|  |
| --- |
| **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 will be made available to 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 will be addressed to permit the student to be included and progress in the general education curriculum. A meeting to review and revise the IEP must occur, at a minimum, on an annual basis. |

**INDIVIDUALIZED EDUCATION PROGRAM (WITH SECONDARY TRANSITION)**

|  |  |  |  |
| --- | --- | --- | --- |
| Student name: |  | Date of IEP meeting: |  |
| Student ID: |  | IEP annual review date: |  |
| Eligibility category: |  | Evaluation Date: |  |
| Primary language: |  | Birthdate: |  | Age: |  | Grade: |  |
| District: |  | Serving School: |  |
| Parent(s) name(s): |  | Resident School: |  |
| Primary language at home: |  | Interpreter needed? [ ]  Yes [ ]  No |
| Surrogate parent: [ ]  Yes [ ]  No | If yes, name: |  |
| Primary staff contact name: |  | Title: |  |

|  |  |
| --- | --- |
| **PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE***(including the strengths of the student and the concerns of the parents for enhancing the education of their student)* | **POINTS THAT MUST BE CONSIDERED IN DEVELOPING THE IEP (refer to WAC 392-172A-03110):*** Strengths of the student.
* Concerns of the parents for enhancing the education of their student.
* Results of the most current evaluation, and the academic, developmental, and functional needs of the student.
* Other special factors, including the use of positive behavioral supports/interventions; language needs of students with limited English proficiency; supports for students with visual impairments; the communication needs of the student; assistive technology devices and services; and supplementary aids/services, program modifications, and support for school personnel.
 |
| **Present levels of academic achievement:** |
|  |
| **Present levels of functional performance** *(e.g., communication, motor, social, behavior, life/adaptive skills, etc.)*: |
|  |

|  |
| --- |
| **Effect of the disability on the student’s involvement and progress in the general education curriculum:** |
|  |

**CONSIDERATION OF SPECIAL FACTORS:**

|  |  |  |
| --- | --- | --- |
| 1. Does this student require special transportation?
 | [ ]  Yes [ ]  No | If yes, describe (if not addressed on the service matrix): |
|  |
| 1. Does this student require Extended School Year (ESY) services?
 | [ ]  Yes [ ]  No[ ]  To be determined by: | If ESY is determined by the IEP team to be necessary, complete and attach the ESY addendum. |
| Date:  |
| 1. Does the student’s behavior negatively impact his/her learning or the learning of others?
 | [ ]  Yes [ ]  No | If yes, consider the student’s need for positive behavioral supports/ interventions, a Functional Behavioral Assessment (FBA), and/or a Behavioral Intervention Plan (BIP). [ ]  A Behavioral Intervention Plan has been developed for this student (refer to the BIP addendum). |
| 1. For a student with limited English proficiency, does the student have language needs?
 | [ ]  Yes [ ]  No | If yes, describe those needs as they relate to the student’s IEP: |
|  |
| 1. For a student with a visual impairment, is the student in need of Braille instruction and/or use of Braille?
 | [ ]  Yes [ ]  No | If yes, describe: |
|  |
| 1. Does the student have communication needs? *(Consider the communication needs of the student, and in the case of a student that is deaf or hard of hearing, consider the language and communication needs, opportunities for direct communication with peers/ professional personnel in the child’s language and communication mode.)*
 | [ ]  Yes [ ]  No | If yes, describe: |
|  |
| 1. Does the student need assistive technology devices and/or services?
 | [ ]  Yes [ ]  No | If yes, describe: |
|  |
| 1. Are there any other factors not already addressed (such as medical concerns or other issues), or other adaptations needed?
 | [ ] Yes [ ]  No | If yes, describe: |
|  |

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| [ ] The parent and the school district have agreed that this student requires advanced educational planning that may involve the use of isolation, restraint, or a restraint device. Refer to the Emergency Response Protocol addendum to this IEP. |

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| **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. |

**SECONDARY TRANSITION**

|  |  |  |
| --- | --- | --- |
| Student participated in IEP meeting?[ ]  Yes [ ]  No | If no, what steps were taken to ensure that the student’s preferences/interests were considered? | **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.
* Secondary Transition information and services should support rather than replace the student’s High School and Beyond Plan (HSBP).
 |
|  |
| **AGE APPROPRIATE TRANSITION ASSESSMENTS** (include results of informal and/or formal assessments including student’s needs, strengths, preferences, and interests): |
| [ ]  surveys/questionnaires [ ]  profiles/portfolios [ ]  vocational assessment(s) [ ]  interview(s) |
|  [ ] other: |  |
|  |
| **EDUCATION/TRAINING** *(Required to be addressed for all students)* |
| **Measurable Postsecondary Goal(s)** *(What the student will do after graduation from high school in the area of education/training)* |  |
| **Transition Services** *(list Transition Services related to Education/Training, including IEP goal number(s) if applicable)* |
| **Transition Service** | **Staff/Agency Responsible** | **IEP Goal #** |
|  |  |  |
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| **EMPLOYMENT** *(Required to be addressed for all students)* | **POINTS TO CONSIDER (continued):*** Transition services may be special education, if provided as specially designed instruction or related services, if required to assist the student in benefitting from special education.
* 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.
 |
| **Measurable Postsecondary Goal(s)** *(What the student will do after graduation from high school in the area of employment)* |  |
| **Transition Services** *(list Transition Services related to Employment, including IEP goal number(s) if applicable)* |
| **Transition Service** | **Staff/Agency Responsible** | **IEP Goal #** |
|  |  |  |
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| **INDEPENDENT LIVING SKILLS** *(Must be addressed if determined appropriate by the IEP Team)* | **POINTS TO CONSIDER (continued):*** Independent living skills are “those skills or tasks that contribute to the successful independent functioning of an individual in adulthood” (Cronin, 1996) in the following domains: leisure/recreation, home maintenance and personal care, and community participation.
* The goal should identify a skill, rather than a postsecondary placement.
 |
| **Measurable Postsecondary Goal(s)** *(What the student will do after graduation from high school in the area of living skills)* |  |
| **Transition Services** *(list Transition Services related to Independent Living Skills, including IEP goal number(s) if applicable)* |
| **Transition Service** | **Staff/Agency Responsible** | **IEP Goal #** |
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| **COURSE(S) OF STUDY** *(list the course(s) of study needed to assist the student in reaching his/her postsecondary goals, unless already described above, or attach a list of courses)* | **POINTS TO CONSIDER** * The IEP must include a description or list of the course(s) of study needed to assist the student in reaching his/her specific postsecondary goals.
 |
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| 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 student’s 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, a target, and a unit of measure. For students using an alternate assessment aligned to alternate achievement standards, the IEP team should use the “Measurable Annual Goal(s) with Short-term Objectives/Benchmarks” page (see next page).  |

# MEASURABLE ANNUAL GOAL(S)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject Area & Goal #** | **Measurable Annual Goal** | **Method/Criteria for Evaluating Progress***(if not addressed in a separate document)* | **Progress Notes** *(if not maintained separately)* | **POINTS TO CONSIDER:** |
| *Date* | *Date* | *Date* | *Date* | * 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.
* The IEP must include a description of how the district will measure the student’s progress and when progress will be reported to parents.
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| *Copy additional pages as necessary* |

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| 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 student’s disability to enable the student to be involved and make progress in the general education curriculum. For students using an alternate assessment aligned to alternate achievement standards, benchmarks or short-term objectives in the areas being assessed must also be included. In order to be measurable, the goal should include a baseline, a target, and a unit of measure.  |

# MEASURABLE ANNUAL GOAL(S) WITH SHORT-TERM OBJECTIVES/BENCHMARKS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject Area & Goal #** | **Measurable Annual Goal** | **Method/Criteria for Evaluating Progress***(if not addressed in a separate document)* | **Progress Notes** *(if not maintained separately)* | **POINTS TO CONSIDER:** |
| *Date* | *Date* | *Date* | *Date* | * 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.
* The IEP must include a description of how the district will measure the student’s progress and when progress will be reported to parents.
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| **Benchmarks or Short-Term Objectives** |
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| *Copy additional pages as necessary* |

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| **PURPOSE:** The purpose of the report of student progress is to inform the parents and the student of the student’s progress toward meeting the measurable annual goal(s) and to specify how and when parents will be informed (WAC 392-172A-03090(1)(c)). |

|  |  |
| --- | --- |
| **REPORT OF STUDENT PROGRESS:** | **POINTS TO CONSIDER:** Parents should be provided periodic reports on the student’s progress (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards). |
| State how the student’s progress toward meeting the annual goal(s) will be measured *(if not already addressed on measurable annual goal page(s))*: |
|  |
| State how and when the parents will be periodically informed of the student’s progress toward meeting the annual goal(s): |
|  |

## PARTICIPATION IN STATE AND DISTRICTWIDE ASSESSMENTS

|  |  |
| --- | --- |
| **State Assessments –** The student will participate in the following state assessment(s) during this annual IEP: | POINTS TO CONSIDER:* 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.
* For further information regarding the state assessment system, including the English language proficiency assessment, allowable accommodations, and graduation requirements, please refer to OSPI’s website *(www.k12.wa.us/assessment)*.
* Other assessment options are available to students if required to meet graduation requirements.
 |
| **English/****Lang Arts Math Science** |
| [ ]  [ ]  [ ]  Regular State Assessment |
| [ ]  [ ]  [ ]  Regular State Assessment with Accommodations |
| [ ]  [ ]  [ ]  Alternate Assessment  |
| [ ]  [ ]  [ ]  Other:  |
| **Other statewide assessments** (e.g., English language proficiency assessment): |
|  |
| **Districtwide Assessments –** The student will participate in the following districtwide assessment(s) during this annual IEP: |
|  |
| **Accommodations –** List any individual accommodations in the administration of the state or districtwide assessments necessary for the student to participate: |
|  |
| If the student: (a) will not participate in the regular state assessment (with or without accommodations) or (b) is unable to participate in a regular districtwide assessment, explain why the student cannot participate in the regular assessment and why the selected assessment option is appropriate: |
|  |

|  |  |
| --- | --- |
| **Graduation –** If the student requires other assessments in order to meet graduation requirements, describe here *(specify assessment and grade level as appropriate):* | * Parents and students should be informed that any assessment other than the regular state assessment (with or without accommodations) leads to a Certificate of Individual Achievement (CIA), rather than a Certificate of Academic Achievement (CAA).
 |
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| **PURPOSE:** The purpose of this page is to document the modifications and/or accommodations that the student requires, based on the student’s assessed needs, in order to advance appropriately toward attaining the identified annual goals, to be involved and make progress in the general education curriculum, and to be educated with non-disabled peers to the maximum extent appropriate.  |

## ACCOMMODATIONS AND MODIFICATIONS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject** | **Accommodations/****Modifications Needed** | **Subject** | **Accommodations/****Modifications Needed** | POINTS TO CONSIDER:* The IEP team makes the determination of what modifications and 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 (as noted on the previous page) should be those that are provided as part of the regular instructional program.
 |
| **Presentation** | **Setting** |
|  | Use large print/Braille/audio books |  | Individualized/small group instruction |
|  | Audio Digital Books |  | Preferential seating |
|  | Alter format of materials *(highlight, type, spacing, color-code, etc.)* |  | Reduce environmental distractions *(test/ study in separate location, noise buffers, etc.)* |
|  | Provide study outlines/guides/graphic organizers |  | Other:  |
|  | Cloze Reading Strategy | **Response** |
|  | Read class materials orally |  | Speech to Text |
|  | Low-vision devices *(magnifiers, Closed Circuit TV, etc.)* |  | Text to Speech |
|  | Allow dictation to a scribe |
|  | Sign Language – ASL or SEE |  | Allow use of a calculator |
|  | Shortened assignments |  | Allow use of digital recordings |
|  | Limited multiple choice |  | Utilize oral responses to assignments/assessments |
|  | Modify/repeat/model directions |
|  | Rephrase test questions and/or directions |  | Spelling and grammar check |
|  | Hands-on assignments |
|  | Provide test/assessment study guide |  | Other: |
|  | Provide extra credit options |
|  | Simplify text wording/language | **Other** |
|  | Read class materials orally |  | Provide desktop list of tasks |
|  | Assign peer tutor/note taker |  | Provide homework lists |
|  | Other:  |  | Behavior plan/contract |
|  | Provide daily assignment list/schedule |
| **Timing/Scheduling** |  | Modified grading *(describe below):* |
|  | Prior notice of assignments/assessments |
|  | Extra time to complete assignments |
|  | Modify student’s schedule (*describe below*): |  | Other:  |
|  |  | Other:  |
|  | Other:  |
|  | Extra time on assignments/assessments |
|  | Allow breaks *(during work, between tasks, during testing, etc.)* |  | Other:  |
|  | Other:  |  | Other:  |
| 1. All subjects
2. Reading
3. English
4. Spelling
 | 1. Math
2. Science
3. Social Studies
4. History
 | 1. Health
2. Economics
3. Physical Education
4. Music/Art
 | 1. Vocational
2. Lunch/Recess
3. Library
 | 1. Extracurricular Activities
2. Other:
3. Other:
 |

|  |
| --- |
| PURPOSE: The information on this page is a summary of the student’s program/services, including when services will begin, where they will be provided, who will be responsible for providing them, and when they will end.  |

#### SUMMARY OF SERVICES MATRIX

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Service** | **Initiation Date**  | Frequency *(e.g., minutes per week)* | Location *(setting)* | Duration*(end date)* | **Staff Responsible for Delivering Service** | 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.
* For definitions of special education, related services, and supplementary aids and services, refer to WAC 392-172A-01020 through -01200.
 |
| **Special Education** *(specially designed instruction):* |
|  |  |  |  |  |  |
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| **Related Services** *(i.e. – speech, motor, counseling, vision/hearing, transportation, interpreting services, orientation/mobility, parent training, etc.):* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
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| **Supplementary Aids and Services** *(allows student to be educated with non-disabled peers to the maximum extent in general education or other educational setting):* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Program Modifications or Support for School Personnel** *(i.e. – staff development/training, technical assistance, etc.):* |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

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| --- |
| **PURPOSE:** The purpose of this page is to document the extent to which the student will be involved and progress in the general curriculum, participate in extracurricular and nonacademic activities and be educated and participate with other special education students and non-disabled students. Other education-related factors that may impact the student should also be considered. |

**LEAST RESTRICTIVE ENVIRONMENT:**

|  |  |  |
| --- | --- | --- |
| **Students ages 6 and above**  | **Choose one:** |  **POINTS TO CONSIDER:*** Children should be educated with non-disabled peers to the maximum extent appropriate.
* The IEP Team, including the parent(s), is responsible for determining the educational placement of the child.
* The placement should provide a reasonably high probability of assisting the student in attaining the annual goals.
* The IEP team should consider any potential harmful effect of the placement on the student or on the quality of services received.
* Job placements and community-based instruction are considered to be general education settings, unless only disabled individuals are present (such as in a sheltered workshop).
* For additional information on LRE for students ages 6 and above, refer to the [LRE Calculator](http://www.k12.wa.us/SpecialEd/EarlyChildhood/PreschoolLRE.aspx).
 |
| **A.** |  | = Total minutes per week of building instructional time available for this student (excluding lunch) | [ ]  In general education setting **80 to 100%** of the time[ ]  In general education setting **40 to 79%** of the time[ ]  In general education setting **0 to 39%** of the time[ ]  In separate day school (public or private)[ ]  Residential facility (public or private)[ ]  Correctional facility[ ]  Homebound/hospital[ ]  Home-school/parentally-placed private school |
| **B.** |  | = Total of those minutes in A. above in which this student is in a special education setting (excluding lunch) |
|  | = Percent of time spent in a general education setting (A minus B divided by A) |
| An explanation of the extent, if any, to which the student will not participate with nondisabled students in the general education classroom, and in nonacademic and extracurricular activities: |  |

**PARTICIPANTS IN IEP MEETING** *(Signatures are used to document participation in the meeting and do not constitute agreement or disagreement):*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |   | **POINTS TO CONSIDER:*** IEP team membership is described in WAC 392-172A-03095.
* School district must give prior written notice when proposing or refusing to initiate or change the identification, evaluation, educational placement, or provision of FAPE.
* A required team member may be excused from attending an IEP meeting with the agreement/ consent of the parent(s) and the district, depending upon whether that member’s area is being discussed or modified at the meeting. See WAC 392-172A-03095 (5) for additional related requirements.
* The IEP must include the district’s procedures for notifying parents regarding the use of restraint or isolation. Districts must also provide parents with a copy of the district’s policy on the use of isolation and restraint.
 |
| *Parent/Guardian* | *Name/Title* |
|  |  |
| *Parent/Guardian* | *Name/Title* |
|  |  |
| *Student* | *Name/Title* |
|  |  |
| *Special Education Teacher* | *Name/Title* |
|  |  |
| *General Education Teacher* | *Name/Title* |
|  |  |  |  |
| *District Representative* |  | *Name/Title* |  |
|  |  |
| *Name/Title* |  | *Name/Title* |  |
|  |  |  |  |
| *Name/Title* |  | *Name/Title* |  |

|  |
| --- |
| Other individuals who should be informed of his/her responsibilities in implementing the IEP (bus driver, librarian, etc.): |
|  |

|  |  |  |
| --- | --- | --- |
| **TRANSFER OF RIGHTS:** Beginning at least one year before reaching age 18, the student has been informed that all rights will transfer to the student at age 18, unless there is a guardianship or other determination that the student cannot make educational decisions. | [ ]  Yes [ ]  No | **POINTS TO CONSIDER:*** When the student reaches age 18 (or majority), the district must notify the parents and the student that rights have transferred to the student, and provide any notices required to the student and parents.
 |

|  |
| --- |
| [ ]  The district has procedures for notifying parents regarding the use of restraint or isolation. A copy of those procedures is attached to this IEP. |

| The parent was provided a copy of the special education procedural safeguards in his/her native language or other mode of communication. [x]  Offered and accepted [ ]  Offered and declined |
| --- |

***\*Note: Before providing initial special education services to a student, the district must obtain informed written parental consent. (See model form 3)***

|  |
| --- |
| **PURPOSE:** Signing this form will help connect students to services they may be eligible for to support them as they move from the public school system to adulthood. If your consent is provided, the Office of Superintendent of Public Instruction (OSPI) will share information about the student to the state transition agencies named within this document to support transition and post-school services. |

**CONSENT TO SHARE STUDENT INFORMATION WITH STATE TRANSITION AGENCIES**

***TO BE FILLED OUT BY SCHOOL OR DISTRICT STAFF ONLY IF PARENT (OR ADULT STUDENT) CONSENT IS NOT PROVIDED***

If the Parent/guardian/adult student did not consent to authorize OSPI to share the student’s information with the state transition agencies named within this document, please include the name of the school or district staff person who discussed this form with the parent (or adult student) and the date of the conversation:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *School or District Staff Name* |  | *Date* |

*\*\* The Consent to Share Information with State Agencies Form is a voluntary form being piloted in the 2023-2024 school year. This form will be fully implemented by the 2024-2025 school year and beyond. IEP teams should review this form as part of the IEP meeting for all students who have an IEP Transition Plan (per WAC 392-172A-03090 (1)(k)).*

|  |  |  |  |
| --- | --- | --- | --- |
| Student name: |  | Date: |  |
|  |  |  |  |
| Student DOB: |  | School District: |  |
|  |  |  |  |
| **Student information may include:** |
| * Name
* Date of Birth
* Disability Category
* Grade
* Expected Graduation Date
* School District
* School
* ESD
* County
 |
| I understand that this information obtained will be treated in a confidential manner by the recipients under the provisions of the Family Education Rights and Privacy Act (FERPA). FERPA prohibits disclosure of personally identifiable information without consent except in limited circumstances. Please note that if the request is for health or medical information, the medical information received by the district is protected under FERPA privacy standards and not the Health Insurance Portability and Accountability Act (HIPAA).

|  |  |
| --- | --- |
| This authorization is valid for up to five years, starting on: |  |
|  | *Date* |

I hereby authorize the Office of Superintendent of Public Instruction (OSPI) to share my / my student’s information with the Department of Social and Health Services, County agencies, and the Department of Services for the Blind and any other state agency working with individuals with intellectual and developmental disabilities. I understand that I can rescind this authorization at any point by contacting the IEP team.  |
|  |
|  |  |  |
| *Parent/guardian/adult student Signature* |  | *Date* |

 Authorization for Release of Records by [Office of Superintendent of Public Instruction](http://www.k12.wa.us) is licensed under a[Creative Commons Attribution 4.0 International License](http://creativecommons.org/licenses/by/4.0/).