

ARD Agenda

Date of Meeting

ARD Committee Members

Parent

Student (if appropriate)

District Representative (LEA)

General Education Teacher

Special Education Teacher

Interpreter of Evaluation Results (if appropriate) 3 yr

Career and Technical Education Representative (if appropriate)

Language Proficiency Assessment (if appropriate)

Visual Impairment Teacher (if appropriate)

Auditory Impairment Teacher (if appropriate)

Other (if appropriate)

Meeting Called to Order

- ☐ *Introductions*
- ☐ *Statement of Confidentiality given*

Statement of Confidentiality

All information discussed is confidential and may not be discussed with anyone except those who have a legitimate educational interest. As we proceed with the meeting, the first considerations of the committee should be the least restrictive environment in which the students can be successful.

Purpose of the Meeting

- ☐ *Annual ARD*
- ☐ *Review ARD Annual ARD / 3yr Re-Evaluation*
- ☐ *Annual ARD/REED*
- ☐ *Review / SSI Meeting*
- ☐ *Parent Request*
- ☐ *Manifestation Determination*
- ☐ *Initial Placement*

Review Assessment (if needed)

- ☐ *FIE - Full Individual Evaluation, Speech, Psychological, OHI, AI, VI Reports*

State Current Eligibility for Special Education Services

REED: Review of Existing Data

Parent Input, Questions or Concerns

Review PLAAFP

Review student progress

- ☐ *General Education Teacher*
- ☐ *Speech Therapist*
- ☐ *Special Education Teacher*

Needs

- ☐ *Transition*
- ☐ *Speech Therapy*
- ☐ *Language LPAC Report*
- ☐ *ESL/Bilingual*
- ☐ *BIP (Behavior Intervention Plan)*
- ☐ *Speech*
- ☐ *Physical needs / limitations*
- ☐ *Assistive Technology*
- ☐ *Dyslexia*

Review Draft of IEP Goals and Objectives

Review Accommodations

Review Statewide Assessment and District-Wide Assessments with Accommodations

Opportunities to Participate in Extracurricular and Nonacademic Activities

Justification for Nonparticipation

Least Restrictive Environment

Schedule of Services: Instructional Setting and Length of Students School Day

ESY - Extended School Year

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Review Supplements if needed

Auditory

Visual

Autism

Dyslexia

Other

Assurances Reviewed

Review Deliberations

Meeting of Participants

Signatures - Waiver for Notice to provide Services

Prior Written Notice - Created and Reviewed with parent(s)