________________________________

Prognosis: __________________________________________________________________

Medication(s)/dosage (if applicable): ____________________________________________

Please describe the impact of the diagnosis on learning and behavior: ____________________________

___________________________________________________________________________

___________________________________________________________________________

Please make the most appropriate recommendation as to how this student can best function in an academic environment: ______________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Physician/examiner's signature: ___________________________  Date: __________

Please print:

Physician: __________________________________________________________________

Address: ___________________________  City: ___________  Zip ___________
Adjusted Curriculum Plan (Modifications) - Form J – page 1

Academic year: ____________ to ____________

Student_________________________________________ D.O.B.___________________

School_____________________________________________ Grade__________________

A. PRESENT LEVEL OF FUNCTIONING IN EDUCATIONAL ENVIRONMENT

The academic and non-academic areas should be completed depending upon student's needs.

<table>
<thead>
<tr>
<th>Deficit Area</th>
<th>Instrument used</th>
<th>Evaluator</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SERVICE:  ☐ Initial  ☐ Continue  ☐ Change  ☐ Terminate

M-Team meeting date:______________  Annual review projected date:__________

Implementation date:______________  Reevaluation date:______________
B. **RESOURCE/SPECIAL EDUCATION SERVICES:**

*Support to regular program – hours of service each week*

- Inclusion ____ hours/week
- Pull-out ____ hours/week

*Supplementary to program – hours of service*

- Consultation ______
- Other ______

C. **MODIFIED CURRICULUM GOALS**

Report card must indicate modified curriculum in the areas of modification.

- See attached Goal Sheet(s) – (Form K)

D. **ACCOMMODATIONS FOR GENERAL CURRICULUM** – In addition to the modifications listed on the Goal Sheet(s), the accommodation(s) indicated below are needed in the following subject areas:

- Accept typed assignments instead of handwritten
- Accompany oral assignments with written instructions or visual cues
- Allow manuscript writing instead of cursive – list exceptions - ________________
- Allow an opportunity to talk through concepts
- Allow manipulatives/calculator for math computation
- Allow student to use assistive technology
- Assignment notebook initialed daily by teacher(s) and parent/guardian(s)
- Assignments posted online for parent/student access
- Break long term assignments or projects into smaller steps, to be turned in step by step
- Daily/weekly notes home about progress
- Directions to be read for the student with a demonstrated sample or check for comprehension
- Extended time needed for ____________________________
- Extra credit opportunities
- Frequently acknowledge effort put forth
- Homework checked by parent/guardians
- Implement behavior contract/reward system
- Model (academic/behavioral) expectations
- Oral response to assignment
- Preferential seating
- Provide a copy of class notes
- Provide checklist to follow for (academic/behavioral) needs
- Provide information for books on tape to the parent/guardians
- Provide large spaced paper for writing
- Provide organized workspace area with minimal distractions
- Provide peer tutor/volunteer to help with ____________________________
- Provide structured routine
- Provide study sheets/outlines/webs
Adjusted Curriculum Plan (Modifications) - Form J – page 3

☐ Reduced assignments – subject(s) - _____________________________________________
☐ Reduced number of spelling/vocabulary words. Suggested number _____________________
☐ Sessions with the school counselor
☐ Small group instruction within classroom
☐ Student permitted copy of assignment on which to write
☐ Student will not be penalized for poor penmanship with the exception of handwriting assignments
☐ Supplemental tutoring – time(s)? ________________________________________________
☐ Supplemental assignments for reinforcement/enrichment
☐ Other ________________________________________________________________

E. SCHOOL TESTING ACCOMMODATIONS

☐ Allow extended time on tests - subjects: __________________________________________
☐ Allow oral response/teacher recorded answers on tests
☐ Alternate grading method (different criteria)
☐ Grade on effort/individual ability in addition to test scores
☐ Grade satisfactory vs. unsatisfactory
☐ Provide taped tests or software to read tests to student
☐ Provide word bank on test
☐ Reduce number of choices on multiple-choice test
☐ Reduce number of test items for student
☐ Reduce test items per page
☐ Student will not be penalized for misspelling with the exception of: __________________
☐ Student will not be penalized for poor penmanship on written work with the exception of: ________________________________

☐ Test will be read to student
☐ Tests taken in Resource room or alternate location _________________________________
☐ Other ________________________________________________________________

F. STANDARDIZED TESTING ACCOMMODATIONS (Accommodations will be made as allowable by the testing company manual.):

☐ No accommodations needed

ALLOWABLE ACCOMMODATIONS:

☐ Calculator/mathematics tables – only if regularly used as an accommodation in math class – not to be used on a test of math calculation
☐ Extended time
☐ Flexible scheduling
☐ Flexible setting
☐ Marking in test booklet
☐ Read aloud internal test instructions
☐ Read aloud internal test items – not to be used on a test measuring reading comprehension or vocabulary
☐ Reread oral instructions verbatim
☐ Scribe/Record answers
☐ Student reads aloud test to self
G. **OUTSIDE SPECIAL EDUCATION SERVICES:**

*Services rendered by outside agency*

- ☐ Psychological services
- ☐ Physical therapy
- ☐ Occupational therapy
- ☐ Speech/language therapy
- ☐ Counseling service
- ☐ Other related service ____________________

Site of services, if not at school____________________________________________

- ☐ Permission to Receive or Release Information – Form E is signed and on file.

H. **RATIONALE:** After considering all options of service, this is the least restrictive program that meets this student's needs, and can be provided by the school. □ Yes □ No

I. **MEDICATION:** □ Yes □ No Type: ______________________________

Administered at: □ Home □ School

J. **PHYSICIAN REPORT (FORM I¹) OR MEDICAL REPORT (FORM I²) IS ON FILE:** □

Date: ______________________

K. **MULTI-DISCIPLINARY TEAM (M-TEAM) MEMBERS:**

The following individuals were involved in developing this Adjusted Curriculum Plan.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Title</th>
<th>In agreement*</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
<td>__________________</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>______________________</td>
<td>__________________</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>______________________</td>
<td>__________________</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>______________________</td>
<td>__________________</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>______________________</td>
<td>__________________</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>______________________</td>
<td>__________________</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

*If an individual disagrees, they should write a statement of their concerns, sign it, and attach it to this document.*

I accept the plan as outlined above. If my child transfers to another school within the Diocese of Knoxville, I understand his/her current resource records will be forwarded to the receiving school.

**Signature of Parent/Guardian/Date**
Goal Sheet – Form K

Goal ___ of ___

Student: _______________________________  Identified Disability: _______________________________

Present Level of Performance: * _______________________________

Annual Goal (Should Be Measurable): ____________________________________________________________

* Levels of functioning should, when applicable, include norm referenced and/or criterion referenced data, as well as descriptive information of the student’s exceptional areas.

<table>
<thead>
<tr>
<th>Benchmarks/Short-Term Instructional Objectives</th>
<th>Refer to Objective Outcome Key Below</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student will:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Criteria for Mastery (%)</th>
<th>Method of Evaluation</th>
<th>Performance</th>
<th>Explanation</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dates</th>
<th>Methods of Evaluation</th>
<th>Performance</th>
<th>Explanation</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Date to begin</td>
<td>1. Standardized tests</td>
<td>1. No observable progress made</td>
<td>1. Lack of requisite skills</td>
<td>1. Proceed to next objective (objective mastered)</td>
</tr>
<tr>
<td>2. Date of evaluation</td>
<td>2. Teacher-made test</td>
<td>2. Some progress made</td>
<td>2. More time needed</td>
<td>2. Continue with same objective (some progress made)</td>
</tr>
<tr>
<td>3. Date of mastery</td>
<td>3. Teacher observation</td>
<td>3. Objective met as stated</td>
<td>3. Inadequate initial assessment</td>
<td>3. Modify objective (objective too easy/difficult)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5. Chronic health problems</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6. Excessive absences/tardiness</td>
<td></td>
</tr>
</tbody>
</table>

| Special Instructional Media/Materials and/or Assistive Technology Devices: _______________________________
|                                                                |

| Curriculum and Instructional Approaches: _______________________________
|                                                                |

Diocese of Knoxville Special Services Handbook for Students with Exceptionalities
Revised September 2013 orig 0610
Re-Evaluation Referral – Form L – page 1

STUDENT DATA:

Student ____________________________________________  D.O.B. __________________
Grade ________  Teacher ___________________________________  Class ________________
Mother ____________________________  Phone:  H ____________ W ____________
Address ____________________________________________________________________________
Father _______________________________  Phone:  H ____________ W ____________
Address ____________________________________________________________________________
Guardian ____________________________  Phone:  H ____________ W ____________
Address ____________________________________________________________________________

A. TESTING INFORMATION (Complete or attach a copy of the ITBS/CogAT scores to this form.)

Standardized achievement test (Name) ______________________________ Date: __________

<table>
<thead>
<tr>
<th>Test Area</th>
<th>Score Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total battery</td>
<td>%</td>
</tr>
<tr>
<td>Total social studies</td>
<td>%</td>
</tr>
<tr>
<td>Total reading</td>
<td>%</td>
</tr>
<tr>
<td>Total science</td>
<td>%</td>
</tr>
<tr>
<td>Total math</td>
<td>%</td>
</tr>
<tr>
<td>Total language</td>
<td>%</td>
</tr>
</tbody>
</table>

Most recent Cognitive Achievement Test score: __________________ Grade: __________

B. TEACHING OBSERVATIONS
For each area: Rate the student in comparison to classmates using scale from 1 to 5. (In lowest 10%, use 1; below average, use 2; average, use 3; above average, use 4; and in highest, use 5)

___ completes assignments  ___ functions independently  ___ speech
___ motivation & effort    ___ language skills          ___ gross motor coordination
___ fine motor coordination ___ sensitive to social clues ___ follows directions
___ relates well with adult ___ relates well with peers  ___ displays appropriate emotions
___ arrives on time for class ___ generally appears healthy ___ normal energy level
___ attends school regularly ___ is reality oriented   ___ can concentrate, attend in class
___ follows rules & structures ___ age appropriate self-help skills

C. MOST RECENT ACADEMIC GRADES

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>LETTER GRADE</th>
<th>SUBJECT</th>
<th>LETTER GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion</td>
<td></td>
<td>Health / PE</td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td></td>
<td>English</td>
<td></td>
</tr>
<tr>
<td>Spelling</td>
<td></td>
<td>Reading / Literature</td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td></td>
<td>Spanish</td>
<td></td>
</tr>
<tr>
<td>Social Studies / History</td>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
**Re-Evaluation Referral – Form L – page 2**

<table>
<thead>
<tr>
<th>D1. Has the student been previously diagnosed with ADHD?</th>
<th>_____ Yes _____ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, is the student currently on medication for this condition?</td>
<td>_____ Yes _____ No</td>
</tr>
<tr>
<td>If on medication, is a Physician Report – Form I₁ or Medical Report – Form I₂ on file?</td>
<td>_____ Yes _____ No</td>
</tr>
</tbody>
</table>

| D2. If not previously diagnosed, does the student demonstrate inattention, impulsivity, or hyperactivity that interferes with learning? | _____ Yes _____ No |

<table>
<thead>
<tr>
<th>E. SENSORY SCREENING RESULTS (Provide data if screened within the past year.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision results: _________ Date: _________ Hearing results: _________ Date: _________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F. INCLUDE WITH RE-EVALUATION REFERRAL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Signed Parent Re-Evaluation Form (Form M)</td>
</tr>
<tr>
<td>□ Teacher Re-Evaluation Information Form (Form N)</td>
</tr>
<tr>
<td>□ Classroom Observation form (Form F)</td>
</tr>
<tr>
<td>□ School Assessment Permission Form (Form G₁) and/or</td>
</tr>
<tr>
<td>□ Referral for Outside Assessment Form (Form G₂) and</td>
</tr>
<tr>
<td>□ Permission to Receive or Release Information (Form E)</td>
</tr>
<tr>
<td>□ Physician Report (Form I₁) or Medical Report (Form I₂) if needed</td>
</tr>
<tr>
<td>□ Any examples of work/test results that will help M-Team members understand student performance</td>
</tr>
</tbody>
</table>
**Parent/Guardian Re-Evaluation Form – Form M**

It is time for your child’s routine three-year re-evaluation. Diocesan policies require evaluations at least every three years for students who have participated in an initial evaluation and have a Student Support Plan or an Adjusted Curriculum Plan. Please complete and sign the form below to indicate your permission for the resource teacher to gather re-evaluation information on your child. If you do not wish to have your child re-evaluated, an appointment will be required with the principal or principal’s designee.

**Student’s Name _____________________ School _____________________ Date _____/_____/______

**Parent/Guardian Name __________________________ Form Completed by________________

1. □ Yes □ No Does your child have serious medical or psychological problems that occurred in the last three years? If yes, please explain. ____________________________________________

2. □ Yes □ No Is your child currently taking prescribed medication? If yes, please describe the medication and the condition for which it is prescribed. _____________________________________________

3. □ Yes □ No Are there significant changes in your child’s home or family relationships in the last three years? If yes, please describe. _____________________________________________

4. □ Yes □ No Are there recent changes in your child’s behavior or school performance? If yes, please describe. _____________________________________________

5. Describe current concerns that you have about your child and his/her educational program. _____________________________________________

6. Is there additional information about your child that you think the professional staff involved in the reevaluation needs to know? If so, please describe. _____________________________________________

7. □ Yes □ No Is there evidence of improvement in your child’s academic performance since the prior evaluation? Please describe. _____________________________________________

8. □ Yes □ No Are there suggestions for improving the special services being provided to your child? If so, please describe. _____________________________________________

9. What goals do you have for your child? _____________________________________________

Parent/guardian’s Signature ___________________________ Date _____/_____/______
**Teacher Re-Evaluation Information Form - Form N**

**Student ______________________________**
**Teacher/Observer _______________________**

**Current Progress:** □ Satisfactory □ Not Satisfactory

**Class/Subject ______________________________**
**Hours with student per week ____________**

1. Indicate the typical method(s) of instruction used in the student’s area(s) of academic difficulty:
   - □ Lecture/Demonstration
   - □ Independent Study
   - □ Discovery
   - □ Discussion
   - □ Competency Worksheets
   - □ Group Investigation
   - □ Role Playing
   - □ Simulation
   - □ Laboratory Training
   - □ Learning Centers
   - □ Drill and Practice
   - □ Peer Tutoring
   - □ Other: ____________________________________________________________

2. □ Yes □ No Are you aware of any factors that may impact this student’s learning or behavior?
   If yes, please specify: ____________________________________________________________

3. □ Yes □ No Are there concerns regarding this student?
   If yes, please specify: ____________________________________________________________

4. What influences this student’s grades? (Check all that apply)
   - □ homework performance
   - □ poor test performance
   - □ absenteeism/tardiness
   - □ misuse of class time
   - □ peer interaction
   - □ disrespectful
   - □ lack of class participation
   - □ other (specify) ________________________________________________

5. I use or have used the following modifications with this student:

<table>
<thead>
<tr>
<th>Classroom Testing Accommodations/Modifications</th>
<th>Assignment Accommodations/Modifications</th>
<th>Classroom Accommodations/Modifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Extended Time</td>
<td>□ Assignment Notebook</td>
<td>□ Preferential Seating</td>
</tr>
<tr>
<td>□ Oral Testing (Read Aloud Test Items)</td>
<td>□ Abbreviated Assignments</td>
<td>□ Provide Copies of Material to be Copied from Book to Board</td>
</tr>
<tr>
<td>□ Repeating Directions Verbatim</td>
<td>□ Additional Time</td>
<td>□ Provide Copies of Notes (from another student)</td>
</tr>
<tr>
<td>□ Use of Calculator</td>
<td>□ Study Guide</td>
<td>□ Peer Tutoring</td>
</tr>
<tr>
<td>□ Modify grading scale</td>
<td>□ Extra Grade Opportunities (extra credit, redo missed items)</td>
<td>□ Behavior/Performance Contracting</td>
</tr>
<tr>
<td>□ Additional Time</td>
<td>□ Compacting</td>
<td>□ Highlighted Textbook</td>
</tr>
<tr>
<td>□ Modify Format (multiple choice, short answer)</td>
<td>Other____________________</td>
<td>□ Taped Materials</td>
</tr>
<tr>
<td>□ Abbreviated Concepts</td>
<td>Other____________________</td>
<td>□ Other____________________</td>
</tr>
<tr>
<td>Other____________________</td>
<td>Other____________________</td>
<td>Other____________________</td>
</tr>
</tbody>
</table>

6. Describe this student’s general classroom behavior and work habits.

**Strengths:** _______________________________________________________________________
_________________________________________________________________________________

**Weaknesses:** ________________________________________________________________
_________________________________________________________________________________

**Classroom Teacher’s Signature _________________________________**
**Date _____/_____/________**

*Attach any additional informational you feel could be helpful in meeting this student’s educational needs.*
Name of Student: ___________________________ Date of Birth: ___________________________

School: ___________________________ Grade: ___________________________

Current identified disability: ___________________________

Date Completed: ________________ Last Evaluation Date: ________________

Information from the following sources has been reviewed:

☐ Permanent Record
☐ Parent/Guardian Re-Evaluation Form
☐ Teacher Re-Evaluation Information Form
☐ Classroom Observation Form
☐ ITBS Test Data {Date of Administration: ________________}
☐ Psychological Evaluations {Date(s) ________________}
☐ SSP or ACP
☐ Additional Academic Testing (i.e., WJ III-NU; WIAT)
☐ Other:

After reviewing existing evaluation data, information provided by the parent/guardian(s), teacher(s), and classroom observations:

1. Does the student still require special services in the initially identified areas?
   ☐ Yes ☐ No ☐ Insufficient data for decision

2. Does the student demonstrate appropriate progress in class?
   ☐ Yes ☐ No

3. Is there adequate information to plan an educational program for the student?
   ☐ Yes ☐ No ☐ Additional data are needed in the area of ________________.

4. Does current evaluation adequately address any presenting behavioral issues?
   ☐ Yes ☐ No ☐ Not applicable

5. Are there other areas of concern to be considered?
   ☐ Yes ☐ No ☐ If yes, explain:
**Re-Evaluation Summary - Form O – page 2**

**RECOMMENDATIONS:**
The M-Team has reviewed all the information and concluded that:

- [ ] All areas addressed in the previous evaluation(s) have been reviewed and addressed and determined that the student’s current plan is appropriate.
- [ ] An updated SSP or ACP has been developed (attached).
- [ ] More information is needed before a recommendation can be made.

Information needed: ________________________________________________________________

______________________________________________________________

Date for follow-up: ________________________________________________

The following individuals were involved in the re-evaluation for this student and indicate their agreement with the results of this meeting by signing below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Diocese of Knoxville Special Services Handbook for Students with Exceptionalities
Revised September 2013 orig 0610
**Termination of Services – Form P**

**Student:** ___________________________________________  **Grade:** ______

**Summary:** ________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

**Recommendations:**

☐ Parent/guardian requests discontinuation of services.

☐ The student no longer requires accommodations/modifications to demonstrate appropriate progress in the classroom.

☐ The school is unable to provide the appropriate special services to meet the needs of the student. An alternate placement is recommended.

☐ Other __________________________________________________________

**Signature of Parent/Guardian:** ____________________________  **Date:** ______

**Signature of Administrator:** _______________________________  **Date:** ______

**Signature of Staff Present/Date**

_________________________________________________________________________________/________

_________________________________________________________________________________/________

_________________________________________________________________________________/________

_________________________________________________________________________________/________
ACP Middle School Extension – Form Q

Student: _____________________________________________  Grade: ________

Plan for Continuing ACP:
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Recommendation(s):

☐ The student is expected to achieve grade-level competency by the end of 8th grade and may be eligible for placement in a Diocese of Knoxville high school (subject to formal assessment and confirmation of achievement).

☐ The student is not expected to achieve grade-level competency by the end of 8th grade and will not be eligible for placement in a Diocese of Knoxville high school. The school will aid in transition to an alternate academic program.

☐ Other______________________________________________________________

Signature of Parent/Guardian: ____________________________  Date: _________

Signature of School Administrator: ____________________________  Date: _________

Signature of Superintendent: ____________________________  Date: _________

Signature of Staff Present/Date
__________________________________________________________  /___________
__________________________________________________________  /___________
__________________________________________________________  /___________
__________________________________________________________  /___________

Diocese of Knoxville Special Services Handbook for Students with Exceptionalities  86
Revised September 2013 orig 0610
Worksheet for Diocese of Knoxville Alternative Criteria Suspected Weakness in Cognitive Functioning – Form R¹

Name:_______________________________________   Grade:____     Date:________________

<table>
<thead>
<tr>
<th>Procedure</th>
<th>A</th>
<th>B</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Record the best estimate of the student’s ability (i.e. current version of the WISC Full Scale IQ, Stanford-Binet Test Composite, Woodcock-Johnson General Intellectual Ability) in column A.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Record the cognitive processing area (from a standardized test, such as the WISC, Woodcock-Johnson, Tests of Cognitive Ability, Comprehensive Test of Phonological Awareness) that is significantly discrepant from the student’s ability and/or is significantly impacting academic performance in column A.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicate weak area(s) below:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ auditory processing</td>
<td>☐ broad attention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ cognitive efficiency</td>
<td>☐ long-term retrieval</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ phonemic awareness</td>
<td>☐ phonological memory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ processing speed</td>
<td>☐ rapid naming</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ working memory</td>
<td>☐ other:_______________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Subtract 2A from 1A and record the difference in column B.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Is the cognitive processing area significantly discrepant from the ability level and impacting academic performance? Check yes or no. OR Is the difference &gt; 1 standard deviation and impacting academic performance? Check yes or no.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If question # 4 is checked yes, the student meets the criteria for the development of a(n) SSP or ACP.
**Worksheet for Diocese of Knoxville Alternative Criteria Suspected Weakness in Academic Area – Form R²**

Name:_________________________ Grade:______ Date:____________

<table>
<thead>
<tr>
<th>Procedure</th>
<th>A</th>
<th>B</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Locate the Total Score Normal-Curve Equivalent (NCE) for the student’s grade at the time of the administration in the area of suspected weakness (i.e. Total Reading, Total Language, Total Math) from the School Summary form for ITBS. Record the NCE in column A.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area of suspected weakness: □ Total Reading</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Total Language</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Total Math</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Record the composite area score of weakness (i.e. current version of Woodcock-Johnson Tests of Achievement - Basic Reading Skills, Reading Comprehension, Math Calculation Skills, Math Reasoning, Written Expression, Written Language; WIAT Reading, Mathematics, Writing). Convert the Standard Score into a NCE using R² Table below. Record the NCE in column A.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicate weak area(s) below:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ basic reading skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ reading comprehension</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ mathematics calculation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ mathematics reasoning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ written expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Subtract 2A from 1A and record the difference in column B.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Is the difference ≥ 23 points? Check yes or no.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If question # 4 is checked yes, the student meets the criteria for the development of a(n) SSP or ACP.
### $R^2$ Table

<table>
<thead>
<tr>
<th>Standard Score</th>
<th>NCE</th>
<th>Standard Score</th>
<th>NCE</th>
<th>Standard Score</th>
<th>NCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>130</td>
<td>93</td>
<td>109</td>
<td>63</td>
<td>89</td>
<td>34</td>
</tr>
<tr>
<td>129</td>
<td>90</td>
<td>108</td>
<td>61</td>
<td>88</td>
<td>33</td>
</tr>
<tr>
<td>128</td>
<td>90</td>
<td>107</td>
<td>60</td>
<td>87</td>
<td>32</td>
</tr>
<tr>
<td>127</td>
<td>87</td>
<td>106</td>
<td>59</td>
<td>86</td>
<td>31</td>
</tr>
<tr>
<td>126</td>
<td>87</td>
<td>105</td>
<td>57</td>
<td>85</td>
<td>29</td>
</tr>
<tr>
<td>125</td>
<td>85</td>
<td>104</td>
<td>56</td>
<td>84</td>
<td>27</td>
</tr>
<tr>
<td>124</td>
<td>85</td>
<td>103</td>
<td>54</td>
<td>83</td>
<td>26</td>
</tr>
<tr>
<td>123</td>
<td>83</td>
<td>102</td>
<td>53</td>
<td>82</td>
<td>25</td>
</tr>
<tr>
<td>122</td>
<td>81</td>
<td>101</td>
<td>52</td>
<td>81</td>
<td>23</td>
</tr>
<tr>
<td>121</td>
<td>80</td>
<td>100</td>
<td>50</td>
<td>80</td>
<td>22</td>
</tr>
<tr>
<td>120</td>
<td>78</td>
<td>99</td>
<td>48</td>
<td>79</td>
<td>20</td>
</tr>
<tr>
<td>119</td>
<td>77</td>
<td>98</td>
<td>47</td>
<td>78</td>
<td>19</td>
</tr>
<tr>
<td>118</td>
<td>75</td>
<td>97</td>
<td>46</td>
<td>77</td>
<td>17</td>
</tr>
<tr>
<td>117</td>
<td>74</td>
<td>96</td>
<td>44</td>
<td>76</td>
<td>15</td>
</tr>
<tr>
<td>116</td>
<td>73</td>
<td>95</td>
<td>43</td>
<td>75</td>
<td>15</td>
</tr>
<tr>
<td>115</td>
<td>71</td>
<td>94</td>
<td>41</td>
<td>74</td>
<td>13</td>
</tr>
<tr>
<td>114</td>
<td>69</td>
<td>93</td>
<td>40</td>
<td>73</td>
<td>13</td>
</tr>
<tr>
<td>113</td>
<td>68</td>
<td>92</td>
<td>39</td>
<td>72</td>
<td>10</td>
</tr>
<tr>
<td>112</td>
<td>67</td>
<td>91</td>
<td>37</td>
<td>71</td>
<td>10</td>
</tr>
<tr>
<td>111</td>
<td>66</td>
<td>90</td>
<td>36</td>
<td>70</td>
<td>7</td>
</tr>
<tr>
<td>110</td>
<td>64</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Classroom Performance Information – High School (Form AA) – page 1

General Information:

Student Name: ___________________________ Grade: _____ Date: _______________

Teacher: _______________________________________ Class: ____________________________

Attendance: Good Fair

List several strengths or talents for this student:

•

•

•


Classroom Functioning (please rate the behaviors observable in your classroom):

<table>
<thead>
<tr>
<th>Behaviors:</th>
<th>Yes</th>
<th>Sometimes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Prepared for class</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>2. Participates in class</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>3. Attends in class</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>4. Turns in homework</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>5. Asks for clarification when needed</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>6. Copies material from textbook or board</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>7. Takes good notes</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>8. Takes tests without assistance</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>9. Follows verbal directions 3 steps (or more) easily</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>10. Asks for verbal information to be repeated</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>11. Appears organized</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>12. Demonstrates fluent oral reading</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>13. Comprehends textbook</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>14. Writes fluently (not slow and labored)</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>15. Use correct grammar in written work</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>16. Demonstrates good overall organization in written work</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>17. Uses a variety of sentence structures</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>18. Understands idioms and figurative language</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>19. Ignores auditory distractions</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

Compared to others in the classroom, how does this student’s academic skills (if observable in your class) compare in:

- Reading: Below Average Average Above Average
- Math: Below Average Average Above Average
- English: Below Average Average Above Average
- Writing: Below Average Average Above Average
Do you have any concerns?  Yes  No  If yes, please describe:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

If there are concerns, has there been contact with the parents?  Yes  No

If there are concerns, what strategies have helped?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Teacher’s Signature ______________________________________________
Date ______________________________
Student Referral – High School – Form BB

Date of initial referral ________________________________

Student Name: ______________________________________________________________________

Grade Level: ______________________________________________________________________

Initial referral made by: ______________________________________________________________________

Reason for referral: ______________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

☐ Teacher Information Sheets – Date sent to teachers ________________________________

   Date reviewed by the Learning Center ____________________________________________

   Date Learning Center notification to Guidance Counselor ______________________________

☐ Guidance Counselor initiates discussion with parent to determine next steps. Date _________

☐ Parent does not wish to pursue services or intervention; the Guidance Counselor will continue to monitor the student. Date: ______________

☐ Parent is interested in potential services but does not have any existing testing documentation.

   Notes from the parent discussion and the Pre-Referral Teacher Information Form and/or Classroom Performance Information form are given back to the Special Needs Program Director who forwards the request for testing to School Psychologist.

   Date sent to School Psychologist: ______________

   Proposed testing date: ______________

   If testing is external, information is provided to parent: Date ______________

☐ Parent is interested in potential services and has existing documentation on their child’s disabilities. Learning Center contacts parent for documentation.

   SSP Meeting Date: ______________

☐ Student Added to the Census. Date: ______________

☐ Student not added to the Census.
**High School Student Support Plan** (504 Accommodations) – Form CC – page 1

Student: ________________________________  Grade ____  Date ______________

Diagnosis: ________________________________________________________________

Strengths: ________________________________________________________________

Concerns: __________________________________________________________________

Desired post high school outcome: _____________________________________________

☐ A checkmark in this box denotes that this Plan includes approval for Modified Testing and/or Modified Course Requirements. If these modifications are implemented, the modified classes will be identified on school transcripts. Modified classes may not meet some college entrance requirements or eligibility requirements for participating in collegiate sports.

**CHECK APPROPRIATE OPTIONS:**

<table>
<thead>
<tr>
<th>Accommodations for Classroom Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Preferential seating</td>
</tr>
<tr>
<td>☐ Accompany oral information with written instructions or visual cues</td>
</tr>
<tr>
<td>☐ Directions to be read to the student with a demonstrated sample or check for comprehension</td>
</tr>
<tr>
<td>☐ Provide a copy of class notes</td>
</tr>
<tr>
<td>☐ Provide test study guides</td>
</tr>
<tr>
<td>☐ Provide rubric for long-term assignments or projects that includes checks on progress and a completed example</td>
</tr>
<tr>
<td>☐ Allow an opportunity for the student to talk through concepts</td>
</tr>
<tr>
<td>☐ Use of scribe/computer when appropriate</td>
</tr>
<tr>
<td>☐ Provide positive reinforcement to build confidence</td>
</tr>
<tr>
<td>☐ Homework accommodation contract (see attached)</td>
</tr>
<tr>
<td>☐ Implement academic/behavior contract</td>
</tr>
<tr>
<td>☐ Encourage use of assistive technology</td>
</tr>
<tr>
<td>☐ Refer to Student Assistance Program (SAP)</td>
</tr>
<tr>
<td>☐ Friday Update</td>
</tr>
<tr>
<td>☐ Other: ________________________________</td>
</tr>
<tr>
<td>Specific Subject Area Accommodations:</td>
</tr>
<tr>
<td>---------------------------------------</td>
</tr>
<tr>
<td>English:</td>
</tr>
<tr>
<td>Math:</td>
</tr>
<tr>
<td>Social Science:</td>
</tr>
<tr>
<td>Science:</td>
</tr>
<tr>
<td>Religion:</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specific Subject Area Modifications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>English:</td>
</tr>
<tr>
<td>Math:</td>
</tr>
<tr>
<td>Social Science:</td>
</tr>
<tr>
<td>Science:</td>
</tr>
<tr>
<td>Religion:</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>

☐ A checkmark in this box denotes that this Plan includes approval for **Modified Testing and/or Modified Course Requirements**. If these modifications are implemented, the modified classes will be identified on school transcripts. Modified classes may not meet some college entrance requirements or eligibility requirements for participating in collegiate sports.
High School Student Support Plan (504 Accommodations) – Form CC – page 3

Testing Accommodations:

☐ Allow student to write answers on the test in place of Scantron answer sheet
☐ Provide a clear, concise, and organized visual test format
☐ Group matching items into blocks of _______ items
☐ Allow scribe/teacher recorded answers on tests
☐ Allow extended time on tests – Subjects:___________
☐ Allow alternative test setting (with Ms. Rucinski)
☐ Allow alternative schedule of semester tests
☐ ESSAYS: Allow opportunity to clarify essays orally
☐ Other ________________________________________________________________

Testing Modifications:

☐ Reduce number of choices with multiple-choice questions to _____
☐ Reduce number of questions by _____%
☐ Provide word banks that are not included in the version of the test given to the rest of the students
☐ Allow student to use textbook, note cards, study guides, or class notes on tests when others taking the same test are not allowed to use them

ESSAYS:
☐ Essays (in classes other than English) will be graded on content only
☐ Allow a bullet point of key ideas without requiring any additional content
☐ Other ________________________________

☐ A checkmark in this box denotes that this Plan includes approval for Modified Testing and/or Modified Course Requirements. If these modifications are implemented, the modified classes will be identified on school transcripts. Modified classes may not meet some college entrance requirements or eligibility requirements for participating in collegiate sports.

Exemptions:

☐ Exemptions needed from KCHS requirements for graduation:

______________________________________________________________
*High School Student Support Plan* (504 Accommodations) – *Form CC* – page 4

**ALLOWABLE STANDARDIZED TESTING ACCOMMODATIONS:**

**ALTERNATIVE DIOCESAN CRITERIA STUDENTS DO NOT QUALIFY**

- Flexible scheduling
- Flexible setting
- Revised format
- Extended time
- Other _________________________________

**SPECIAL NEEDS SERVICES:**

Support to regular program: ___ hours/week

Services rendered by outside agency:

- Psychological services
- Occupational therapy
- Counseling service
- Physical therapy
- Speech/language therapy
- Other related service _________________

☐ A Medical Report (Form I₁) or Physician Report (Form I₂) is required for implementation of SSP.

☐ Recommendations when scheduling classes:

**Student/Parent Responsibilities:**

- Assignment book initialed by teacher(s)/parent(s)
- Friday Update is given to teachers to complete
- Request copies of notes from teachers
- Request help from teachers when needed
- Request help from Ms. Rucinski when needed
- Check RenWeb
- Make arrangements with teachers for alternative testing/test make-up
- Provide tutor in _____________ outside of school
- Other:
High School Student Support Plan (504 Accommodations) – Form CC – page 5

Student Signature ___________________________________ Date: _______

Parent(s) Signature ___________________________________ Date: _______

____________________________________ Date: _______

STAFF SIGNATURES POSITION DATE

____________________________________________________ ____________________

____________________________________________________ ____________________

____________________________________________________ ____________________

____________________________________________________ ____________________

____________________________________________________ ____________________

____________________________________________________ ____________________

This SSP will not be implemented if a current Medical Report (Form I¹) or Physician Report (Form I²) is also required to provide services but is not on file with the Learning Center.

Typically, SSPs are updated each year. For juniors, if the SSP date is after January 1 but before August 1, the current SSP will be extended to the end of the graduating year. For freshman and sophomores, a new SSP will be developed approximately one year from the date above.

Important Definitions to keep in mind:

An Accommodation is defined as a support or service that is provided to help a student fully access the general education curriculum or subject matter. Students with impaired spelling or handwriting skills, for example, may be accommodated by a note-taker or permission to take class notes on a laptop computer. An accommodation does not change the content of what is being taught or the expectation that the student meet a performance standard applied for all students.

A Modification is defined as a change to the general education curriculum or other material being taught which alters the standards or expectations for students with disabilities. Instruction can be modified so that the material is presented differently and/or the expectations of what the student will master are changed. Modifications are not provided in most postsecondary education environments. As an example, a student is not required to answer all of the questions on a test that other students are expected to answer – and there is no point deduction taken for answering fewer questions; in this example, the student is considered to be receiving modifications.
**High School Student Support Plan** (504 Accommodations) – *Form CC* – page 6

**Homework Accommodation Contract:**

Subject:__________  Teacher:__________  Block:____  School Year:__________

Student signature:__________________________________  Date:__________
### Communication Log – High School – Form DD

<table>
<thead>
<tr>
<th>Date</th>
<th>Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Diocese of Knoxville Special Services Handbook for Students with Exceptionalities
Revised September 2013 orig 0610
# College Transition Checklist – Form EE

## HIGH SCHOOL TEMPLATE FOR TRANSITION PLANNING

<table>
<thead>
<tr>
<th>Goal to be Addressed in Future Academic Years</th>
<th>Progress Being Made</th>
<th>Student is Proficient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Rigor of the Curriculum
- Takes ownership/responsibility for academic success
- Active listening and note-taking skills
- Independent reading at college level
- Uses assistive technologies as needed
- Develops/uses study skills for test preparation
- Develops/uses study skills for completing long-term assignments
- Arranges with teacher to test @Learning Center BEFORE test date
- In core subjects, takes tests that are not modified
- In core subjects, takes tests without extended time
- In core subjects, does assignments without modified requirements
- In core subjects, does assignments without extended time

### Self Determination and Independence
- Student participates in developing SSP
- Student, not parent, contacts Learning Center
- Articulates/proposes a strategy to resolve issues (vs. first asking the Learning Center how to resolve)
- Initiates requests for getting help from teachers or arranges for tutoring when needed
- Successfully sets short-term goals
- Successfully sets long-term goals
- Develops and uses good time management skills
- Develops and uses good organizational skills

### Self Advocacy
- Can articulate disability to teachers
- Understands documentation required to prove their disability
- Can articulate realistic career or college goals
- Can describe a realistic plan for reaching their goals
- Can realistically describe their strengths and weaknesses
- Develops good peer relationships

### Transitioning to College
- Realistically understands the rigors of college
- Motivated to succeed in college or career
- Develops a plan to visit colleges, investigates available services, and understands how to request (in a timely manner) all paperwork needed to request services
- Can self-advocate independently of parents

**COMMENTS:**

---

Diocese of Knoxville Special Services Handbook for Students with Exceptionalities
Revised September 2013 orig 0610
**High School Student Support Plan Data Sheet – Form FF**

--CONFIDENTIAL INFORMATION--

<table>
<thead>
<tr>
<th>Student:</th>
<th>Year:</th>
<th>Semester:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher:</td>
<td>Class:</td>
<td></td>
</tr>
</tbody>
</table>

**Disability:**

This information is provided from the most recent SSP; it is a critical component for this student’s success in your class. Contact the Special Needs Program Director if you have any questions. Also, please let us know if you feel there are other accommodations that could benefit the student that are not listed below.

<table>
<thead>
<tr>
<th>CLASSROOM ACCOMMODATIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TESTING ACCOMMODATIONS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Confidential – Do Not Distribute without Prior Authorization from the Special Needs Program Office
High School Student Support Plan Change Log - Form GG

Student Name: _______________________________ Date: _______________________

Teacher’s Name: ______________________________

In the development of the SSP for the coming academic year, the following changes from the previous SSP have been made:

Deleted from previous SSP:

_______________________________________________________________________
_______________________________________________________________________

Newly added to SSP:

_______________________________________________________________________
_______________________________________________________________________

Explanation for Change:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
High School Re-Evaluation Parent Permission Form - Form HH

Date: ____________________________

To the Parents/Guardians of: _________________________________

It is time for your student’s routine three year-re-evaluation.

Diocesan policies require evaluations at least every three years for students who have participated in an initial evaluation and have a Student Support Plan or an adjusted Curriculum Plan. However, the re-evaluation is typically more informal than the initial evaluation.

The re-evaluation involves gathering information about the student’s current levels of academic functioning by reviewing classroom performance and group achievement test scores. Once the re-evaluation information is gathered, we will contact you to discuss any changes to your student’s current Student Support Plan, if warranted.

Please sign below to indicate your permission for school support personnel to gather re-evaluation information as indicated below. This information will be shared with the following individual(s): ________________________________________________, who will evaluate this information with the Learning Center staff. In addition, please complete the Parent/Guardian Evaluation Information Form and return with this form.

If you have any questions, please contact ________________________________.

Thank you for your co-operation!

The Learning Center Staff

Re-evaluation Procedures:
- Classroom Observation
- Review of Classroom Work
- Review of Academic Records
- Review of Previous testing of Reports
- Teacher Interview

_________________________________ ______________________
Parent/Legal Guardian Signature Date
High School Re-Evaluation Parent Information Form - Form II

Student: ____________________  Grade: ________

Please indicate below:

Academic Concerns: __________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Behavioral Concerns: ________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Significant Changes: _________________________________________________________
________________________________________________________________________
________________________________________________________________________

Other: _________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date of last vision screening and results: __________________________
Date of last hearing screening and results: __________________________

Form Completed By/Date: ________________________________
Notification of Schedule for the Destruction of Student Records - Form JJ

Date:

Subject: Notification Regarding Schedule for Destruction of Student Records

The Learning Center at ___________________________ High School adheres to the Family Educational Rights and Privacy Act (FERPA) guidelines for the management of sensitive information related to providing services to student with disabilities. The Learning Center maintains paper copies of your student’s information for a period of five years after the student’s graduation date from high school. If your student transfers to another school, the Learning Center will continue to maintain these records for the five years following the estimated graduation date.

All information that we review in order to provide services including psychological evaluations, Student Support Plans, medical forms, and other documentation, is held in our files. After the holding period has ended, the entire file will be disposed of based on FERPA guidelines.

Learning Center Director

I understand that the high school will properly dispose of my child’s records after __________ (Date).

___________________________________________________    __________________
Parent/Guardian Signature                                            Date

FOR OFFICIAL USE ONLY:

Record Disposal Date: ________________________________

Records Disposed by: __________________________________
APPENDIX 2: Pre-Referral K-8 Procedures Check List

When a teacher or grade-level team has a concern . . . .

___A. Gather and review data about all students.
   ___a. Screening results, previous teachers’ recommendations, achievement test scores,
           permanent record file, resource file (if any)

___B. Review the teaching strategies currently being used in terms of how these methods are meeting
       the needs of all of the students in the classroom.

___C. If a student is not progressing as expected in class, begin Pre-Referral Teaching Form (Form A\(^1\)). Data will be maintained for six to nine weeks. Keep in classroom file.
   ___a. Document the standard teaching strategies and differentiated approaches to instruction
          used in the classroom and how effective they are for the student.
   ___b. Document any additional interventions attempted within the classroom.

___D. Parent/guardian contact must be initiated.
   ___a. Contact should be at least every two weeks to ensure that parent/guardian is informed
       and supporting classroom efforts.
   ___b. Documentation of each parent/guardian contact is required. The Documentation of
       Conference form (Form D) can be used.
   ___c. Discuss only direct, objective behaviors.
   ___d. Provide the parent/guardians with strategies to use at home.

___E. Review student progress and gather data.
   ___a. Work with resource teacher to review effectiveness of interventions.
   ___b. Revise plan as needed. Multiple interventions must be tried.
   ___c. Gather frequent progress monitoring data to determine if student is responding to
       interventions. Internal forms can be used for this purpose, or there are forms in
       Appendix 4 from the State of Tennessee that are designated for this purpose.

___F. If progress is not being made, refer the student to the S-Team.
   ___a. Submit copy of Pre-Referral Teaching Strategies Form (Form A\(^1\)) showing 6-9 weeks
       of interventions.
   ___b. Complete and submit a copy of Teacher Pre-Referral Information Form (Form A\(^2\)).
   ___c. Complete and submit to the resource teacher a Special Services Referral form (Form
       B\(^1\)).
   ___d. Include the following, if appropriate, with the referral: examples of student work,
       grades, documentation of research-based teaching strategies used and their results, and
       documentation of parent/guardian contact (Form D).

When a parent/guardian has a concern . . . .

___A. The parent/guardian can submit a written request to the resource teacher using the
       Parent/Guardian Referral to S-Team (Form B\(^2\)).

___B. A parent conference should be initiated by the school immediately following receipt of the
       Parent/Guardian Referral to S-Team (Form B\(^2\)). A Documentation of Conference (Form D) should
       be completed at the time of the conference.

___C. Following the conference, a Pre-Referral Teaching Strategies Form (Form A\(^1\)) and a Teacher
       Pre-Referral Information Form (Form A\(^2\)) will be distributed to the teacher(s) for completion.

___D. This information plus the student’s academic record will be reviewed, and the S-Team will
       meet to formulate a plan to address the parent/guardian’s concerns.
APPENDIX 3: Procedural Steps from Pre-Referral to Re-Evaluation for K-8 Students

Support for All Students – by classroom teacher

- Records review (general screening information, permanent record, teacher recommendations, test data)
- Research-based instruction for all students
- Document individual student progress
- Evaluate success of instructional methods

If a student appears to need non-typical support in the classroom…

- Use Form A\(^1\) to document standard teaching approaches, attempts to differentiate instruction, and additional interventions that have been tried to better support student. Consult with resource teacher on effectiveness of strategies and revise interventions as needed. Document student progress for six-nine weeks to determine if a referral is necessary.
- Contact parents about concerns and document contact on Form D. Provide suggestions for parent support for classroom efforts. Contact should be at least every two weeks.
- Maintain this information in a student file in the classroom.

If the student shows progress with differentiation and short-term interventions…

- Continue approaches that were successful.
- Maintain Form A\(^1\) in classroom file and continue to document parent contact as needed on Form D.
- Transfer file to next grade level teacher at end of school to help with continuity.

If the student continues to have difficulty in the classroom after six to nine weeks of multiple interventions…

- Student should be referred to S-Team using a Form B\(^1\), submitted to the resource teacher. Include relevant work samples and grades.
- Classroom teacher will also complete a Form A\(^2\), documenting specific areas of concern in narrative form.
- Classroom teacher will provide the resource teacher with the classroom file containing completed Form A\(^1\) and all Form Ds.
- Resource teacher becomes primary coordinator for the student.
Requests for S-Team by a Parent

- Parent will be asked to complete a Form B², documenting their specific concerns, and submit it to the resource teacher.
- Parent conference will be held to discuss concerns and will be documented on a Form D.
- Classroom teacher (s) will complete a Form A¹ and a Form A², documenting current teaching strategies and any areas of concern.
- Standard school procedures will be followed from this point.

Student Referral to S-Team – by resource teacher

- All available data will be reviewed by members of the S-Team.
- Additional teaching strategies may be developed and implemented in the classroom.
- Additional interventions may be recommended, such as counseling, related services, and supplemental tutoring. Parents will need to complete a Form E if information needs to be shared with outside agency.
- Decision regarding need for formal assessment will be made.
- If parent declines formal assessment, S-Team with an administrative representative will make determination about next steps.
- All S-Team meetings will be documented on a Form D, maintained in the student's resource file.

Student Referral for Formal Assessment – by resource teacher

- If the school performs the assessment, the parent must complete a Form G¹, giving permission for assessment.
- If the school is completing the assessment, the resource teacher should perform a classroom observation, documented on Form F.
- If the school is recommending an outside assessment, the parent must sign a Form G², agreeing to schedule the assessment in a given timeframe.
- If an outside agency performs the assessment, the parent must complete a Form E, giving permission to share information with individuals outside of the school.
- If a physician is included in the evaluation, a Form I¹ will be provided for completion by the physician.
- If an outside psychologist, psychiatrist, or other medical professional is included in the evaluation, a Form I² will be provided for completion by the medical professional.
- Parent will complete a Form B², documenting their specific concerns related to their child.
- The resource teacher will retain copies of these forms and convene an M-Team meeting once assessment is complete.
Steps Following Formal Assessment

- The M-Team will determine if the student will qualify for special education services, continued additional support, and/or does not demonstrate a need for special services. A Form H will be completed to document these findings.
- A Form C (Student Support Plan) or Form J (Adjusted Curriculum Plan) will be completed at the M-Team meeting when appropriate.
- All M-Team meetings will be documented on a Form D, maintained in the student’s resource file.

Student Re-Evaluation – by resource teacher

- Re-evaluation must occur at least every three years, or as needed to meet student’s changing needs.
- Parents will complete a Form M, giving permission for re-evaluation and documenting any continuing or new areas of concern.
- The resource teacher will complete a Form L and gather relevant permanent records for review.
- The classroom teacher will complete a Form N, providing information on student progress for re-evaluation.
- The resource teacher should perform a classroom observation, documented on Form F.
- If the school performs any assessment, the parent must complete a Form G, giving permission for assessment.
- If the school is recommending any outside assessment, the parent must sign a Form G, agreeing to schedule an external evaluation.
- The M-Team will convene to determine if additional assessment is needed.
- If an outside agency performs the re-evaluation, the parent must complete a Form E, giving permission to share information with individuals outside of the school.
- If a physician is included in the re-evaluation, a Form I will be provided for completion by the physician.
- If a psychologist, psychiatrist, or other medical professional is included in the re-evaluation, a Form I will be provided for completion.
- The M-Team will reconvene to review all available data and make appropriate recommendations on a Form O, which summarizes the re-evaluation.
- An updated SSP (Form C) or ACP (Form J) will be completed by the resource teacher with the parent.
- All M-Team meetings will be documented on a Form D, maintained in the student’s resource file.
APPENDIX 4: Guidance on Private School/Home School Evaluation Requests
Parent/Guardian Requests for Evaluation

The first point of clarification:

300.306 Determination of eligibility. This reg applies to ALL potential categories of disability. Under (b) Special rule for eligibility determination. A child must not be determined to be a child with a disability under this part(1) if the determinant factor for that determination is (i) Lack of appropriate instruction in reading, including the essential components of reading instruction (as defined in section 1208(3) of the ESEA); (ii) Lack of appropriate instruction in math; or (iii) Limited English proficiency.

Note: The concept of this reg has been on the books, but now reading instruction is redefined closer to the NCLB requirements that have established research based instruction delivered by appropriately trained personnel.

The second point of clarification is in regard to new “Additional Procedures for Identifying Children With Specific Learning Disabilities”, Section 300.307 through 300.311. Under 300.309 Determining the existence of a specific learning disability.

(b) To ensure that underachievement in a child suspected of having a specific learning disability is not due to lack of appropriate instruction in reading or math, the group must consider, as part of the evaluation described in 300.304 through 300.306—

(1) Data that demonstrate that prior to, or as a part of, the referral process, the child was provided appropriate instruction in regular education settings, delivered by qualified personnel; and

(2) Data based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress during instruction, which was provided to the child’s parents.

(c) The public agency must promptly request parental consent to evaluate the child to determine if the child needs special education and related services, and must adhere to the timeframes described in 300.301 and 300.303, unless extended by mutual written agreement of the child’s parents and a group of qualified professionals, as described in 300.306(a)(1) —

In consideration of the new regulations, guidance on the issues of private/home school referrals and parent requests for evaluation is being offered in question and answer format on page two and three. Local districts must strive to implement the new regulations in a reasonable manner while fulfilling the intent of the law. Referrals from the private sector, whether it is a private school or a home school, require some interpretation of the intent of the regulations prior to implementation. A written parent request also requires some interpretation of the new regulations.
Frequently Asked Questions

Private School/Home School Referrals

A private school (or home school) wants an evaluation of a student to determine educational need. The referral appears to be for the SLD category. How do we handle this situation? Do we have to become involved in interventions and progress monitoring in the private school or home school?

First, 300.306 states that a child cannot be determined eligible for services if a lack of appropriate instruction in reading or math or limited English proficiency is the determinant factor in the educational difficulties. That regulation applies to any type of referral and it requires the local district to examine and collect data on the instructional practices being used for that child.

The local district is responsible for conducting child find and completing comprehensive assessments on children referred for evaluation. Regarding referrals for Specific Learning Disabilities, evidence of prior interventions is required for students referred for an evaluation from a private school or home school. The local district can do one of two things. They can accept less formalized intervention data from the private school or home school setting, or they can assist the private school/home school in strategies for collecting valid data based on interventions implemented prior to the referral or during the evaluation period. If the local district refuses to evaluate the child due to lack of information, a prior written notice must be completed. If a district accepts the referral, but then later chooses not to qualify a student because lack of appropriate instruction cannot be ruled out, parents may exercise their right to an independent evaluation or initiate due process.

Local districts should educate private/home schools and parents in their jurisdiction regarding these new regulations. Working with private/home schools and parents regarding the type of documentation that will satisfy the intent of the regulations will prevent misunderstandings and allow for the accurate identification of students with disabilities.

Parent/guardian Requests for Evaluation

How does a local district implement interventions if a parent requests immediate referral for special education evaluation? During the 40 school day timeline that begins with the receipt of a written request for evaluation, the school should collect data on the appropriateness of the child’s current curriculum, the implementation of that curriculum, and any interventions implemented prior to the request. Then the school must immediately begin interventions and the formal data collection process (if not already in place). If interventions are put into place and the child begins making significant progress, the school should meet with the parent and decide whether or not to extend the evaluation timeline. This may be done with a formal extension as outlined in 300.309(c). This regulation requires any extension of the timeframe be extended only by mutual written agreement of the child’s parents and a group of qualified professionals. If the child has made only minimal or no progress, the evaluation must be completed within the 40 school day timeframe. Unless extended by mutual written agreement*, the evaluation timeframe from written request remains 40 school days.

* A timeline waiver request form is available on the Division’s website under assessment.

The Division of Special Education will be issuing additional guidance and technical assistance as local districts work to fully implement the new regulations.

July 30, 2008

Division of Special Education
APPENDIX 5
READING INSTRUCTION INTERVENTION
Interventions, Monitoring, and Data Collection

Note: This form is completed by the student’s teacher or appropriate school-based team for a student suspected of having a disability or a specific learning disability in READING.

Student: _______________________________ DOB: ____/____/_______ Age: ___________
School: _________________________________________________________ Grade: ________

Problem Analysis (Why is the problem occurring?)
Guidelines for Problem Analysis:
1) Develop hypotheses across multiple domains (e.g., curriculum, classroom, home/family, child, teacher, peers).
2) Develop hypotheses to determine if the student was not performing the replacement behavior because of a performance and/or skill deficit.
3) Provide data to verify/nullify hypotheses.
4) Verify at least one hypothesis with data at the meeting.

Hypothesis: ______________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________________________

Data required validating hypothesis: ____________________________________________________________________________________________
____________________________________________________________________________________________________

Intervention Development (What is the goal?)
Guidelines for Intervention Development:
1) Establish goals directly related to benchmarks.
2) Develop goals in areas where data are available and hypotheses were verified.
3) Explore the use of evidence-based interventions.
4) Establish criteria for evaluating the fidelity of intervention implementation.
5) Agree on frequency, dates, and focus of progress monitoring.
6) Establish criteria for acceptable response to intervention.
7) Develop plan to support the intervention implementation.
8) Designate intervention support personnel (members of reevaluation IEP team).
9) Schedule follow-up meeting.
### Intervention Implementation Documentation

<table>
<thead>
<tr>
<th>Dates To/From:</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Total # of Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>T</td>
<td>I</td>
<td>S</td>
<td>T</td>
<td>I</td>
<td>S</td>
</tr>
<tr>
<td>Week 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Legend

<table>
<thead>
<tr>
<th></th>
<th>Skill in question</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>T</td>
<td>Time (# of minutes in program)</td>
<td>(Create your own key. For example, W = Wilson Foundations)</td>
</tr>
<tr>
<td>I</td>
<td>Intervention</td>
<td></td>
</tr>
<tr>
<td>S</td>
<td>Skill in question</td>
<td></td>
</tr>
<tr>
<td>L</td>
<td>Language</td>
<td></td>
</tr>
<tr>
<td>PA</td>
<td>Phonemic Awareness</td>
<td></td>
</tr>
<tr>
<td>P</td>
<td>Phonics</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>Fluency</td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>Vocabulary</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Comprehension</td>
<td></td>
</tr>
</tbody>
</table>

### Intervention Evaluation (Is the intervention working?)

Guidelines for Intervention Evaluation:

1. Provide graphic representation of data. Determine if the student is making progress toward the goal.
2. Determine if the student is decreasing the discrepancy between him/her and the general education peers.
3. Determine if the intervention should be changed, maintained, or discontinued.

ED5445/01.22.09
### Documentation of Intervention Effectiveness

<table>
<thead>
<tr>
<th>Skill Assessed:</th>
<th>Date</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline/Pre-test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PM** = Progress Monitoring

---

**Signature(s) of Classroom and Special Education Teacher**

---

**Signatures of School-based Instructional Personnel**

---

**Date**

ED5445/01.22.09
MATH INSTRUCTION INTERVENTION

Interventions, Monitoring, and Data Collection

Note: This form is completed by the student’s teacher or appropriate school-based team for a student suspected of having a disability or a specific learning disability in MATH.

Student: _______________________________        DOB: ____/____/_______         Age: ___________

School: _________________________________________________________        Grade: ________

Problem Analysis (Why is the problem occurring?)

Guidelines for Problem Analysis:
1) Develop hypotheses across multiple domains (e.g., curriculum, classroom, home/family, child, teacher, peers).
2) Develop hypotheses to determine if the student was not performing the replacement behavior because of a performance and/or skill deficit.
3) Provide data to verify/nullify hypotheses.
4) Verify at least one hypothesis with data at the meeting.

Hypothesis: ____________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Data required validating hypothesis: ________________________________________________________________________________
____________________________________________________________________________________

Intervention Development (What is the goal?)

Guidelines for Intervention Development:
1) Establish goals directly related to benchmarks.
2) Develop goals in areas where data are available and hypotheses were verified.
3) Explore the use of evidence-based interventions.
4) Establish criteria for evaluating the fidelity of intervention implementation.
5) Agree on frequency, dates, and focus of progress monitoring.
6) Establish criteria for acceptable response to intervention.
7) Develop plan to support the intervention implementation.
8) Designate intervention support personnel (members of reevaluation IEP team).
9) Schedule follow-up meeting.
## Intervention Implementation Documentation

<table>
<thead>
<tr>
<th>Dates To/From:</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Total # of Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>T</td>
<td>I</td>
<td>S</td>
<td>T</td>
<td>I</td>
<td>S</td>
</tr>
<tr>
<td>Week 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Legend

- **T** = Time (# of minutes in program)
- **I** = Intervention
- **S** = Skill in question

### Skill in question

- **NS** = Number Sense
- **F** = Fractions
- **A** = Addition
- **E** = Equations
- **S** = Subtraction
- **Me** = Measurement
- **M** = Multiplication
- **G** = Geometry
- **D** = Division
- **Gr** = Graphing

### Intervention

(Create your own key. For example, **V** = V Math)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Intervention Evaluation (Is the intervention working?)

**Guidelines for Intervention Evaluation:**

1. Provide graphic representation of data. Determine if the student is making progress toward the goal.
2. Determine if the student is decreasing the discrepancy between him/her and the general education peers.
3. Determine if the intervention should be changed, maintained, or discontinued.
**Documentation of Intervention Effectiveness**

<table>
<thead>
<tr>
<th>Skill Assessed:</th>
<th>Date</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline/Pre-test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skill Assessed:</th>
<th>Date</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline/Pre-test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skill Assessed:</th>
<th>Date</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline/Pre-test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PM # 12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PM = Progress Monitoring

________________________________________________________________________
________________________________________________________________________

**Signature(s) of Classroom and Special Education Teacher**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Signatures of School-based Instructional Personnel**

Date
Appendix 6: CHRONOLOGY

Addition of High School Portion
Revised: September 2013

Lynne Rucinski, KCHS
Mary Ann Merrill, KCHS

Procedure Handbook Updates
Revised: March 2013

Kim Bellofatto – St. Mary’s School, Oak Ridge
Mary Sue Kosky – St. John Neumann School
(Updates and recommendations from members of Special Education teacher group)

Procedure Handbook Revision Committee
Revised: June 2010

Kim Bellofatto – St. Mary’s School, Oak Ridge
Dr. Pam Bernards – St. Joseph School
Jenny Hetzler – Our Lady of Perpetual Help
Mary Sue Kosky – St. John Neumann School
Anita Medlock – Sacred Heart Cathedral
Dr. Sherry Morgan – Superintendent of Schools
Sedonna Prater – Sacred Heart Cathedral
Lynne Rucinski – Knoxville Catholic High
Cindy Storey – Notre Dame High School
(Typed by Dana Hogan and Eunice Stearns)

Procedure Manual Revision Committee
Revised: June 2000

Dr. Sherry Bell – Consultant
Pam Bernards – Sacred Heart Cathedral School
Dr. Janna Bopp – Consultant
Lee Kirkwood – St. Mary School, Johnson City
Anita Medlock – Sacred Heart Cathedral
Pat Pennebaker – Sacred Heart Cathedral
Sedonna Prater – Sacred Heart Cathedral
Marilyn Zimowski – St. John Neumann
(Typed by Brigid Johnson)

Procedure Manual Revision Committee
Revised: March 1997

Jerri Attanasio – Sacred Heart Cathedral School
Mary Batts – Saint Jude School
Jean Chang – St. Dominic School
Philip Dampf – St. Dominic School
Barbara Porter – Sacred Heart Cathedral School
Cammie Sawyer – Our Lady of Perpetual Help
Mary St. Denis – Knoxville Catholic School
Cindy Storey – Notre Dame High School
(Typed by Debbie Christison)

Special Education Committee for Procedural Manual - 1995

Dr. Sherry Mee Bell – Consultant
Pam Bernards - Sacred Heart Cathedral School
Philip Dampf III – St. Dominic School
Dr. Johanna C. Humphrey – St. Joseph School
(Designed by: Ruth Koh – St. Joseph School)