

Special Services IEP Abstract

Imported

IEP

ISP

Initial

Annual

Amendment

EC (Early Childhood)

K-12

IEP Meeting Date : 02/28/19

(Within 30 days of Eligibility determination date)

Next Annual IEP : 02/27/20

Comments:

1st Scheduled Meeting

2nd Scheduled Meeting

Notification of IEP Meeting Date: 02/28/19

Copy of IEP Provided to Parents: 03/21/19

(Within 15-20 days of IEP Meeting)

1st Notice

2nd Notice

Notice of Intent for Placement: 02/28/19

Parent Consent needed (for Initial Services)

Response Date:

Yes No

Initiate Services Date: 02/28/19

Notification of Meeting

Student Name: [REDACTED]

Student ID#: [REDACTED]

To: [REDACTED]

- Parent(s)/Guardian(s): Adult Student (Age 18+ or emancipated minor)
 Student (required when postsecondary transition is a purpose of the meeting)

This is to confirm that a meeting with you has been scheduled for 03/06/18 (Date)
 at 12:30 p.m. (Time) at [REDACTED] SpEd Conference Room-171 (Location)

The purpose of this meeting is to: (Check all that apply)

- Review existing data as part of an initial evaluation or re-evaluation Determine initial or continued eligibility
 Develop initial IEP Review/Revise IEP
 Consider Post-secondary Transition Conduct Manifestation Determination
 Consider/conduct Functional Behavioral Assessment Other:

The following individuals have been invited to participate in this meeting:

		Role	Position within Public Agency	Name (optional)
		Local Education Agency (LEA) Representative*	Special Services Coordinator	[REDACTED]
		Special Education Teacher*	Case Manager	[REDACTED]
		Individual to Interpret Instructional Implications of Evaluation Results*	Case Manager	[REDACTED]
		General Education Teacher*	Assistant Principal	[REDACTED]
		Student	Student	[REDACTED]
		Agency representative(s) for post-secondary transition (must have appropriate consent to invite)		
		Agency Name		
		Agency Name		
		Part C Representative (if applicable) **		
		Parent(s)	Parents	[REDACTED] [REDACTED]
		Assistant Principal	Assistant Principal	[REDACTED]

	Speech and Language Teacher	Speech and Language Teacher	[REDACTED]
	Educational Specialist	Educational Specialist	[REDACTED]
	Transition Specialist	Transition Specialist	[REDACTED]
	Physical Therapist	Physical Therapist	[REDACTED]
	Occupational Therapist	Occupational Therapist	[REDACTED]
	School Counselor	School Counselor	[REDACTED]
	Teachers	Teachers	[REDACTED]
	Paraprofessional	Paraprofessional	[REDACTED]

* For IEP and Review of Existing Data meetings, required participant. Participation in Review of Existing Data meeting does not have to be in person. Parent LEA may agree/consent in writing to excusal of IEP team members for IEP team meetings only.

This agency **AND** the parents have the right to invite any other participants they feel have knowledge or special expertise of the child. The determination of knowledge or special expertise shall be made by the party (parent or public agency) who invited the individual to be a participant at the meeting. The Family Educational Rights and Privacy Act (FERPA) requires a written Release of Information **MUST** be obtained for other persons invited by the parent or LEA to share confidential information at the IEP meeting.

**For the initial IEP meeting of children served in First Steps, the public agency must, at the request of the parent, send an invitation to the First Steps Service Coordinator or other representatives of the First Steps system to assist with the smooth transition of services at the initial IEP meeting.

If you are unable to attend this meeting, please contact me at [REDACTED] (phone) as soon as possible.

Sincerely, _____ Case Manager _____ 01/24/18
 Name Title Date

Notification of Meeting

Student Name: ██████████

Student ID#: ██████████

To: ██████████

- Parent(s)/Guardian(s): Adult Student (Age 18+ or emancipated minor)
- Student (required when postsecondary transition is a purpose of the meeting)

This is to confirm that a meeting with you has been scheduled for 03/26/18 (Date)
 at 12:30 p.m. (Time) at ████████ SpEd Conference Room-171 (Location)

The purpose of this meeting is to: (Check all that apply)

- Review existing data as part of an initial evaluation or re-evaluation Determine initial or continued eligibility
- Develop initial IEP Review/Revise IEP
- Consider Post-secondary Transition Conduct Manifestation Determination
- Consider/conduct Functional Behavioral Assessment Other:

The following individuals have been invited to participate in this meeting:

#	Role	Position within Public Agency	Name (optional)
	Local Education Agency (LEA) Representative*	Special Services Coordinator	██████████
	Special Education Teacher*	Case Manager	██████████
	Individual to Interpret Instructional Implications of Evaluation Results*	Case Manager	██████████
	General Education Teacher*	Foods and Nutrition Teacher	██████████
	Student	Student	██████████
	Agency representative(s) for post-secondary transition (must have appropriate consent to invite)		
	Agency Name		
	Agency Name		
	Part C Representative (if applicable) **		
	Parent(s)	Parents	██████████
	Assistant Principal	Assistant Principal	██████████
	Speech and Language Teacher	Speech and Language Teacher	██████████

	Educational Diagnostician	Educational Diagnostician	[REDACTED]
	Transition Specialist	Transition Specialist	[REDACTED]
	Physical Therapist	Physical Therapist	[REDACTED]
	Occupational Therapist	Occupational Therapist	[REDACTED]
	School Counselor	School Counselor	[REDACTED]
	Teachers	Teachers	[REDACTED]
	Paraprofessional	Paraprofessional	[REDACTED]

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If you are unable to attend this meeting, please contact me at [REDACTED] (phone) as soon as possible.

Sincerely, _____ Case Manager _____ 03/07/18
 Name Title Date

Notification of Meeting

Student Name: [REDACTED]

Student ID#: [REDACTED]

To: [REDACTED]

- Parent(s)/Guardian(s): Adult Student (Age 18+ or emancipated minor)
- Student (required when postsecondary transition is a purpose of the meeting)

This is to confirm that a meeting with you has been scheduled for 01/16/19 (Date)
 at 7:30 (Time) at [REDACTED] Sped Conference Room 171 (Location)

The purpose of this meeting is to: (Check all that apply)

- Review existing data as part of an initial evaluation or re-evaluation Determine initial or continued eligibility
- Develop initial IEP Review/Revise IEP
- Consider Post-secondary Transition Conduct Manifestation Determination
- Consider/conduct Functional Behavioral Assessment Other:

The following individuals have been invited to participate in this meeting:

		Role	Position within Public Agency	Name (optional)
		Local Education Agency (LEA) Representative*	Special Services Coordinator	[REDACTED]
		Special Education Teacher*	Educator	[REDACTED]
		Individual to Interpret Instructional Implications of Evaluation Results*	Educator	[REDACTED]
		General Education Teacher*	Asst Principal	[REDACTED]
		Student	Student	[REDACTED]
		Agency representative(s) for post-secondary transition (must have appropriate consent to invite)		
		Agency Name		
		Agency Name		
		Part C Representative (if applicable) **		
		Parent(s)	Parents	[REDACTED] [REDACTED]
		Physical Therapist	PT	[REDACTED]
		Special Educator	Educator	[REDACTED]

	Speech and Language Pathologist	SLP	[REDACTED]
	Paraprofessional	Paraprofessional	[REDACTED]
	Guidance Counselor	Counselor	[REDACTED]

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If you are unable to attend this meeting, please contact me at [REDACTED] (phone) as soon as possible.

Sincerely, _____ Case Manager _____ 12/18/18
 Name Title Date

	Educational Diagnostician	ED	[REDACTED]
	Asst. Principal	Asst. Principal	[REDACTED]

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If you are unable to attend this meeting, please contact me at [REDACTED] (phone) as soon as possible.

Sincerely, _____ Case Manager _____ 01/10/19
 Name Title Date

Notification of Meeting

Student Name: [REDACTED]

Student ID#: [REDACTED]

To: [REDACTED]

- Parent(s)/Guardian(s): Adult Student (Age 18+ or emancipated minor)
- Student (required when postsecondary transition is a purpose of the meeting)

This is to confirm that a meeting with you has been scheduled for 02/28/19 (Date)
 at 11:45 (Time) at [REDACTED] SPED Conference Room (Location)

The purpose of this meeting is to: (Check all that apply)

- Review existing data as part of an initial evaluation or re-evaluation Determine initial or continued eligibility
- Develop initial IEP Review/Revise IEP
- Consider Post-secondary Transition Conduct Manifestation Determination
- Consider/conduct Functional Behavioral Assessment Other:

The following individuals have been invited to participate in this meeting:

		Role	Position within Public Agency	Name (optional)
		Local Education Agency (LEA) Representative*	Special Services Coordinator	[REDACTED]
		Special Education Teacher*	Educator	[REDACTED]
		Individual to Interpret Instructional Implications of Evaluation Results*	Educator	[REDACTED]
		General Education Teacher*	Educator	[REDACTED]
		Student	Student	[REDACTED]
		Agency representative(s) for post-secondary transition (must have appropriate consent to invite)		
		Agency Name		
		Agency Name		
		Part C Representative (if applicable) **		
		Parent(s)	Dad Step-Mom	[REDACTED] [REDACTED]
		Occupational Therapist	OT	[REDACTED]
		Physical Therapist	PT	[REDACTED]

	Speech and Language Pathologist	SLP	[REDACTED]
	Educational Diagnostician	ED	[REDACTED]
	Asst Principal	Asst Principal	[REDACTED]

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If you are unable to attend this meeting, please contact me at [REDACTED] (phone) as soon as possible.

Sincerely, _____ Case Manager _____ 02/20/19
 Name Title Date

The Individualized Education Program

Name: First: [REDACTED] Middle: [REDACTED] Last: [REDACTED]

Student Demographic Information (Optional):

Current Address: [REDACTED] Phone: [REDACTED]

Birth Date: [REDACTED] Age: 16-8 Yrs Student ID#: [REDACTED] [REDACTED]

Present Grade Level: 10 Resident District Home School: [REDACTED]

If the child is **Not** receiving his/her special education and related services in his/her home school or resident district, indicate below where the services are being provided.

District/Agency Name: School Name:

Address: Telephone:

Primary Language or Communication Mode(s): English Spanish Sign Language Other (Specify):

Educational Decision Maker is: Parent Legal Guardian Educational Surrogate Foster Parent Child (Age 18+)
 Other:

Name: [REDACTED] Address: [REDACTED]

Phone: [REDACTED] Fax: [REDACTED] Email: [REDACTED]

IEP Case Manager: [REDACTED] Tel#: [REDACTED] Date of Previous IEP Review: 03/26/18

Most Recent Evaluation/Re-Evaluation Date: 02/14/19 Projected Next Triennial Evaluation Date: 02/13/22

IEP Content (Required)

IEP Type	IEP Meeting Date:	02/28/19	First Notification of IEP Meeting to Parents:	02/28/19
<input type="radio"/> Initial	IEP Initiation Date:	02/28/19	Second Notification of IEP Meeting to Parents:	
<input checked="" type="radio"/> Annual	Proj. Next Annual IEP Date:	02/27/20	Copy of IEP Given to Parent(s):	03/21/19

Participants in IEP Meeting And Role(s):

The names and roles of individuals PARTICIPATING IN DEVELOPING the IEP meetings must be documented.

Name of Person and Role		Method of Attendance/Participation
Signatures are not required. If a signature is used it only indicates attendance, not agreement.		
[REDACTED]	Parent/Guardian	in person
[REDACTED]	Parent/Guardian	in person
[REDACTED]	Student	excused
[REDACTED]	LEA Representative	in person
[REDACTED]	Special Education Teacher	in person
[REDACTED]	Regular Classroom Teacher	in person
[REDACTED]	Individual Interpreting Instructional Implications of Evaluation Results	in person
[REDACTED]	Representative of an agency which may provide postsecondary transition services (if applicable)	
[REDACTED]	Part C Representative	
[REDACTED]	Speech and Language Pathologist	in person
[REDACTED]	Occupational Therapist	in person
[REDACTED]	Physical Therapist	in person
[REDACTED]	Educational Diagnostician	in person

Present Level Of Academic Achievement and Functional Performance

How the child's disability affects his/her involvement and progress in the general education curriculum; or for preschool children, participation in age-appropriate activities. (For students with transition plans, consider how the child's disability will affect the child's ability to reach his/her post-secondary goals (what the child will do after high school)).

[REDACTED] has an eligibility determination of Multiple Disabilities. [REDACTED] has a medical diagnosis of Autism and Duchesne's Muscular Dystrophy. [REDACTED] disabilities affect his progress in the general education curriculum in all academic areas, social, emotional, and adaptive behaviors, expressive and receptive language, as well as motor skills. Reading comprehension and math skills are particular areas that are impacted.

[REDACTED] is nonverbal and has 1:1 adult support all day to assist him throughout his school day including daily living skills. This includes: using the restroom, getting out of his wheelchair, dressing, feeding, and communicating.

In the school setting, [REDACTED] has a over-sized keyboard printed on paper and laminated. [REDACTED] also uses IAnnotate on his personal iPad. This application allows school work to be downloaded on the Ipad and [REDACTED] can type in his answers on the ipad into the document. [REDACTED] requires supported wrist or hand to point to the letter to spell out words. He cannot accurately pinpoint the letter by pointing. Therefore, it has been observed that [REDACTED] types random letters or nonsense words. It has been observed that [REDACTED] types school setting for specific individuals. At this time, [REDACTED] communicates with the adults around him, but what he is trying to communicate is not understood, because the letters that he is typing do not make words. [REDACTED] appears to learn best in a small group or in a one on one setting.

[REDACTED] disability may affect his ability to be employed in the future due to his difficulties in communicating with coworkers and supervisors, difficulties with motor function, and difficulties with completing tasks independently.

[REDACTED] would require feeding and toileting assistance at his future place of employment. It has been communicated by [REDACTED] to his stepmother that he would like to attend community college for Weather and Writing.

[REDACTED] has significant and complex communication needs which affect his ability to freely express ideas, thoughts, and feelings to a variety of listeners across environments. [REDACTED] uses multiple modalities of expressive communication such as pointing/gesturing, eye gaze, pushing things away, closing eyes, turning head, giggling/laughing or crying, and personal hand sign to communicate needs, pleasure or displeasure, greetings, directing other's actions, and to protest with teachers, paras and therapists in the school setting. [REDACTED] communicative competence affects his involvement in the general education curriculum by [REDACTED] significant difficulty with spontaneous novel utterances and effective communicative interaction with a variety of listeners especially teachers, peers, and staff.

The strengths of the child (For students with transition plans, consider how the strengths of the child relate to the student's post secondary goals.)

████████ is a very sweet young man who is often seen smiling and laughing at school. ██████████ is able to make choices daily about what he would like to eat for lunch, what snacks he would like to have as well as what he would like to earn for working on data. He mostly chooses candy. He often grabs an adults hand to assist with what they are doing. He enjoys to write on his paper and cut and glue objects. Both of these activities are done hand over hand with a staff member.

████████ is aware of his environment. ██████████ has the ability to understand spoken language and to use letters to represent meaning.

████████ strengths would help him achieve his post-secondary goal of becoming a writer. ██████████ enjoys participating in writing tasks/activities with a staff member. Writing activities are typically completed using hand-over-hand. He would also try his best to complete all the work given to him.

Concerns of the parent/guardian for enhancing the education of the student (For students with transition plans, consider the parent/guardian's expectations for the student after the student leaves high school.)

Parents express concern with ██████████ ability to communicate with a variety of people. They also desire for him to participate in grade level/age appropriate curriculum. Parents note current concerns with the progression of ██████████ medical condition and how it has greatly increased his level of fatigue. They report that ██████████ physician has stated that ██████████ may no longer be able to attend a full day of school. They are considering home schooling him beginning this summer using an online curriculum in order to accommodate his increasingly complex medical needs. They are supportive of ██████████ post-secondary goals.

Changes in current functioning of the student since the initial or prior IEP (For students with transition plans, consider how changes in the child's current functioning will impact the student's ability to reach his/her post-secondary goal.)

████████ follows a restroom schedule at school. ██████████ wears diapers throughout the day. Staff members will assist ██████████ in lifting him out of the wheel chair and onto the changing table.

When feeding ██████████, a staff member is needed to cut up all of ██████████ food into bite size pieces. He does not eat any hard food such as raw carrots and the skin to his apple needs to be cut off. ██████████ can feed himself finger foods. A staff member will assist ██████████ with eating at times. ██████████ at times gets fatigued and will require a staff member to help him finish eating. ██████████ needs full assistance to clean up his lunch and wipe his hands and face.

████████ requires assistance with navigating the school. ██████████ utilizes a wheelchair daily. A staff member will assist him with getting off the bus and entering the building. ██████████ needs full assistance to unpack his backpack, take off his coat, and use his locker. He uses a magnet lock and key for his locker. A staff member is needed to fully assist ██████████ in getting to his classes and therapy rooms along with the restroom and other locations in the building.

In the spring of 2019 ██████████ will begin having a break in the middle of the day. The break has been suggested by ██████████ doctors as his Muscular dystrophy is causing his body to wear down quickly and become exhausted.

The paraprofessionals and teachers continue to work with ██████████ to increase his ability to communicate in the

school setting. At this time, teachers report that [REDACTED] answers are unreadable and are made up of nonsense words. At times, [REDACTED] will answer yes/no questions. When he does this, he will hit Y for yes and N for no. He does spell the whole word out. Teachers also report that when choices are given are mini whiteboards, [REDACTED] continuously picks on the right side. He rarely crosses midpoint. At times, [REDACTED] refuses to type answers or look at the keyboard. When this happens, [REDACTED] will pull his arm away from his communication partner or fold his hands up. It has also been observed that [REDACTED] hand will hover over all letters on the keyboard or hit the blank space on the keyboard repeatedly. When this occurs, teachers and paraprofessionals restate expectations to [REDACTED] to ensure he understands what is expected of him and that we believe in him.

Paraprofessionals assist [REDACTED] communication via typed responses on a keyboard or choices picked from dry erase boards. [REDACTED] utilizes hand and wrist support when typing. [REDACTED] does make vocalizations when he is laughing or crying. [REDACTED] often gains the attention of staff by reaching for their hand to guide to a desired item.

Academics:

[REDACTED] requires someone to read passages and directions out loud to him. Once the passage or directions are read, [REDACTED] requires adult assistance to complete all comprehension activities. [REDACTED] benefits from hearing all instructions prior to the adult beginning the hand over hand assistance to minimize fatigue and allow for processing. When completing classwork, [REDACTED] uses his communication board first. If the [REDACTED] does not communicate using the communication board, then small dry erase boards are used to give [REDACTED] choices. Staff members will generally write out two to three options for [REDACTED] to choose from when completing activities presented in class. [REDACTED] usually chooses items that are on his right side when they are presented in the left to right format. At times, staff members will place the options in the top and bottom format. When this happens, [REDACTED] usually picks the bottom option as his choice. Staff members switch up the answers, so not all the options are on the right side. [REDACTED] requires continuous prompting and adult assistance to arrive at the correct answer.

In the area of mathematics, [REDACTED] has difficulties identifying numbers and solving basic addition and subtraction prompting correctly on his communication board. [REDACTED] also struggles with knowing what operation to use in given math problems. He requires continuous prompting and the use of manipulatives to help him arrive at the correct answer. When completing math problems that require a calculator, [REDACTED] needs hand-over-hand assistance when entering the numbers.

[REDACTED] current grades are as follows:

(23%) In Applied Math this year, students are following the Geometry curriculum in a modified format. Pre-algebra and algebra skills are foundational skills that are necessary to be successful in the modified geometry curriculum. [REDACTED] is having difficulty with these foundational skills that also include number identification, basic addition and subtraction problems, and understanding what operation to use in given math problems. When typing answers, it has been observed that [REDACTED] will type nonsense words, fold his hands, and look away from the board during instruction.

(16%) In Applied Social Studies this year, students are following the Government curriculum in a modified format. Students are required to participate in classroom discussion, hands on activities, and complete group and independent practice activities. It has been observed that [REDACTED] does not participate in classroom activities or answer questions that are asked of him. When typing answers, it has been observed that [REDACTED] will type nonsense words.

(17%) In Applied English and (30%) in Applied Science. [REDACTED] reports that [REDACTED] has enthusiasm when entering the classroom. He often giggles and is kind. She reports that [REDACTED] has not been completing any work in either class. Staff continue to encourage participation in class activities and tasks, modifying the format of responses as needed.

(62%) In Culinary Arts [REDACTED] and [REDACTED] report that [REDACTED] enjoys participating in lab activities using hand over hand assistance. They report since they have started using IAnnotate [REDACTED] is struggling to answer questions on assignments or tests. Answers are often random letters. [REDACTED] will give non verbal cues to let you

know how he feels about assignments and activities.

Social/Emotional/Behavioral: He is able to show emotion when he is happy by laughing or smiling, or when something is wrong by crying or pushing/dropping objects away from himself. When [REDACTED] is upset or needs something he has been observed to cry, drop or push objects away, and grab someone's hand and hold it. Some of the reasons [REDACTED] may cry is because he may need to use the restroom, be burped or vented, he is hungry, or he is tired and not feeling well. When [REDACTED] is upset, staff members encourage him to use his communication board to let the them know what is wrong. Staff members generally will ask him yes or no questions. [REDACTED] at times will then type "y" for yes or "n" for no. [REDACTED] has been observed to take staff members hands and place it on items that he wants or needs helps with. When peers or adults wave hello, talk to him, tap him on the shoulder to get his attention, or ask him to play [REDACTED] has been observed to not orientate in their direction or look the other way. [REDACTED] has been observed to laugh at inappropriate times such as when others are upset, hurt, or not following directions.

Gross Motor: [REDACTED] is non-ambulatory and uses a power wheelchair to access the school environment. He is dependent on adult assistance for wheelchair navigation and management. (brakes, seat belt, leg rests and tray) [REDACTED] transfers in and out of his wheelchair as a dependent lift of 2 people. He requires total assistance to log roll supine to sidelying and to transfer sit to and from supine on a mat or changing table. He exhibits decreased sitting balance and delayed protective reactions which requires him to have close supervision at all times when out of his wheelchair. [REDACTED] exhibits decreased strength throughout both arms, legs and trunk. He has significant knee and hip flexion contractures due to limited strength and spending the majority of his day in a seated position. He wears bilateral AFO's to maintain functional foot and ankle positioning. [REDACTED] has limited endurance and fatigues easily.

Fine Motor: [REDACTED] uses his right hand for most tasks. His passive range of motion is functional in gravity eliminated position (lying supine on mat table) with increased tone noted in right shoulder internal rotation and bilateral elbow extension. [REDACTED] active movement is limited at shoulders with shoulder elevation/shrugs against gravity. He demonstrates slight shoulder adduction/abduction to grasp items in lower quadrant in either hand. However, right hand is preferred as [REDACTED] may pick up an item with left hand but transfers it to right hand to place into container. His endurance, strength, and motor planning affect length of time he's able to complete some tasks. During lunch and snacks, [REDACTED] may feed himself a few finger food items before he becomes fatigued and is fed remainder of meal or snack. He may guide para's or teacher's hand to desired items throughout the school environment.

Language:

██████████ receives language therapy addressing receptive and expressive language skills. ██████████ is aware of his environment and has the ability to understand spoken language. He uses multiple modalities of expressive communication. He uses eye gaze, points, or makes gestures to direct other's attention in order to get something he wants, particularly when it comes to food. He will reach for an adult's hand in order to guide it to a desired item within reach. He pushes things away, turns his head, or closes his eyes in order to protest. This year he has been pushing both his spelling board and iPad off his tray during therapy when he does not want to work. In addition, ██████████ giggles, laughs, and cries when things are pleasant or unpleasant. He uses an approximated sign consisting of his hands clasped together in his lap or on his tray to communicate done, more, or finished. ██████████ also uses a spelling board, which is an enlarged keyboard printed on an 8x12 piece of paper that is laminated and sits on his wheelchair tray in order for him to spell words with adult support. This is ineffective because ██████████ is unable to independently express himself at school. He does not spell words for his teachers, therapist, or paraprofessionals even with adult support. When ██████████ is successful using the spelling board with adult support on his hand, he touches the first letter of a word from the choices presented. For instance, when given two verbal choices he will touch "p" for "peanut butter cup" and "s" for "Skittles" or "y" to indicate a "yes" response and "n" to indicate a "no" response. Typically ██████████ is more successful using the spelling board with adult support to make choices than to complete academic tasks. ██████████ ability to accurately point to letters on his spelling board, even with adult support, is affected by his degenerative Duchenne Muscular Dystrophy. He hits random letters that may or may not be in the proximity of what staff thinks he may be trying to communicate. The same is true when ██████████ uses the keyboard on the iPad.

██████████ continues to primarily choose the option on his right side when they are presented at midline in a left to right format, or the option on the bottom right when presented in a top/bottom format. This is true for items presented on paper or the iPad. ██████████ is able to cross the midline, but is reluctant to do so. This has only been observed when he has a strong response. Last year ██████████ was able to answer questions independently, without a physical prompt, but this year he has required much more physical prompts from adults. When physically prompting ██████████ a hand lifts his elbow and places his hand between the presented choices or supports his hand so he is able to touch his answer.

██████████ has been working on asking and answering questions with a communication partner and is currently able to do so 48% of the time. ██████████ has not asked the therapist, teachers, staff members, or peers any questions over the course of the school year. When questions are first posed to ██████████ they are in the form of open-ended questions. He has successfully responded one time when asked how his day was going to which he touched "g." When the therapist asked if that stood for "good" he responded with "y" for "yes." When open-ended questions do not result in any kind of answer, choices are then presented to ██████████ either verbally, on a white board, or on cards placed on his tray. ██████████ responds by touching the first letter of the word on his keyboard or by touching the card or word on the white board. There are also times where ██████████ does not respond at all.

██████████ has also been working on his expressive and receptive language skills pertaining to vocabulary tasks and class content. ██████████ is able to identify vocabulary words or definitions with 50% accuracy from a field of two. He consistently chooses the answer on the bottom right regardless of what format it is presented to him ie. iPad, white board, or cards. He has answered true/false questions with 58% accuracy and yes/no questions with 59% accuracy. He has also answered reading comprehension questions with 47% accuracy. ██████████ has been observed to close his eyes, turn his head, push off or hand his spelling board or iPad to the therapist when he does not want to answer or work anymore.

Assistive Technology:

██████████ most recent assistive technology trial, dated April 13, 2018, ended early due to his unwillingness to look at the device upon command in order to calibrate. The voice output device using eye gaze provided ██████████ a possible alternate means of communicating. Over six data days, ██████████ refused to look at the device five of the days and the device could not be calibrated. In addition, it was difficult to calibrate the device with optimal positioning due to extraneous head movements. When the device was calibrated as best it could be, ██████████ frequently changed his position in his wheelchair by moving forward therefore throwing off the calibration. ██████████ is in the process of a new assistive technology trial using head pointing to access a voice output device.

A summary of the most recent evaluation/re-evaluation results

MEDICAL:

[REDACTED] has a medical diagnosis of autism and Duchesne's Muscular Dystrophy. [REDACTED] had surgery on both legs on October 20, 2015. [REDACTED] wears Ankle Foot Orthotics (AFOs) and leg braces on both legs. He also had surgery to get a gastrostomy button (G-button). The school nurse sometimes needs to clean it or release air that builds up inside. [REDACTED] had back surgery in Fall of 2016. He now requires a 2-person lift to get in or out of his chair at school.

[REDACTED] takes the following medications at home.

Morning: [REDACTED]
[REDACTED] Weekends: [REDACTED] As needed: [REDACTED]
[REDACTED]

[REDACTED] was last evaluated in 2019. The team determined that testing was not necessary, but the team agreed the determination of multiple disabilities is the appropriate eligibility for [REDACTED].

In 2013, [REDACTED] was evaluated and tested. He was given the School Functional Assessment. He was also given The Comprehensive Test of Nonverbal Intelligence-Second Edition (CTONI-2) but on standardized scores could be obtained. [REDACTED] was given the [REDACTED] picture Vocabulary test to assess his receptive vocabulary but the test was not valid.

A summary of the results of the child's performance on: general state [REDACTED]

[REDACTED] participated in [REDACTED] testing during the 2016-2017 school year. He scored Emerging in English Language Arts, Mathematics and Science.

A summary of the results of the child's performance on: district-wide assessments

There are no scores to report at this time.

A summary of formal and/or informal age appropriate transition assessments based on the student's needs, preferences and interests (must be included no later than the first IEP to be in effect when the student turns age 16)

[REDACTED] was given a transition assessment in September of 2018. Staff members attempted to give [REDACTED] the transition assessment on several occasions, but he did not communicate readable answers to the questions that were asked.

For students participating in alternative assessments, a description of benchmarks or short-term objectives

- N/A - student is not eligible to participate in the [REDACTED]
- Objectives/benchmarks are on goal page(s):
- Objectives/benchmarks described below:

Other

Special Considerations : Federal and State Requirements

Note: For the first six items below, if the IEP team determines that the child needs a particular device or service (including intervention, accommodation, or other program modification) information documenting the team's decision regarding the device or service must be included in the appropriate section of the IEP . These must be considered annually.

Is the student blind or visually impaired?

- No
- Yes. If yes, complete Form-A: Blind or Visually Impaired.

Is the student deaf or hearing impaired ?

- No
- Yes. The IEP Team has considered the child's language and communication needs, opportunities for direct communication with peers and professionals in the child's language and communication mode, academic level, and full range of needs including opportunities for direct instruction in the child's language and communication mode in the development of the IEP .

Does the student exhibit behaviors that impede his/her learning or that of others ?

- No
- Yes. If yes, strategies including positive behavior interventions and supports must be considered by the IEP team, and if determined necessary, addressed in this IEP . If a behavior intervention plan is developed it must be part of the IEP .

Does the student have limited English proficiency ?

- No
- Yes. The student's language needs are addressed in this IEP . Students who are English Learners (EL) in grades K-12 take the state's annual English Language Proficiency assessment, **ACCESS for ELLs**.

Does the student have communication needs?

- No
- Yes. The student's communication needs are addressed in this IEP .

Does the student require Assistive Technology device(s) and/or services?

- No
- Yes. The student's assistive technology needs are addressed in this IEP . .

Extended School Year:

- No. The student is not eligible for ESY services.
- Yes. The student is eligible for ESY services. **Complete Form-B**.
- The need for ESY services will be addressed at a later date. Will be addressed by: _____ (month/year)

Attach IEP Addendum page and Form B

Transfer of Rights: Notification must be given beginning not later than one year before the student is 18 informing the student of the rights under IDEA that will transfer to the student upon reaching the age of majority.

- N/A for this student/ IEP.
- Notification was given. 02/28/19 (month/day/year)

State Assessments

IDEA requires students with disabilities to participate in statewide assessments:

Grade-Level Assessment <input type="checkbox"/> for Grades 3-8 (must complete Form D-1)	End of Course Exams <input checked="" type="checkbox"/> for students in Grade 9-12, or if appropriate, earlier grades (must complete Form D-2)	<input type="checkbox"/> for eligible* students in grades 3-8, 11 (must complete Form D-3) ██████████ ██████████ ██████████ ██████████ ██████████	ACCESS for ELLs <input type="checkbox"/> for EL students in grades K-12 (must complete Form D-4)	NAEP / International Assessments <input type="checkbox"/> for selected students (must complete Form D-5)
--	---	--	---	---

No statewide assessment is required for this student at this time

District-Wide Assessments:

Are there district-wide assessments administered for this student's age/grade level (refer to the District Assessment Plan) ?

- No
- Yes. If Yes, **Complete Form-E.**

Post-secondary Transition Services: (must be included not later than the first IEP to be in effect when the child turns 16, and updated annually thereafter.)

Is a Post-secondary Transition Plan required?

- No. (Child will not turn sixteen while this IEP is in effect.)
- Yes. (Child is/will be sixteen while this IEP is in effect.) **If yes, Complete Form C - Post-secondary Transition Plan.**

IEP Goal(s) with Objectives/Benchmarks and Reporting Form

Annual Measurable Goals

Annual Goal # 1

When provided a visual model, [REDACTED] will increase his math skills by solving one and two step algebraic equations with 30% accuracy.

Baseline: 0%

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support:

- Post-secondary Education/Training
 Employment
 Independent Living

Progress toward the goal will be measured by: (check all that Apply)

- Work Samples
 Curriculum-based Tests
 Portfolios
 Checklists
 Scoring Guides
 Observation Chart
 Reading Record
 Checklists
 Other data collection

Periodic Progress Report	Progress Toward the Goal							
Date of Report								
Making progress towards annual goal	○	○	○	○	○	○	○	○
Not making progress towards annual goal	○	○	○	○	○	○	○	○
Goal not addressed this reporting period	○	○	○	○	○	○	○	○
Goal met	○	○	○	○	○	○	○	○

Comments:

Measurable Benchmarks/Objectives: (Optional: only required for children taking alternate assessments if benchmarks/objectives not discussed in the Present Level.)

IEP Goal(s) with Objectives/Benchmarks and Reporting Form

Annual Measurable Goals

Annual Goal # 2

██████ will increase his reading comprehension skills by determining the central idea of a text with 50% accuracy.

Baseline: 0%

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support:

- Post-secondary Education/Training
 Employment
 Independent Living

Progress toward the goal will be measured by: (check all that Apply)

- Work Samples
 Curriculum-based Tests
 Portfolios
 Checklists
 Scoring Guides
 Observation Chart
 Reading Record
 Checklists
 Other
 Data sheets

Periodic Progress Report	Progress Toward the Goal							
Date of Report								
Making progress towards annual goal	○	○	○	○	○	○	○	○
Not making progress towards annual goal	○	○	○	○	○	○	○	○
Goal not addressed this reporting period	○	○	○	○	○	○	○	○
Goal met	○	○	○	○	○	○	○	○

Comments:

Measurable Benchmarks/Objectives: (Optional: only required for children taking alternate assessments if benchmarks/objectives not discussed in the Present Level.)

IEP Goal(s) with Objectives/Benchmarks and Reporting Form

Annual Measurable Goals

Annual Goal # 3

To increase communicative intent, ██████████ will increase his use of language functions using multiple modalities such as eye gaze, pointing, vocalizations (crying/laughing), and alternative means of communication in structured activities 3 out of 5 trials.

baseline: new goal

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support:

- Post-secondary Education/Training
 Employment
 Independent Living

Progress toward the goal will be measured by: (check all that Apply)

- Work Samples
 Curriculum-based Tests
 Portfolios
 Checklists
 Scoring Guides
 Observation Chart
 Reading Record
 Checklists
 Other therapy data

Periodic Progress Report	Progress Toward the Goal							
Date of Report								
Making progress towards annual goal	○	○	○	○	○	○	○	○
Not making progress towards annual goal	○	○	○	○	○	○	○	○
Goal not addressed this reporting period	○	○	○	○	○	○	○	○
Goal met	○	○	○	○	○	○	○	○

Comments:

Measurable Benchmarks/Objectives: (Optional: only required for children taking alternate assessments if benchmarks/objectives not discussed in the Present Level.)

- requesting
- directing actions of others
- greeting
- protesting
- commenting

IEP Goal(s) with Objectives/Benchmarks and Reporting Form

Annual Measurable Goals

Annual Goal # 4

To increase receptive and expressive language skills, ██████████ will answer curriculum related questions from a field of 2 or 3 using multiple modalities such as eye gaze, touch, or spell the first letter in structured activities 3 out of 5 trials.

baseline: 53%

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support:

- Post-secondary Education/Training
 Employment
 Independent Living

Progress toward the goal will be measured by: (check all that Apply)

- Work Samples
 Curriculum-based Tests
 Portfolios
 Checklists
 Scoring Guides
 Observation Chart
 Reading Record
 Checklists
 Other therapy data

Periodic Progress Report

Progress Toward the Goal

Date of Report								
Making progress towards annual goal	○	○	○	○	○	○	○	○
Not making progress towards annual goal	○	○	○	○	○	○	○	○
Goal not addressed this reporting period	○	○	○	○	○	○	○	○
Goal met	○	○	○	○	○	○	○	○

Comments:

Measurable Benchmarks/Objectives: (Optional: only required for children taking alternate assessments if benchmarks/objectives not discussed in the Present Level.)

- who
- what
- where
- when

IEP Goal(s) with Objectives/Benchmarks and Reporting Form

Annual Measurable Goals

Annual Goal # 5

██████████ will increase his self advocacy skills by asking for a break with 25% accuracy.

Baseline: New Goal

For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support:

- Post-secondary Education/Training
 Employment
 Independent Living

Progress toward the goal will be measured by: (check all that Apply)

- Work Samples
 Curriculum-based Tests
 Portfolios
 Checklists
 Scoring Guides
 Observation Chart
 Reading Record
 Checklists
 Other data collection

Periodic Progress Report	Progress Toward the Goal							
Date of Report								
Making progress towards annual goal	○	○	○	○	○	○	○	○
Not making progress towards annual goal	○	○	○	○	○	○	○	○
Goal not addressed this reporting period	○	○	○	○	○	○	○	○
Goal met	○	○	○	○	○	○	○	○

Comments:

Measurable Benchmarks/Objectives: (Optional: only required for children taking alternate assessments if benchmarks/objectives not discussed in the Present Level.)

Note:	
Program Modifications And Accommodations <input checked="" type="radio"/> Documented on Alternate Form-F <input type="radio"/> None	Support for School Personnel <input type="radio"/> Documented on Alternate Form-F <input checked="" type="radio"/> None

*N/A if will be same as initiation and annual review date indicated on page 1. If a date is listed, it must include the month, day, and year.

Begin Date:02/28/19 End Date:02/27/20

Regular Education Participation

Extent of Participation in Regular Education

For Preschool: Will all of this child's special education and related services be provided with non-disabled peers in a regular education setting designed primarily for children without disabilities?

- Yes
- No. If no:
 - a. To what extent will the child not receive special education and related services in a regular education setting? (minutes or % of special education and related service minutes on the IEP)

b. Describe the reasons why the IEP team determined that provision of services in the regular education setting was not appropriate for the child (check and describe all that apply for this child)

the curriculum and goals of the regular education class (i.e., factors which document a need for specially designed materials, supplies, or equipment or significant modifications to the regular curriculum which would have an adverse effect on the educational program for other students in the class). Must describe for this student:

the sufficiency of the district's efforts to accommodate the child with a disability in the regular class (i.e., description of modifications which have been attempted/resources which have been committed and the student centered results which were observed or a description of the modifications considered but rejected and the basis for the rejection). Must describe for this student:

the degree to which the child with a disability will receive educational benefit from regular education (i.e., consideration of the potential positive effects with respect to cognitive, academic, physical, social, or other areas of development). Must describe for this student:

the effect the presence of a child with a disability may have on the regular classroom environment and on the education that the other students are receiving (i.e., description of potential harmful effects for the student with a disability or disruptive effects for students without disabilities). Must describe for this student:

the nature and severity of the child's disability (i.e., factors which support a need for alternative instruction which cannot be achieved in the regular class such as extreme distractibility, diverse learning styles, and inability to engage appropriately with other students in academic or social interactions). Must describe for this student:

<input type="checkbox"/>	
--------------------------	--

For K-12: The regular education environment **includes all academic instruction as well as meals, recess, assemblies, field trips, etc.** Will this child participate 100% of the time with non-disabled peers in the regular education environment?

- Yes
- No. If no:
 - a. To what extent will the child not participate in a regular education environment? (minutes or % of special education and related service minutes on the IEP in special education settings)

██████████ receives 1,225 minutes weekly in the special education setting.

██████████ will not participate in 245 minutes of general education classes during his 4th hour to allow time for his body to rest.

b. Describe the reasons why the IEP team determined that provision of services in the regular education environment was not appropriate for the child. (check and describe all that apply for this child)

the curriculum and goals of the regular education class (i.e., factors which document a need for specially designed materials, supplies, or equipment or significant modifications to the regular curriculum which would have an adverse effect on the educational program for other students in the class). Describe:

████████ is currently working on skills that are below his grade level. The instruction provided in the general education classroom is not at his instructional level. ██████████ needs classes that are at a slower pace.

the sufficiency of the district's efforts to accommodate the child with a disability in the regular class (i.e., description of modifications which have been attempted/resources which have been committed and the student centered results which were observed or a description of the modifications considered but rejected and the basis for the rejection). Describe:

the degree to which the child with a disability will receive educational benefit from regular education (i.e., consideration of the potential positive effects with respect to cognitive, academic, physical, social, or other areas of development). Describe:

the effect the presence of a child with a disability may have on the regular classroom environment and on the education that the other students are receiving (i.e., description of potential harmful effects for the student with a disability or disruptive effects for students without disabilities). Describe:

the nature and severity of the child's disability (i.e., factors which support a need for alternative instruction which cannot be achieved in the regular class such as extreme distractibility, diverse learning styles, and inability to engage appropriately with other students in academic or social interactions). Describe:

Due to ██████████ need for heavily modified instruction, he requires services outside the general education class. Due to ██████████ physical limitations, the IEP team determined it is necessary to give ██████████ a break in the middle of his day to provide time for his body to rest.

<input type="checkbox"/>

Participation in Physical Education

The student will participate in:

- Regular physical education
- Regular physical education with accommodations as addressed in this IEP
- Adapted physical education (includes special PE, adapted PE, movement education and motor development)
- No physical education activities are required for one of the following reasons:
 - Credit already earned
 - Credit waived
 - Child is preschool age
 - Other:

Participation in Program Options, Nonacademic, and Extracurricular Activities

The district assures that this student will have an equal opportunity to participate in program options, nonacademic and/or extracurricular activities and services offered by the district.

Begin Date:02/28/19 End Date:02/27/20

Placement Considerations and Decision

This section is a SUMMARY of all of the following: Present Level of Academic Achievement and Functional Performance, goals, objectives/ benchmarks (if applicable), characteristics of services, adaptations, and special education and related services information.

Annual Consideration of Placement

For ECSE: At least annually, the IEP team must consider whether all the special education and related services will be provided with non-disabled peers in a regular education setting (designed primarily for children without disabilities).

For K-12: At least annually, the IEP team must consider if the IEP goals can be met with services provided 100% of the time in the regular education environment.

Check all placement options that were considered for the provision of special education and related services (For K-12, "Inside regular class at least 80% of time" must be checked. For preschool, an EC setting must be checked.)

Check the one placement option that was selected.

Placement Continuum (K-12)	Placement Options (ECSE)	
<p>Considered</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Inside Regular class at least 80% of time</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Inside Regular class 40% to 79% of time</p> <p><input checked="" type="checkbox"/> <input checked="" type="radio"/> Inside Regular class less than 40% of time</p> <p><input type="checkbox"/> <input type="checkbox"/> Public Separate School (Day) Facility</p> <p><input type="checkbox"/> <input type="checkbox"/> Private Separate School (Day) Facility</p> <p><input type="checkbox"/> <input type="checkbox"/> Public Residential Facility</p> <p><input type="checkbox"/> <input type="checkbox"/> Private Residential Facility</p> <p><input type="checkbox"/> <input type="checkbox"/> Home/Hospital</p> <p><input type="checkbox"/> <input type="checkbox"/> Correctional Facility</p> <p><input type="checkbox"/> <input type="checkbox"/> Parentally placed private school</p>	<p>Considered</p> <p><input type="checkbox"/> <input type="checkbox"/> Early childhood setting</p> <p><input type="checkbox"/> <input type="checkbox"/> Early childhood special education</p> <p><input type="checkbox"/> <input type="checkbox"/> Home</p> <p><input type="checkbox"/> <input type="checkbox"/> Part-time early childhood/Part-time early childhood special education</p> <p><input type="checkbox"/> <input type="checkbox"/> Residential Facility</p> <p><input type="checkbox"/> <input type="checkbox"/> Separate School</p> <p><input type="checkbox"/> <input type="checkbox"/> Itinerant service outside the home</p>	

For K-12 students: Is this student's placement as close as possible to child's home and/or school he/she would attend if non-disabled?

- Yes
- No. If NO, explain why another school/setting is required.

- IEP team decision
- Parent transfer request
- Other:

Form B: Extended School Year

Determination of ESY eligibility and/or services can be conducted by:

- * The IEP team determining ESY eligibility and/or services at the annual meeting.
- * The parent and authorized representative of the Local Educational Agency or the IEP team determining ESY eligibility and/or services at a later date by amending the IEP.

Document ESY decisions on this page. Attach IEP Amendment Page to the front of the IEP to document ESY decisions made after the initial or annual IEP meeting amendment.

ESY Eligibility Decision:

- The student is eligible for ESY services (Document services below)
- The student is not eligible for ESY services

Justification:

██████ shows regression during extended breaks from school.

Services to be provided during Extended School Year

	Goal	Description of Services	Amount	Frequency	Location	Begin Date	End Date
	1	Specialized Instruction in Math	305	Weekly	Special Ed	06/17/19	07/18/19
	2	Specialized Instruction in Reading Comprehension	305	Weekly	Special Ed	06/17/19	07/18/19
	3	Language Therapy	23	Weekly	Special Ed	06/17/19	07/18/19
	4	Language Therapy	22	Weekly	Special Ed	06/17/19	07/18/19
	5	Essential/Life Skills	305	Weekly	Special Ed	06/17/19	07/18/19

Form C : Post-Secondary Transition Plan

This plan was developed considering the individual student's needs, preferences and interests. This plan must be completed, beginning not later than the first IEP to be in effect when the student turns 16, and updated annually.

EMPLOYMENT (REQUIRED)

MEASURABLE POST-SECONDARY GOAL(S)	(What work the student will do after graduation from high school.) After high school, I, ██████████ WILL... be a writer.
--	---

TRANSITION SERVICES	(May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated post-secondary goal)
----------------------------	--

Responsible Agency/Person	List Transition Services
----------------------------------	---------------------------------

School ██████	Provide the opportunity to follow written and verbal instructions. Provide instruction on communication. Provide instruction on writing.
---------------	--

Student	Will follow written and verbal instructions. Will communicate his wants and needs. Will participate in writing activities.
---------	--

Parent	Assist with any paperwork. Continue work with ██████
--------	---

Outside Agency* (specify agency) N/A	N/A
--------------------------------------	-----

* If appropriate, MUST be invited to IEP meeting with proper consent

EDUCATION/TRAINING (REQUIRED)

MEASURABLE POST-SECONDARY GOAL(S)	(What education/training the student will complete after graduation from high school.) After high school, I, ██████████ WILL... attend community college.
--	--

TRANSITION SERVICES	(May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated post-secondary goal)
----------------------------	--

Responsible Agency/Person	List Transition Services
----------------------------------	---------------------------------

School ██████	Provide the opportunity to follow written and verbal instructions. Provide instruction on organization skills.
---------------	---

Student	Will follow written and verbal instructions. Will participate in organizational skills.
---------	--

Parent	Support ██████ in his academic studies. Will assist ██████ with any paperwork and applications.
--------	--

Outside Agency* (specify agency) N/A * If appropriate, MUST be invited to IEP meeting with proper consent	N/A
INDEPENDENT LIVING (IF APPROPRIATE*) *Refer to Independent Living Goal Worksheet	
MEASURABLE POST-SECONDARY GOAL(S)	(How the student will live after graduation from high school.) After high school, I, ██████████ WILL... live at home with my family.
TRANSITION SERVICES	(May include: instruction, related services, community experiences, the development of employment and other post-school adult living objectives, acquisition of daily living skills or provision of a functional vocational assessment that will be provided before graduation to help the child reach the stated post-secondary goal)
Responsible Agency/Person	List Transition Services
School ██████	Provide ██████ the opportunity to make choices/self-advocate. Provide ██████ the opportunity to participate in cooking activities.
Student	Will make choices/self-advocate. Will participate in cooking activities by reading and following recipes.
Parent	Will encourage independent living skills. Provide opportunities to make choices/self-advocate at home. Continue contact with ██████
Outside Agency* (specify agency) N/A * If appropriate, MUST be invited to IEP meeting with proper consent	N/A

Course of Study

Include a multi-year description of coursework aligned to the student's post-secondary goals.
 Attach four-year plan or list courses below to be completed before graduation

		E m p l o y m e n t	E d u c. / T r a i n i n g	I n d. L i v i n g				E m p l o y m e n t	E d u c. / T r a i n i n g	I n d. L i v i n g	NOTES
	School Year 1: Semester One				Semester Two						
	Support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	ELA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ELA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	Social Studies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Social Studies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
	P.E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P.E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
	Foods and Nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Foods and Nutrition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

	Math	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Math	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Science	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Science	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School Year 2: Semester One					Semester Two			
	ELA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ELA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Math	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Math	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Science	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Science	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Social Studies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Social Studies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Culinary 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Culinary 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Intro to Art	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Intro to Art	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School Year 3: Semester One					Semester Two			
	ELA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ELA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Math	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Math	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Science	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Science	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Social Studies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Social Studies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Personal Finance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Entrepreneurship	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Entrepreneurship	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School Year 4: Semester One					Semester Two			
	ELA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ELA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Math	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Math	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Science	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Science	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Social Studies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Social Studies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Intro to Leadership	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Principles of Business	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Speech	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Creative Writing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
School Year 5: Semester One					Semester Two			

Student will graduate by: earning required credits meeting IEP goals and objectives

Anticipated month and year of graduation: 05/2021

Form D - Part 2
End-Of-Course (EOC) Assessments
ONLY for students in Grades 9-12, or if appropriate, earlier grades

The End-of-Course Assessments features Universal Tools (available to ALL STUDENTS - unless marked specifically for English Language Learners) and Accommodations (available only to students with an IEP/504 plan).

DESE Required EOC Assessments:	Biology, English II, Government, and Algebra I (or Algebra II if Algebra I was taken prior to grade 9),
LEA Optional EOC Assessments	Geometry, English I, American History, Physical Science and Algebra II

Participation

The student will participate in the End-of-Course Assessments **WITHOUT** Accommodations (**Complete a-c**)

- Algebra I Biology English II Govt.
 Algebra II Am. History English I Geometry Phy. Science

OR

The student will participate in the End-of-Course Assessments **WITH** Accommodations (**Complete a-e**)

- Algebra I Biology English II Govt.
 Algebra II Am. History English I Geometry Phy. Science

OR

The student has been determined eligible for and will participate in the ██████████ and therefore is excluded from End-of-Course Assessment participation (**STOP - complete Form D - Part3**)

The IEP team has determined the student is exempt from these optional EOC Assessments:

- Algebra II American History English I Geometry Physical Science

Universal tools are access features of the assessment that are either provided as digitally-delivered components of the test administration system or separate from it. Universal tools are available to students based on student preference and selection. For detailed descriptions of each tool and any restrictions on the use of them, please see the Tools and Accommodations document for the current school year at ██████████

Universal Tools

Universal Tools - Automatic		
The following tools are automatically available and do not need to be marked to use them:		
Answer Masking	Calculator	Color Contrast (Reverse Contrast)
Color Overlay	English Dictionary (For use only on the ELA Writing Prompts)	Grammar Handbook (For use only on the ELA Writing Prompts)
Highlighter	Line Guide (Line Reader)	Magnifier (Zoom)
Mark For Review (Bookmark)	Masking	Notepad (Note)/Scratch Paper
Protractor	Reference Sheet	Ruler
Strikethrough (Answer Eliminator)	Thesaurus (For use only on the ELA Writing Prompts)	Writing Tools - Bold, Underline, Italicize, Bullet Points, Undo/Redo Typing, Copy/Paste

a

Universal Tools - To Be Marked In The Testing System		
The following tools must be marked in order to use them:		
<input type="checkbox"/> Bilingual Dictionary (For use only by ELs on the ELA Writing Prompts)	<input type="checkbox"/> Color Contrast (Paper Only)	<input type="checkbox"/> Color Overlay (Paper Only)
<input type="checkbox"/> Magnification - Assistive Technology	<input type="checkbox"/> Masking (Paper Only)	<input checked="" type="checkbox"/> Scribe
<input checked="" type="checkbox"/> Separate Setting	<input type="checkbox"/> Translation (Only for ELs)	<input type="checkbox"/> Translation - Paper/Pencil Version (Only for ELs)

b

Universal Tools - Read Aloud - Math, Science, Social Studies		
Mathematics	Science	Social Studies
All students may have all the text, including the items and directions , read aloud to them without an IEP/504 plan via one of the following methods which must be marked in the testing system prior to use :		
<input type="checkbox"/> Text-To-Speech	<input type="checkbox"/> Text-To-Speech	<input type="checkbox"/> Text-To-Speech
<input checked="" type="checkbox"/> Human Reader	<input checked="" type="checkbox"/> Human Reader	<input checked="" type="checkbox"/> Human Reader
<input checked="" type="checkbox"/> Assistive Technology	<input checked="" type="checkbox"/> Assistive Technology	<input checked="" type="checkbox"/> Assistive Technology
<input type="checkbox"/> Native Language (ELs Only)	<input type="checkbox"/> Native Language (ELs Only)	<input type="checkbox"/> Native Language (ELs Only)

c

Universal Tools: Read Aloud - ELA: Everything Except ELA Reading Passages
All students may have the items and directions read aloud to them without an IEP/504 plan via one of the following methods which must be marked in the testing system prior to use :
<input type="checkbox"/> Text-To-Speech
<input checked="" type="checkbox"/> Human Reader
<input checked="" type="checkbox"/> Assistive Technology
<input type="checkbox"/> Native Language (ELs Only)

Accommodations

d

Accommodations: Read Aloud - ELA Reading Passages	
ELA Reading Passages may only be read to a student with an IEP/504 plan via one of the following methods which must be marked in the testing system prior to use: <input checked="" type="checkbox"/> Human Reader <input checked="" type="checkbox"/> Assistive Technology <input type="checkbox"/> Native Language (ELs Only)	<input type="checkbox"/> Blind students (For Blind students at any grade level who do not yet possess adequate Braille skills)

e

Accommodations									
The following tools need to be marked in the testing system prior to use:									
Accommodations	Alg I	Eng II	Bio	Gov	Alg II	Geo	Eng I	Phy Sci	Am Hist
Abacus	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			
Alternate Response Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large Print	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiplication Table	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			
Paper Based Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialized Calculator	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			
Speech-To-Text via Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other - Not marked in the system (Describe) Scribe	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Form E: District-Wide Assessments

The student WILL participate in the following District-Wide Assessment(s) of Student Achievement that are administered for this student's grade level:

The student WILL NOT participate in the District-Wide Assessment(s) of Student Achievement administered at their grade but they will participate in the following District-wide Alternate Assessments for this student's grade level: **NOTE: Alternate assessment must assess the same areas as the District - wide assessment.**

		District Assessment	Accommodations
			Accommodations needed for the student to participate in this assessment are:
		District Benchmark Assessment - ELA	Oral reading of assessment, Use of assistive devices, Administer assessment using more than allotted time periods, Use of a scribe, Pointing to respond, and Use of communication device, separate setting
		District Benchmark Assessment - Math	Oral reading of assessment, Use of assistive devices, Administer assessment using more than allotted time periods, Use of a scribe, Pointing to respond, and Use of communication device, separate setting, and Use of a calculator.
		District Benchmark Assessment - Science	Oral reading of assessment, Use of assistive devices, Administer assessment using more than allotted time periods, Use of a scribe, Pointing to respond, and Use of communication device, separate setting
		District Benchmark Assessment - Social Studies	Oral reading of assessment, Use of assistive devices, Administer assessment using more than allotted time periods, Use of a scribe, Pointing to respond, and Use of communication device, separate setting

		Name of District-Wide Assessment:	Name/Description of Alternate Assessment:
		<ul style="list-style-type: none"> Statement of why the child cannot participate in the regular assessment: 	
		<ul style="list-style-type: none"> Statement of why the particular alternate assessment selected is appropriate. 	

Form F: Classroom Accommodations and Modifications

Differentiated Instruction refers to adjustments in teaching methods or materials to accommodate each student's learning needs and preferences and is available for all students. These instructional strategies should not be documented on Form F. **Accommodations** are changes in procedures or materials that increase equitable access in the classroom setting. Accommodations generate comparable results for students who need them and allow these students to demonstrate what they know and can do.

Modifications are changes in procedures or materials that change the construct of the educational task making it difficult to compare results with typical peer results. Modifications allow students to demonstrate what they know and can do in a non-standardized way.

Indicate below the accommodations and modifications for the student to be used in general and/or special education and supports to be provided to school personnel.

Location											Frequency				Duration*		
A	L	L	M	S	S	H	F	P	R	O	D	W	M	O	Begin Date	End Date	
											aily	ekely	onthly	thers*			
1. Grading																	
2. Text																	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provide home set of textbooks/material-if requested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
3. Lectures																	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Note taking assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
4. Test/Exams																	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Extended time for completion- 300%	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Read test to student	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Record student responses/provide alternate response modes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Multiple sessions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Separate Setting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
5. Environment																	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alter physical room arrangement- room for wheelchair and table (if needed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
6. Assignments																	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lower difficulty level-shorten assignments - as needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Assistance in recording assignments/developing organizational method.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
7. Reinforcement																	

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Repeated review and drill	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Check often for understanding/review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
8. Pacing																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Allow frequent breaks/vary activities- as needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
9. Other (Specify)																	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Charts/Graphs/Calculator- if needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Magnet lock and key for locker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	provided breaks for fatigue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

Supports for School Personnel

ID	Type	Description	Beg. Date	End Date
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* N/A if will be same as initiation and annual review date indicated on page 1. if a date is listed. It must include the month, day, and year.

** Must describe "Other"

For LOCATION:	For FREQUENCY:
Locker	

Student Name: [REDACTED]

Meeting Date: 02/28/19

Date: 03/06/18

Re: Transfer of Parental Rights at Age of Majority

Dear: [REDACTED]

Our records show that on 06/23/20 , [REDACTED] will be 18 years old. According to [REDACTED] Law, the age of majority is 18. Under the Individuals with Disabilities Education Act (IDEA), upon reaching the age of 18, parent procedural rights transfer to the student unless the student has been declared incompetent by a court of law and a guardian has been appointed by the court. Thus, at age 18, the student becomes the educational decision-maker and will receive all notices required under the IDEA. If the student at age 18 is still a dependent of the parent as defined in Section 152 of the Internal Revenue Service Code of 1954, then the parent will be provided copies of any notices provided to the student, and may attend IEP meetings at either school district or student invitation, and access the educational records of the student at the discretion of the school district.

When a child with a disability turns 18 some parents obtain a power of attorney so they can assist the child in making financial and legal decisions. The child is not declared incompetent but the parents are given the right to act on their behalf. A power of attorney can be revoked at any time. On the other hand a guardian is appointed by the court and a court order is required to remove the guardian. Additional detailed information about options to help your child with a disability when he turns 18 can be found at

http://www.mobar.org/uploadedFiles/Home/Publications/Legal_Resources/Brochures_and_Booklets/Family_Law_Conference/Children%20with%20Disabilities.pdf

If you have any questions or concerns, please call me at [REDACTED]

Sincerely,

[REDACTED]

[REDACTED] School District

Date Notice Provided: 02/28/19

Parent/Guardian: [REDACTED]

Method of Provision:

- Personally Presented
- Mailed

NOTICE OF ACTION

In accordance with Part B of the IDEA

Prior Written Notice must be given before our district takes certain actions.

The following is to describe the actions(s) Proposed or Refused by our district.

Consent is **REQUIRED** for these actions to be carried out:

- Initial evaluation
- Initial services
- Reevaluation (with assessment)

Consent is **NOT REQUIRED** for these actions to be carried out:

- Reevaluation (without assessment)
- Change in eligibility
- Change of placement
- Change of services
- Graduation with regular diploma
- Initial eligibility
- Initial placement
- Ineligibility for services
- Other: (specify)

Explanation of Action: (The reason(s) for the proposal or refusal)

The team proposed changing [REDACTED] related services from 85 minutes per week of language therapy to 55 minutes per week of language therapy and 30 minutes per week of language consultation.

Options Considered and Why Rejected:

- Option(s) that was/were considered by the IEP team:

The option to keep services the same.

- The reason(s) why each option was rejected:

The option to keep services the same was rejected based on the need to address [REDACTED] communication in a different manner.

Basis for the Action: (A listing or attached description of each evaluation procedure, assessment, record, or report used as a basis for the action)

IEP, parent and teacher input.

Other Factors Relevant to the Action:

No other factors.

Procedural Safeguards Statement

Parents of a child with a disability have protection under the procedural safeguards of part B of the Individuals with Disabilities Education Act (IDEA). A copy of the Procedural Safeguards Statement for Parents and Children may be obtained from

[REDACTED]

If you need assistance in understanding the provisions of the procedural safeguards, you may contact

[REDACTED]

or the Special Education Compliance Section at the Department of Elementary and Secondary Education at [REDACTED] or via e-mail at [REDACTED]

When seeking consent for evaluation, a description of the areas to be assessed and the tests to be used [if known] must be provided with this Notice.

When parents revoke consent for services for their child, the child and his/her parents no longer have the protections provided under the procedural safeguards of part B of the Individuals with Disabilities Education Act (IDEA).

If you have any questions or object to this action, contact me immediately.

[REDACTED]

Educational Diagnostician

[REDACTED]

Name

Title

Phone

Signature in Section 1 And/Or Section 2 below

Consent REQUIRED for Action to be Carried Out

PARENT SIGNATURE FOR CONSENT IS REQUIRED before the following actions can be initiated:

- Initial evaluation (with assessment* or without assessment)
- Initial services
- Reevaluation (with assessment*)

I understand and agree to the proposed action. Action may be implemented immediately upon signature of parent/guardian.

Parent/Guardian Signature

Date of Parent/Guardian Signature

Date signed consent received by public agency

***A description of the areas to be assessed and the tests to be used (if known) must be provided with this Notice.**

Consent NOT REQUIRED for Action to be Carried Out

Waiver of 10 Days Allows for the Immediate Initiation of Action

I understand that the action being proposed cannot be carried out for ten days from the date of the Notice, unless I waive that time requirement.

- Time requirement waived: I understand this provision and my signature below indicates that I am in agreement for the action to be carried out in less than ten days.

Parent/Guardian Signature

Date of Parent/Guardian Signature: _____

Date received by public agency _____

OR Verbal Waiver obtained

Date: 02/28/19

Time: 2:25 PM

Method: in person at IEP

██████████

LEA staff signature

Title: Special Services Coordinator



School District

Date Notice Provided: 02/28/19

Parent/Guardian: [REDACTED]

Method of Provision:

- Personally Presented
- Mailed

NOTICE OF ACTION

In accordance with Part B of the IDEA

Prior Written Notice must be given before our district takes certain actions.

The following is to describe the actions(s) Proposed or Refused by our district.

Consent is **REQUIRED** for these actions to be carried out:

- Initial evaluation
- Initial services
- Reevaluation (with assessment)

Consent is **NOT REQUIRED** for these actions to be carried out:

- Reevaluation (without assessment)
- Change in eligibility
- Change of placement
- Change of services
- Graduation with regular diploma
- Initial eligibility
- Initial placement
- Ineligibility for services
- Other: (specify)

Explanation of Action: (The reason(s) for the proposal or refusal)

The team proposed adding a self-advocacy goal.

Options Considered and Why Rejected:

- Option(s) that was/were considered by the IEP team:

The option to not add goal.

- The reason(s) why each option was rejected:

The option to not add the goal was rejected based on the need for [REDACTED] to enhance his ability to express the need for a break.

Basis for the Action: (A listing or attached description of each evaluation procedure, assessment, record, or report used as a basis for the action)

IEP, parent and teacher input.

Other Factors Relevant to the Action:

No other factors.

Procedural Safeguards Statement

Parents of a child with a disability have protection under the procedural safeguards of part B of the Individuals with Disabilities Education Act (IDEA). A copy of the Procedural Safeguards Statement for Parents and Children may be obtained from

[REDACTED]
If you need assistance in understanding the provisions of the procedural safeguards, you may contact

[REDACTED]
or the Special Education Compliance Section at the Department of Elementary and Secondary Education at [REDACTED] or via e-mail at [REDACTED]

When seeking consent for evaluation, a description of the areas to be assessed and the tests to be used [if known] must be provided with this Notice.

When parents revoke consent for services for their child, the child and his/her parents no longer have the protections provided under the procedural safeguards of part B of the Individuals with Disabilities Education Act (IDEA).

If you have any questions or object to this action, contact me immediately.

[REDACTED]	Educational Diagnostician	[REDACTED]
Name	Title	Phone

Signature in Section 1 And/Or Section 2 below

Consent REQUIRED for Action to be Carried Out

PARENT SIGNATURE FOR CONSENT IS REQUIRED before the following actions can be initiated:

- Initial evaluation (with assessment* or without assessment)
- Initial services
- Reevaluation (with assessment*)

I understand and agree to the proposed action. Action may be implemented immediately upon signature of parent/guardian.

Parent/Guardian Signature

Date of Parent/Guardian Signature

Date signed consent received by public agency

***A description of the areas to be assessed and the tests to be used (if known) must be provided with this Notice.**

Consent NOT REQUIRED for Action to be Carried Out

Waiver of 10 Days Allows for the Immediate Initiation of Action

I understand that the action being proposed cannot be carried out for ten days from the date of the Notice, unless I waive that time requirement.

- Time requirement waived: I understand this provision and my signature below indicates that I am in agreement for the action to be carried out in less than ten days.

Parent/Guardian Signature

Date of Parent/Guardian Signature: _____

Date received by public agency _____

OR Verbal Waiver obtained

Date: 02/28/19

Time: 2:25 PM

Method: in person at IEP

[REDACTED]

LEA staff signature

Title: Special Services Coordinator



School District

Date Notice Provided: 03/20/19

Parent/Guardian: [REDACTED]

Method of Provision:

- Personally Presented
- Mailed

NOTICE OF ACTION

In accordance with Part B of the IDEA

Prior Written Notice must be given before our district takes certain actions.

The following is to describe the actions(s) Proposed or Refused by our district.

Consent is **REQUIRED** for these actions to be carried out:

- Initial evaluation
- Initial services
- Reevaluation (with assessment)

Consent is **NOT REQUIRED** for these actions to be carried out:

- Reevaluation (without assessment)
- Change in eligibility
- Change of placement
- Change of services
- Graduation with regular diploma
- Initial eligibility
- Initial placement
- Ineligibility for services
- Other: (specify)

Explanation of Action: (The reason(s) for the proposal or refusal)

The team proposed the following changes to [REDACTED] services: FROM 1125 minutes of instruction in essential/life skills in the special education setting, 245 minutes of instruction in essential/life skills in the general education setting, 85 minutes of language therapy in the special education setting, 20 minutes per month of OT consultation, 40 minutes per month of PT consultation, 791 minutes of adult support in the general education setting and 1470 minutes of adult support in the special education setting TO 245 minutes of instruction in reading comprehension in the special education setting, 245 minutes of instruction in math skills in the special education setting, 635 minutes of instruction in language skills in the general education setting, 55 minutes of language therapy in the special education setting, 20 minutes per month of OT consultation, 40 minutes per month of PT consultation, 30 minutes of language therapy consultation, 791 minutes of adult support in the general education setting and 1225 minutes of adult support in the special education setting. This is not a change in placement.

Options Considered and Why Rejected:

- Option(s) that was/were considered by the IEP team:

The option to keep services the same.

- The reason(s) why each option was rejected:

The option to keep services the same was rejected based on [REDACTED] no longer being in essential/life skills courses.

Basis for the Action: (A listing or attached description of each evaluation procedure, assessment, record, or report used as a basis for the action)

IEP, parent, teacher, and student input.

Other Factors Relevant to the Action:

No other factors.

Procedural Safeguards Statement

Parents of a child with a disability have protection under the procedural safeguards of part B of the Individuals with Disabilities Education Act (IDEA). A copy of the Procedural Safeguards Statement for Parents and Children may be obtained from

[REDACTED]
If you need assistance in understanding the provisions of the procedural safeguards, you may contact

[REDACTED]
or the Special Education Compliance Section at the Department of Elementary and Secondary Education at [REDACTED] or via e-mail at [REDACTED]

When seeking consent for evaluation, a description of the areas to be assessed and the tests to be used [if known] must be provided with this Notice.

When parents revoke consent for services for their child, the child and his/her parents no longer have the protections provided under the procedural safeguards of part B of the Individuals with Disabilities Education Act (IDEA).

If you have any questions or object to this action, contact me immediately.

[REDACTED]	Educational Diagnostician	[REDACTED]
Name	Title	Phone

Signature in Section 1 And/Or Section 2 below

Consent REQUIRED for Action to be Carried Out

PARENT SIGNATURE FOR CONSENT IS REQUIRED before the following actions can be initiated:

- Initial evaluation (with assessment* or without assessment)
- Initial services
- Reevaluation (with assessment*)

I understand and agree to the proposed action. Action may be implemented immediately upon signature of parent/guardian.

Parent/Guardian Signature

Date of Parent/Guardian Signature

Date signed consent received by public agency

***A description of the areas to be assessed and the tests to be used (if known) must be provided with this Notice.**

Consent NOT REQUIRED for Action to be Carried Out

Waiver of 10 Days Allows for the Immediate Initiation of Action

I understand that the action being proposed cannot be carried out for ten days from the date of the Notice, unless I waive that time requirement.

- Time requirement waived: I understand this provision and my signature below indicates that I am in agreement for the action to be carried out in less than ten days.

Parent/Guardian Signature

Date of Parent/Guardian Signature: _____

Date received by public agency _____

OR Verbal Waiver obtained

Date: 02/28/19

Time: 2:25 PM

Method: in person

[REDACTED]

LEA staff signature

Title: Special Services Coordinator

STUDENT INVITATION TO A TRANSITION IEP MEETING

Date: 02/14/19

Dear (Student's Name): [REDACTED]

You are invited to attend a meeting to review and revise your individualized education program (IEP). The meeting is scheduled for:

Date: 02/28/19 **Time:** 11:30 p.m **Location:** [REDACTED] SpEd Conference Room

At this meeting we would like to talk with you about how you are doing in school, what you would like to do when you complete school, and what services your IEP should include. All of these items will be considered when developing your IEP to help you prepare for the future, and learn the skills that you will need as an adult to be successful in living, learning, and working after you complete school.

Before the meeting, please think and talk with others about what you want to do after you complete school, what you can do now to achieve those goals, what skills you still need to learn and what kind of help you will need. We would like you to come to the IEP meeting ready to share the following information:

- What kind of job do you want to have?
- What education or training is needed for your job?
- Where do you want to live? On your own or with others?
- What will you do with your free time?
- How much money can you earn? How will you pay bills?
- How will you get around? By car? Public transportation? Walking?

At the IEP meeting you will also be getting information to help you make choices. The following people have been invited to your meeting:

Role		
<input checked="" type="checkbox"/>	Local Education Agency (LEA) Representative	[REDACTED]
<input checked="" type="checkbox"/>	Special Education Teacher	[REDACTED]
<input checked="" type="checkbox"/>	Individual to Interpret Instructional Implications Of Evaluation Results	[REDACTED]
<input checked="" type="checkbox"/>	General Education Teacher	[REDACTED]
<input checked="" type="checkbox"/>	Student	[REDACTED]
<input type="checkbox"/>	Agency Representative(s) for Post-Secondary Transition	
<input checked="" type="checkbox"/>	Parent(s)	[REDACTED]
<input checked="" type="checkbox"/>	Speech and Language Teacher	[REDACTED]
<input checked="" type="checkbox"/>	Educational Diagnostician	[REDACTED]
<input checked="" type="checkbox"/>	Transition Specialist	[REDACTED]
<input checked="" type="checkbox"/>	Physical Therapist	[REDACTED]
<input checked="" type="checkbox"/>	Occupational Therapist	[REDACTED]
<input checked="" type="checkbox"/>	School Counselor	[REDACTED]
<input checked="" type="checkbox"/>	Teachers	[REDACTED]

These people know you and have suggestions to make, or they know about different programs for you. *If you would like to invite anyone else to the meeting, please let us know.*

I look forward to seeing you at the meeting and assisting you in planning a good program for your future success.

Student Name: [REDACTED]

Meeting Date: 02/28/19

Sincerely,

[REDACTED]

Name

Case Manager
Title

02/14/19
Date