Rev. 10/2022

**Individual Catholic Education Plan**

**The Roman Catholic Archdiocese of Washington**

Form 11

**11**

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| The purpose of this Individual Catholic Education Plan (ICEP) is to document the reasonable accommodations and any specialized academic instruction, curriculum modification, or assessment modifications that the Archdiocesan Catholic School identified below will strive to offer a student with special needs. |

School Name: Click or tap here to enter text. School Year: Click or tap here to enter text.

Person Completing Form: Click or tap here to enter text. Date: Click or tap here to enter text.

 Student Information

Student Name: Click or tap here to enter text. Grade: Click or tap here to enter text.

Sex: Click or tap here to enter text. Date of Birth: Click or tap here to enter text.

Homeroom Teacher: Click or tap here to enter text.

(Please note additional teachers are listed under the section titled *Teachers Implementing This Plan*)

Local Public School District: Click or tap here to enter text.

Student’s Home School District: Click or tap here to enter text.

 Information Supporting Accommodations

Archdiocesan Catholic Schools welcome children who have special needs and may be able to make reasonable accommodations for these students in some circumstances. However, parents must provide current, accurate information regarding the student’s need to assist schools in determining whether accommodations are possible. Indicate the evaluations or assessments provided by the parents to support the student’s need for accommodations, and include dates of assessments or evaluations:

|  |  |
| --- | --- |
| [ ] Medical Evaluation[ ] Educational Evaluation [ ] Speech and Language Evaluation[ ] English Language (ELL) Assessment[ ] Occupational Therapy Evaluation[ ] Vision/Hearing Evaluation[ ] Other: Click or tap here to enter text. | Evaluator(s)/Date(s): Click or tap here to enter text. |

Primary Diagnosis/Identification: Click or tap here to enter text.

Pertinent Educational and/or ELL Assessment Information: Click or tap here to enter text.

School Records Reviewed: Click or tap here to enter text.

Standardized Testing Results

|  |  |  |
| --- | --- | --- |
| **Test (Name/Subject)** | **Date** | **Score Information** |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |

Does the student have a current Service Plan (SP) through the LEA? [ ]  Yes [ ]  No

Date of Plan: Click or tap to enter a date.

Area of Services: Click or tap here to enter text.

 Educational Information

Past Schools attended by this student (please include years and grades completed)

Name of School: Click or tap here to enter text.

Name of School: Click or tap here to enter text.

Name of School: Click or tap here to enter text.

Current absences? Click or tap here to enter text. Current number of days tardy? Click or tap here to enter text.

Retained? [ ]  Yes [ ]  No If so, grade(s) retained: Click or tap here to enter text.

Is there a history of chronic absences or tardiness? [ ]  Yes [ ]  No

If yes, please describe: Click or tap here to enter text.

Academic concerns (past and current): Click or tap here to enter text.

Behavior concerns (past and current): Click or tap here to enter text.

Other pertinent information, including family, health history, etc.

Click or tap here to enter text.

 Accommodations

The following are accommodations that can be implemented for students who have the proper supporting documentation. Unless otherwise indicated, all accommodations are to be made in all subject areas by all teachers.

ICEP written for the following reasons: Click or tap here to enter text.

Instructional Accommodations

|  |  |
| --- | --- |
| Homework accommodations | Choose an item. |
| In-class task/assignment | Choose an item. |
| Assistive technologies/resources | Choose an item. |
| Reading supports | Choose an item. |
| Writing supports | Choose an item. |
| Language based supports | Choose an item. |
| Study supports | Choose an item. |
| Specify/other instructional accommodations | Click or tap here to enter text. |

Environmental Accommodations

|  |  |
| --- | --- |
| Seating accommodations | Choose an item. |
| Specify/other environmental accommodations | Click or tap here to enter text. |

Assessment Accommodations

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| --- | --- |
| Extra time | Choose an item. |
| Teacher assistance for test-taking  | Choose an item. |
| Alternative response methods | Choose an item. |
| Alternative testing environment | Choose an item. |
| Language/math/executive functioning | Choose an item. |
| Allow use of technology/specify | Click or tap here to enter text. |
| Standardized test accommodations | General Standardized Tests: Click or tap here to enter text.HSPT: Click or tap here to enter text.Faith and Knowledge: Click or tap here to enter text. |
| Specify/other assessment accommodations | Click or tap here to enter text. |

Behavioral Accommodations

|  |  |
| --- | --- |
| Behavioral supports | Choose an item. |
| Procedural supports | Choose an item. |
| Specify/other behavioral accommodations | Click or tap here to enter text. |

Indicate how the success of the above accommodations will be measured. List specific benchmarks and tools for measuring success: Click or tap here to enter text.

When will this plan be reviewed? Click or tap here to enter text.

 Parent Responsibilities

The following list contains typical supports that child who need accommodations and/or modifications at school often need from their parents at home. The purpose in documenting these supports is to emphasize the critical need for a home and school partnership so that children perform at their best. Parents should clearly understand which of the following items the school considers to be most essential to their child’s success at school.

|  |  |
| --- | --- |
| Academic support | Choose an item. |
| Organizational support | Choose an item. |
| Behavioral support | Click or tap here to enter text. |
| Social skills development | Choose an item. |
| Health/medication management | Choose an item. |
| Other at home responsibilities | Click or tap here to enter text. |

**ICEP Annual Goal Page**

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| **ICEP Annual Goal Click or tap here to enter text. of Click or tap here to enter text.**\*See addendum for any additional annual goals at the end of the document.  |

# Specialized Service & Support

**Annual Goal:**Click or tap here to enter text.

**Developmental/Skill Areas Addressed by this Goal**:

[ ] Reading

[ ] Writing

[ ]  Math

[ ] Communication/ Speech and Language

[ ] Social/Emotional

[ ]  Behavioral

[ ] Motor Skills

[ ]  Other: Click or tap here to enter text.

Person(s) responsible for providing services/instruction: Click or tap here to enter text.

How will these goals be accomplished? Include location and timing of instruction:Click or tap here to enter text.

|  |
| --- |
|  **Student Summary** |
| Areas of strength (include present levels of performance):Click or tap here to enter text. | Areas of concern (include present levels of performance):Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Short Term Measurable Objectives to Achieve****the Above Annual Goal** | **Date reviewed (at least quarterly)** | **Progress Code** | **Reviewed By** |
| **1.**Click or tap here to enter text. | Qtr 1: Click or tap to enter a date.Qtr 2: Click or tap to enter a date.Qtr 3: Click or tap to enter a date.Qtr 4: Click or tap to enter a date. | Qtr 1: Click or tap here to enter text.Qtr 2: Click or tap here to enter text.Qtr 3: Click or tap here to enter text.Qtr 4: Click or tap here to enter text. | Qtr 1: Click or tap here to enter text.Qtr 2: Click or tap here to enter text.Qtr 3: Click or tap here to enter text.Qtr 4: Click or tap here to enter text. |
| **2.** Click or tap here to enter text. | Qtr 1: Click or tap to enter a date.Qtr 2: Click or tap to enter a date.Qtr 3: Click or tap to enter a date.Qtr 4: Click or tap to enter a date. | Qtr 1: Click or tap here to enter text.Qtr 2: Click or tap here to enter text.Qtr 3: Click or tap here to enter text.Qtr 4: Click or tap here to enter text. | Qtr 1: Click or tap here to enter text.Qtr 2: Click or tap here to enter text.Qtr 3: Click or tap here to enter text.Qtr 4: Click or tap here to enter text. |
| **3.** Click or tap here to enter text. | Qtr 1: Click or tap to enter a date.Qtr 2: Click or tap to enter a date.Qtr 3: Click or tap to enter a date.Qtr 4: Click or tap to enter a date. | Qtr 1: Click or tap here to enter text.Qtr 2: Click or tap here to enter text.Qtr 3: Click or tap here to enter text.Qtr 4: Click or tap here to enter text. | Qtr 1: Click or tap here to enter text.Qtr 2: Click or tap here to enter text.Qtr 3: Click or tap here to enter text.Qtr 4: Click or tap here to enter text. |
| **4.** Click or tap here to enter text. | Qtr 1: Click or tap to enter a date.Qtr 2: Click or tap to enter a date.Qtr 3: Click or tap to enter a date.Qtr 4: Click or tap to enter a date. | Qtr 1: Click or tap here to enter text.Qtr 2: Click or tap here to enter text.Qtr 3: Click or tap here to enter text.Qtr 4: Click or tap here to enter text. | Qtr 1: Click or tap here to enter text.Qtr 2: Click or tap here to enter text.Qtr 3: Click or tap here to enter text.Qtr 4: Click or tap here to enter text. |

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| **Progress Codes****(NI)** Not introduced **(NE)** Skill or behavior not evident **(LP)** Limited proficiency **(P)** Progressing **(M)** Mastery |

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| The following evaluation procedures will be used to evaluate the child's progress in this area:[ ] Observation [ ] Student work [ ]  Standard classroom assessment [ ] Teacher notes [ ] Data collection documents [ ] Specialized classroom/resource assessment (Specify): Click or tap here to enter text. [ ]  Other (Specify):Click or tap here to enter text.  |

Student Name:Click or tap here to enter text.

 Individuals Completing this Plan

School Team Member/Name and Title: Click or tap here to enter text.

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| --- | --- |
|  | Date: Click or tap here to enter text. |

School Team Member/Name and Title: Click or tap here to enter text.

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| --- | --- |
|  | Date: Click or tap here to enter text. |

Parent(s) or Guardian(s)/Name and Title: Click or tap here to enter text.

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| --- | --- |
|  | Date: Click or tap here to enter text. |

 Teachers Implementing This Plan

Name: Click or tap here to enter text. Initials: Click or tap here to enter text.

Name: Click or tap here to enter text. Initials: Click or tap here to enter text.

Name: Click or tap here to enter text. Initials: Click or tap here to enter text.

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Name: Click or tap here to enter text. Initials: Click or tap here to enter text.

Name: Click or tap here to enter text. Initials: Click or tap here to enter text.

Additional Staff Members/Teachers: Click or tap here to enter text.

Student Name: Click or tap here to enter text.

 Parent/Guardian Acknowledgment

Name of Parent/Guardian: Click or tap here to enter text.

I hereby acknowledge that I have read and reviewed this Individual Catholic Education Plan and agree to its terms. I understand and acknowledge the Archdiocese of Washington’s Catholic School Policy 3515, which states that the final decision for admission and re-enrollment of any student rests with the principal. I understand and acknowledge that Catholic school principals will give careful consideration to the admission of students with special needs, but are not required to admit, re-enroll, or continue the enrollment of students whose needs cannot be reasonably accommodated. I understand and acknowledge that Catholic schools may accept students with disabilities if the school is able to meet their needs with reasonable accommodations. Because Catholic schools do not receive any direct federal or state aid to provide for all types of students with disabilities, there are some needs that Catholic schools may be unable to meet.

I understand and acknowledge that when I choose a Catholic school for my child, I am forfeiting the right to “FAPE,” the free, appropriate public education that is required to be provided by public schools. I understand and acknowledge that while my child attends a Catholic school, he or she may be eligible to receive direct services from the local educational agency (the public school district), and I will work with that LEA, if the need arises, to obtain these services.

This Individual Catholic Education Plan describes the reasonable accommodations and/or modifications that the School will strive to provide for my child. I understand and acknowledge that it is fully within the principal’s discretion to determine whether the School can continue to provide these accommodations and/or modifications and may determine that the school is no longer able to meet the needs of my child. I confirm that at the time of admission, I provided all relevant evaluations and assessment documents to the School to describe my child’s specific educational needs, and will continue to provide current documentation of testing and evaluation as they become available.

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|  | Date: Click or tap here to enter text. |