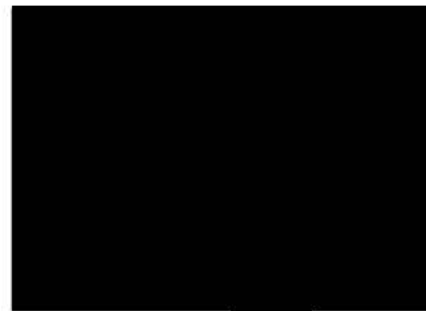


PRIOR WRITTEN NOTICE

<input checked="" type="checkbox"/> Complete 3-yr Reeval	<input type="checkbox"/> Exit SpEd
<input type="checkbox"/> Other Request	<input type="checkbox"/> Eligibility Category Change
CHANGE TO IEP	
GOAL ADDED	GOAL DROPPED
vocational	



Student's Name: _____ Student #: _____
Age: 17 Grade: 11 Gender: F Birthdate: _____
School: _____
Dear _____: Date: 1/14/10

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

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

1 proposing to 2 initiate a/an
 refusing change
(mark one of the above) (mark one of the above)

Mark all items below that apply:

3 referral evaluation eligibility category
 educational placement IEP reevaluation
 disciplinary action that is a change of placement
 Other (specify): Add vocational goal

Description of the proposed or refused action: three year reevaluation and add vocational goal

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

Description of any other options considered and rejected: N/A

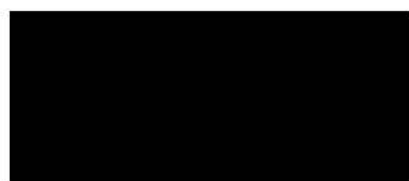
The reasons we rejected those options was: N/A

A description of each evaluation procedure, test, record, or report we used or plan to use as the basis for taking this action is as follows: WISC-111, W-JR and review of records

Any other factors that are relevant to the action: N/A

The action will be initiated on: 1/14/10

Sincerely,



ATTACHMENT: "Procedural Safeguards and Due Process Procedures"

EVALUATION REPORT

Student #: _____

Student's Name: _____

Birthdate: _____

Age: 17 Grade: 11 Gender: F

School: _____

Eligibility: WAC 392-172A-01035(2)(g) Mental Retardation

1. Condition(s) that qualify _____ as being a student with a disability:

The IEP team reviewed previous evaluation results and current educational information on _____. The IEP team has determined that _____ continues to be identified as a student with mental retardation because it is documented that there is significantly subaverage general intellectual functioning which is consistent with her adaptive behavior.

•Intellectual functioning

Based upon previous evaluation results and current information provide on _____'s performance, the IEP team has determined that _____'s intellectual ability remains significantly low, (WISC111 Full Scale IQ: 50, Evaluator: _____ Date: 2/2/01).

•Academic achievement

Results of the previous Woodcock-Johnson Psycho-Educational Battery-Revised, (Examiner: _____ Date: 1/22/01) were as follows:

	<u>Grade Equivalency</u>
Basic Reading	2.2
Reading Comprehension	1.7
Math Calculation	1.9
Applied Problems	K.5
Broad Written Language	2.0

The school indicated that within the classroom, she continues to have difficulties in the areas of reading, writing and math. The IEP team has determined that _____ continues to require specially designed instruction to benefit from her education program. The special education teacher (_____) states that _____ has made academic gains, but still continues to require special education intervention.

•Adaptive behavior

The IEP team reviewed previous measures of _____'s adaptive behavior and found them to be consistent with that of a child with subaverage general intellectual functioning. The IEP team has determined that based upon current information regarding _____'s functional daily living skills she continues to require special education support in this area.

•Developmental history

_____s developmental history is contained within his special education records.

•Behavior

The IEP team has determined that the following behaviors interfere with █'s educational performance: not being appropriate in different social settings, not demonstrating appropriate response to unsafe social situations.. Appropriate strategies to address the behavior include: positive behavioral interventions.

•Vocational evaluation

The IEP team has reviewed current educational records and determined that █ requires special design vocational programs.

•Health

There do not appear to be any significant health related or motor concerns at this time. Previous vision and hearing screening results did not reflect any significant concerns.

2. Inconsistent or contradictory information:

There is no evidence of any inconsistent or contradictory information within the evaluation data.

3. Apparent significance of such factors as test measurement error or cultural, economic, environmental and behavioral factors to the evaluation results:

It is the opinion of the team that █'s learning deficiencies cannot be explained by cultural, economic, environmental or behavioral factors.

4. Recommendations to IEP committee:

•Suggested goal(s)

1. reading
2. writing
3. math
4. behavior/social
5. vocational

•Delivery and location of special education services

The team has discussed and reviewed the continuum of alternative placements for █ and determined the least restrictive environment to be that of a special design program. The location will be at █

This is █'s neighborhood school. █ will have an opportunity for interaction with students without disabilities. Non-academic extracurricular options will be provided as appropriate. █ will be in the general educational environment to the maximum extent appropriate to her unique needs.

•Extended school year

Due to documentation of her ability to sufficiently recoup learned objectives, the results of this evaluation indicate ESY not to be recommended for █. ESY programming is considered to be too restrictive for █'s educational needs.

•Other recommendations (i.e., instructional and curricular practices and materials and student management strategies as determined to be significant to █'s program; service options, as well as needs for specialized materials or equipment)

None required at this time.

This evaluation is deemed necessary and appropriate and meets the requirements for Medicaid billing.

█
Superintendent's Designee - School Psychologist

1/14/09

Date

REVIEW FOR REEVALUATION

- COMPLETE reevaluation
- Exit from SpEd
- Parent Request
- Change to IEP

Student's Name: _____ Student #: _____
Age: 17 Grade: 11 Gender: F Birthdate: _____
Date: 1-5-10 School: _____

IEP PARTICIPANTS' SIGNATURES

NOTE: DENOTES REQUIRED SIGNATURES TO DOCUMENT PARTICIPATION IN THE DETERMINATION

<input checked="" type="checkbox"/> _____ Special Education Teacher/Case Manager	<input checked="" type="checkbox"/> _____ General Education Teacher	_____
<input checked="" type="checkbox"/> _____ Parent/Guardian	<input checked="" type="checkbox"/> _____ Student (required if age 14 or older)	_____
<input checked="" type="checkbox"/> _____ District Representative	_____	_____

Review of Existing Evaluation Data

As part of the reevaluation the IEP Team and other qualified professionals, as appropriate, shall review existing evaluation data on _____ This includes previous evaluations and information provided by the parent/guardian of the student, present levels of performance on District Learning Targets in all goal areas, and observations by teacher and special education service providers. Based upon the above information, the team identifies what additional data, if any, are needed to determine:

1. Whether _____ continues to be a special education student and continues to need special education and any related services. List all goal areas reading writing math behavior/social

2. The present levels of performance in all goal areas reflecting the educational needs of _____
reading grade 5 writing grade 4 math grade 2 behavior/social


3. Any modifications or additions to the special education and any necessary related services needed to enable _____ to meet the annual goals in the IEP and to participate, as appropriate, in the general curriculum. continue services and add vocational goal

- Description of other options considered: N/A
- Reason option(s), if any, rejected: N/A
- Other factors, if any: N/A
- Parents have the right to request a reevaluation to determine whether Tiana continues to be a child with a disability.

The IEP Team Has Determined That Additional Assessment Is Required

Informed parental consent prior to conducting any standardized assessment of a child with a disability is required, except that such informed parent consent need not be obtained if it can be demonstrated that reasonable measures have been attempted to obtain such consent and the child's parent has failed to respond. Expected date of completed assessment: _____

- I do give permission to conduct the Assessment.
- I do not give permission to conduct the Assessment.

Please Sign and Date 

Parent/Guardian

Date

The IEP Team Has Determined That Additional Assessment Is NOT Required

The IEP Team and other qualified professionals, as appropriate, have determined that no additional data are needed to determine whether _____ continues to be a child with a disability.

**Special Education Teacher
REEVALUATION QUESTIONNAIRE
REEVALUATION CHECKLIST**

Student #: _____

Student's Name: _____ Birthdate: _____

Age: 17 Grade: 11 Gender: F

Spec Ed Teacher: _____ School: _____

Please return the completed form to _____ at the Assessment Center.

GOAL AREA	PRESENT LEVEL OF PERFORMANCE ON IEP GOALS	Recommendation to IEP Team
Transition Reading SKILLS		
5.1.3.2.c – _____ can understand and apply content/academic vocabulary critical to the meaning of the text at grade level 5 by [Sci, Soc St, Math, Lib] using new <u>vocabulary in oral and written communication (Application) <W></u>		<input checked="" type="checkbox"/> Continue Goal <input type="checkbox"/> Drop Goal <input type="checkbox"/> Add Goal
Transition Math SKILLS		
2.2.d – _____ can add and subtract two-digit numbers mentally and explain the strategies used, using words, pictures or physical objects, at the second grade level, with <u>80% accuracy</u>		<input checked="" type="checkbox"/> Continue Goal <input type="checkbox"/> Drop Goal <input type="checkbox"/> Add Goal
Transition Behavior SKILLS		
S01 – _____ can identify and discriminate among friends, family members, and strangers, 100% of the time, in 5 consecutive trials. Evaluation Method: Teacher <u>observation and data</u>		<input checked="" type="checkbox"/> Continue Goal <input type="checkbox"/> Drop Goal <input type="checkbox"/> Add Goal

Do you need additional data to determine the student's present levels of performance and educational needs?
 YES NO If yes, please specify what information is needed

Comments:

TEACHER OBSERVATION OF STUDENT BEHAVIOR IN YOUR CLASS (put an X on all that apply)

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Able to Accept Responsibility | <input type="checkbox"/> Apathetic |
| <input type="checkbox"/> Respectful | <input type="checkbox"/> Good Attitude in Class | <input type="checkbox"/> Poor Interpersonal Skills |
| <input type="checkbox"/> Disruptive | <input type="checkbox"/> Poor Attitude in Class | <input type="checkbox"/> Good Interpersonal Skills |
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Short Attention Span | <input type="checkbox"/> Other behaviors (note below) |

Comments:

OTHER INFORMATION

- How long have you known this student?
- What are this student's strengths? Weaknesses?
- Are there other factors that you believe may have had a significant impact upon this student's educational performance. For example, attendance, cultural, economic, and/or environmental issues, etc.

Based upon your knowledge and observations of this student, and your professional judgment, do you believe this student is in need of special education services: YES NO Not Sure

Signature: _____ Subject area: _____ Date: 1-5-10

**SPECIAL EDUCATION PROVIDER
REEVALUATION INFORMATION**

Student #: _____

Student's Name: _____ Age: 17 Birthdate: _____ Gender: F

Grade: 11 Teacher: _____ School: _____

CURRENT CLASSROOM-BASED ASSESSMENTS AND OBSERVATIONS:

GOAL AREA	PRESENT LEVEL OF PERFORMANCE ON DISTRICT LEARNING TARGETS	Recommendation to IEP Team
Transition Writing SKILLS		<input checked="" type="checkbox"/> Continue Goal
4.2.1.1.a -- _____ can write for a variety of purposes and audiences, by writing to a diverse community audience (e.g., an informative newspaper article, thank you letter after a field trip), and letters used to explain, request or persuade, use various purposes within a form, at the fourth grade level, with 90% accuracy, on 3 consecutive trials, as measured by teacher created data probes.		<input type="checkbox"/> Drop Goal
		<input type="checkbox"/> Add Goal
		<input type="checkbox"/> Continue Goal
		<input type="checkbox"/> Drop Goal
		<input type="checkbox"/> Add Goal
Vocational _____	needs to receive job training. She has difficulty recognizing work that needs to be done or is done incorrectly.	<input type="checkbox"/> Continue Goal
		<input type="checkbox"/> Drop Goal
		<input checked="" type="checkbox"/> Add Goal

RELATED SERVICES	IF AREA OF CONCERN → Provide description and comments:
Communication	Complete and attach Classroom Communication Checklist available through building SLP.
Fine Motor Skills	
Gross Motor Skills	

BEHAVIOR	IF AREA OF CONCERN → Attach anecdotal records / data / behavior plan:
Classroom Social Skills	
Adaptive Behavior (Self-help skills)	
Study/Organizational Skills	
Following Directions/ Working Independently	

PHYSICAL STATUS	IF AREA OF CONCERN → Provide description and comments:
General Health	
Other	

CASE MANAGER, please bring the following to the IEP team meeting:

- CURRICULUM BASED ASSESSMENTS
- WORK SAMPLES
- DISCIPLINE PRINTOUT (if applicable)

PLEASE COMPLETE THIS FORM AND RETURN TO _____ AT THE SPECIAL EDUCATION SUPPORT CENTER PRIOR TO THE SCHEDULED IEP TEAM MEETING

Special Education Service Provider

1-5-10
Date