

**Student attends UTHS Satellite program and goes OUT to a community job skills site.
Educational Services and Placement**

Student Name: BHAEC Tester Grade: 12+ Date: 11/16/2017 DOB: 03/11/2005

Anyone responsible for implementing special education services must be notified of her/his specific responsibilities.

Start Date: 09/22/2017 Case Manager: _____

End Date: 01/19/2018 School/Program: United Township High School *

Will the student participate in regular physical education? Bell to Bell Minutes: 2125

Yes No Instructional Minutes: 1715

Participation in General Education Environment		
General Education No Supplementary Aids Class	General Education With Supplementary Aids Class (Job skills site) <u>Job Skills</u>	Special Education In General Classroom Class Minutes Frequency

Participation in Special Education Environment		
Special Education		
Outside General Classroom Class	Minutes	Frequency
<u>Core Classes</u>	<u>1415</u>	<u>Weekly</u>

Weekly Special Education Totals	
Inside General Classroom Minutes:	<u>0</u>
Outside General Classroom Minutes:	<u>1415</u>
Total Minutes of Special Education:	<u>1415</u>
% (EE) Inside Regular Education:	<u>33</u>
% Special Education:	<u>83</u>

Related Services

Related Service	Minutes	Frequency	Initiation	Duration
* <u>Supports for Transition</u>	<u>60</u>	<u>Daily</u>	<u>09/22/2017</u>	<u>01/19/2018</u>

Location/Additional Info
*Tester will attend a community job *
skills site 5 days per week with a
job coach.*

It is necessary that the district ("the School") obtain your written permission to release information to Medicaid. This permission must be obtained prior to the School ever releasing your child's personal information from educational records for billing purposes to a public benefits or insurance program. Medicaid requires documentation of the services our staff provided prior to making payment to the School. You have the right to withdraw consent at any time. Your child's free appropriate education and related services will continue regardless of consent, refusal of consent, or withdrawal. Please refer to Release of Information/ Consent to Bill Medicaid for further information.

Educational Environment Considerations

To the maximum extent appropriate, all students shall be educated and participate with students who are non-disabled. Provide an explanation of the extent, if any, to which the student will not participate in general education classes and activities.

Yes No Special education classes, separate schooling, or removal from regular education environment is required because the nature or severity of the student's disability is such that education in general classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Explain:

Tester requires instruction in a separate special education classroom for all academic areas, social skills and some transitional skill training due to his Intellectual Disability.

Yes No Student will participate in nonacademic activities with nondisabled peers and have the same opportunity to participate in extracurricular activities as nondisabled peers.

If no, explain:

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Yes No Student will attend the school he or she would attend if nondisabled.
If no, explain:

Tester will attend a separate general education school for disabled peers within the school district's special education cooperative. This school setting is a part of the district's continuum of services.

Placement Considerations

When determining the placement, consider any potentially harmful effect either on the student or the quality of services that he/she needs. After determining the student's placement, complete the "Placement" section on this cover sheet.

Yes N/A For a child who is deaf, hard of hearing, blind or visually impaired, parents have been informed of existence of the Illinois School for the Deaf or the Illinois School for the Visually Impaired, and other local schools that provide similar services.

Placement Options Considered	Team Accepts Placement	Potentially Harmful Effect/Reason Rejected
<i>02 - Inside regular classroom 40% - 79% of the day</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>BHAEC Tester would receive small group instruction in identified areas as well as support and modification in other areas of the general education curriculum, but will not participate to the full extent in the general education program.</i>
* <i>03 - Inside regular classroom less than 40% of the day</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>BHAEC Tester will receive small group, specialized instruction in all academic areas as well as vocational training in a community-based job skills site, but participation in the general education program will be limited.</i>
<i>04 - Special Ed 100% in separate public school</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>BHAEC Tester would receive small group instruction in all academic areas as well as vocational skills in a special education setting. BHAEC Tester would not participate with grade level peers in the general education program.</i>

Transportation

Check all that apply

- Yes No Special transportation is required to and from schools and/or between schools.
- Yes No Special transportation is required in and around school buildings.
- Yes No Specialized equipment (such as special or adapted buses, lifts, and ramps) is required.

Please explain and/or detail transportation plan:

Home district will provide transportation between home and UTHS. BHAEC provides transportation to and from the community-based job skills training site.

Extended School Year Services

Yes No Extended school year services are needed. **The IEP team must document the consideration of the need for**

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extended school year services and the basis for the determination.

ESY will be considered in May of this school year.

If yes, the IEP must indicate the type, amount and duration of services to be provided.

Special Education Service

Minutes

Frequency

Initiation

Duration