

Attachment I – Individualized Plan for Employment (IPE)

Division of Vocational Rehabilitation (DVR) Counselor Policy Manual

Chapter 8 (Revised Feb. 24, 2005)

8.00 Individualized Plan for Employment (IPE)

- 8.0001 An IPE, developed by the individual and the DVR Counselor, is a description of the specific rehabilitation services that are needed for the individual to achieve an employment outcome.
- 8.0002 An IPE must be designed to achieve the specific employment outcome that is selected by the individual and consistent with the individual's unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice; and
- 8.0003 The IPE must to the maximum extent appropriate result in employment in an integrated setting.

8.01 Options for Developing an IPE (English) (Spanish)

- 8.0101 Eligible individuals or the individual's representative must be provided in writing and in an appropriate mode of communication with information on the individual's options for developing an Individualized Plan for Employment including:
 - a. Information on the availability of assistance, to the extent the individual desires assistance, from a DVR counselor in developing all or part of the individualized plan for employment for the individual, and the availability of technical assistance in developing all or part of the IPE.
 - b. A description of the full range of components that shall be included in an IPE;
 - c. As appropriate to the eligible individual: an explanation of agency policy and guidelines regarding payment for services, information available to the individual on completing the IPE on DVR forms, and other information the individual may request or DVR determines necessary.
 - d. A description of the individual rights and appeal procedures (Reference Chapter 3), including the availability of the Client Assistance Program and information about how to contact the Client Assistance Program.

8.02 Components of IPE. Regardless of the option selected by eligible individual, the IPE must contain:

- 8.0201 A description of the specific employment outcome that is chosen by the eligible individual and is consistent with the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the eligible individual, and to the maximum extent appropriate, results in employment in an integrated setting;
- 8.0202 A description of the specific vocational rehabilitation services that are:
 - 8.020201 Needed to achieve the employment outcome, including, as appropriate, the provision of assistive technology devices, assistive technology services, and personal assistance services, including training in the management of such services; and
 - 8.020202 Provided in the most integrated setting that is appropriate for the services involved and is consistent with the informed choice of the eligible individual;

- 8.0203 Timelines for the achievement of the employment outcome and dates for the initiation of the services;
- 8.0204 A description of the entity chosen by the eligible individual or, as appropriate, the individual's representative, that will provide the vocational rehabilitation services, and the methods used to procure such services;
- 8.0205 A description of criteria to evaluate progress toward achievement of the employment outcome;
- 8.0206 The terms and conditions of the IPE, including, as appropriate, information describing:
 - 8.020601 The responsibilities of DVR;
 - 8.020602 The responsibilities of the eligible individual, including:
 - a. The responsibilities the eligible individual will assume in relation to the individual's employment outcome;
 - b. If applicable, the participation of the eligible individual in paying for the costs of the plan;
 - c. The responsibility of the eligible individual with regard to applying for and securing comparable services and benefits [Reference Chapter 9, Section 9.03]; and
 - 8.020603 The responsibilities of other entities as the result of arrangements made pursuant to comparable services or benefits as described in Chapter 9, Section 9.03;
- 8.020 An IPE for an eligible individual with the most significant disability for whom an employment outcome in a supported employment setting has been determined to be appropriate must meet the requirements found in Chapter 17, Section 17.03.
- 8.02.1.1.1 120 day IPE
 - 8.0301 Each IPE must be completed and initiated as soon as possible, consistent with the needs of the individual, but not more that 120 calendar days following the eligibility determination, unless the individual, or an authorized representative of the individual, and the vocational rehabilitation counselor employed by Division of Vocational Rehabilitation (DVR) jointly agree to an extension of time of specified duration.
 - 8.0302 If the IPE cannot be developed within 120 days due to exceptional and unforeseen circumstances, the individual, VR Counselor employed by DVR must agree to a specific extension of time. Exceptional and unforeseen circumstances may include:
 - a. an appointment for a necessary assessment could not be secured in a timely fashion;
 - b. illness of the individual or other reason for non-availability to participate in the IPE development;
 - c. unexpected closing of offices due to natural causes.
 - 8.302.1 Meeting the 120-day time frame is the mutual responsibility of DVR Counselor and individual.
- 8.04 **Mandatory Procedures**
 - 8.0401 Written Document. The IPE must be a written document prepared on forms provided by the Agency.
 - 8.0402 Informed Choice. An IPE must be developed and implemented in a manner that affords eligible individuals the opportunity to exercise informed choice in selecting an employment

outcome, the specific vocational rehabilitation services to be provided under the plan, the entity that will provide the vocational rehabilitation services, and the methods used to procure the services. [Reference Chapter 8, Section 8.09]

- 8.0403 DVR shall not pay for goods and services unless such goods and services are listed in the IPE or (Extended Evaluation Plan) or part of the assessment for eligibility and vocational rehabilitation needs. Therefore, the IPE must include or be amended to include all services prior to authorization for the services.

8.05 Signatories

- 8.0501 The IPE must be agreed to and signed by the eligible individual or, as appropriate, the individual's representative; and
- 8.0502 Approved and signed by a qualified vocational rehabilitation counselor employed by the Division of Vocational Rehabilitation.

8.06 Copies

- 8.0601 A copy of the eligible individual's written IPE must be provided to the individual, or as appropriate, to the individual's representative.
- 8.0602 If appropriate, the IPE must be in the native language or mode of communication of the individual or, as appropriate, the individual's representative.

8.07 Annual Review and Amendments

- 8.0701 The IPE must be reviewed at least **annually** by a vocational rehabilitation counselor employed by DVR and the eligible individual or, as appropriate, the individual's representative and documented in the record. The annual review date is based on the signature date of the original IPE and the annual review must be conducted prior to or on the signature date of the original IPE.
- 8.0702 The IPE must be amended if there are substantive (major) changes to the original IPE. IPE amendments are required for the following changes.
- Change in the employment outcome/goal for the individual from the original IPE.
 - Additional services are needed for the individual that are not part of the original IPE.
 - Change in the responsible payer of services.
 - Increase in the cost of services for the individual.
- 8.0703 Any amendments do not take effect until agreed to and signed by the eligible individual or, as appropriate, the individual's representative and by a vocational rehabilitation counselor employed by DVR.
- 8.0704 IPE amendment is **not** required for the following changes.
- Change in the vendor that will provide the vocational rehabilitation services.
 - Change in the timeline for the achievement of the employment outcome.
 - Change in the timeline for the initiation of services.
- 8.0705 Changes that do not require IPE amendment must be agreed upon by the eligible individual or, as appropriate, the individual's representative and by a vocational rehabilitation counselor employed by DVR. These changes do not take effect until specifically documented as a narrative in the case notes.

8.08 Coordination with Education Agencies

- 8.0801 When services are being provided to an individual who is also eligible for services under the Individuals with Disabilities Education Act, the IPE must be prepared in coordination with the appropriate education agency and must include a summary of the relevant elements of the Individualized Education Program for that individual. [Reference: *DVR School-to-Work Transition Guidelines and Best Practices*]

8.09 Informed Choice

- 8.0901 Informed choice is a process in which individuals with disabilities share responsibility with counselors by identifying options and considering the advantages and disadvantages of each from the viewpoint of the individual. The process, which occurs when each partner has shared responsibility for the process and outcome, should begin with the first meeting between the individual with a disability and the counselor and continue throughout the rehabilitation process with provision for whatever accommodations are needed. [Reference Chapter 11, Section 11.01 and Chapter 19, Section 19.14]
- 8.0902 Applicants and eligible individuals or, as appropriate, the individuals' representatives, must be provided information and support services to assist them in exercising informed choice throughout the vocational rehabilitation process, i.e., the selection of an employment outcome, the specific vocational rehabilitation services needed to achieve the employment outcome, the entity that will provide the services, the employment setting and the settings in which the services will be provided, and the methods available for procuring the services.
- 8.0903 In imparting information, counselors must assure appropriate modes of communication, conveying to the individual with a disability the availability of support services for individuals with cognitive or other disabilities who require assistance in understanding and exercising informed choice.
- 8.0904 Applicants and eligible individuals must be assisted to exercise informed choice in decisions related to service providers.
- 8.090401 If an individual chooses a service provider outside the service area where he/she resides, the individual must provide his/her own transportation costs, unless no qualified provider possessing the required expertise is available or a provider in another area is within a shorter commuting distance to the individual. Consideration of comparable services and benefits is required. [Reference Chapter 9, Sections 9.03, 9.04, and 9.05]
- 8.090402 The provider of choice must be licensed by the state and/or appropriately accredited to perform such services and meets the standards established for qualified providers [Reference Chapter 11, Section 11.01 and Chapter 12, Section 12.02].
- 8.090403 The provider of choice must agree that the payment for the services rendered is in full and may not bill the individual with a disability for additional costs unless the individual agrees and a signed copy of such agreement is in the case record.

Attachment J – Adult Individual Education Plan (AIEP)

ADULT INDIVIDUAL EDUCATION PLAN (Example from The School Board of Broward County, Florida)

Student name: (last, first): _____	
DOB ____ / ____ / ____	School _____ SS# _____
Disability _____	
Verification Documentation: <input type="checkbox"/> APD <input type="checkbox"/> VR <input type="checkbox"/> School District <input type="checkbox"/> Medical Verification <input type="checkbox"/> Other: _____	

This AIEP meeting is being held on Date ____ / ____ / ____ This is an <input type="checkbox"/> Initial AIEP, or an <input type="checkbox"/> Annual Review	
The next regularly scheduled annual review must occur on or before ____ / ____ / ____	
Services to be initiated on ____ / ____ / ____	

An INTERIM REVIEW was held (see attached) ____ / ____ / ____
--

Persons involved in the development of this AIEP:	
_____	LEA Representative
_____	Student
_____	Parent(s)
_____	Teacher
_____	Job Coach
_____	Social Worker
_____	_____
_____	_____

The attached goals and objectives are designed to meet the student's expected program outcomes in the areas checked below.	
	Academics/Pre-Academics
	Behavioral, Social, and Emotional
	Daily Living Skills/Self Help
	Perceptual/Motor
	Training for Employment/Prevocational
	Transition (Indicate Below)
	Vocational
	Other

Check topics discussed and record decisions below.

Support Service Providers/Service:	Academic/Vocational/Employment Assessments:
DCF:	SAIL/Occupational Exploration
APD:	TABE: R M L Total
VR:	VR Work Evaluation:
DBS:	Vocational Assessments:
Other:	Other:

Projected vocational job preparatory program: Specialized educational or vocational training services, aids or equipment, and testing procedures modifications:

Projected Personal Exit Outcome: _____

Exit/Transition Recommendations: _____ The student needs to exit to a more appropriate program placement.

Work Experience Leisure/Social Programs
 Vocational training programs Health/Behavior Needs
 Supported Employment Age-appropriate setting
 Community-based education Current educational program can no longer meet student's needs

COMMENTS:

ASSURANCE (To be completed at next annual review) This AIEP, including all attached pages, has been reviewed by the AIEP Committee on / / .

The information has been considered in the formulation of the new annual plan.

Signature of LEA Representative

Student name: (last, first): _____ Date _____ / _____ / _____
 Initial AIEP Annual Review Interim Review

Expected Program Outcome(s): _____
Present Level of Performance: _____
Annual Goal: _____

SHORT TERM INSTRUCTIONAL OBJECTIVE

Evaluation Procedures _____
_____ Criterion for Mastery _____

Evaluation Schedule _____	Results/Date
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SHORT TERM INSTRUCTIONAL OBJECTIVE

Evaluation Procedures _____
_____ Criterion for Mastery _____

Evaluation Schedule _____	Results/Date
---------------------------	--------------

SHORT TERM INSTRUCTIONAL OBJECTIVE

Evaluation Procedures _____
_____ Criterion for Mastery _____

Evaluation Schedule _____	Results/Date
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SHORT TERM INSTRUCTIONAL OBJECTIVE

Evaluation Procedures _____
_____ Criterion for Mastery _____

Evaluation Schedule _____	Results/Date
---------------------------	--------------

Title of implementer(s) _____

Comments: _____

Appendix K – Authorization for Release of Information



SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Date: _____

Re: _____

Date of Birth: _____

Social Security Number: _____

I hereby authorize that all available educational, psychological, vocational and/or medical information related to the disability that needs accommodation, including IEP or 504 Plan be released to: _____
_____ (*School Name*) for its use whenever necessary.

Signature of Student

Date

Guidance/Instructor or LEA Signature

Date

PLEASE MAIL REPLY TO:

Name of School Contact: _____

Title: _____

School Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Career, Technical and Adult/Community Education
600 Southeast Third Avenue, 11th floor
Fort Lauderdale, FL 33301

Appendix L – Correctional Education TP/IEP Student Desired Goals/Present Level of Performance

Florida Department of Corrections
Correctional Education – TP/IEP Student Desired Goals/Present Level of Performance

Name:

DC#:

Expected Release Date:

GOALS: What would you like to accomplish while you're incarcerated? / What concerns do you have about your education?

Instructional Goal: (Academic & Vocational)

Present Level of Performance: N/A

Strengths and Needs: N/A

Employment Goal:

Present Level of Performance: N/A

Strengths and Needs: N/A

Independent Functioning Goal: (Daily Living Skills)

Present Level of Performance: N/A

Strengths and Needs: N/A

Social/Emotional Goal:

Present Level of Performance: N/A

Strengths and Needs: N/A

Communication Needs Goal:

Present Level of Performance: N/A

Strengths and Needs: N/A

Community Transition Needs: (Community Experiences)

Present Level of Performance: N/A

Strengths and Needs: N/A

Environmental Control/Inst. Adjustment Needs:

Present Level of Performance: N/A

Strengths and Needs: N/A

The student's disability affects involvement and progress in general education, work experience and or treatment setting participation in the following ways: _____

Other needs/comments of student or Transition Plan Team as it affects instruction and/or transition development: N/A

Appendix M – Correctional Education Acknowledgment of Refusal to Participate in Special Education Services

Florida Department of Corrections Correctional Education Acknowledgment of Refusal to Participate in Special Education Services

I acknowledge it has been explained to me that I am eligible to continue services through the Office of Program Services' Special Education Program. At this time I choose not to participate in the program or receive those services for which I am eligible.

You have specific rights concerning this proposal, which are described in the Procedural Safeguards. Should you want additional information on the proposed evaluation, you may contact _____ (at) _____ or the Special Education Administrator at Office of Program Services, Department of Corrections, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500.

Your signature below acknowledges the receipt of Procedural Safeguards.

_____ NAME	_____ DATE
_____ DC #	_____ INSTITUTION
_____ WITNESS	_____ TITLE
_____ WITNESS	_____ TITLE

I wish to void the refusal noted above and begin receiving special education services.

_____ NAME	_____ DATE
_____ DC #	_____ INSTITUTION
_____ WITNESS	_____ TITLE

Appendix N – Correctional Education Informed Notice of Consent for Correctional Education Services

Florida Department of Corrections Informed Notice of Consent for Correctional Education Services Student Information

Student Name: _____ DOB: _____ DC# _____

Institution: Correctional Institution

Date: _____

You have been adjudicated as an adult by the State of Florida. You are incarcerated in an Adult/Youthful Offender Facility in the Department of Corrections. All rights accorded to your parents have now been transferred to you. Included in these rights is the right to consent for education placement.

In order to meet all educational needs, the Department of Corrections provides education services in a variety of settings. Previous records indicate you have been served in a special education program. The following list explains the different services offered by the Department of Corrections:

Supplementary consultation or related services: The provision of assistance to school staff in general education, work experience, or treatment settings.

Itinerant instruction: Special instruction to special needs students who receive their major education program in other basic, vocational, or special education classes.

Resource room special instruction: Special instruction to special needs students who receive a portion of their educational program in a general education setting and a portion in a special education setting.

Special class: Provision of instruction to special needs students who receive the major portion of their educational program in special education classes.

Your actual education placement will be determined at your TP/IEP meeting. This will be determined by taking into consideration the intensity of instruction needed, as well as providing services in a least restrictive environment.

We must have your consent before you can receive special education services. Please indicate your decision regarding this matter by checking the appropriate space provided and signing and dating this form. You will receive prior written notice for any actions regarding the special program for which you are eligible.

You have protections under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA). Should you want additional information on the proposed placement, you may contact _____ (at) _____, or the Special Education Administrator at Office of Program Services, Department of Corrections, 2601 Blair Stone Road, Tallahassee, Florida 32399-2500.

Special Education Teacher

Your signature below acknowledges the receipt of Procedural Safeguards.

- Yes, I consent to receive special education services.
 No, I do not consent to receive special education services.

Signature of Student

Date

Appendix O – Correctional Education Notice of Conference

Florida Department of Corrections Correctional Education – Notice of Conference

Student Name: _____ DC#: _____
DOB: _____ AGE: _____ SEX: _____ RACE: _____
Institution: _____ Correctional Institution

DATE OF 1ST NOTICE: _____
DATE OF 2ND NOTICE: _____

Dear _____:

In order to discuss your educational needs you are invited to attend a conference at _____ scheduled for _____ AM on _____.

The purpose of this meeting is to:

- Discuss the results of your evaluation and to determine whether you are **eligible** for a special program.
- Develop your Transition Plan/Individual Educational Plan (TP/IEP), discuss transition services and obtain your consent to receive special education services.
- Review your TP/IEP and transition services.
- Re-evaluation Purposes.
- Other: NA

The following persons have been invited to attend this conference:

NAME/TITLE	NAME/TITLE
_____	_____
_____	_____
_____	_____
_____	_____

If you would like to invite additional individuals to this meeting, you are allowed to do so.

You have protections under the procedural safeguards of the Individuals with Disabilities Education Act (IDEA). Should you want additional information on the proposed evaluation, you may contact _____ (at) _____ or the Special Education Administrator at Office of Program Services, Department of Corrections, 2601 Blair Stone Road, Tallahassee, FL 32399-2500.

Signature and Title

Your signature below acknowledges receipt of the Procedural Safeguards.

- _____ Yes I will attend at the scheduled time.
_____ No I cannot attend at this time. Could this conference please be rescheduled? Due to:
_____ No I cannot attend, please hold meeting without me.

_____ I plan on inviting the following individuals to the meeting: _____

Signature of Student

Date

Appendix P – Correctional Education Transition Plan/IEP

Florida Department of Corrections Correctional Education – Transition Plan/IEP

DC# _____ TP/IEP _____ Date of Development: _____
 Facility # _____ Expected Release Date: _____

Name: _____ DOB: _____ SSN: _____ Primary Language: _____

Chronological Grade Level: _____ Educational Performance: Reading _____ Math _____ Language _____ Total _____

Most Recent Evaluation Date: _____ Most Recent Evaluation Data: _____

Assessment Accommodations: Will participate **without** accommodations: Will participate with following modification(s):
 Flexible Scheduling: Flexible Setting: Frequent Breaks: Mechanical Aids: Extended Time:

Instructional Structure (Domains and/or Transition Service Areas) - identify areas for present level of educational performance statements, annuals goals, and short-term instructional objectives to be written, as well as special factors to be considered.

- | | | |
|---|---|---|
| DOMAINS | TRANSITION SERVICE AREAS | SPECIAL FACTORS CONSIDERED |
| <input type="checkbox"/> Curriculum and Learning Environment | <input type="checkbox"/> Instruction | All needs addressed in development of TP: |
| <input type="checkbox"/> Social and Emotional Behavior | <input type="checkbox"/> Community Experiences | <input type="checkbox"/> Positive behavior intervention or strategies |
| <input type="checkbox"/> Independent Functioning | <input type="checkbox"/> Post-School Adult Living | <input type="checkbox"/> Language needs of L. E. P. |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Daily Living Skills (if appropriate) | <input type="checkbox"/> Need for assistive technology |
| <input type="checkbox"/> Environmental Control/Inst. Adjustment | <input type="checkbox"/> Functional Vocational Evaluation | <input type="checkbox"/> Braille needs of blind/visually impaired |
| Special Education Program(s): ___ / ___ / ___ | | <input type="checkbox"/> Communication needs & D/HH language |

Spe Ed./Supplementary Aids and Svcs.	Initiation Date	Anticipated Duration	Frequency	Location
A				, , Orientation
B				, , Extended Day
C				, , Close Mgmt
D				, , Academic Class
E				, , Vocational Class
F				, , Special Ed. Class
Related Services (S/L, PT, OT, etc.)			Frequency	, , OJT Placement
G				, , Transition Pgm
H				, , TCU/CSU
I				, , Boot Camp
J				, , Hospital Setting
Supports for Staff/Personnel			Frequency	, , Drug Treatment
K				, , Work Release Ctr
L				, , Community WS
M				, , DOT Work Sqd
N				, , Disciplinary Sqd

Explanation of the **extent** to which the student **will not** participate with non-disabled peers: _____

- Modification(s):**
- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Increased Test Time | <input type="checkbox"/> Increased/Decreased Instructional Time | <input type="checkbox"/> Flexible Schedule | <input type="checkbox"/> Varied Instructional Methods |
| <input type="checkbox"/> Auditory/ Written Cues | <input type="checkbox"/> Reinforcement | <input type="checkbox"/> Computer Usage | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Confinement Instruction Delivered Weekly | <input type="checkbox"/> Taped Instruction | <input type="checkbox"/> Reduced Distractions | <input type="checkbox"/> Peer Tutor |
| | <input type="checkbox"/> Communication Device(s) | <input type="checkbox"/> Assistive Technology Device(s) | <input type="checkbox"/> Other |

Initial DC First Temporary Annual Review
 Re-Evaluation Review Transition Update Modification to Placement/Assignment
 Initiation Date: _____ Duration Date: _____ Notice of Plan Date: _____ (Signatures denote attendance)

Student: _____ SPED Teacher: _____
 Teacher: _____ LEA Representative: _____
 Classification Officer: _____ Medical Staff: _____
 Transition Officer: _____ Mental Health Staff: _____
 HSA: _____ Other: _____

Student advised of transfer of rights on _____, per Transfer of Right Document

Appendix Q – Correctional Education Matrix of Services for Special Education

Florida Department of Corrections Correctional Education – Matrix of Services for Special Education

		Domain A:	Curriculum and Learning Environment
		Level 1	Requires no services or assistance beyond that which is normally provided to all students.
Inmate's Name: _____ DC#: _____ Date: _____ Date of Birth: _____ Institution: _____ <u>Correctional Institution</u>		Level 2 Requires simple adaptations to curriculum or learning environment.	adaptation to the basic curriculum consultation on a monthly basis electronic tools (tape recorders, work processor) adapted textbooks, materials (large print, Braille, audio format) modified assessment procedures/materials specially prepared notes, materials referrals to agencies (i.e., vocational rehabilitation) curriculum compacting
Total of Domain Ratings: _____		Level 3 Requires modified curriculum and/or learning environment.	collaboration with teachers differentiated curriculum modifications to content, process, product of curriculum specialized instructional approaches (i.e., SIMS) low-vision aides or use of electronic tools w/ assistance special assistance in mainstreaming requiring weekly consultation/modification/monitoring regular personal assistance in classroom direct specialized instruction for some learning activities
Total Domain Rating = Service Rating 6 - 9 = Basic 10 - 13 = Mild 14 - 17 = Moderate 18 - 21 = Severe 22 - 25 = Intense		Level 4 Requires daily personal assistance, monitoring, and/or intervention.	use of assistive technology with supervision for majority of learning activities extensive creation of special material instruction in reading Braille direct, specialized instruction for a majority of learning activities
		Level 5 Requires different curriculum and substantial modifications to learning environment.	intensive curriculum approach (i.e., very small group or one-to-one assistance) ongoing, continuous assistance for participation in learning activities
			Domain A Rating: _____

Domain B:	Social/Emotional Behavior	Domain C:	Independent Functioning
Level 1	Requires no services or assistance beyond that which is normally provided to all students.	Level 1	Requires no services or assistance beyond that which is normally provided to all students.
Level 2 Requires periodic assistance and/or behavior management.	monitoring of behavior system used in basic class consultation on a monthly basis special behavior system in basic class periodic counseling or guidance assessment of behavior/skills on a monthly basis	Level 2 Requires periodic personal assistance, monitoring, and/or minor interventions.	periodic personal assistance with equipment, materials, etc., in basic class consultation on monthly basis strategies or adaptations for motor control in classroom special equipment or furniture strategies or adaptations for daily living skills
Level 3 Requires weekly personal assistance, behavior management, or intervention.	small group training in social skills or self-regulatory behavior behavior contract including behavior outside class regular counseling, assessment interventions referral and follow-up for transitions to/from other institutional services weekly monitoring of behavior as part of behavior management program	Level 3 Requires weekly personal assistance, monitoring and/or intervention.	collaboration with agency or health personnel (e.g., physician, nutritionist) training and assistance in personal care or eating skills regularly scheduled occupational or physical therapy regularly scheduled orientation and mobility training regular monitoring of self-care and management behaviors
Level 4 Requires daily personal assistance, monitoring, and/or intervention.	highly structured behavior management plans infused throughout class period/school time daily counseling/instruction on social or emotional behavior	Level 4 Requires daily personal assistance, monitoring and/or intervention.	daily supervision to prevent wandering from classroom or school and ensure physical safety personal aide for assistance in activities of daily living or self-care special equipment/assistance in activities of daily living or self-care special equipment/assistive technology for personal care with frequent assistance
Level 5 Requires continuous personal assistance, monitoring, and intervention.	daily behavior monitoring and reports to education personnel therapeutic treatment infused throughout education program wrap-around services for around the clock care intensive, individualized behavior management plan that requires one-to-one intervention	Level 5 Requires continuous personal assistance, monitoring, and intervention.	constant supervision and assistance multiple therapies and services
	Domain B Rating : _____		Domain C Rating : _____

Domain D:	Communication	Domain E:	Environmental Control/Institutional Adjustment
Level 1	Requires no services or assistance beyond that which is normally provided to all students.	Level 1	Requires no services or assistance beyond that which is normally provided to all students.
Level 2 Requires periodic assistance and/or minor intervention.	periodic assistance with communication in basic class consultation on a monthly basis occasional supervision regarding personal amplification or communication skills	Level 2 Requires quarterly separations from general population environmental control factors to improve adjustment.	monitoring institutional adjustment using gaintime system periodic assistance with environmental controls consultation on a monthly basis occasional separation from general population regarding adjustment periodic counseling and guidance
Level 3 Requires weekly intervention and/or assistance which may include alternative and augmentative communication systems.	regular assistance with communication in the classroom regularly scheduled speech/language therapy or instruction weekly assistance with personal amplification or communication systems collaboration with teachers and supervisors	Level 3 Requires monthly separation from general population environmental control factors to improve adjustment.	quarterly separation from general population regarding adjustment regular counseling and guidance therapeutic treatment infused on a monthly basis in programs
Level 4 Requires daily intervention and/or assistance which may include alternative and augmentative communication systems.	Daily assistance with communication equipment daily instruction in use of augmentative or alternative communication system daily integrated therapy related to communication needs interpreting services for part of the school day	Level 4 Requires weekly separation from general population control factors to improve adjustment.	bi-monthly separation from general population regarding adjustment daily counseling or guidance therapeutic treatment infused on weekly basis in programs
Level 5 Requires multiple interventions and assistance which may include alternative and augmentative communication systems.	constant monitoring or assistance with communication systems interpreter for most/all of school day substantial support for communication devices such as individualized programming	Level 5 Requires complete/total separation from general population to isolate environmental control factors to improve adjustment.	continuous/total separation from general population regarding adjustment therapeutic treatment infused on a daily basis in programs
	Domain D Rating : _____		Domain E Rating : _____

Appendix R – Correctional Education When I Leave Referral

Florida Department of Corrections Correctional Education – When I Leave Referral

Name: _____ DC#: _____ Expected Release Date: _____

Social Security # _____ County of Release: _____ Address: _____

TRANSITION SERVICE NEEDS (identified course of study as of age 14): _____

TRANSITION /SERVICE AREAS: All areas should have a stated goal/objective or a statement of non-need at time of development and should be updated accordingly with Agency Contacts and specific information within 120 prior release.

INSTRUCTIONAL WHAT _____
RESPONSIBLE AGENCY _____ CONTACT PERSON: _____
PHONE _____ ADDRESS _____
: _____ :

EMPLOYMENT WHAT _____
RESPONSIBLE AGENCY _____ CONTACT PERSON: _____
PHONE _____ ADDRESS _____
: _____ :

COMMUNITY EXPERIENCES WHAT _____
RESPONSIBLE AGENCY _____ CONTACT PERSON: _____
PHONE _____ ADDRESS _____
: _____ :

POST SCHOOL ADULT LIVING WHAT _____
RESPONSIBLE AGENCY _____ CONTACT PERSON: _____
PHONE _____ ADDRESS _____
: _____ :

DAILY LIVING SKILLS WHAT _____
RESPONSIBLE AGENCY _____ CONTACT PERSON: _____
PHONE _____ ADDRESS _____
: _____ :

FUNCTIONAL VOCATIONAL EVALUATION WHAT _____
RESPONSIBLE AGENCY _____ CONTACT PERSON: _____
PHONE _____ ADDRESS _____
: _____ :

Appendix S – Correctional Education Annual Goals/Short-Term Objectives

Florida Department of Corrections Correctional Education – Annual Goals/Short-Term Objectives Report of Progress

Name: _____ DC#: _____ Expected Release Date: _____

REPORT OF PROGRESS a Report of Progress Period will be determined for each Annual Goal Area. Report of Progress will be made according to the following options:

- 1. Not applicable during this review period 2. Goal has been reached 3. Some Progress
- 4. Very Little Progress 5. No Progress made

For Progress Reports 3 - 5 where little or no progress has been made indicate the reason for the lack of progress from the following:

- A. Lack of Prerequisite Skills
- B. More Time Needed
- C. Inadequate Assessment
- D. Lack of Motivation

A. Instructional Report of Progress

Semi Annually 1. _____ 2. _____

Tri Annually 1. _____ 2. _____ 3. _____

Quarterly: 1. _____ 2. _____ 3. _____ 4. _____

Monthly: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____

B. Employment Report of Progress

Semi-Annually 1. _____ 2. _____

Tri Annually 1. _____ 2. _____ 3. _____

Quarterly: 1. _____ 2. _____ 3. _____ 4. _____

Monthly: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____

C. Independent Functioning Report of Progress

Semi Annually 1. _____ 2. _____

Tri Annually 1. _____ 2. _____ 3. _____

Quarterly: 1. _____ 2. _____ 3. _____ 4. _____

Monthly: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____

D. Social/Emotional Report of Progress

Semi-Annually 1. _____ 2. _____

Tri Annually 1. _____ 2. _____ 3. _____

Quarterly: 1. _____ 2. _____ 3. _____ 4. _____

Monthly: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____

E. Communication Report of Progress

Semi Annually 1. _____ 2. _____

Tri Annually 1. _____ 2. _____ 3. _____

Quarterly: 1. _____ 2. _____ 3. _____ 4. _____

Monthly: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____

F. Community Transition Report of Progress

Semi-Annually 1. _____ 2. _____

Tri Annually 1. _____ 2. _____ 3. _____

Quarterly: 1. _____ 2. _____ 3. _____ 4. _____

Monthly: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____

G. Environmental Controls/Inst. Adjustment Report of Progress

Semi Annually 1. _____ 2. _____

Tri Annually 1. _____ 2. _____ 3. _____

Quarterly: 1. _____ 2. _____ 3. _____ 4. _____

Monthly: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____

Appendix T – Correctional Education Staffing Committee Process Documentation

Florida Department of Corrections Correctional Education – Staffing Committee Process Documentation Student Information

Date: _____ Temporary: NO

Student Name: _____ DC#: _____

DOB: _____ AGE: _____ SEX: _____ RACE: _____

Institution: _____ Correctional Institution

Staffing Committee Meeting

- | | |
|--|---|
| <input type="checkbox"/> Initial | <input type="checkbox"/> Re-evaluation Review |
| <input type="checkbox"/> Review to Determine Eligibility Continuation/Change | <input type="checkbox"/> Dismissal Review |

Committee Meeting Participants (**Signatures/Initials required)

Special Education Teacher	Signature and Title
Signature and Title	Signature and Title
Signature and Title	Signature and Title

Following the review of the diagnostic, evaluation, educational, and social data, the staffing committee recommends that

- _____
- Meets the eligibility criteria for a special program for students who are ___/___/____. An individual educational plan will be developed for this student:
- at this meeting; or
 - at a separate meeting within 30 calendar days of this date.
(Participation shall be in accordance with Rule 6A-6.0331(d), FAC)
- Does not meet the eligibility criteria for a special program.
- Meets the dismissal criteria for a special program for students who are ___/___/____.

Special Education Review

_____ IS APPROVED	_____ IS DISAPPROVED
Special Education Teacher Signature	Date of eligibility review/determination

Notes/Comments: _____

