

Delaware County Technical High Schools

701 Henderson Blvd.

Folcroft, PA 19032

610-583-7620 ext. 3490

Linda A. Lomas

Supervisor of Student Services

llomas@dcIU.org

We attend IEP revision meetings for all students with IEPs who are applying to DCTS. In January, I send an email to all of our counselor liaisons requesting to block out days for IEP meetings for applicants. We schedule them in 30-minute blocks and can do up to 10 or so in a day. Some districts block an entire week, others a day or two. During the meeting, we review the student's Re-evaluation Report and IEP and make sure that we are able to implement the Specially Designed Instruction and that the student can access the curriculum. We developed an IEP Notes Form and use a Google Sheets document to enter all the notes so any of the special education teachers can access it, if needed.

When the students are in the CTE program, we provide written input into the IEP through our IEP Summary Report Form.

DCTS IEP NOTES FORM

Meeting Date: _____ CTE Representative: _____

CTE Course of Study: _____ Accepted _____ 30 Day Trial _____
Expected Start Date: _____

Student Name: _____ Current Grade _____

School District: _____ School District Representative: _____

Level of Support: _____ Itinerant _____ Supplemental _____ Full Time
_____ Learning Support _____ Emotional Support
_____ Autistic Support _____ Life Skills Support

Primary Disability Classification: _____

Present Levels: Reading _____ Math _____

Functional Behavior: _____

SDI's:

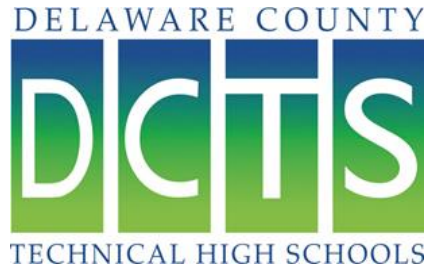
_____ Extended time	_____ Small group for testing	_____ Preferential seating
_____ Adapted tests	_____ Use of calculator	_____ Modify curriculum
_____ Comprehensive check	_____ Directions read aloud	_____ Prompts/verbal cues
_____ Directions clarified	_____ Chunking information	_____ Use of study guides
_____ Positive reinforcement	_____ Test read to student	_____ Guided practice
_____ Repetition of skills	_____ Check agenda book	_____ Accepted spelling
_____ Small group instruction	_____ Repeat directions	_____ Frequent breaks
_____ Graphic organizer	Other: _____	

Related Services: _____ PT Testing: _____ NOCTI
_____ Speech _____ Keystones
_____ OT _____ PSSA
_____ Counseling
_____ Hearing Text to Speech _____ Yes
_____ Vision _____ No
_____ ESY

CHECK LIST: _____ Application _____ Transcripts
_____ Current Report Card _____ Attendance Record
_____ Discipline Record _____ PSSA/Keystone Scores

NOTES:

IEP Meeting-Summary Report



The following information pertains to the elective course of study for career and technical education only. It is not a comprehensive overview of the students' IEP and is not intended as an attachment to the IEP.

Student Name						Date of Report			
District of Residence	Choose an item.					Sending School	Choose an item.		
Age						Grade Level			
CTE Program CIP Code Session	Choose an item. Choose an item.					Location/Teacher			
Current Grade in the Class Knowledge/Skill, and Work Ethic	Current	MP 1	MP 2	MP 3	MP4	Absences	2017-2018	Year to Date	Current M.P.
	Overall CTE Grade						Excused		
	Knowledge/Skill						Unexcused		
	Work Ethic								

Present Levels of Academic Achievement & Functional Performance

Standardized Test Results	
----------------------------------	--

Present Performance in Career and Technical Education Area

1. Behavior/Social Factors that affect academic achievement – Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Hardworking | <input type="checkbox"/> Incomplete classroom assignments |
| <input type="checkbox"/> Contributes to class | <input type="checkbox"/> Incomplete homework assignments |
| <input type="checkbox"/> Makes full use of class time | <input type="checkbox"/> Attention difficulties |
| <input type="checkbox"/> Works to capacity | <input type="checkbox"/> Inadequate test preparation |
| <input type="checkbox"/> Shows improvement | <input type="checkbox"/> Attendance/lateness issues |
| <input type="checkbox"/> Positive classroom attitude | <input type="checkbox"/> Unconstructive class attitude |
| <input type="checkbox"/> Positive peer relationships | <input type="checkbox"/> Below average test grades |
| <input type="checkbox"/> Respectful/cooperative | <input type="checkbox"/> Incomplete mastery of Course fundamentals |
| <input type="checkbox"/> Follows class/school rules | <input type="checkbox"/> Inconsistent Work habits |
| <input type="checkbox"/> Pleasure to have in class | <input type="checkbox"/> Struggles with organization skills |
| <input type="checkbox"/> Participates in class | |

2. Accommodations:

As stated per the IEP

3. Comments: Strengths, needs, and other factors supporting and/or hindering the student's education.

Please email a copy of the finalized IEP to: dctsstudentservices@dcu.org

Please send or email a copy of the signature page from the IEP meeting that includes signatures of those in attendance.