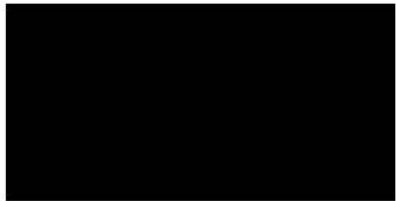


Student ID: [redacted]
WA SSID: [redacted]
Date of Birth: [redacted]



Individualized Education Program (IEP) Cover Page

Student's Name: [redacted] IBP Date: 01/10/2012
Grade: 8 Age*: 14 Disability (if identified): Health Impairments
Parent/Guardian/Adult Student: [redacted] Primary language at home: ENGLISH
Parent interpreter needed? Yes No Surrogate parent: Yes No If yes, name: _____
Home Address: [redacted]
Phone # (H): [redacted] Phone # (W): _____
Attending School: [redacted] Is this student's neighborhood school? Yes No
Most recent evaluation date 12/15/2011 Plan start date 01/10/2012
Next re-evaluation must occur before this date 12/15/2014 Plan end date 01/09/2013
Date of Plan meeting 01/10/2012
Date parent notified of Plan meeting 01/06/2012 Date student notified of Plan meeting _____
(if transition will be discussed)
Primary Staff Contact: [redacted], SPED LRC
Phone Number: [redacted]

The list below indicates that the individual participated in the development of this Plan and the placement decision; it does not authorize consent.

Excused	Name of Participant	Title
<input type="checkbox"/>	[redacted]	* District/Admin Designee
<input type="checkbox"/>	[redacted]	General Education Teacher
<input type="checkbox"/>	[redacted]	Parent/Guardian
<input type="checkbox"/>	[redacted]	Special Education Teacher
<input type="checkbox"/>	[redacted]	Student
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

* The student must be informed at least one year prior to turning 18 that the IDEA procedural safeguards (rights) transfer to him/her at age 18 and be provided with an explanation of those procedural safeguards.

Date informed: _____ Projected Graduation/Exit Date: _____

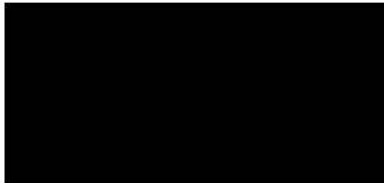
Comments:
If the parent did not attend, what method was used to ensure their participation:
Other: Lft msg

ENTERED
FEB 02 2012

RECEIVED
JAN 31 2012



Student ID: [REDACTED]
WA SSID: [REDACTED]
Date of Birth: [REDACTED]



Review Individualized Education Program (IEP) Invitation

To: [REDACTED] Date Sent to Participants: 01/06/2012

PURPOSE: This invitation requests your attendance at a meeting concerning the educational program/needs of your child. You have the opportunity to participate in any meeting regarding the identification, evaluation, educational placement, and the provision of a free appropriate public education for your child.

This is to notify you that a/an IEP meeting has been scheduled for the above student. Your participation and attendance at this meeting are very important. This Review meeting must be scheduled at a mutually agreed upon time and place. The purpose of this meeting is to (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Develop an Initial IEP | <input checked="" type="checkbox"/> Review Current IEP |
| <input type="checkbox"/> Discuss Transition Services | <input type="checkbox"/> Discuss Graduation |
| <input type="checkbox"/> Discuss Annual Goal Progress | <input type="checkbox"/> Review Instructional Needs |
| <input type="checkbox"/> Consider Termination of Services | <input type="checkbox"/> Determine Placement |
| <input type="checkbox"/> Develop ESY | <input type="checkbox"/> Discuss Attendance Issues |
| <input type="checkbox"/> Manifestation Determination | <input type="checkbox"/> Behavioral Intervention Plan |
| <input type="checkbox"/> Other: | <input type="checkbox"/> |

This meeting has been scheduled for: Date 01/10/2012 Time 2:45 PM
Location [REDACTED]

The following are invited to attend and participate in the Review meeting:

- [REDACTED] District/Admin Designee
- General Education Teacher
- Parent/Guardian
- [REDACTED] Special Education Teacher
- Student

The parent/adult student or school may invite individuals who have knowledge or special expertise regarding the student, including related services personnel, to participate. The determination of the knowledge or special expertise shall be made by the person/party extending the invitation. If you, the parent or adult student, are bringing other individuals to the meeting, please let us know. This will ensure that the meeting space will accommodate all team members.

If you have any questions or would like additional information or assistance to help you prepare for this IEP meeting, please contact [REDACTED] e-mail [REDACTED]

Notice of Procedural Safeguards for Special Education Students and Their Families has been provided to parents.

Student ID: [REDACTED]

WA SSID: [REDACTED]

Date of Birth: [REDACTED]



Contact Attempt Report

Notification Area: Plan

Meeting Date: 01/10/2012

Time: 2:45 PM

Location: [REDACTED]

Method	Contact Date	Response Date	Response	Contact Name
Phone	01/10/2012	01/10/2012	Parental Permission to proceed without meeting	[REDACTED]
Alternate Attendance: Lft msg				
Letter	01/06/2012			[REDACTED]
				[REDACTED]
				[REDACTED]

Student ID: [REDACTED]

WA SSID: [REDACTED]

Date of Birth: [REDACTED]

Team Considerations

Meeting Date: 01/10/2012

PURPOSE: During the IEP meeting the following factors must be considered by the IEP team. Best practice suggests that the IEP team document that the factors were considered and any decision made relative to each. The factors are addressed in other sections of the IEP if not documented on this page. (for example: see Present Levels of Academic and Functional Performance)

- The strengths of the student and the concerns of the parents for enhancing the education of their child.
[REDACTED] is a very bright student when he takes the time to focus to his academics. [REDACTED] is a very kind young man at heart
- The results of the student's performance on any general state or district-wide assessments.
On the 6th grade MSP [REDACTED] scored a 362 in reading, 352 in math, level 1 in writing and science was not tested. On the Scholastic Reading Inventory he scored a 710, which places him at the basic level - and reading below grade level.
- The communication needs of the student. In the case of a student who is deaf or hard of hearing, consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode.
N/A
- The student's assistive technology devices and services needs.
N/A
- In the case of a student whose behavior impedes his or her learning or that of others, consider, when appropriate, strategies, including positive behavioral interventions, strategies, and supports to address that behavior.
[REDACTED] needs to be given positive feedback whenever possible.
- In the case of a student with limited English proficiency, consider the language needs of the child as such needs relate to the child's IEP.
N/A
- In the case of a student who is blind or has a visual impairment, provide for instruction in Braille and the use of Braille unless the IEP team determines, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the student.
N/A

Student ID: [REDACTED]
WA SSID: [REDACTED]
Date of Birth: [REDACTED]



Present Level of Educational Performance

Meeting Date: 01/10/2012

PURPOSE:The Present Level of Educational Performance describes the effects of the student's disability upon the student's involvement and progress in the general curriculum and area(s) of need. This includes the student's performance in academic achievement (reading, math, communications, etc.) and functional performance (behavior, social skills, daily life activities, mobility, extra-curricular activities, etc.) in objective terms. Test scores, if appropriate, should be self-explanatory or an explanation should be included. For preschool students this section should include how the student's disability affects the student's participation in appropriate activities. **There should be a direct relationship between the present level of educational performance and the other components of the IEP.**

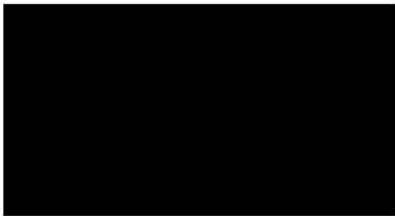
General Education

[REDACTED] is a 7th grade student at [REDACTED] Middle School and receives specially designed instruction in the area of writing.

Academic

Writing
[REDACTED] struggles with writing a simple sentence with the required conventions. This delay also transfers to his ability to write simple paragraphs. [REDACTED] struggles with getting started, but once given individual direction he can do well.

Student ID: [REDACTED]
WA SSID: [REDACTED]
Date of Birth: [REDACTED]



Measurable Annual Goals

Meeting Date: 01/10/2012

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

Annual Goal: Written Language

By 01/09/2013, when given prompts [REDACTED] will be able to write a compound sentence with appropriate conventions and traits improving fluency and structure from simple sentences to compound sentences in 3 consecutive attempts as measured by classroom work/ assessments

How will progress toward this goal be reported? (check all that apply)

Written Progress Report

How often will progress be reported? Monthly Quarterly Trimester Semester Other:

Annual Goal: Written Language

By 01/09/2013, when given grade level prompt informational/ fictional [REDACTED] will write a 5 sentence paragraph with topic sentence/ 3 examples- details/ conclusion with appropriate conventions and traits improving fluency and overall structure from 3 sentence paragraph in both genres to 5 sentence paragraph in both genres in 2 consecutive attempts as measured by classroom assessments / performance

How will progress toward this goal be reported? (check all that apply)

Written Progress Report

How often will progress be reported? Monthly Quarterly Trimester Semester Other:

Student ID: [REDACTED]
WA SSID: [REDACTED]
Date of Birth: [REDACTED]



Program Accommodations/ Modifications and Support for School Personnel

Meeting Date: 01/10/2012

PURPOSE: The purpose of this page is to document the modifications and/or accommodations that the student requires, based on the student's assessed needs, in order to advance appropriately toward attaining the identified annual goals, to be involved and make progress in the general education curriculum, and to be educated with non-disabled peers to the maximum extent appropriate. Accommodations may be in, but not limited to, the areas of presentation, timing/scheduling, setting, aids, and format. The impact of any modifications listed should be discussed. This includes the earning of credits for graduation.

This student will be provided access to the general education, special education, other school services and activities including non-academic activities and extracurricular activities, and education related settings:

- with no accommodations/modifications
- with the following accommodations/modifications

Accommodation(s)/Modification(s)	Frequency	Location	Duration m/d/y to m/d/y
*Testing Accommodation:More Time			01/10/2012 to 01/09/2013
*Testing Accommodation:give tests in small group setting or 1:1			01/10/2012 to 01/09/2013
*Testing Presentation:assessment directions can be reread verbatim.			01/10/2012 to 01/09/2013

Supports for School Personnel (training, professional, development etc):
Teachers will be made aware of modifications through cum file and / or advisor

Student ID: [REDACTED]
 WA SSID: [REDACTED]
 Date of Birth: [REDACTED]



State or Districtwide Assessments of Student Achievement

Meeting Date: 01/10/2012

PURPOSE: The IEP team makes the determination of what type of assessment the student will take and what administrative modification and individual accommodations are necessary. Accommodations provided on state and districtwide assessments should be those that are provided as part of the regular instructional program.

For Measurement of Student Progress (MSP), High School Proficiency Exam (HSPE), or Washington Alternate Assessment (WAAS) see Guidelines for Inclusion and Accommodations for Special Populations on State-Level Assessments.

Assessment	Participation		Accommodations Modifications		If YES, List Accommodation(s) and/or Modification(s) by Assessment
	Yes	No	Yes	No	
State Measurement of Student Progress (MSP)					
Math		X			
Reading		X			
Science		X			
Writing		X			
MSP/Basic					
Math	X		X		More Time, give tests in small group setting or 1:1, assessment directions can be reread verbatim.
Reading	X		X		More Time, give tests in small group setting or 1:1, assessment directions can be reread verbatim.
Science	X		X		More Time, give tests in small group setting or 1:1, assessment directions can be reread verbatim.
Writing	X		X		More Time, give tests in small group setting or 1:1, assessment directions can be reread verbatim.
State High School Proficiency Exams (HSPE)					
Math		X			
Reading		X			
Science		X			
Writing		X			
HSPE/Basic					
Math		X			
Reading		X			
Science		X			
Writing		X			
State Washington Alternate Assessment System (WAAS)					
WAAS Portfolio					
Math		X			
Reading		X			
Science		X			
Writing		X			
Developmentally Appropriate Proficiency Exam					
Math		X			
Reading		X			
Writing		X			

Student ID:
 WA SSID:
 Date of Birth:

Special Education and Related Services

Meeting Date: 01/10/2012

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

Services 01/10/2012 - 01/09/2013

Continued	Service(s)	Service Provider for Delivering Service	Monitor	Frequency	Location (setting)	Start Date	End Date
Special Education							
No	Written Language	Special Education Teacher	Special Education Teacher	55 Minutes / 5 Times Weekly	Special Education	01/10/2012	01/09/2013
No	Mathematics Calculation	Special Education Teacher	Special Education Teacher	55 Minutes / 5 Times Weekly	Special Education	01/10/2012	01/09/2013
No	Reading Comprehension	Special Education Teacher	Special Education Teacher	55 Minutes / 5 Times Weekly	Special Education	01/10/2012	01/09/2013
No	Study Skills	Special Education Teacher	Special Education Teacher	55 Minutes / 5 Times Weekly	Special Education	01/10/2012	01/09/2013

Total minutes per week student spends in school: 1800 minutes per week
Total minutes per week student is served in a special education setting: 1100 minutes per week
Percent of time in general education setting: 38.89% in General Education Setting

Student ID: [REDACTED]
 WA SSID: [REDACTED]
 Date of Birth: [REDACTED]



Special Education and Related Services

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

Least Restrictive Environment (LRE):

When discussing least restrictive environment and placement options, the following must be considered:

- To the maximum extent appropriate, the student is educated with children without disabilities.
- Special classes, separate schooling, or other removal of the student from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.
- The student's placement should be as close as possible to the child's home and unless the IEP of the student with a disability requires some other arrangement, the student is educated in the school that he or she would attend if he or she did not have a disability.
- In selecting the LRE, consideration is given to any potential harmful effect on the student or on the quality of services that he/she needs.
- The student with a disability is not removed from education in age-appropriate regular classrooms solely because of needed modifications in the general curriculum.

Placement Options:

Setting 1: 01/10/2012 - 01/09/2013

Placement Options for LRE	SELECTION		OR...REASONS REJECTED		
	Considered	Selected (only 1)	Academic benefit cannot be satisfactorily achieved	Non-academic benefit cannot be satisfactorily achieved	Effect student will have on teacher and other students
			Explanation		
80%-100% in Regular Class					
40%-79% in Regular Class					
0-39% in Regular Class	X	X			
	Best meets [REDACTED] academic needs				
Public/private separate day school					
Public/Private residential					
Correctional Facility					
Private School Placement by Parents					
Home/Hospital					

Placement Decision:

An explanation of the extent, if any, to which the student will not participate with nondisabled students in the general education class, and in nonacademic and extracurricular activities, including a description of any adaptations needed for participation in physical education:

Best meets [REDACTED] academic needs

Other Considerations:

1. Transportation: Regular Special
2. Extended School Year: Yes No If Yes, must complete ESY form.
3. General PE: Yes No

Student ID: [redacted]
WA SSID: [redacted]
Date of Birth: [redacted]



Prior Written Notice

To: [redacted] Date: 01/11/2012
Re: Student's Name: [redacted]

PURPOSE: As a parent/guardian of a special education 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 refusing to 2. initiate change continue discontinue a/an
(mark one of the above) (mark one of the above)

Mark all items below that apply:

3. Referral Initial Evaluation Eligibility Category
 Educational Placement IEP Reevaluation
 Disciplinary action that is a change of placement 504 Plan Other:

Description of the proposed or refused action:
Yearly review/ evaluation

The reason we are proposing or refusing to take action is:
required by state/ new to school district

Description of any other options considered and rejected:
Best meets students academic needs

The reasons we rejected those options were:
Does not meet [redacted] needs

A description of each procedure, test, record, or report we used or plan to use as the basis for taking this action is as follows:
evaluation/state/district tests/teacher feedback/cum file

Any other factors that are relevant to the action:
none at this time

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

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

[redacted] at [redacted]