

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:

- Dynamic Learning Maps Alternate Assessment Participation Guidance, page 220 (see Chapter 6 for more information)
- Delegation of Rights form for students aged 18 or older, page 222 (see Chapters 6 and 8 for more information)
- Parental Request for a Due Process Hearing, page 223 (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 Dynamic Learning Maps Alternate Assessment Participation Guidance

Students must participate in the state assessment through one of the following:

- the regular state assessment for the student's grade, without accommodations,
- the regular state assessment for the student's grade, with accommodations, or
- the alternate state assessment for the student's grade.

Who is eligible to take the DLM Alternate Assessment?

The alternate assessment is intended for students with the most significant cognitive disabilities. These students have intellectual functioning well below average (typically associated with an IQ below 55) that exists concurrently with impairments or deficits in adaptive functioning (i.e. communications, self-care, home living, social/interpersonal skills, use of community resources, self-directions, functional academic skills, work leisure, health and safety). The reference to "typically associated with an IQ of below 55" is to help distinguish between students with cognitive disabilities and significant cognitive disabilities from students with the most significant cognitive disabilities. This means that many students with cognitive disabilities will not qualify for the DLM Alternate Assessment. By default, they must take our regular state assessment with or without accommodations. The inclusion of the words "typically associated with" allows for some district/school flexibility. It is by no means an absolute requirement.

Students taking the alternate assessment may be identified under a variety of educational categories, including cognitive disabilities (mental retardation), autism, multiple disabilities, and traumatic brain injury.

Who is not eligible for consideration to take the DLM Alternate Assessment?

Students who strictly have academic, language, social/emotional, physical or sensory disabilities without co-occurring intellectual functioning well below average.

<https://www.isbe.net/Pages/DLM-AA.aspx>

ILLINOIS STATE BOARD OF EDUCATION

Dynamic Learning Maps Participation Guidelines

As determined by the IEP, students with the most significant cognitive disabilities may take the DLM if participation in the state's regular assessments is not appropriate, even with accommodations, and they meet all of the criteria below.

Participation Criteria	Participation Criterion Descriptors	Yes	No	Reason(s) for Yes or No Response
1. The student has a significant cognitive disability.	Review of student records indicate a disability or multiple disabilities that significantly impact intellectual functioning and adaptive behavior. <i>*Adaptive behavior is defined as essential for someone to live independently and to function safely in daily life.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The student's instruction is linked to grade level content and reflective of the Common Core Essential Elements	Goals and instruction listed in the IEP for this student are linked to the enrolled grade level Common Core Essential Elements and address knowledge and skills that are appropriate and challenging for this student.	<input type="checkbox"/>	<input type="checkbox"/>	
3. The student requires extensive direct individualized instruction and substantial supports to achieve measurable gains in the grade-and age-appropriate curriculum.	The student: a. requires extensive, repeated, individualized instruction and support that is not of a temporary or transient nature and b. uses substantially adapted materials and individualized methods of accessing information in alternative ways to acquire, maintain, generalize, demonstrate and transfer skills across multiple settings	<input type="checkbox"/>	<input type="checkbox"/>	

IMPORTANT NOTE: The IEP team's decision that a student will take the DLM cannot be based on the following factors; however, the existence of one or more of these factors does not prevent a student from taking the DLM 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 excessive or extensive absences.
- The student has social, cultural, or economic differences.
- The student has English Language Learner (ELL) status.
- The student may not perform well on the regular assessment

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

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) _____

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 _____ PHONE NUMBER _____
If this section is completed all information and correspondence regarding the due process will be forwarded directly to the attorney or representative.
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* _____

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https://www.isbe.net/Documents/dp_parental_19-86a.pdf