

### Special Services IEP Abstract

Imported

IEP

ISP

Initial

Annual

Amendment

EC (Early Childhood)

K-12

IEP Meeting Date : 03/26/18

(Within 30 days of Eligibility determination date)

Next Annual IEP : 03/25/19

Comments:

1st Scheduled Meeting

2nd Scheduled Meeting

Notification of IEP Meeting Date: 01/18/18

03/07/18

Copy of IEP Provided to Parents: 04/12/18

(Within 15-20 days of IEP Meeting)

1st Notice

2nd Notice

Notice of Intent for Placement:

Parent Consent needed (for Initial Services)

Response Date:

Yes  No

Initiate Services Date: 03/26/18

## 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 03/06/18 (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*	Assistant Principal	██████████
	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	[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)

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 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	[REDACTED]
	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] [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 \_\_\_\_\_ 03/07/18  
 Name Title Date



**[REDACTED] School District**

**The Individualized Education Program**

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

**Student Demographic Information (Optional):**

Current Address: [REDACTED] Phone: [REDACTED]

Birth Date: [REDACTED] Age: 15-9 Yrs Student ID#: [REDACTED] MOSISID#: [REDACTED]

Present Grade Level: 09 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: 04/10/17

Most Recent Evaluation/Re-Evaluation Date: 08/29/16 Projected Next Triennial Evaluation Date: 08/28/19

**IEP Content (Required)**

IEP Type	IEP Meeting Date:	03/26/18	First Notification of IEP Meeting to Parents:	01/18/18
<input type="radio"/> Initial	IEP Initiation Date:	03/26/18	Second Notification of IEP Meeting to Parents:	03/07/18
<input checked="" type="radio"/> Annual	Proj. Next Annual IEP Date:	03/25/19	Copy of IEP Given to Parent(s):	04/12/18

**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	in person
[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]	Educational Diagnostician	in person
[REDACTED]	Transition Specialist	in person
[REDACTED]	SLP	in person

	[REDACTED]	Physical Therapist	in person
	[REDACTED]	Occupational Therapist	in person
	[REDACTED]	Advocate	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 Autism. Deficits in the areas of cognitive, adaptive, academic and expressive and receptive language skills make it difficult for [REDACTED] to access the general education curriculum. [REDACTED] is nonverbal and has 1:1 adult support all day to assist him to communicate in the school setting. [REDACTED] communicates using a communication board. The communication board is a picture of a keyboard that enlarged and laminated onto a board for [REDACTED] to use. [REDACTED] typically answers yes/ no questions. He will type "y" for yes and "n" for no. [REDACTED] requires a staff member to support his wrist or hand to be able to point to the letter of his choosing. [REDACTED] at times will use sign language to communicate when he is finished with an activity. He typically uses one universal sign- placing his hands together in front of him. [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.

[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. When completing classwork, [REDACTED] uses his communication board as well as two small dry erase boards. Staff members will generally write out two 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] also requires adult support in the area of daily living. [REDACTED] requires assistance with using the restroom, getting out of his wheel chair, dressing himself and with feeding himself. [REDACTED] follows a restroom schedule at school. [REDACTED] wears diapers throughout the day. Staff members will assist [REDACTED] in lifting him out of the wheel chair and onto the changing table/toilet.

When feeding [REDACTED], a staff member is needed to cut up all of [REDACTED] 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. [REDACTED] can feed himself. A staff member will assist [REDACTED] with eating at times. [REDACTED] at times gets fatigued and will require a staff member to help him finish eating. [REDACTED] needs full assistance to clean up his lunch and wipe his hands and face.

[REDACTED] requires assistance with navigating the school. [REDACTED] utilizes a wheelchair daily. A staff member will assist him with getting off the bus and entering the building. [REDACTED] 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 [REDACTED] in getting to his classes and therapy rooms along with the restroom and other locations in the building.

[REDACTED] appears to learn best in a small group or in a one on one setting. 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] will then type "y" for yes or "n" for no. At times [REDACTED] will type out "y" for yes for all the questions asked or hit the "h" button that is located between the "y" and "n" on the communication board. [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.

[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.

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.)

[REDACTED] is a joy to have in class! He has a great personality. He is often seen smiling and laughing at school. [REDACTED] 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. Sometimes he chooses to look at the Harry Potter book that we checked out of the library. [REDACTED] also seems to enjoy doing activities in class. 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.

[REDACTED] strengths would help him achieve his post-secondary goal of becoming a writer. [REDACTED] 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.)

Concerns submitted by email prior to IEP meeting 3/6/2018

We were saddened to realize [REDACTED] current IEP does not have him set up on the academic diploma with modifications, as needed. Parents want to ensure that [REDACTED] continues on an academic program that allows him to attend community college.

After talking with [REDACTED] last night and this morning, we thought we would share some of his dreams -

Bucket list -

Meet Harry Potter

Go on a cruise

Go to Rome and meet Pope Francis (we have not shared with him about this part of our trip or our pictures of the Pope)

Go to Walt Disney World

School goals -

Regular education classes

Regular diploma

Going to the community college for writing and weather

An eye gaze machine as most of his current work/communication methods at school are causing his body to tire

More years in high school and college to meet his goals

With all that being said, we are asking that the following sections be copied and pasted into his IEP we are creating today.

[REDACTED] main concerns with regards to his education are that he is not on an academic diploma track so that he has the option to attend college and that he doesn't have access to his preferred mode of communication, which is the eye gaze machine. Primary consideration is not being given to [REDACTED] when determining what will work for him in the education setting, therefore he is getting fatigued and not able to effectively communicate with staff and students without disabilities.

Parent concerns are that [REDACTED] is not being afforded the opportunity to effectively communicate by way of his preferred method. At this time, auxiliary aids, services, nor supports are being provided in the school setting to ensure he is able to effectively communicate his academic knowledge to teachers or socially with his peers without disabilities. We are concerned that due to not being provided appropriate auxiliary aids and services that [REDACTED] does not have an equal opportunity to participate in, and enjoy the benefits of the services, programs, and activities of the school as other students without disabilities. His goals are to attend college for writing and weather and at this time his IEP goals do not meet his transition goals. Our concern is that not everyone on the current team is on the same page nor has the same expectation of [REDACTED].

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.)

Academics:

[REDACTED] is currently enrolled in classes that are in the special education setting as well as the general education setting. [REDACTED] does best when he is in a small group setting or in a one on one setting, receiving direct instruction on concepts presented in class. [REDACTED] requires assistance on all given tasks and requires continuous prompting to make choices, look at the material, to stay focused and to arrive at the correct answer. While working, [REDACTED] has been observed to mainly pick the answer closest to him on his right side. When the choices are given

in the top/bottom format, it has been observed that he mainly picks the choice that is on the bottom.

In the area of English Language Arts, [REDACTED] is currently being read various chapters that belong to units in the Unique Learning System (ULS) and participates in the activities that go along with our chapter readings. The chapters that are presented in class are on [REDACTED] instructional level and allow him to complete comprehension activities on the material presented in class. These comprehension activities include finding the main idea, locating specific key details that support the main idea, and defining key vocabulary terms of each unit. The comprehension questions that [REDACTED] answers are in the multiple choice format with three choices to choose from. The choices have pictures in the choices that describe the possible answers. Overall, [REDACTED] is able to answer questions related to the main idea with 48% accuracy. This percentage is derived from all the WH questions he answers. When answering questions from the ULS chapters, he is able to do this with 53% accuracy. When matching pictures that go together, he is able to do this with 58% accuracy. [REDACTED] has also answered more functional questions this quarter. He is able to answer questions related to recipes and newspapers with 50% accuracy.

[REDACTED] has also been working on unit vocabulary terms. With assistance, he has been completing a word study page for each vocabulary term presented in the unit. This requires [REDACTED] to define each word, use the word in a sentence, find similar words to the vocabulary word as well as match the picture to the word. This is done as a class, with participation from [REDACTED] and his classmates. At the end of each unit, [REDACTED] will have a vocabulary quiz over the words from the unit. Overall, he is able to independently match key vocabulary terms with their definitions with 33% accuracy. He is able to match the pictures to the vocabulary words with 25% accuracy. [REDACTED] also has been working on sequencing events. He currently is able to sequence 4 step events with 33% accuracy.

In math, we are using the Unique Learning Systems as a curriculum this year. This curriculum focuses on math calculation, money and time skills, graphing, math vocabulary, and banking skills. In all math tasks [REDACTED] completes, he receives assistance from a paraprofessional. [REDACTED] requires hand-over-hand assistance for all writing tasks, and when using a calculator to input the numbers in correctly. Majority of the time, [REDACTED] is given choice cards to choose an answer from. When using his choice cards, [REDACTED] is given multiple choices for answers instead of open ended questions. For math calculation and vocabulary skills, [REDACTED] works on picking out key vocabulary terms that mean add, subtract, multiply, and divide then computes the problem with the use of a calculator. With adult assistance and prompts, [REDACTED] is able to identify key math terms that mean add or subtract; we are continuing to work on vocabulary terms that mean multiply and divide. For money skills, [REDACTED] works on using the next dollar up strategy with adult assistance and prompts and identifying dollars/coins and their correlating values. [REDACTED] does a great job of telling time on a digital or analog clock to the hour/half hour with use of a hands on clock and adult/para support.

Data in math has been inconsistent due to the number of prompts and adult assistance [REDACTED] is given in class. When given maximum prompting and complete adult assistance, [REDACTED] can solve real world addition and subtraction problems with 77% accuracy. However, independently, [REDACTED] can solve these problems with 28% accuracy. [REDACTED] is currently able to identify the correct operations to use with 60% accuracy. He is able to identify the numbers in the problem with 40% accuracy. [REDACTED] is able to set up the equation independently with 0% accuracy. When given second opportunities, [REDACTED] is able to set up the equation correctly with 25% accuracy. [REDACTED] is able to choose the correct solution to the given problems with 11% accuracy. When given another opportunity, he is able to choose the correct solution with 75% accuracy. [REDACTED] has also been using his communication board more routinely to complete given math problems. [REDACTED] is able to independently identify numbers on the number line found on his communication board with 28% accuracy. When given maximum prompting and complete adult assistance, [REDACTED] can complete various money math problems with 70% accuracy. However, independently, [REDACTED] can solve these problems with 34% accuracy. He is able to independently use the next dollar strategy with 63% accuracy. He is able to determine the correct amount of change given back with 5% accuracy. This percentage is from [REDACTED] making change independently.

#### Daily Living Skills:

[REDACTED] follows a restroom schedule at school. He currently wears diapers and requires full assistance with toileting- changing his diaper and manipulating his clothing. He requires two people to do a two-man lift to move him from his wheel chair to the changing table/toilet. [REDACTED] has been working on requesting to use the restroom before he goes in his diaper. He is currently able to request to use the restroom independently with 4% accuracy.

████████ picks out what he wants to eat for lunch every day as well as what he wants for a snack. Once he picks out his lunch, a staff member will assist him heating up his lunch. ██████████ usually buys lunch once a week at school. A staff member will review options for ██████████ to purchase for lunch. He usually chooses to eat nachos. At times he needs physical and verbal prompts to make choices on what he would like to eat. At lunch staff cut up all of ██████████ food into bite size pieces. ██████████ does fatigue during lunches, and will require a staff member to help him finish eating. ██████████ requires staff assistance while eating lunch and cleaning up his hands and face when he is finished. Overall, ██████████ is able to request items he wants to eat or items he wants to earn with 80% accuracy. ██████████ also has been working on requesting items to use in daily lessons. He is currently able to do this with 67% accuracy. When requesting items, he is usually given two to three options to choose from.

████████ 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.

Gross Motor: ██████████ is non-ambulatory and uses a manual wheelchair to access the school environment. He is dependent on adult assistance for wheelchair navigation and management. (brakes, seat belt, leg rests and tray) ██████████ transfers in and out of his wheelchair as a dependent lift of 2 people. He requires total assistance to logroll 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. ██████████ 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. ██████████ has limited endurance and fatigues easily. He is currently enrolled in adapted PE to accommodate his gross motor deficits.

Fine Motor: An upper extremity exercise program has been provided to help ██████████ maintain upper extremity movement for school related classroom tasks and life skills. ██████████ is right hand dominant, and his overall upper extremity and grasp strength appears to be better on right than left. He demonstrates functional movement throughout upper extremities. However, his endurance, strength, and motor planning affect length of time he's able to complete some tasks. During lunch and snacks, he is able to use utensils and feed himself with extra time for part of meal/snack with assistance to complete meal when he becomes fatigued. ██████████ can utilize a touch screen for some academic work, often needing verbal cues for encouragement and physical assist for to support arm.

**Language:**

██████████ receives 85 minutes of language therapy weekly addressing receptive and expressive language skills. ██████████ is functionally nonverbal and has only been observed to make vocalizations when he is laughing or crying. ██████████ often gains the attention of staff by reaching for their hand to guide to a desired item within reach. ██████████ uses an approximated sign consisting of his hands clasped together in his lap to communicate several things including done, more, finished. ██████████ also uses a communication board which is an enlarged keyboard printed onto an 8x12 foam board to communicate through the assistance of a facilitator. The facilitator supports his wrist while ██████████ points to letters. Yes/no questions have generally been asked to ██████████ and he will point to "y" to indicate a "yes" response and "n" to indicate a "no" response. It has also been observed that he will hit the letter "h" which falls between "y" and "n" on the keyboard so an accurate yes/no is difficult to determine at times. He has not typed out any words or other messages for the therapist while in the therapy setting.

██████████ is generally presented two choices when answering a question. Choices are written on small white erase boards or index cards. ██████████ selects his answer and hands it to the therapist. ██████████ usually chooses the option on his right side when they are presented at midline in a left to right format. ██████████ will cross the midline, but this has been observed when he has a strong response. Choices are also placed in the top and bottom format. In this format, ██████████ generally selects the bottom option as his choice. Answers are alternated so not all correct answers are on the right side or bottom. It has been observed that when ██████████ is reminded to think about the question, he will pause before going to his answer. ██████████ answers independently, but does require prompting when he is distracted or is taking a long time. Prompting includes verbal, visual, and/or physical prompts. When physically prompting ██████████ a hand lifts his elbow and if needed, will place his hand between the two presented choices. This generally happens when he is fatigued. ██████████ is motivated and works well when incentives are offered.

This school year, ██████████ has been answering yes/no questions. For those questions we can verify he knows the answers to, he is doing so with 58% accuracy. Questions revolve around a class he just attended, material presented, what he just ate, family members, etc. For yes/no questions we cannot verify he knows the answer to, he is doing so with 60% accuracy. Questions include how he feels, how something tasted, the mood he is in, etc. ██████████ has been working on expressing his wants and needs by selecting a choice from a field of two. When presented with the actual items, ██████████ selection matches his choice 71% of the time. This is generally where a strong like or dislike is observed and he will cross the midline for his answer. He is able to correctly identify and match emotions with 39% accuracy.

██████████ has also been working on expressive and receptive language pertaining to vocabulary from material presented in class. We look at the picture that goes along with the vocabulary term and discuss the definitions. When presented the definition, ██████████ is able to identify the correct vocabulary word with 55% accuracy. When given the vocabulary term and two definitions are presented, ██████████ picks the correct definition 50% of the time. True/false questions are challenging for ██████████ and he is currently answering them with 33% accuracy. When answering comprehension questions, ██████████ is able to do so with 30% accuracy.

**Assistive Technology:**

██████████ trialed the Accent 1400 Nu-eye this winter with limited success. Due to extraneous head movements, it was difficult to calibrate the device with optimal positioning. It was also observed that when the eye gaze was calibrated as best it could be, ██████████ would frequently change his position in his wheelchair by moving forward therefore throwing off the calibration. Some days he moved his hand toward the screen in an attempt to touch the screen in order to hit an icon. Eight picture overlays and 84 picture overlays were both used with limited success. He did not appear motivated by the device and it was difficult to get him to attend to the screen most days. There was one day in which ██████████ appeared more focused and motivated to use the device. There were eight icons on the screen. ██████████ had a red sour patch kid piece of candy on the table which he wasn't eating. He grabbed the SLP's hand and moved it toward the bag sitting on the table. The SLP asked if he wanted a different color and if so to tell me "go" on the device. ██████████ said "go" and received a different colored piece of candy. Overall, he was able to look at the stated icon stated by the SLP with 24% accuracy.

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]

Bedtime: [REDACTED]

Weekends: [REDACTED]

As needed: [REDACTED]

[REDACTED] was last evaluated in 2013. 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 Peabody 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)

In September 2017, ██████████ participated in informal assessments in the areas of daily living, lifelong learning, personal life and community. These assessments are from the Unique Learning System. Each of these assessments required ██████████ to answer given questions when presented choices to choose from.

**Daily Living:** When given choices about where he would like to live when he is an adult, ██████████ chose that he would like to live by himself. He would like to live in a house in the city. ██████████ also answered a series of questions of things he will need help with in the future. He stated that he will need help with counting and budgeting money, buying things he needs and wants, cooking simple meals, picking out healthy meals to eat, using kitchen appliances, and cleaning the house. He also stated that he will need help with knowing what to do when he is sick, knowing what medicine he needs to take, knowing how to do laundry as well as knowing important dates on the calendar. ██████████ stated that he is independently able to take a shower, pick out the clothes he wants to wear and he is able to tell time.

**Lifelong Learning:**

██████████ believes he learns best by listening and looking at schedules. He also chose that he likes to work by himself. When asked what he wished he could do better, he chose that he is happy with what he is able to do now. ██████████ answered a series of questions about what he is able to do with help. The following he stated he needs help with. ██████████ needs help with reading signs in the community, reading menus, reading job application forms, reading books, newspapers and magazines as well as reading emails. He also stated that he needs assistance with writing his name as well as counting money and using money to buy things. ██████████ chose items that he believes that he can do independently. He stated that he can tell time, use a calendar and use a calculator by himself. ██████████ would like to learn more about keeping track of his money and using a checking account.

**Personal Life:**

██████████ uses a communication board to communicate. He also uses a name stamp to write his name. ██████████ answered a series of questions about his interests. The following are things that ██████████ is interested in doing: exercising, relaxing, listening to music, working, learning, being around animals, being around friends, and being with adults. He also stated that he likes being inside and outside, being in his community, spending time at home, going out to eat, going to parties, talking to people, meeting new people and listening to others. ██████████ also chose things that he is not interested in. He stated that he does not like being around kids, being quiet, dancing and cleaning.

██████████ also answered a series of questions that asked what he is able to do by himself. The following are items ██████████ believes he can do by himself: tell others what I need, ask for help when I need it, choose what clothes I want to buy and wear every day, choose what music I want to listen to, choose how my hair is styled, choose what movies I want to watch, move around my home and my community and have fun with friends. The following ██████████ stated he may need help with: make choices about what I want, make plans, use a communication device to ask questions, communicate on my device and go to meeting to plan for my future.

**Community:**

██████████ was asked a series of questions about what he likes to do in his community. He stated that he likes to go many places in his community. He likes to go on walks, swim, and go to amusement parks. He stated that he likes to read, garden, watch t.v. and movies, to shop, make crafts, visiting with friends, going out to eat and going bowling. He also likes to go on vacations, go to church, and listening to music.

**Vocational:**

██████████ answered a series of questions about what types of jobs he may like. The following are jobs that ██████████ may like: a job that is clean, outside, with many people, that allows him to sit and move around. He would also like a job that would allow him to work slow, wear a uniform, work with a lot of supervision as well as shown how to do things. With help ██████████ stated that he can do the following things: get to work on time, understand time, follow a schedule, begin work right away, return to work when distracted, ask for help, get out work materials and clean them up with finished and fix mistakes when I make them.

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



**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

██████████ will increase his math skills by solving real world problems with 60% accuracy.

Baseline: 28% Independently with two choices given  
49% with prompting

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 sheet

**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.)

1. ██████████ will select the correct operation to use
2. ██████████ will select the numbers necessary to solve the problem
3. ██████████ will set up the equation (from 2-4 choices offered)
4. ██████████ will choose the correct solution (from 2-4 choices offered)

## 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 and selecting details to support it with 60% accuracy.

Baseline: 48% "Wh" Questions

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.)

Wh- questions  
Summarize

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

### Annual Measurable Goals

Annual Goal # 3

██████ will increase his expressive language skills by answering/asking questions with a communication partner up to 3 exchanges on 2 out of 3 data days.

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.)

- 3 exchanges
- 2 exchanges
- 1 exchange

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

### Annual Measurable Goals

Annual Goal # 4

██████ will increase his receptive and expressive language skills by completing a variety of vocabulary tasks, given two choices, pertaining to his classes with 50% accuracy.

baseline: 42%

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.)

1. identify appropriate vocabulary given definition
2. identify definition given vocabulary word
3. answer true/false questions pertaining to class content
4. answer yes/no questions pertaining to class content
5. answer a variety of reading comprehension questions (e.g. main idea, inferencing, details, etc.)

## Reporting Progress

**When Progress will be reported to the Parent(s)/guardian(s)**

Bi-Quarterly    
  Quarterly    
  Trimester    
  Semester  
 Other:

## Services Summary

**Special Education Services**

Service(Select From List)	Amt	Freq.(List)	Wkly Min.	Location	Year (List)	Teacher	CT	Per Day	Begin Date*	End Date*	Comp
Essential/Life Skills	1125	Weekly	1125	Special Ed					03/26/18	07/31/18	
Adapted Physical Education	245	Weekly	245	Special Ed					03/26/18	07/31/18	
Essential/Life Skills	245	Weekly	245	General Ed					03/26/18	07/31/18	

Note:

**Related Services**     None

Service(Select From List)	Amt	Freq.(List)	Wkly Min.	Location	Year (List)	Teacher	CT	Per Day	Begin Date*	End Date*	Comp
Language Therapy	85	Weekly	85	Special Ed					03/26/18	07/31/18	
Occupational Therapy (Consult)	20	Monthly	5	Special Ed					03/26/18	07/31/18	
Physical Therapy (Consult)	40	Monthly	10	Special Ed					03/26/18	07/31/18	

Note:

**Supplementary Aid/Services**     None

Service(Select From List)	Amt	Freq.(List)	Wkly Min.	Location	Year (List)	Teacher	CT	Per Day	Begin Date*	End Date*	Comp
Adult Support	546	Weekly	546	General Ed					03/26/18	07/31/18	
Adult Support	1470	Weekly	1470	Special Ed					03/26/18	07/31/18	

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.





### Transportation as a Related Service

- The student **does not** require transportation as a related service.
- The student requires transportation as a necessary related service.

AM Override:

PM Override:

The student needs accommodations or modifications for transportation.

- No
- Yes

If yes, check any transportation accommodations/modifications needed:

- |  |  |
|--|--|
| <input type="radio"/> Door-to-door pick-up and drop-off            | <input type="radio"/> Bus/Van transport          |
| <input checked="" type="radio"/> Curb-to-curb pick-up and drop-off | <input checked="" type="radio"/> Wheelchair lift |
| <input type="radio"/> Corner-to-corner pick-up and drop-off        |  |

- |  |  |
|--|--|
| <input type="checkbox"/> Safety restraint: Car seat        | <input checked="" type="checkbox"/> Safety restraint: Seat belt        |
| <input type="checkbox"/> Safety restraint: Harness         | <input checked="" type="checkbox"/> Safety restraint: Wheelchair locks |
| <input type="checkbox"/> Safety restraint system. Specify: |  |

- Aide
- Other Specify:

Note:

Begin Date:03/26/18

End Date:07/31/18

## 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:

**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 1,470 minutes weekly in the special education setting.

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.

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:08/01/18

End Date:03/25/19

## 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:

**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)

████████ currently receives services in the special education setting for 1,225 minutes a week.

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:

[REDACTED] 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. [REDACTED] 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 [REDACTED] need for heavily modified instruction, he requires services outside the general education class.

#### 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:03/26/18 End Date:03/25/19

### 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:

██████ has shown regression during winter and summer break.

**Services to be provided during Extended School Year**

Goal	Description of Services	Amount	Frequency	Location	Begin Date	End Date
1	Specialized Instruction in Functional Academics	450	Weekly	Special Ed		
2	Specialized Instruction in Functional Academics	450	Weekly	Special Ed		
3,4	Language Therapy	60	Weekly	Special Ed		

### 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)**

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

<b>TRANSITION SERVICES</b>	(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)
----------------------------	--

<b>Responsible Agency/Person</b>	<b>List Transition Services</b>
----------------------------------	---------------------------------

School ██████	Provide the opportunity to follow written and verbal instructions. Provide the opportunity to participate in life skills activities. Provide instruction on communication. Provide instruction on writing.
---------------	---

Student	Will follow written and verbal instructions. Will participate in life skills activities. Will participate in the ULS transition activities. Will communicate his wants and needs. Will participate in writing activities.
---------	---

Parent	Assist with any paperwork.
--------	----------------------------

Outside Agency* (specify agency) ██████ _____ * If appropriate, MUST be invited to IEP meeting with proper consent	██████ funding to support employment soft skills.
--	---

**EDUCATION/TRAINING (REQUIRED)**

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

<b>TRANSITION SERVICES</b>	(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)
----------------------------	--

<b>Responsible Agency/Person</b>	<b>List Transition Services</b>
----------------------------------	---------------------------------

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

Student	Will participate in life skills instruction. 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	N/A
* If appropriate, MUST be invited to IEP meeting with proper consent	
<b>INDEPENDENT LIVING (IF APPROPRIATE*)</b> *Refer to Independent Living Goal Worksheet	
<b>MEASURABLE POST-SECONDARY GOAL(S)</b>	(How the student will live after graduation from high school.) <b>After high school, I, ██████ WILL...</b> live at home with my family.
<b>TRANSITION SERVICES</b>	(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)
<b>Responsible Agency/Person</b>	<b>List Transition Services</b>
School ██████	Provide ██████ the opportunity to make choices/self-advocate. Provide ██████ the opportunity to make purchases. Provide ██████ the opportunity to participate in cooking activities. Provide ██████ the opportunity to participate in community based instruction.
Student	Will make choices/self-advocate. Will make purchases with an awareness of money amounts. Will participate in cooking activities by reading and following recipes. Will participate in community based instruction.
Parent	Will encourage independent living skills. Provide opportunities to make choices/self-advocate at home.
Outside Agency* (specify agency) ██████	Social Skills through ██████ funding.
* If appropriate, MUST be invited to IEP meeting with proper consent	

**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

		Semester One			Semester Two			NOTES
		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	
School Year 1:								
Semester One								
	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"/>
	Adaptive P.E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adaptive 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"/>
	Astronomy/Meteorology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Computer Applications	<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 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
			<b>Accommodations needed for the student to participate in this assessment are:</b>
		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
		10th Grade Achievement Test	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"> <li>Statement of why the child cannot participate in the regular assessment:</li> </ul>	
		<ul style="list-style-type: none"> <li>Statement of why the particular alternate assessment selected is appropriate.</li> </ul>	

## 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	Modifications/Accommodations				Begin Date	End Date	
L	a	a	a	c	o	e	i	e	e	t	D	W	M	O			
C	n	t	t	i	c	a	n	/	a	h	a	e	o	t			
l	g	h	e	e	i	l	t	A	r	e	i	k	n	h			
a	u	e	m	n	a	t	h	t	e	r	l	l	t	h			
s	a	a	a	c	t	t	h	h	r	s	y	y	h	y			
s	r	t	t	e	i	h	e	e	t	s	*	*	*	*			
e	s	s	i	c	e	s	t	d	i	e							
s	e	s	e	s	s	s	s	s	s	s							
s	e	s	e	s	s	s	s	s	s	s							
s	e	s	e	s	s	s	s	s	s	s							
												<b>1. Grading</b>					
												<b>2. Text</b>					
<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"/>											
												<b>3. Lectures</b>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Note taking assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
												<b>4. Test/Exams</b>					
<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"/>											
												<b>5. Environment</b>					
<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"/>											
												<b>6. Assignments</b>					
<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"/>											
												<b>7. Reinforcement</b>					

<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"/>											
<b>8. Pacing</b>																	
<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"/>											
<b>9. Other (Specify)</b>																	
<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"/>											

**Supports for School Personnel**

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: 03/26/18

Date: 03/06/18

Re: Transfer of Parental Rights at Age of Majority

Dear: [REDACTED] and [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](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]

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School District

Date Notice Provided: 03/26/18

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 district proposed changing [REDACTED] minutes during the 2018-19 school year. No adapted physical education minutes, Adult support in the general education setting will increase from 546 minutes to 791 minutes per week and adult support minutes in the special education setting reduced from 1470 minutes to 1225 minutes per week. This does not change [REDACTED] 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] schedule and graduation requirements

**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 meeting dated 3.26.18, parent, teacher, and student input. [REDACTED] will have five resource classes, one co-taught class, and one general education art class.

**Other Factors Relevant to the Action:**

No other factors at this time.

**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



## STUDENT INVITATION TO A TRANSITION IEP MEETING

Date: 03/06/18

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:** 03/26/18      **Time:** 12:30 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	Name
<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: 03/26/18

Sincerely,

[REDACTED]

Name

Case Manager  
Title

03/06/18  
Date