

Appendix D:

Sample Forms

The following few pages provide the reader with some important sample forms dealing with a few of the key topics in the book. You will find the following in this appendix:

- Illinois Alternate Assessment Participation Criteria, page 218 (see Chapter 6 for more information)
- Delegation of Rights form for students aged 18 or older, page 219 (see Chapters 6 and 8 for more information)
- Parental Request for a Due Process Hearing, page 220 (see Chapter 11 for more information)

Below each form, you will also find a web address to take you to the same form online.

Please call us at 217-782-5589 or 866-262-6663 if you have any further questions.

ILLINOIS STATE BOARD OF EDUCATION

Student Assessment Division
 100 North First Street, E-216
 Springfield, Illinois 62777-0001

Illinois Alternate Assessment Participation Guidelines 2008-2009

As determined by the IEP, students with significant cognitive disabilities take the IAA if participation the state's regular assessments – the Illinois Standards Achievement Test (ISAT) or the Prairie State Achievement Examination (PSAE) – is not appropriate even with accommodations.

The options for participating in a state assessment of academic achievement are:

- The regular state assessment for the student's grade, the ISAT or the PSAE, without accommodations.
- The regular state assessment for the student's grade, the ISAT or the PSAE, with accommodations.
- The Illinois Alternate Assessment (if the answer to both Participation Criteria is "Yes").

Yes	No	Participation Criteria	Reason(s) for Yes or No Response
<input type="checkbox"/>	<input type="checkbox"/>	The points at which the student accesses the general education curriculum more closely reflect the Alternate Assessment Framework than age/grade-appropriate benchmarks.	
<input type="checkbox"/>	<input type="checkbox"/>	When compared to other students with disabilities, the student requires more frequent, more intensive instruction given in small incremental steps in order to apply and transfer skills across settings.	

IMPORTANT NOTE: The IEP team's decision that a student will take the IAA cannot be based on the following facts; however, the existence of one or more of these factors does not prevent a student from taking the IAA if they meet the other participation criteria.

- The student's achievement is significantly below that of same-age peers, even when compared to other students with disabilities.
- The student has an IEP.
- The student has a certain special education eligibility label or receives certain services.
- The student has emotional and/or behavioral challenges.
- The student has visual, auditory, or physical challenges.
- The student has excessive or extensive absences.
- The student has social, cultural, or economic differences.
- The student may not perform well on the regular assessment, which may affect the Adequate Yearly Progress (AYP) status of the student's home school and/or district.

ISBE IAAPG 08-09 (8/08)

http://www.isbe.net/assessment/pdfs/IAA_Particip_Gdlines.pdf

DELEGATION OF RIGHTS TO MAKE EDUCATIONAL DECISIONS

STUDENT'S NAME: _____ DATE: _____

DATE OF BIRTH: _____ DATE OF AGE OF MAJORITY: _____

I, _____, am 18 years of age or older and a student who has the right
(Student Name)

to make educational decisions for myself under State and federal law. I have not been adjudged incompetent and, as of the date of the execution of this document, I hereby delegate my right to give consent and make decisions concerning my education to the individual identified below. This individual will be considered my "parent" for purposes of the Individuals with Disabilities Education Improvement Act of 2004 and Article 14 of the School Code and will exercise all of the rights and responsibilities concerning my education that are conferred on a parent under those laws.

I understand and give my consent for this individual to make all decisions relating to my education on my behalf. I understand that I have the right to be present at meetings held to develop my Individualized Education Program (IEP) and that I have the right to raise any issues or concerns I may have and that the school district must consider them.

This delegation will be in effect for one year from the date of execution below and may be renewed by my written or other formal authorization. I also understand that I have the right to terminate the Delegation of Rights at any time and assume the right to make my own decisions regarding my education. I understand that I must notify the school district immediately if I revoke this Delegation of Rights prior to its expiration.

(OPTIONAL) - I have received this form and have chosen **NOT** to delegate my rights

Student Signature

Date

(REQUIRED) - I have received this form and have **CHOSEN** to delegate my rights to the individual listed below.

Name of "Parent" Representative

Relationship (Optional)

"Parent" Representative Signature

Date

Student Signature

Date

Authorized School Personnel Signature

Date

(REQUIRED, WHEN APPLICABLE) - I wish to **TERMINATE** the Delegation of Rights at this time and assume the right to make my own decisions regarding my education.

Student Signature

Date

ISBE 34-57K (1/08)

http://www.isbe.net/spec-ed/pdfs/nc_deleg_34-57k.pdf

ILLINOIS STATE BOARD OF EDUCATION
Special Education Compliance Division
100 North First Street
Springfield, Illinois 62777-0001

**PARENTAL REQUEST
FOR AN IMPARTIAL DUE PROCESS HEARING**

INSTRUCTIONS: This form has been developed to assist parents in requesting an impartial due process hearing. The completed form must be given to the superintendent of the student's resident district. Within 5 days of receipt of the request for a hearing, the local school district will forward a copy of the completed form to the Illinois State Board of Education to be shared with the appointed hearing officer. A local school district may not deny a request for a due process hearing. All parties involved in the dispute are advised to review the due process regulations found at 23 Illinois Administrative Code 226.605 and Section 14-8.02 of the School Code. The information reported on this form will be subject to the confidentiality requirements of the Individuals with Disabilities Education Act and the Illinois School Student Records Act.

NAME OF STUDENT ON WHOSE BEHALF THE HEARING IS REQUESTED	STUDENT'S BIRTHDATE (Month/Day:Year)
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PARENT'S/GUARDIAN'S LANGUAGE MODE OF COMMUNICATION

A BILINGUAL OR SIGN LANGUAGE INTERPRETER IS REQUESTED

YES NO IF YES, specify language/mode of communication _____

NAME AND ADDRESS OF THE PARENT/GUARDIAN	PHONE NUMBER
	FAX
	E-MAIL

NAME AND ADDRESS OF THE ATTORNEY OR REPRESENTATIVE FOR THE PARENT GUARDIAN <i>If this section is completed all information and correspondence regarding the due process will be forwarded directly to the attorney or representative.</i>	PHONE NUMBER
	FAX
	E-MAIL

NAME AND ADDRESS OF DISTRICT

NAME AND ADDRESS OF THE SCHOOL THE STUDENT ATTENDS

A DESCRIPTION OF THE DISPUTE (*Attach additional pages if necessary*)

A DESCRIPTION OF THE RESOLUTION OR ACTION YOU ARE SEEKING (*Attach additional pages if necessary*)

Signature of Parent/Guardian _____
Date Submitted to District

ISBE 19-86A (11/01)

http://www.isbe.net/spec-ed/pdfs/dp_parental_19-86a.pdf