

Transition Services

Date of Student Invitation: Method of Student Invitation:

Measurable Postsecondary Goals (Outcomes that occur after the student has left high school.)

Training or Education Goal:
 Employment Goal:
 Independent Living Goal:
 (if applicable)

Transition Assessments List the multiple assessments used to address the student's career interests, vocational skills, employability, independent living skills, self advocacy and other preferences and interests. Assessment documentation must be included in IEP folder.

TRANSITION SERVICES	SCHOOL ACTION STEPS	STUDENT ACTION STEPS	FAMILY ACTION STEPS	AGENCY ACTION STEPS
INSTRUCTION/ RELATED SERVICES				
COMMUNITY EXPERIENCES				
EMPLOYMENT AND POSTSCHOOL ADULT LIVING				
FUNCTIONAL VOCATIONAL EVALUATION AND DAILY LIVING SKILLS				

WHEN NEEDED, IF A PARTICIPATING AGENCY DOES NOT ATTEND, DOCUMENT OTHER ACTIONS FOR AGENCY LINKAGES.

Exit Document: _____
 Years to Graduate/Exit: _____
 Anticipated Exit Date: _____

General Student Information

HOMEBASED SCHOOL: _____ OTHER SCHOOL: _____

SP TYPE: _____ INDIVIDUAL EVALUATION / WAIVER DATE: _____

Primary / Other	Exceptionality	Detail(s)
Primary		
Other		
Other		
Other		
Other		

SP Participants	Name	IEP Participants	Name

Include strengths; parental concerns; evaluation results; academic, developmental, and functional needs; progress or lack of expected progress in general education curriculum

Directions: Check "Yes" or "N/A" for both questions.

Does the student have limited or no verbal skills?

Yes N/A

Does the student have other significant impairment in the areas of receptive and/or expressive language, including but not limited to impairments in the areas of apraxia, articulation/phonology, fluency, pragmatics, or auditory processing.

Yes N/A

- In order to effectively plan for this student's unique communication support needs and facilitate his/her academic progress,
 - In the General Student Information drop down list, the "Communication" item will self-populate.
 - The "Communication Needs of Child" section must be completed.
 - A communication plan must be developed for this student. "The Tools for Developing Communication Plans" is a resource for IEP teams to use in developing plans.
 - At least 1 communication related goal must be included in the instructional pages of the IEP.

General Information about the Student:

Strengths:

Parent Concerns:

SERVICES PLAN

Student Name: _____ DOB: _____ Grade: _____ CONFIDENTIAL DOCUMENT

LOUISIANA DEPARTMENT OF EDUCATION System: _____ Meeting Date: _____ State ID: _____ Local ID: _____ Page ___ of ___ Revised 2017

Evaluation / Reevaluation Results:	
Academic, Developmental, and Functional Needs:	
Progress or lack of expected progress in general education curriculum:	

General Student Information (continued)

Consideration of Special Factors

Behavior:	
English Learner:	
Communication Needs of Child:	
Instruction in and use of Braille:	
Assistive Technology Services / Devices - Describe what is being presently used including Low/High Tech:	
Health needs - IHP needs to be attached to IEP	

After consideration by the IEP team, there are no special factors that need to be addressed at this time

Educational Needs: Academic/Cognitive Behavior Communication Motor Self-Help Social

Services / Placement

STUDENTS TOTAL INSTRUCTIONAL DAY (Minutes): _____ Student attends school days per week.

Service	Date to Begin	Duration	Individual / Group	Regular Class		Community		Special Class	
				Minutes	Sessions	Minutes	Sessions	Minutes	Sessions
Total Number of Minutes in Special Setting per Week: _____									

Service	Date to Begin	Frequency	Individual / Group	Regular Class		Community		Special Class	
				Minutes	Sessions	Minutes	Sessions	Minutes	Sessions
Total Number of Minutes in Special Setting per Week: _____									

Instructional Plan #

EDUCATIONAL NEED AREA: _____

CONTENT AREA: _____

Act 833 Applied

Present Level of Academic Achievement and Functional Performance

Measurable Academic / Functional Goal

Method of Measurement: _____

Additional Methods of Measurement: _____

Date Achieved: _____

PERSONNEL RESPONSIBLE FOR IMPLEMENTING GOAL (Check by position)

Special Education Teacher Parent Speech/Language Pathologist Regular Education Teacher Student Adapted Physical Educator

Other Related Service Providers (List) _____

Other (List) _____

Instructional Plan # _____

EDUCATIONAL NEED AREA: _____

CONTENT AREA: _____

Act 833 Applied

Present Level of Academic Achievement and Functional Performance

Measurable Academic / Functional Goal

Method of Measurement: _____

Additional Methods of Measurement: _____

Date Achieved: _____

PERSONNEL RESPONSIBLE FOR IMPLEMENTING GOAL (Check by position)

- Special EducationTeacher
 Parent
 Speech/Language Pathologist
 Regular EducationTeacher
 Student
 Adapted Physical Educator
 Other Related Service Providers (List) _____
 Other (List) _____

Instructional Plan # _____

EDUCATIONAL NEED AREA: _____

CONTENT AREA: _____

Act 833 Applied

Present Level of Academic Achievement and Functional Performance

Measurable Academic / Functional Goal

Method of Measurement: _____

Additional Methods of Measurement: _____

Date Achieved: _____

PERSONNEL RESPONSIBLE FOR IMPLEMENTING GOAL (Check by position)

- Special EducationTeacher Parent Speech/Language Pathologist Regular EducationTeacher Student Adapted Physical Educator
- Other Related Service Providers (List) _____
- Other (List) _____

ESY Instruction

NONE (This student does not require Accommodations)

*English III Only

**Replaced LEAP and EOC

***Except Reading Comprehension sections on the Eng III EOC

Accommodations

CHECK THE INDIVIDUAL ACCOMMODATIONS NEEDED

	<input type="checkbox"/> Access For All <input type="checkbox"/> Accommodation <input type="checkbox"/> Accessibility Feature <input type="checkbox"/> Assistive Technology		Statewide Assessments											
			Classroom				Paper				Online			
			Instruction		Testing		LEAP 2025** Grades 3-4				Grades 3-12	Grades 9-12	Grades 3-12	LEAP 2025** Grades 3-12
				ELA	Math	Social Studies	Science	LAA 1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science
Presentation Accommodations														
Read Aloud														
Text-to-Speech	<input type="checkbox"/>	<input type="checkbox"/>									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kurzweil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Recorded voice file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Modify Test/Assignments														
Modified tests	<input type="checkbox"/>	<input type="checkbox"/>												
Modify assignments as needed	<input type="checkbox"/>	<input type="checkbox"/>												
Shorten assignments	<input type="checkbox"/>	<input type="checkbox"/>												
Limit amount of work required or length of tests	<input type="checkbox"/>	<input type="checkbox"/>												
Modify/repeat/model directions	<input type="checkbox"/>	<input type="checkbox"/>												
Alter format of materials on page (type/highlight/spacing)	<input type="checkbox"/>	<input type="checkbox"/>												
Limited multiple choice/Reduce answer choices	<input type="checkbox"/>	<input type="checkbox"/>												
Provide Word bank/Word assistance	<input type="checkbox"/>	<input type="checkbox"/>												
Multiple choice spelling tests, shortened spelling list	<input type="checkbox"/>	<input type="checkbox"/>												

	<input type="checkbox"/> Access For All <input type="checkbox"/> Accessibility Feature		<input type="checkbox"/> Accommodation <input type="checkbox"/> Assistive Technology		Statewide Assessments									
					Paper					Online				
					Classroom		LEAP 2025** Grades 3-4				Grades 3-12	Grades 9-12	Grades 3-12	LEAP 2025** Grades 3-12
	Instruction	Testing	ELA	Math	Social Studies	Science	LAA 1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science	
Presentation Accommodations														
Communication Assistance														
Communication Assistance/Task Description	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>					
Communication Assistance Script (for interpreters and UEB read aloud)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fm system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adapted toys/games	<input type="checkbox"/>	<input type="checkbox"/>												
Computer/Word-Processor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Touch Screen Monitor	<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reading pen	<input type="checkbox"/>	<input type="checkbox"/>												
Communication assistance - related to hearing loss only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interpreter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visuals	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>							
Visual schedule/Picture schedule	<input type="checkbox"/>	<input type="checkbox"/>												
Audio Amplification System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Presentation Accommodations														
Answer Masking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General Administration- Directions Clarified by test administrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General Masking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Headphones or Noise Buffers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Highlight Tool/Highlighter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Magnification/Enlargement Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pop-up Glossary														
Redirect Student to the Test		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UEB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tactile Graphics			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
Utilize graphic/pictorial mode materials (e.g. tactile graphics)	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>							

	<input type="radio"/> Access For All <input type="checkbox"/> Accommodation <input type="triangle-up"/> Accessibility Feature <input type="diamond"/> Assistive Technology		Statewide Assessments										
			Paper				Online						
			Classroom		LEAP 2025** Grades 3-4				Grades 3-12	Grades 9-12	Grades 3-12	LEAP 2025** Grades 3-12	
	Instruction	Testing	ELA	Math	Social Studies	Science	LAA 1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science
Presentation Accommodations													
Large Print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change background font and colors	<input type="checkbox"/>	<input type="checkbox"/>							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Color reading filters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Color code material	<input type="checkbox"/>												
Provide study outlines/guides	<input type="checkbox"/>	<input type="checkbox"/>											
Provide assistance/cues/prompts for transitions between activities	<input type="checkbox"/>												
Task analysis	<input type="checkbox"/>												
Use multi-sensory modes /tools to reinforce instruction	<input type="checkbox"/>												
Use text/workbooks/worksheets at modified reading level	<input type="checkbox"/>	<input type="checkbox"/>											
Provide daily assignment list	<input type="checkbox"/>												
Provide homework lists	<input type="checkbox"/>												
Preview test procedures		<input type="checkbox"/>											
Simplify test wording		<input type="checkbox"/>											
Utilize audio/recorded texts	<input type="checkbox"/>	<input type="checkbox"/>											
Utilize digital formats	<input type="checkbox"/>	<input type="checkbox"/>											
Digital Recorders	<input type="checkbox"/>	<input type="checkbox"/>											
E-reader	<input type="checkbox"/>	<input type="checkbox"/>											
Other (Classroom only - NOT for state assessments)													
Unique (Requires additional documentation and LDOE approval for use on state assessments)													

SERVICES PLAN

Student Name: _____ DOB: _____ Grade: _____ CONFIDENTIAL DOCUMENT

LOUISIANA DEPARTMENT OF EDUCATION

System: _____ Meeting Date: _____ State ID: _____ Local ID: _____ Page ___ of ___ Revised 2017

	<input type="checkbox"/> Access For All <input type="checkbox"/> Accessibility Feature		<input type="checkbox"/> Accommodation <input type="checkbox"/> Assistive Technology		Statewide Assessments								
	Classroom		Paper				Online						
	Instruction	Testing	LEAP 2025** Grades 3-4				Grades 3-12	Grades 9-12	Grades 3-12	LEAP 2025** Grades 3-12			
			ELA	Math	Social Studies	Science	LAA1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science
Response Accommodations													
Communication Assistance													
Communication board/system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional communication book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PECS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scribing/Utilize oral responses to assignments/tests (answers recorded)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech-to-Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice output device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice recognition software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word Processors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptive Keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Switch Interface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headmouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptive Joystick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trackball Mouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whisper phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computation Devices (Except on specific fluency items)													
Calculators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manipulatives/Abacas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiplication Chart/Hundreds Chart/Number Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Response Accommodations													
Braille Note-taker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slant Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Classroom		Paper						Online				
	Instruction	Testing	LEAP 2025** Grades 3-4				Grades 3-12	Grades 9-12	Grades 3-12	LEAP 2025** Grades 3-12			
			ELA	Math	Social Studies	Science	LAA1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science
Response Accommodations													
NotePad/Blank Paper	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Eliminate Answer Choices										<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Flag Items for Review										<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Blank Paper/Adapted Paper	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Copy of notes (teacher notes, class notes)	<input type="checkbox"/>												
Word bank, reduced answer choices on multiple choice tests	<input type="checkbox"/>	<input type="checkbox"/>											
Word prediction on the ELA/Literacy Performance-based Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planners/Organizers/Graphic organizers	<input type="checkbox"/>	<input type="checkbox"/>											
Adapted grips/utensils/pencils/drawing tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye gaze communication system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answers Recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transferred Answers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide product options for students to obtain information and demonstrate knowledge through use of: alternative projects/ interviews/ oral reports	<input type="checkbox"/>	<input type="checkbox"/>											
Student writes on test		<input type="checkbox"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>					
Objective tests		<input type="checkbox"/>											
Rephrase test questions	<input type="checkbox"/>	<input type="checkbox"/>											
Test study guide	<input type="checkbox"/>	<input type="checkbox"/>											
Shortened tasks	<input type="checkbox"/>	<input type="checkbox"/>											
Extra credit options	<input type="checkbox"/>	<input type="checkbox"/>											
Hands-on-projects	<input type="checkbox"/>	<input type="checkbox"/>											
Dictionary/Thesaurus/Spell Checker	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		
Other (Classroom only - NOT for state assessments)													

Unique (Requires additional documentation and LDOE approval for use on state assessments)	
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<input type="radio"/> Access For All <input type="checkbox"/> Accommodation <input type="checkbox"/> Accessibility Feature <input type="checkbox"/> Assistive Technology	Statewide Assessments												
	Paper						Online						
	Classroom		LEAP 2025** Grades 3-4				Grades 3-12	Grades 9-12	Grades 3-12	LEAP 2025** Grades 3-12			
	Instruction	Testing	ELA	Math	Social Studies	Science	LAA1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science

Timing & Scheduling													
Extended Time/Increase the amount of time allowed to complete assignments and tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pace long term projects	<input type="checkbox"/>												
Extra time-written work	<input type="checkbox"/>	<input type="checkbox"/>											
Prior notice of tests	<input type="checkbox"/>	<input type="checkbox"/>											
Modify student's schedule	<input type="checkbox"/>												
Allow breaks during work periods, between tasks, during testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide assistance/cues for transition between classes, lockers, and home	<input type="checkbox"/>												
Content Mastery Center	<input type="checkbox"/>	<input type="checkbox"/>											

Other (Classroom only - NOT for state assessments)	
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Unique (Requires additional documentation and LDOE approval for use on state assessments)	
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SERVICES PLAN

Student Name: _____ DOB: _____ Grade: _____ **CONFIDENTIAL DOCUMENT**

LOUISIANA DEPARTMENT OF EDUCATION

System: _____ Meeting Date: _____ State ID: _____ Local ID: _____ Page ___ of ___ Revised 2017

	<input type="radio"/> Access For All <input type="triangle-up"/> Accessibility Feature		<input type="checkbox"/> Accommodation <input type="diamond"/> Assistive Technology		Statewide Assessments								
					Paper						Online		
					Classroom		LEAP 2025** Grades 3-4				Grades 3-12	Grades 9-12	Grades 3-12
	Instruction	Testing	ELA	Math	Social Studies	Science	LAA1 Science	LAA 2	LEAP Connect	ELA	Math	Social Studies	Science
Setting Considerations													
Individual testing		<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>		<input type="checkbox"/> <input type="triangle-up"/>		<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>
Small group testing		<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>		<input type="checkbox"/> <input type="triangle-up"/>		<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>
Provide individualized instruction	<input type="checkbox"/> <input type="checkbox"/>												
Provide small group instruction	<input type="checkbox"/> <input type="checkbox"/>												
Assign peer tutors/work buddies/note-takers	<input type="checkbox"/> <input type="checkbox"/>												
Provide desktop list of tasks	<input type="checkbox"/> <input type="checkbox"/>												
Alter physical room environment	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Separate or Alternate Location	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>		<input type="checkbox"/> <input type="triangle-up"/>		<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>
Specified Area or Seating	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>	<input type="checkbox"/> <input type="triangle-up"/>
Other (Classroom only - NOT for state assessments)													
Unique (Requires additional documentation and LDOE approval for use on state assessments)													

Placement

PLACEMENT/SERVICE DETERMINATION CHECKLIST

Parentally Placed in Private Schools

Supports Needed for School Personnel (Describe)

[Empty box for describing supports needed for school personnel]

COMMENTS

[Empty box for comments]

Special Transportation

No Yes - Describe

[Empty box for describing special transportation]

PROGRESS REPORT

The LEA assures that the program and services described in the Services Plan will be provided. The schedule for describing the progress towards achievement of the academic and functional annual goals will be every [] weeks, current with the issuance of report cards. Achievement will be documented through the use of Progress Reports.

AGE OF MAJORITY

Beginning at least one year before reaching the age of majority, I (my child) have been informed that my (his or her) rights under the act will transfer to me (my child) on my (his or her) reaching the age of majority

PARENT/STUDENT* CONSENT FOR SERVICES

- I have received a copy of the Louisiana Educational Rights of Children with Disabilities, and was given an opportunity for an oral explanation. I have received a copy of my (child's) evaluation and documentation of determination of eligibility.
- I understand that IDEA due process hearing procedures do not apply to parentally-placed private school students.
- I give consent for the initial provision of special education and related services.
- I understand that if I disagree with any services or the placement described on the IEP, I can pursue a solution to my complaint through the state's written dispute resolution options.
- Parent / Student did not attend the **Review** Service Plan Team meeting.

SIGN: _____

PARENT/GUARDIAN/SURROGATE PARENT/COMPETENT MAJOR/STUDENT Date

PRINT:

*Signature is only required for the **initial** provision of services.

* Parents should initial and date in the IEP Participant box on the GSI page if they attended an IEP team meeting where the IEP was amended.

SIGN: _____

OFFICIALLY DESIGNATED REPRESENTATIVE OF LOCAL EDUCATION AGENCY Date

PRINT: