

PURPOSE: The IEP is designed to clearly communicate to the parents, the student, and providers the type and amount of special education and any necessary related services or supports that the student. The most recent evaluation report is used to develop the IEP. The IEP is individualized to reflect the unique needs of the student and how these needs fit the student to be included and progress in the general education curriculum.

INDIVIDUALIZED EDUCATION PROGRAM

Student name: _____ Student ID: _____ OSPI State ID: _____
Birthdate: _____ Age: 19 Grade: 12 Date of IEP meeting: 1/10/2012
Eligibility category: Intellectual Disability Race/Ethnicity: Multiple IEP Review date: 1/9/2013
Placement School: _____ Primary language: English Most Recent Evaluation: 01/14/2010
Resident School: _____ Parent/Guardian name(s): _____
Initial IEP? No Surrogate parent: No
Case manager name: _____ Title: Sp Ed Teacher

SIGNATURES are used to document participation in the meeting and agreement with the content.		POINTS TO CONSIDER:
Required signatures for documentation: Special Education Teacher/Case Manager District Representative Parent/Guardian/Surrogate Student (age 15 or older) General Education Teacher	Other participants (Name/Title): <i>(Case manager - Guardianship)</i>	

COMMENTS:

•NOTE: Please use this space if clarification of sections of the IEP is required. Also, should there be any aspects of this IEP where IEP participants are in disagreement, list concern, possible solutions and expected date by which the issue(s) will be resolved through another IEP meeting.

As per State law, _____ has notified the parent and the child that all rights accorded to parents under the Individuals with Disabilities Education Act transfer to the child upon reaching age 18, (except for a child with a disability who has been determined to be incompetent under State law).



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TRANSITION PLAN

PURPOSE: The purpose of transition planning is to develop a coordinated set of activities designed within a results-oriented process that is focused on improving the academic achievement and functional performance of the student in order to facilitate the student's movement from school to post-school activities, including postsecondary education/training, employment, and if appropriate, independent living skills.

2013
 Graduation Year: 2012
 Age of Majority: 02/09/2010

Age Appropriate Transition Assessment

Interests/Preferences <u>Expressed/Observed/Assessed:</u>	Areas of Strength <u>Interpersonal/Academic:</u>	Limitations/Needs <u>Interpersonal/Academic:</u>	Work/Community Experience <u>Interpersonal/Academic:</u>
CHURCH HANG OUT W/ FRIENDS WRITE COOKING READ: Stories MOVIES COMPUTER SING Going to work	COMMUNICATING W FRIENDS WRITING POSITIVE ATTITUDE DISCUSSING PERSONNEL ISSUES WHEN NEEDED READING STORIES COOKING: Following recipes CLASSROOM: DIRECTIONS	Behavior: predict consequences SELF AWARENESS MATH: Money skills WRITING: Daily written Tasks (Applications, resumes) READING: Comprehension	BAG GROCERIES PUT AWAY CANS & BASKETS SWEEP FLOORS PICK UP GO BAGS : Coordinate clothes by size Sorted Cards RECYCLE, TABLES, BALCONY STEP

How was this information obtained? Student/Parent/Guardian Staff/Records/Assessments Career Center/VOIS Inventory Surveys Observations
 Other:

List the assessments, inventories, and/or surveys administered:

Measurable Postsecondary Goals - Statements for education/training and employment and independent living (as appropriate) must be written to project beyond high school. Statements must be observable, and must be based on assessment information.

A. Postsecondary Education (college degree, community/technical college, vocational training, employment, other):

WILL PARTICIPATE IN ON THE JOB TRAINING TO IMPROVE WORK SKILLS AFTER GRADUATION

B. Employment (competitive, supported, military, pathway to employment):

WILL BE EMPLOYED IN THE COMMUNITY WITH SUPPORTS AFTER GRADUATION

C. (as appropriate) Independent Living (supported, family, other):

AFTER GRADUATION WILL CONTINUE TO LIVE WITH FAMILY

Transition Services - Statements that describe services, supports, and activities needed to facilitate movement to postsecondary goal.

Instruction, Related Services, Community Experiences, Development of Adult Living Objectives

A. Education/Training
 SPECIALLY DESIGNED INSTRUCTION FOR READING, WRITING, MATH

B. Employment
 SPECIALLY DESIGNED INSTRUCTION IN CTE COURSES RECEIVES SLD SERVICES

C. Independent Living (as appropriate)
 COMMUNITY EXPERIENCES ON RESIDENTIAL OPTIONS

POINTS TO CONSIDER:

- Secondary transition must be addressed in the first IEP to be in effect when the student turns 16, or younger if determined appropriate by the IEP team, and updated annually.
- Measurable postsecondary goals, based upon age-appropriate transition assessment results, must be included in the areas of education/training, employment, and (if appropriate) independent living skills.
- Transition services should be based on the individual student's needs, taking into account the student's strengths, preferences, and interests, and may include instruction, related services, community experiences, the development of employment and other postschool adult living objectives, and if appropriate, the acquisition of daily living skills and provision of a functional vocational evaluation.

TRANSITION PLAN

POINTS TO CONSIDER

- Representatives of any agencies that are likely to be responsible for providing or paying for transition services to the student should be invited to the IEP meeting, with parent consent.
- A course of study is "a multi-year description of coursework to achieve the student's desired post-school goals, from the student's current to anticipated exit year." (NSTTAC, 2007).

2013
2017
02/09/2010

Coordinated Services with Adult Agencies

Division of Developmental Disabilities (DDD) – Employment/Residential Opportunities	www.dshs.wa.gov/ddd/index.shtml
Division of Vocational Rehabilitation (DVR) – Employment Opportunities	www.dshs.wa.gov/dvr
Work Source – Employment Opportunities & Training Services	
Benefits Specialists – Financial Planning, Plan to Work, Working while on SSI or SSDI	1-866-497-9443 (statewide) info@communityminded.org
Disability Support Services (DSS) – Accommodations at colleges and universities	
Social Security Administration – Benefits	1-800-772-1213 www.socialsecurity.gov/work
Mental Health – Mental Health Needs	http://www.smhca.org

Write Recommended Adult Agencies:

COURSE OF STUDY PLANNING SHEET

Write substitutions next to the required courses, complete electives, check the box if the course has been completed

- Passed 10th Grade State Assessment or Alternative
 Completed Culminating Project

Year 1 / Grade 9	Year 2 / Grade 10	Year 3 / Grade 11	Year 4 / Grade 12
Semester 1 substitutions <input type="checkbox"/> English: <u>Functional Academics</u> <input type="checkbox"/> Math: <u>Independent Living</u> <input type="checkbox"/> World History: <u>Relationships</u> <input type="checkbox"/> Science: <u>Occupational Guidance</u> <input type="checkbox"/> Fitness/Health: <u>Foods / Nutrition</u> <input type="checkbox"/> Career Focus (OJT)	Semester 1 substitutions <input type="checkbox"/> English: <u>Functional Academics</u> <input type="checkbox"/> Math: <u>Independent Living</u> <input type="checkbox"/> Science: <u>Occupational Guidance</u> <input type="checkbox"/> Fitness: <u>Foods / Nutrition</u> <input type="checkbox"/> Career Focus (OJT) <input type="checkbox"/> WAAS Portfolio	Semester 1 substitutions <input type="checkbox"/> English: <u>Functional Academics</u> <input type="checkbox"/> Math: <u>Personal Choices</u> <input type="checkbox"/> American Studies: <u>Career Choices</u> <input type="checkbox"/> Career Focus (OJT)	Semester 1 substitutions <input type="checkbox"/> English: <u>Functional Academics</u> <input type="checkbox"/> CWA/Econ: <u>Personal Choices</u> <input type="checkbox"/> Career Focus (OJT)
Semester 2 substitutions <input type="checkbox"/> English: <u>Functional Academics</u> <input type="checkbox"/> Math: <u>Independent Living</u> <input type="checkbox"/> World History: <u>Relationships</u> <input type="checkbox"/> Science: <u>Occupational Guidance</u> <input type="checkbox"/> Fitness/Health: <u>Foods / Nutrition</u> <input type="checkbox"/> Career Focus (OJT)	Semester 2 substitutions <input type="checkbox"/> English: <u>Functional Academics</u> <input type="checkbox"/> Math: <u>Independent Living</u> <input type="checkbox"/> Science: <u>Occupational Guidance</u> <input type="checkbox"/> Fitness: <u>Foods / Nutrition</u> <input type="checkbox"/> Career Focus (OJT) <input type="checkbox"/> WAAS Portfolio	Semester 2 substitutions <input type="checkbox"/> English: <u>Functional Academics</u> <input type="checkbox"/> Math: <u>Personal Choices</u> <input type="checkbox"/> American Studies: <u>Career Choices</u> <input type="checkbox"/> Career Focus (OJT)	Semester 2 substitutions <input type="checkbox"/> English: <u>Functional Academics</u> <input type="checkbox"/> CWA/Econ: <u>Personal Choices</u> <input type="checkbox"/> Career Focus (OJT)
Year 5	Year 6	COMMENTS: Explain credit and course modifications and substitutions. Each class will count as .5 credits	
Semester 1 <input type="checkbox"/> Career Focus (OJT) <input type="checkbox"/> PE <input type="checkbox"/> FOODS <input type="checkbox"/> CTE <input type="checkbox"/> CTE <input type="checkbox"/> CTE	Semester 1 <input type="checkbox"/> Career Focus (OJT) TRANSITION		
Semester 2 <input type="checkbox"/> Career Focus (OJT)	Semester 2 <input type="checkbox"/> Career Focus (OJT)		
(Empty row for Year 5)	(Empty row for Year 6)		

PURPOSE: The following is a summary of services, when will begin, where they will be provided, who will be responsible for providing them, and when they will end.

Student Name ~ ID: [REDACTED]
 Case Manager: [REDACTED]

SUMMARY OF SERVICES MATRIX

DURATION: Start Date 1/10/12 End Date 1/16/13

Goal(s) & Related Service(s)	Frequency <i>(i.e., minutes per week)</i>	Location of Service <i>(See Below)</i> <i>ONE letter per line</i>	SpEd Staff: Design, Supervise, Monitor & Evaluate	Staff Responsible for Delivering Service
Reading	282 min per week	C	[REDACTED]	SpEd Teacher
Writing	282 min per week	C	[REDACTED]	SpEd Teacher
Behavior/Social	282 min per week	C	[REDACTED]	SpEd Teacher
Math	282 min per week	C	[REDACTED]	SpEd Teacher
Line #1	1525	= Total building instructional minutes per week (excluding lunch time)		
Line #2	1128	= Total minutes per week student is served in a special education setting		
	26%	= % of time spent in general education setting (Line #1 minus Line #2 divided by Line #1)		

An explanation of the extent, if any, to which the student will not participate with nondisabled students in the general education class, and in nonacademic and extracurricular activities, including a description of any adaptations needed for participation in physical education: Due to significant delays in educational performance, the student requires specially designed instruction and/or related services within a special education class. Adapted PE- None required.

PLACEMENT OPTIONS CONSIDERED – LOCATION OF SERVICES:

Based on current evaluation results and recommendations, with consideration of any potential harmful effect on the student or on the quality of services which the student needs, the following placement options were sequentially considered by the IEP team in order to determine the most appropriate program placement to meet student's IEP goals and objectives:

- | | | |
|---|-------------------------|---|
| A. General education setting (NO SPECIAL EDUCATION) | D. Home instruction | G. Other |
| B. General education setting with Special Education instruction &/or Related Services | E. Hospital instruction | |
| C. Special education setting | F. Residential school | X. ALL SETTINGS - IA/Interpreter/Nurse time <u>ONLY</u> |

POINTS TO CONSIDER:

If the position responsible for delivering the specially designed instruction is anyone other than a certificated special education teacher or related service provider, then the certificated special education teacher/related service provider must design and supervise the instruction, and monitor and evaluate the student's progress.

PURPOSE: The following will inform the parents and the student of the student's progress toward meeting the measurable annual goal(s) and to specify how the parents will be informed. Supplementary services and program support will be listed if required by the student.

Student Name ~ ID: _____
Case Manager: _____

REPORT OF STUDENT PROGRESS: *(Parents are to be informed at least as often as parents of nondisabled students.)*

State how the parents will be regularly informed of student's progress toward meeting the annual goal(s) concurrent with the issuance of report cards (such as through the use of quarterly or other periodic reports):
Annual IEP and quarterly notices of progress to the parent/guardian.

SUPPLEMENTARY AIDS AND SERVICES: *(Inservice, training, etc that allows student to be educated with non-disabled peers)*

Service	Initiation Date	Frequency	Location of Service	Duration	Staff Responsible for Delivering Service

PROGRAM MODIFICATIONS OR SUPPORT FOR SCHOOL PERSONNEL: *(current information listed - write in changes as needed)*

Student is in a self-contained special education program. Program modifications and supports within general education will be discussed when transition into regular education is recommended.

OTHER CONSIDERATIONS:

	Prior IEP	Make Changes	Notes
1. Does this student require special transportation?	No		<i>If yes, review the current Special Transportation form</i>
2. Extended School Year (ESY) services?	No	<input type="checkbox"/> IEP team determined	<i>If ESY is determined by the IEP team to be necessary, complete and attach the ESY addendum.</i>
3. Does the student's behavior negatively impact his/her learning or the learning of others?	No		<i>If yes, consider the student's need for positive behavioral supports/ interventions, a Functional Behavioral Assessment, and/or a Behavioral Intervention Plan.</i>
4. Does this student require the use of aversive interventions?	No		<i>If yes, complete and attach the Aversive Intervention Plan addendum.</i>
5. Are there any other factors not already addressed (such as medical concerns or other issues), or other adaptations needed?			

PURPOSE: IEPs must include a statement of measurable annual goals, including academic and functional goals, designed to meet each of the student's educational needs that result from the disability to enable the student to be involved and make progress in the general education curriculum. In order to be measurable, the goal should include a baseline ("from"), a target ("to"), and a unit of measure.

Student Name ~ ID: _____
 School: _____

Transition Behavior : MEASURABLE ANNUAL GOAL AREA WITH SHORT TERM OBJECTIVES/BENCHMARKS

IMPACT STATEMENT - Effect of the disability on involvement/progress in general education curriculum/appropriate activities:
 _____ is a 12th grade student with a documented Intellectual Disability which significantly affects her behavior progress. She will demonstrate an ability to predict consequences by accurately stating at least two possible consequences when presented with hypothetical situations by the teacher. _____ performs well below that of her 12th grade peers, who are able to demonstrate an ability to predict consequences by accurately stating at least two possible consequences when presented with hypothetical situations by the teacher. With or with out extensive accommodations including one-to-one support, _____ requires specially designed instruction for her Behavior needs.

PRESENT LEVELS
 _____ can demonstrate an ability to predict consequences by accurately stating at least two possible consequences when presented with hypothetical situations by the teacher with 25% accuracy.

ACHIEVEMENT INDICATORS

- 4 - Above Standard At This Time: consistently demonstrates exceptional skills and knowledge at grade level expectations.
- 3 - Meeting Standard At This Time: consistently demonstrates grade level skills and knowledge.
- 2 - Approaching Standard At This Time: is making progress toward meeting grade level expectations, sometimes showing evidence of meeting the standards, at other times showing lack of understanding or ability to apply the concept or skills.
- 1 - Beginning Work Toward Standard At This Time
- X - Not Graded At This Time

Measurable Annual Goal <i>(with baseline or from... to)</i>	Method/Criteria for Evaluating Progress	Anticipated Completion Date	Data Collection		
			date	progress	notes
<u>Support to Postsecondary Goal:</u> <input checked="" type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living _____ will demonstrate an ability to predict consequences by accurately stating at least two possible consequences when presented with hypothetical situations by the teacher increasing from 25% to 80% accuracy. The behavior will be monitored by assigned school personnel and recorded in the student's progress notes/data sheets over each grading period.	as measured by: <i>notes/data sheets</i>	1/10/13			

- POINTS TO CONSIDER:**
- Results of the most current evaluation, and the academic, developmental, and functional needs of the student.
 - Measurable annual goals stem from the recommendations for specially designed instruction in the evaluation report.
 - Measurable annual goals must relate to the general education curriculum or, for preschool students, participation in appropriate activities.
 - Measurable annual goals must also address other educational needs that result from the student's disability.

PURPOSE: IEPs must include a statement of measurable annual goals, including academic and functional goals, designed to meet each of the student's educational needs that result from the disability to enable the student to be involved and make progress in the general education curriculum. In order to be measurable, the goal should include a baseline ("from"), a target ("to"), and a unit of measure.

Student Name ~ ID: _____
 School: _____

Transition Math : MEASURABLE ANNUAL GOAL AREA WITH SHORT TERM OBJECTIVES/BENCHMARKS

IMPACT STATEMENT - Effect of the disability on involvement/progress in general education curriculum/appropriate activities:

_____ is a 12th grade student with a Intellectual disability which significantly affects her ability to justify mathematical functions to solve daily math problems, specifically the use and exchange of money. The average 12th grade student is able to select and justify functions and equations to model and solve problems and have an understanding of the use and exchange of money. She is unable to participate in general education classes even with extensive accommodations including one to one support. _____ requires specially designed instruction to learn to select and justify functions and equations to model and solve daily math problems.

PRESENT LEVELS

_____ is able to make coin exchanges in a variety of ways up to \$10.00 with 60% accuracy and 4 prompts.

ACHIEVEMENT INDICATORS

- 4 – **Above Standard At This Time:** consistently demonstrates exceptional skills and knowledge at grade level expectations
 2 – **Approaching Standard At This Time:** is making progress toward meeting grade level expectations, sometimes showing evidence of meeting the standards, at other times showing lack of understanding or ability to apply the concept or skills.
 3 – **Meeting Standard At This Time:** consistently demonstrates grade level skills and knowledge.
 1 – **Beginning Work Toward Standard At This Time** X – **Not Graded At This Time**

Measurable Annual Goal <i>(with baseline or from...to)</i>	Method/Criteria for Evaluating Progress	Anticipated Completion Date	Data Collection		
			date	progress	notes
Support to Postsecondary Goal: <input checked="" type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living _____ will improve her ability to make coin exchanges in a variety of ways up to \$10.00 from 60% to 80% accuracy with no more than 2 prompts, over 3 out of 4 trials as evaluated by teacher created data probes.	as measured by: <i>data probes</i>	1/10/13			

POINTS TO CONSIDER:

- Results of the most current evaluation, and the academic, developmental, and functional needs of the student.
- Measurable annual goals stem from the recommendations for specially designed instruction in the evaluation report.
- Measurable annual goals must relate to the general education curriculum or, for preschool students, participation in appropriate activities.
- Measurable annual goals must also address other educational needs that result from the student's disability.

PURPOSE: IEPs must include a statement of measurable annual goals, including academic and functional goals, designed to meet each of the student's educational needs that result from the disability to enable the student to be involved and make progress in the general education curriculum. In order to be measurable, the goal should include a baseline ("from"), a target ("to"), and a unit of measure.

Student Name ~ ID: _____
 School: _____

Transition Writing : MEASURABLE ANNUAL GOAL AREA WITH SHORT TERM OBJECTIVES/BENCHMARKS

IMPACT STATEMENT - Effect of the disability on involvement/progress in general education curriculum/appropriate activities:

_____ is a 12th grade student with a Intellectual Disability, which significantly affects her ability to write independently with confidence and proficiency. She has difficulties completing functional daily written tasks. The average 12th grade student is able to write and complete a variety of written tasks such as applications, resumes, personal information etc. _____ is unable to participate in general education classes even with extensive accommodations including one to one support. _____ requires specially designed instruction to learn to complete functional daily written tasks.

PRESENT LEVELS

_____ is able to apply comprehension-monitoring strategies, with the use of prior knowledge, make, confirm and revise predictions during and after reading at the fifth grade level with 75% accuracy with 5 or more prompts.

ACHIEVEMENT INDICATORS

- 4 – **Above Standard At This Time:** consistently demonstrates exceptional skills and knowledge at grade level expectations. 2 – **Approaching Standard At This Time:** is making progress toward meeting grade level expectations, sometimes showing evidence of meeting the standards, at other times showing lack of understanding or ability to apply the concept or skills.
 3 – **Meeting Standard At This Time:** consistently demonstrates grade level skills and knowledge. 1 – **Beginning Work Toward Standard At This Time** X – **Not Graded At This Time**

Measurable Annual Goal <i>(with baseline or from... to)</i>	Method/Criteria for Evaluating Progress	Anticipated Completion Date	Data Collection		
			date	progress	notes
<u>Support to Postsecondary Goal:</u> <input checked="" type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living _____ will write important information on a variety of forms at the fifth grade level improving from 70% to 80% accuracy with no more than 2 prompts on 3 out of 4 trials as evaluated by teacher created data probes.	as measured by: <i>data probes</i>	1/10/13			

POINTS TO CONSIDER:

- Results of the most current evaluation, and the academic, developmental, and functional needs of the student.
- Measurable annual goals stem from the recommendations for specially designed instruction in the evaluation report.
- Measurable annual goals must relate to the general education curriculum or, for preschool students, participation in appropriate activities.
- Measurable annual goals must also address other educational needs that result from the student's disability.

PURPOSE: IEPs must include a statement of measurable annual goals, including academic and functional goals, designed to meet each of the student's educational needs that result from the disability to enable the student to be involved and make progress in the general education curriculum. In order to be measurable, the goal should include a baseline ("from"), a target ("to"), and a unit of measure.

Student Name ~ ID: _____
 School: _____

Transition Reading : MEASURABLE ANNUAL GOAL AREA WITH SHORT TERM OBJECTIVES/BENCHMARKS

IMPACT STATEMENT - Effect of the disability on involvement/progress in general education curriculum/appropriate activities:

_____ is a 12th grade student with a Intellectual Disability, which significantly affects her ability to use prior knowledge and text based information in making, confirming and revising predictions to improve her reading comprehension. The average 12th grade student is able to apply comprehension monitoring strategies, analyze and /or synthesize information from multiple sources to deepen their understanding of the content. _____ is unable to participate in general education classes even with extensive accommodations including one to one support. _____ requires specially designed instruction to learn to analyze and /or synthesize information from multiple sources to deepen her understanding.

PRESENT LEVELS

_____ is able to apply comprehension-monitoring strategies, with the use of prior knowledge, make, confirm and revise predictions during and after reading at the sixth grade level with 75% accuracy with 5 or more prompts.

ACHIEVEMENT INDICATORS

- 4 – **Above Standard At This Time:** consistently demonstrates exceptional skills and knowledge at grade level expectations. 2 – **Approaching Standard At This Time:** is making progress toward meeting grade level expectations, sometimes showing evidence of meeting the standards, at other times showing lack of understanding or ability to apply the concept or skills.
 3 – **Meeting Standard At This Time:** consistently demonstrates grade level skills and knowledge. 1 – **Beginning Work Toward Standard At This Time** X – **Not Graded At This Time**

Measurable Annual Goal <i>(with baseline or from... to)</i>	Method/Criteria for Evaluating Progress	Anticipated Completion Date	Data Collection		
			date	progress	notes
<p><u>Support to Postsecondary Goal:</u> <input checked="" type="checkbox"/> Education/Training <input type="checkbox"/> Employment <input type="checkbox"/> Independent Living</p> <p>_____ will apply comprehension monitoring strategies at the sixth grade level by making, confirming and revising predictions based on prior knowledge and evidence in text, improving from 75% to 90 % accuracy and from requiring 5 or more prompts to requiring no more than 2 prompts over 3 consecutive trials as evaluated by teacher created data probes.</p>	<p>as measured by:</p> <p><i>data probes</i></p>	<p><i>1/10/13</i></p>			

POINTS TO CONSIDER:

- Results of the most current evaluation, and the academic, developmental, and functional needs of the student.
- Measurable annual goals stem from the recommendations for specially designed instruction in the evaluation report.
- Measurable annual goals must relate to the general education curriculum or, for preschool students, participation in appropriate activities.
- Measurable annual goals must also address other educational needs that result from the student's disability.

PURPOSE: The following is a listing of Accommodations that may be required for the student during classroom activities and for State and District assessments.

Student Name ~ ID: [REDACTED]

Case Manager: [REDACTED]

ACCOMMODATIONS AND ASSISTIVE TECHNOLOGY

Accommodations Needed			Accommodations Needed			POINTS TO CONSIDER:
Class	Testing*	Presentation	Class	Testing*	Setting	
		Use large print/Braille/recorded books		N/A	Provide individualized/small group instruction	<ul style="list-style-type: none"> • The IEP team makes the determination of what individual accommodations are necessary for the student. • Copies of this page should be provided to the general education teacher(s) or other staff who will be responsible for making these accommodations. • Accommodations provided on state and districtwide assessments should be those that are provided as part of the regular instructional program. • Assistive Technology
		Alter format of materials (<i>highlight, type, spacing, color-code etc.</i>)		N/A	Read class materials orally	
		Low-vision devices (<i>magnifiers, Closed Circuit TV, etc.</i>)		N/A	Provide study outlines/guides/graphic organizers	
		Sign Language – ASL or SEE		N/A	Modify/repeat/model directions	
	N/A	Shortened assignments			Take test in separate location	
	N/A	Preview test procedures			Preferential seating	
	N/A	Limited multiple choice			Other:	
	N/A	Rephrase test questions and/or directions	Class	Testing*	Response	
	N/A	Provide test/quiz study guide			Utilize oral responses to assignments/tests	
	N/A	Simplify test wording			Text-to-Speech (<i>Kurzweil, WYNN, Text Help, etc.</i>)	
		Read class materials orally (<i>“Reading” - high school only</i>)			Allow dictation to a scribe	
	N/A	Assign peer tutor/note taker			Allow use of a calculator (<i>high school only</i>)	
		Other:			Allow use of tape recorder	
					Spelling devices (<i>Grammar not for Writing</i>)	
					Speech-to-text software (<i>Dragon, etc</i>)	
					Hands-on assignments	
					Other:	
Class	Testing*	Timing/Scheduling	Class	Other		
	N/A	Prior notice of tests/quizzes		Provide desktop list of tasks		
	N/A	Extra time to complete assignments		Provide homework lists		
		Modify student’s schedule (<i>describe below</i>):		Behavior plan/contract		
				Provide daily assignment list		
		Extra time on tests/quizzes		Modified grading		
		Allow breaks (<i>during work, between tasks, during testing, etc.</i>)		Other:		
		Other:				

*TESTING: Required State and District assessments

Current AT and PT Equipment

Describe Current Assistive Technology:

Additional Assistive Technology Evaluation Needed (√ = yes)

Describe Current Physical Therapy Equipment:

Additional Physical Therapy Equipment Requested (√ = yes)

PURPOSE: The purpose of the participation in State and District assessments is to document the appropriate testing option for the student.

Student Name ~ ID: [REDACTED]

Case Manager: [REDACTED]

PARTICIPATION IN STATE AND DISTRICTWIDE ASSESSMENTS OF STUDENT ACHIEVEMENT

State Assessment – The student will participate in the following state assessment(s) this school year:					POINTS TO CONSIDER: <ul style="list-style-type: none"> • The IEP team makes the determination of what type of assessment the student will take and what administrative modifications and individual accommodations are necessary. • Accommodations provided on state and districtwide assessments should be those that are provided as part of the regular instructional program. • Parents and students should be informed that any assessment other than the regular state assessment (with or without accommodations) lead to a Certificate of Individual Achievement (CIA), rather than a Certificate of Academic Achievement (CAA). • For further information on the state assessment, allowable accommodations, and graduation requirements, please refer to OSPI's website (www.k12.wa.us).
Reading <i>(grades 3-8 and 10)</i>	Math	Writing <i>(grades 4, 7, 10)</i>	Science <i>(grades 5, 8, 10)</i>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular State Assessment	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular State Assessment with Accommodations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Basic State Assessment - (Level 2)	
E or M	E or M	E or M	E or M	*DAPE – (11 th and 12 th grade only, circle E or M)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*WAAS Portfolio <i>(alternate assessment – requires benchmarks/objs.)</i>	
<p>*Explain why the student cannot participate in the regular state assessment and why the selected assessment option is appropriate:</p> <p>____ Due to significantly low academic scores in the above areas, the alternative State testing was selected as the most appropriate assessment option.</p> <p>____ Based upon the student's classroom performance, previous state assessment scores, behavioral issues and current performance levels, the IEP team has determined that alternative State testing in the above areas is required.</p> <p>____ Due to the impact of the student's disabling condition upon academic performance, the IEP team has determined that alternative State testing in the above areas is required.</p> <p>Other: <i>HAS MET STATE REQUIREMENT</i></p>					
<p>Districtwide Assessment – The student will participate in districtwide assessment(s) appropriate for their grade &/or functional performance level:</p> <p>Explain why the student is unable to participate in a regular districtwide assessment:</p> <p>____ Due to the impact of the student's disabling condition upon academic performance, the IEP team has determined that alternative District testing is required.</p> <p>Other:</p>					

PAST SCORES

Grade

Option

Reading

Lvl

Score

Met

Writing

Option

Lvl

Score

Met

Math

Option

Lvl

Score

Met

Student Name: _____

Date: 12-5-11

PARENT CONSENT TO INVITE TRANSITION AGENCY PERSONNEL

If the district intends to invite representatives of any agency that is likely to be responsible for providing or paying for secondary transition services to the IEP meeting, your consent is required.

I give my consent for the secondary transition agency representative(s) marked with an “*” on the invitation to be invited to the IEP meeting.

I give my consent for the secondary transition agency representatives marked with an “*” on the invitation to be invited to the IEP meeting, except for the following representative(s):

Reason (optional):

I do not give consent for the secondary transition agency representative(s) marked with an “*” on the invitation to be invited to the IEP meeting. Reason (optional):

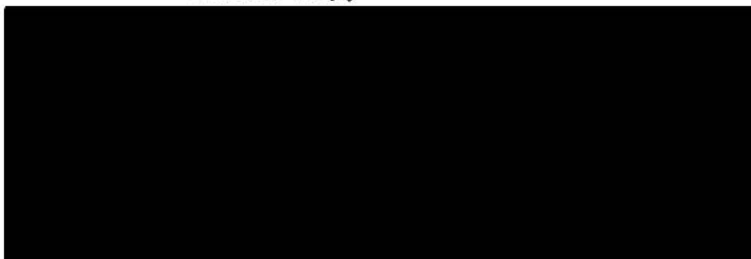
Parent/guardian/adult student signature

12-5-11
Date

****Please sign and return this page to your child’s school.****

PRIOR WRITTEN NOTICE

PURPOSE: As a parent/guardian of a special education child or child suspected of needing special education services, the school district is required to provide you with prior written notice whenever it **proposes or refuses** to initiate or change the identification, evaluation, educational placement, or provision of a free appropriate public education to your child. This notice should be given to you after a district makes a decision and before action is taken on the decision. The notice should be given to you in a reasonable amount of time before the district takes action..



Student's Name: _____

Student #: _____
Birthdate: _____ School: _____

Date: 1/10/2012

Dear _____:

The purpose of this prior written notice is to inform you that we are:

- 1 proposing to 2 initiate a/an
 refusing change
(Choose one) *(Choose one)*

Mark all items below that apply:

- 3 referral educational placement
 initial evaluation reevaluation
 eligibility category disciplinary action that is a change of placement
 IEP
 Other (specify): _____

Description of the proposed or refused action:

Annual update of the student's IEP as required by WAC regulations

The reason we are proposing or refusing to take action is:

Regulations require that a student's IEPs is updated annually

Description of any other options considered and rejected:

Not completing a new IEP for the student at this time

The reason(s) we rejected those options was:

Regulations require that a student's IEPs is updated annually

A description of each evaluation procedure, test, record, or report we used or plan to use as the basis for taking this action is as follows:

Classroom performance measures of the student's progress toward meeting the annual goals

Any other factors that are relevant to the action:

None

The action will be initiated on 01/11/2012
Date

Your child has procedural protections under IDEA. These protections are explained in the *Notice of Procedural Safeguards for Special Education Students and Their Families*. If this prior written notice is given to you (1) as part of your child's initial referral for evaluation, (2) as part of a request for a reevaluation, or (3) as notice regarding disciplinary action that constitutes a change of placement, the procedural safeguards accompanies this notice. If a copy of the *Notice of Procedural Safeguards for Special Education Students and Their Families* is not enclosed and you would like a copy, or you would like help in understanding the content, please contact:

_____ at _____
Name Phone number

DISTRICT COPY

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 for your child.

PARENT/GUARDIAN INVITATION TO ATTEND A MEETING

To: _____

Parent(s)/guardian(s)/adult student and Student (if appropriate or if transition planning will be discussed)

You are invited to a continuing IEP meeting for:

DOB: _____ Age: 19 Grade: 12

School: _____

PURPOSE OF MEETING:

The purpose of the IEP meeting will be to review and determine the appropriate program, placement, services and goals and objectives. The IEP team may also discuss any need for re-evaluation or assessments.

The meeting has been scheduled for: 1/10/2012 2:30pm _____
Date Time Location

Meetings addressing IEPs and placement are scheduled at a mutually agreed upon place and time by you and the school district. If you are unable to attend this meeting you may request participation through other means. If you are unable to attend this meeting, please contact your student's case manager:

Name of district personnel

Phone

You and the district may invite individuals to participate in the IEP team meeting who have knowledge or special expertise about your student's educational needs. You may also request, by contacting the individual named above, that a birth to three service coordinator be invited to participate in an initial IEP meeting if your child was previously served through an Individualized Family Service Plan (IFSP). If the district intends to invite representatives of any agency that is likely to be responsible for providing or paying for secondary transition services to the IEP meeting, your consent is required (see page two of this invitation if transition agency representatives are being invited).

Below is a list of the names and roles of those individuals the district will be inviting to attend the meeting (representatives from secondary transition agencies are marked with a "*"):

_____: Student
_____: Sp Ed Teacher
_____: Sp Ed Teacher
_____: Nurse
_____*: Transition Agency
_____*: Transition Agency
_____: School Psychologist
Counselor: _____
_____: District Rep
_____: Career Focus Specially Designed Instr teacher
_____: Foods & Nutr Specially Designed Ins teacher
_____: Aerobics/Fitness teacher

Documentation of Parent Notification --- IEP Meeting

Student's Name: [REDACTED] Student #: [REDACTED] Birthdate: [REDACTED]

School: [REDACTED] Age: 19 Grade: 12 Gender: F

Guardian Info: [REDACTED] Phone: [REDACTED]

Case Manager: [REDACTED] Phone: [REDACTED]

Psychologist: [REDACTED]

IEP Date: 1/10/2012 Meeting Time: 2:30pm [REDACTED]

Phone Contact: Attempted 1. _____ 2. _____
 Answering Machine
 Phone
 Unable to contact by phone

Person completing contact: [REDACTED] Date: _____

Mail Contact: Regular Postal Delivery
 Return Receipt Requested Mail

Person completing contact: [REDACTED] Date: 12/14/11

Personal Contact: Notice delivered home by
 Other _____

Person completing contact: [REDACTED] Date: 12/14/11

Parent Request for Other Method of IEP Meeting Participation:

- Individual telephone call(s)
- Conference telephone call(s)
- Mail copy of IEP to parent for review and input
- FAX IEP to parent for review and input
- Other _____

SpEd Secretary [REDACTED]