

Student ID: [redacted]
WA SSID: [redacted]
Date of Birth: [redacted]

[redacted]
[redacted]
[redacted]

Notice of Meeting

To: [redacted] Date Sent to Participants: 11/23/2011

PURPOSE: This invitation requests your attendance at a meeting concerning the educational program/needs of your child. You have the opportunity to participate in any meeting regarding the identification, evaluation, educational placement, and the provision of a free appropriate public education (FAPE) for your child.

You are invited to attend a meeting regarding the above student. The purpose of this meeting is to (check all that apply):

- Review Evaluation Reports
- Review Educational Progress
- Consider Transitional Services
- Reevaluation Consideration
- Eligibility Determination
- Other:

The meeting has been scheduled for: Date 12/01/2011 Time 3:05 PM

Location [redacted]

The following are invited to attend and participate in the meeting:

- [redacted] Parent
- General Education Teacher
- [redacted] Special Education Teacher
- Administrator/Designee
- General Education Teacher
- General Education Teacher
- General Education Teacher
- Speech Services

The parent/guardian/adult student or school may invite individuals who have knowledge or special expertise regarding the student, including related services personnel, to participate. The determination of the knowledge or special expertise shall be made by the person/party extending the invitation. If you, the parent, the guardian or adult student, are bringing other individuals to the meeting, please let us know. This will ensure that the meeting space will accommodate all team members.

If you have any questions or would like additional information or assistance to help you prepare for this meeting, please contact [redacted] at [redacted] e-mail [redacted].

Notice of Procedural Safeguards for Special Education Students and Their Families has been provided to parents.

Student ID: [REDACTED]
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Date of Birth: [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Contact Attempt Report

Notification Area: Eligibility
Meeting Date: 12/01/2011
Time: 3:05 PM
Location: [REDACTED]

Method	Contact Date	Response Date	Response	Contact Name
Letter	11/23/2011			[REDACTED]
Email	10/26/2011			[REDACTED]
Letter	10/26/2011			[REDACTED]

Student ID: [REDACTED]
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Date of Birth: [REDACTED]

[REDACTED]

Reevaluation Notification / Consent

Dear Parent(s)/Guardian(s),

We are notifying you that your child, [REDACTED], requires a re-evaluation. The parent/adult student or school may invite individuals who have knowledge or special expertise regarding the student, including related services personnel, to participate as a member of the IEP team.

The re-evaluation will include assessment in the following areas:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Review of Existing Data | <input type="checkbox"/> Medical-Physical |
| <input type="checkbox"/> General Education | <input type="checkbox"/> Social/Emotional |
| <input type="checkbox"/> Adaptive | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Cognitive | <input type="checkbox"/> Academic |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Fine Motor | <input type="checkbox"/> Gross Motor |
| <input type="checkbox"/> Vision and Mobility | <input type="checkbox"/> Vocational |
| <input type="checkbox"/> Age Appropriate Transition Assessment | <input type="checkbox"/> Audiology |
| <input type="checkbox"/> Student Observation | <input type="checkbox"/> Other: |

When the assessments are completed, an eligibility/IEP meeting will be held. You will be notified of this meeting in a timely manner so that you may attend.

The decision to refuse/recommend an evaluation of your child was based on the following:

- It has been three years since the last reevaluation. State law requires students be reevaluated every three years to determine continued eligibility, need for special education, related services, and to determine the appropriateness of the services being provided.
- It has been requested by Case Manager
because Change in placement needed for academic progress
- Other _____

Description of any other options considered and rejected:
continuation of current LRE placement

These options were rejected because:

Current LRE placement does not allow [REDACTED] to make adequate academic progress. He needs to be able to access the general education curriculum 80-100% of the time he is in school.

Any other factors that are relevant to the actions:

Case Manager: [REDACTED]

Student ID: [redacted]
WA SSID: [redacted]
Date of Birth: [redacted]

[redacted]
[redacted]
[redacted]

Reevaluation Notification / Consent

Parental Response

I understand that I have the opportunity to participate in the consideration of the areas to be assessed. I would suggest the following areas of need be considered in assessing my child:

1. _____
2. _____
3. _____
4. _____

TO PARENTS/GUARDIANS: In order to proceed with this reevaluation and recommend the most appropriate educational program for your child, we request your permission to conduct an individual evaluation.

It should also be understood that all information collected during this evaluation will be kept confidential and will be used only by authorized school personnel pursuant of the *Family Educational Rights and Privacy Act*.

This evaluation should be completed within 35 school days after the parent has given written consent for an evaluation.

I have also been provided the *Notice of Procedural Safeguards for Special Education Students and Their Families* that summarize protections for students who may require special education.

- I give consent for my child to be evaluated.
- I refuse consent for my child to be evaluated.

Comments:

Parent/Guardian/Surrogate Date

Please return this form to [redacted] at Special Services.

Consent Disclaimer

By giving consent, you are acknowledging that (1) you have been fully informed of all information relevant to the activity for which consent is sought; (2) you understand that the granting of consent is voluntary on your part and may be revoked at any time; (3) if you revoke consent, the revocation is not retroactive; which means that it does not negate any activity that has already taken place; and (4) if you refuse to give consent, the district may request mediation or a due process hearing to override your failure to give consent for evaluations or reevaluations. The district does not need your consent for a reevaluation when the district has made reasonable measures to obtain your consent for tests administered for reevaluation and you have failed to respond to these requests.

Student ID: [redacted]
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[redacted]
[redacted]
[redacted]

Evaluation Summary

Initial Reevaluation

Student Name: [redacted] Student ID No.: [redacted]

Birth Date: [redacted] Grade: 09 Age: 15

School District: [redacted] School: [redacted]

Evaluation Group Meeting Date: 12/01/2011 Next Three Year Reevaluation Due Date: 12/01/2014

Primary language of student: English Primary language at home: English

Parent(s) name(s): [redacted]

Parent interpreter needed? Yes No

Surrogate parent: No Yes If yes, name: _____

Evaluation Case Manager (Psychologist/SLP): _____
Title: _____

I. Review of Existing Data

Student was reevaluated to determine:

- i. Whether he/she continues to be a special education student and continues to need special education and any necessary related services.
- ii. The present levels of performance and educational needs of the student; and
- iii. If any additions or modifications to the special education and any necessary related services are needed to enable the student to meet the measurable annual goals set out in the student's individualized education program and to participate, as appropriate, in the general curriculum.

A review of [redacted]'s existing data supports his continued placement in special education services. Specific reviews of data are listed below under the appropriate heading.

II. Eligibility Decision:

Meets Eligibility Criteria: Yes No

Identified Disability Category:

Specific Learning Disabilities - Student meets eligibility for specific learning disability by demonstrating a disorder in one or more of the basic psychological processes involved in understanding or using spoken or written language which prevents the student from achieving commensurate with his or her age and ability levels in one or more of the following areas listed, when provided with learning experiences appropriate to the student's age and ability levels.

- A. Oral expression
- B. Listening comprehension
- C. Written expression
- D. Basic reading skill
- E. Reading fluency skills
- F. Reading comprehension
- G. Mathematics calculation
- H. Mathematics problem solving

If SLD, then choose one: RTI Discrepancy

Student ID: [REDACTED]
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[REDACTED]

Evaluation Summary

The effects of the disability on the student's involvement and progress in the general curriculum; or for preschool children, in appropriate activities.

III. Recommendations to IEP (Individual Education Program) committee:

1. Special Education services including specially designed instruction:

Area	Description
Math	SDI in math calculation
Written Language	SDI in writing fluency and technical writing ability
Reading	SDI in reading fluency and comprehension

2. Related services:

fine motor
Communication

3. Supplementary Aids and Services:

IV. Assurances

The District has conducted a full and individual evaluation of this student in all areas of suspected disability(ies) in accordance with the evaluation procedures contained in the Washington Administrative Code.

If eligible as specific learning disabled, a severe discrepancy was established between achievement and ability that is not correctable without special education and related services.

The findings of this evaluation are not primarily due to a lack of instruction in reading, math, or limited English proficiency.

Consideration of Test Bias:

This evaluation was administered with the understanding of test limitations which may result in bias because of cultural, economic, environmental or behavioral factors. However, such limitations have been considered and determined not to be a significant factor in current eligibility determination.

Student ID: [Redacted]
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[Redacted]

Evaluation Summary

Evaluation Team Members, signatures and conclusions:

		Dissenting Opinion
_____ Parent [Redacted]	_____ Date	<input type="checkbox"/>
_____ General Education Teacher	_____ Date	<input type="checkbox"/>
_____ Case Manager [Redacted]	_____ Date	<input type="checkbox"/>
_____ Administrator/Designee	_____ Date	<input type="checkbox"/>
_____ General Education Teacher	_____ Date	<input type="checkbox"/>
_____ General Education Teacher	_____ Date	<input type="checkbox"/>
_____ General Education Teacher	_____ Date	<input type="checkbox"/>
_____ Speech Services	_____ Date	<input type="checkbox"/>

Student ID: [REDACTED]
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[REDACTED]
[REDACTED]
[REDACTED]

Areas of Evaluation
Social/Emotional

Assessment Summary:

Review of data conducted

Significant Findings:

[REDACTED]'s 2007 initial evaluation included a Conners Revised Rating Scale which assesses maladaptive behavior. [REDACTED]s concluded the following:

Both the teacher and the parent rating scales were consistent. They credit [REDACTED] with being a positive citizen. The parent scale was suggestive of more concern regarding anxiety and perfectionism than was evident on the teacher scale. Mild elevations were evident on the scale reflecting [REDACTED]'s ability to stay focused.

During the academic school year (2009-2010), [REDACTED] has had two office referrals for minor offenses. [REDACTED] appears to be thriving socially as he is engaged in athletics and attends school events. Teachers do not have any specific behavioral concerns at this time and it appears that [REDACTED] is typical when compared to same age peers in this domain.

During the current school year [REDACTED] has 7 office referrals. Two were related to absenteeism/truancy. The remaining 5 were for various non-compliance/defiance incidents. None were serious and no teachers rated [REDACTED] as exceeding that behavior that other students present.

[REDACTED]
Student ID: [REDACTED]
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[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Areas of Evaluation
Academic

Assessment Summary:

Review of previous information was conducted along with current academic probes.

Student ID: [REDACTED]

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Date of Birth: [REDACTED]

Areas of Evaluation Communication

Assessment Summary:

No further testing needed at this time. [REDACTED] continues to qualify for communication services.

Conclusions from observations:

No further testing conducted.

Significant Findings:

[REDACTED] continues to present with a significant communication delay. He struggles with expressive and receptive language concepts. [REDACTED] needs to continue to work on:

-increasing his understanding of vocabulary concepts (verbal analogies, word relationships), currently at 60% accuracy in each

-using context to determine meaning of unknown words and idioms, currently at 50% accuracy

-providing the main idea of a passage with two supporting details without prompts, currently at 60% accuracy

[REDACTED] needs to increase his accuracy levels on each goal to 80%.

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**Areas of Evaluation
Fine Motor**

Assessment Summary:

There was no need for fine motor testing. [REDACTED] continues to qualify for fine motor services based on performance in class and review of existing records.

[REDACTED] has difficulty with spacing and lining up numbers making math calculations difficult

His handwriting his spacing is not very good making his writing difficult to read at times. His printing is very elementary. He can write 20 wpm if he does not pay attention to proper grammar and punctuation. When he pays attention to grammar and punctuation his writing speed slows down.

In keyboarding [REDACTED] types 9 wpm in the Mavis Beacon typing program.

Significant Findings:

[REDACTED] continues to qualify for fine motor services.

Student ID:
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Date of Birth:

Evaluation Summary

Evaluation Team Members, signatures and conclusions:

Dissenting
Opinion

12-1-11
Date

Parent

Date

General Education Teacher

12-1-11
Date

Special Education Teacher

12-1-11
Date

Administrator/Designer

12-1-11
Date

General Education Teacher

Date

General Education Teacher

Date

General Education Teacher

Date

Speech Services