

SOUTH BEND COMMUNITY SCHOOL CORPORATION
215 South St. Joseph St.
South Bend, IN 46601
Special Education Services
574-283-8130 Fax: 574-283-8105

TOR Assurance Statement for Student Case Conference

Student Name: _____ SBCSC ID#: _____ STN#: _____
School: _____ Date of Birth: _____

The case conference for this student was held on _____.

Type of Conference (circle all applicable): Initial Annual Revise Move In MDC Transition Other _____

_____ The Initial CC met the required timeline.

_____ The Initial CC DID NOT meet the required timeline. Reason: _____

_____ The ACC met the required timeline for student birth month *and* was within 12 months of the last ACC.

_____ The ACC did NOT meet the required timeline for student birth month or within 12 months of the last ACC
Reason: _____

_____ The parent DID receive a draft copy of the proposed IEP (with discussion notes) at the conclusion of the conference.

_____ The finalized IEP was sent to parent within the required 10 business days of the conference, on _____.

Accommodations and the Behavioral Intervention Plan were reviewed with all staff members who are regularly involved with the student. The signed Training Verification form documenting this training will be sent to Special Education by _____ (date).

I understand that it is the TOR's responsibility to develop an appropriate IEP for each student adhering to federal and state regulations as well as SBCSC policies and procedures (found at www.sped.sbcsc.k12.in.us)

I REVIEWED and EDITED the IEP for this student to ensure that these compliance indicators were met
(Check all when they are met):

_____ Progress monitoring data was included to demonstrate growth made on current goals

_____ Present Level of Functioning includes the necessary components indicated in
<http://www.sped.sbcsc.k12.in.us/ieep/ieprocess/existingdata.html#instructions>

_____ Eligibility is correct (compare to CODA list) and need for re-evaluation was addressed by the case conference committee and documented in the notes

_____ A FBA/BIP IS _____ or IS NOT _____ required for this student and is included in the IEP. FBA/BIP addresses the needs of the student

_____ There is evidence of recent (within one year) and varied Transition Assessments, addressing all 3 areas
(Independent Living Skills, Education/Training, and Employment)

_____ All transition assessments previously/currently given are listed. All assessments are summarized well (and include strengths, interests, and preferences), and fully document the need (or lack of need) for supports in the areas of Independent Living Skills, Education/Training, and Employment

- _____ Transition services/activities are specific, support the post-secondary goals and are not special education services
- _____ Distribution of transition materials is documented
- _____ Post-secondary goals in required areas are appropriate for the graduation option selected for this student and written in measurable terms
- _____ Participation in Testing is identified and necessary and appropriate accommodations are included
- _____ Goals are included for *specific skill development*; written in measurable terms with criteria
- _____ Goals are tied to state standards
- _____ Progress monitoring details match the goal criteria and will demonstrate desired growth in quarterly reports
- _____ 2-3 benchmarks are included for students on ISTAR or when descriptive documentation is selected as the method of evaluation
- _____ Special education services are detailed with correct frequency, minutes, dates and setting
- _____ Services are included that cover the entire period of this IEP (effective dates)
- _____ Related services (including Transportation) are identified when necessary, with correct details
- _____ Additional provisions (accessible materials, assistive technology, ESY, technical assistance) are included if necessary, with rationale
- _____ LRE is indicated correctly
- _____ Additional descriptors are detailed for the entire IEP period with minutes and percentages of direct services in each setting
- _____ Potential harmful effects of selected services have been discussed at conference and completely summarized
- _____ Reasons for placement are included
- _____ General considerations (questions) are answered and rationale included when needed
- _____ List of participants match the sign in sheet from the conference and includes ALL of the REQUIRED members. The student was a participant if he/she will be 14+ during the effective dates of the IEP.
- _____ All SBCSC additional pages are included in the finalized IEP

This IEP meets all of the above listed compliance requirements. I acknowledge that if significant errors are found during an internal or external (IN Dept. of Education) audit, I am responsible and that I may be subject to progressive discipline. I also acknowledge that it is my responsibility to comply with any corrective actions necessary.

TOR Signature

IN License #

Date