

Student Name

Student ID: School ID
 WA SSID: State Student #
 Date of Birth: 01/01/20**

School District

DISRICT ADDRESS
 DISTRICT PHONE NUMBER

Review Individualized Education Program (IEP) Invitation

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.

To: **PARENTS** _____ Date Sent to Participants: 05/18/2022

This meeting has been scheduled for: Date 05/23/2021 Time 2:00 PM
 Location address or zoom meeting via zoom meeting

If you have any questions or would like additional information or assistance to help you prepare for this IEP meeting, please contact **School Staff** at **000-000-0000** e-mail **staff@district.edu**.

This is to notify you that a/an IEP meeting has been scheduled for this 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 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: | |

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

- Your Name**, Parent
- District Rep (often principal)**, District Representative
- Teacher 1**, General Education Teacher
- Teacher 2**, Special Education Teacher
- Occupational Therapist
- Physical Therapist
- Speech Language Pathologist

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. You may also request, by contacting the individual named below, that a birth to three service coordinator be invited to participate in an initial IEP meeting if your child was previously served through an Individualized Family Service Plan (IFSP). 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.

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

Student

Student ID:
 WA SSID:
 Date of Birth:

School District

Address
 Phone Number
 000-000-0000

Contact Attempt Report

Notification Area: Plan
 Meeting Date: 11/23/2021
 Time: 2:00 PM
 Location: Elementary School via zoom meeting

Method	Contact Date	Response Date	Response	Contact Name
Letter	11/19/2021	11/17/2021	Can Attend	
Parent 1				
Parent 2				
Contact Attempt Notes: Invitation letter sent via IEP connect				
Method	Contact Date	Response Date	Response	Contact Name
Email	10/22/2021	10/22/2021	Can Attend	
Parent 1				
Method	Contact Date	Response Date	Response	Contact Name
Email	10/22/2021			
Parent 1				

Student

Student ID:
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Date of Birth:

School District

Address
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000-000-0000

Individualized Education Program (IEP) Cover Page (Review)

Student's Name: _____
Grade: 0 Age*: 5 Disability (if identified): Autism Home Language: Vietnamese
Parent/Guardian/Adult Student: Parent Name, Parent Name Primary Language: English
Parent interpreter needed? Yes No Surrogate parent: Yes No If yes, name: _____
Home Address: Your address
Phone # (H): _____ Phone # (W): _____
Attending School: Elementary School Is this student's neighborhood school? Yes No

Most Recent Evaluation Date 11/21/2021
Next re-evaluation must occur before 11/21/2024

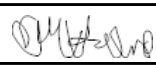
IEP Start Date 12/03/2021
Next IEP Start Date must occur on or before 12/03/2022

IEP Meeting Date 11/11/2021
Next IEP Meeting must occur before 11/11/2022

Date parent notified of meeting 11/19/2021
Date student notified of meeting (if transition will be discussed) _____

Primary Staff Contact: Staff namey, Title
Phone Number: 000-000-0000

Signatures are used to document participation in the meeting and do not constitute agreement or disagreement.

Excused	Title	Participant Name	Signature
<input type="checkbox"/>	Occupational Therapist	_____	_____
<input type="checkbox"/>	Physical Therapist	_____	
<input type="checkbox"/>	Special Education Teacher	_____	_____
<input type="checkbox"/>	Speech Language Pathologist	_____	_____
<input type="checkbox"/>	Parent	_____	_____
<input type="checkbox"/>	District Representative	_____	_____
<input type="checkbox"/>	General Education Teacher	_____	_____
<input type="checkbox"/>	Administrator/Designee	_____	_____
<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: _____

Student

Student ID:
WA SSID:
Date of Birth:

School District

Address
Phone Number
000-000-0000

Individualized Education Program (IEP) Cover Page (Review)

Comments:

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

Student

Student ID:
 WA SSID:
 Date of Birth:

School District

Address
 Phone Number
 000-000-0000

Team Considerations

Meeting Date: 11/23/2021

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.

What do you want to talk about?

- The results of the student's performance on any general state or district-wide assessments.

iready

Reading
 Overall Grade 1
 Standard Error +/- 10
 Phonological Awareness* Tested Out
 Phonics* Grade 1
 High-Frequency Words* Grade 1
 Vocabulary Grade K
 Comprehension: Literature Grade 1
 Comprehension: Informational Text Grade 1

Math
 Overall Grade K
 Standard Error +/- 6
 Number and Operations Grade K
 Algebra and Algebraic Thinking Grade K
 Measurement and Data Grade K
 Geometry Grade K

- 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.

Nonverbal? SLP Services?

- The student's assistive technology devices and services needs.

Any special devices? Low tech to high tech: pencils to tablets

- 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.

There are no behavior concerns... Acting out, work avoidance, distraction

- 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.

ELL

Student

Student ID:
WA SSID:
Date of Birth:

School District

Address
Phone Number
000-000-0000

Team Considerations

- 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.

Student is not blind, nor do they have a visual impairment.

Student

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School District

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000-000-0000

Excused Team Members

There is a meeting in reference to your child to be held on(date) 11/23/2021 at (time) 2:00 PM
at (place) Westgate Elementary School via zoom meeting

PURPOSE: A school district member of the IEP team may be excused from attending the IEP meeting if the parent(s) and the district agree in writing that the member's attendance is not necessary because his/her area of curriculum/services is not being modified or discussed in the meeting. A member whose area of the curriculum/services will be modified or discussed may be excused from the IEP meeting if the district and parent(s) consent, and the member provides written input into the development of the IEP prior to the meeting.

Attending School: _____ Grade: _____

Parent/Guardian/Surrogate/Adult Student Name: _____

Address: _____

Home#: _____ Work#: _____

The following team member(s) have requested excusal from the meeting:

Excused Participant	Title	Reason
Missing SLP	Speech Language Pathologist	SLP is consult only. Scheduling conflict.
Date of Agreement	Time of Agreement	Method of Prearranged Agreement
11/17/2021	1:00 PM	

A required team member may be excused from attending an IEP meeting with the agreement/consent of the parent(s) and the district. Excusing the attendance of a teacher or related service provider at an IEP meeting is optional. Your agreement or consent to excuse the team member(s) above from attending the meeting must be in writing.

We agree to excuse the attendance of the team member(s) above at the IEP meeting specified at the top of this form because this member's area of the curriculum or related services is not being modified or discussed at this IEP meeting.

Signature of Parent

Date

Signature of Adult Student

Date

Signature of Administrator/Designee

Date

Student

Student ID:
WA SSID:
Date of Birth:

School District

Address
Phone Number
000-000-0000

Excused Team Members

We consent to excuse the attendance of the team member(s) above at the IEP meeting specified at the top of this form because, although the IEP meeting involves a modification to or discussion of this staff member's area the curriculum or related services, he/she will submit in writing, to the parent and IEP team, input into the development of the IEP prior to the meeting.

Signature of Parent

Date

Signature of Adult Student

Date

Signature of District Representative

Date

DRAFT

Student

Student ID:
WA SSID:
Date of Birth:

School District

Address
Phone Number
000-000-0000

Excused Team Members

I do not agree to excuse the attendance of the team member(s) above from the IEP meeting specified at the top of this form.

Signature of Parent

Date

Signature of Adult Student

Date

DRAFT

Student

Student ID:
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School District

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 000-000-0000

Present Levels of Educational Performance and Measurable Annual Goals

Meeting Date: 11/23/2021

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 Teacher Report

November 2021 - Prepared by Special Education Teacher
 Submitted on 11/16/2021 by School Psychologist.

Student currently spends the majority of the school day in the general education setting, with pull out support for speech and fine motor. So far this school year, Student has had 6 absences. There have been no discipline referrals.

>> Adverse Impact Summary

ADVERSE IMPACT: What disabilities does student have that affects their ability to make progress in general education? Student's delays in social skills, adaptive skills, communication skills, and fine motor skills affects their ability to make progress in the general education setting

Adaptive

DATE 2021 - Prepared by Special Education Teacher

Present Levels:

Submitted on 11/16/2021 by School Psychologist.

Results of the test indicate that Student demonstrates adaptive skill deficits in both the home and school settings. They struggle with all areas of adaptive functioning, including conceptual, social, and practical, with functional academics, leisure, and communication being the areas of most concern across both settings. **Additionally, at home Student demonstrates significant difficulties with self-care and health and safety. At school, it is recommended that interventions focus on skills such as social communication in order to stay safe, advocate for herself, and get their needs met.**

New IEP Goal:

When given an opportunity to join in an activity with one or more peers, Student will join the activity and Advocate for what they want at least one time improving adaptive skills from a baseline of initially joining the activity 0% of the time to a target of joining the activity and advocating one time during it 20% of the time as measured by teacher observation and /or data.

Annual Goal: Adaptive Behavior

By 12/02/2022, when given an opportunity to join in an activity with one or more peers, Student will join the activity and advocate for what they want at least one time improving adaptive skills from a baseline of initially joining the activity 0% of the time to a target of joining the activity and advocating at least one time 20% of the time as measured by teacher observation and /or data.

How will progress toward this goal be reported?

- Goal Page w/ Progress Indicated Other

Student

Student ID:
 WA SSID:
 Date of Birth:

School District

Address
 Phone Number
 000-000-0000

Present Levels of Educational Performance and Measurable Annual Goals

Meeting Date: 11/23/2021

Report of Student Progress: Semester

Social/Emotional

November 2021 - Prepared by Special Education Teacher

Present Levels:

Submitted on 11/16/2021 by School Psychologist. Results of the test/evaluation indicate that in both the home and school settings, Student demonstrates overall social skills deficits that are in the Severe range. They in areas of social awareness, social cognition, social communication, social motivation, and restrictive and repetitive interests. This indicates that Student's delays in social skills may lead to severe interference with everyday social interactions. These results are consistent with Student's diagnosis of Autism Spectrum Disorder. Medical records show that Student has anxiety.

New IEP Goal:

Skill: Social Communication

When given a structured activity with a peer, Student will verbally communicate one feeling or preference improving social communication from a baseline of verbally sharing with one or more peers 0% of the time to a target of verbally sharing with one or more peers 50% of the time as measured by teacher observation and/or data.

Skill: Emotional Regulation

When given a structured activity to identify feelings, Student will correctly identify feelings improving emotional regulation from a baseline of identifying feelings with 53% accuracy to a target of identifying feelings with 80% accuracy as measured by curriculum based measurements and/or observation.

When given taught calming strategies and a visual reminder for reducing anxiety, Student will identify and use strategies improving emotional regulation from a baseline of identifying and using strategies 38% of the time to a target of identifying and using strategies 50% of the time as measured by teacher/ student observation and reflection.

Annual Goal: Social Skills

By 12/02/2022, when given a structured activity with a peer, Student will verbally communicate one feeling or preference improving social communication from a baseline of verbally sharing with one or more peers 0% of the time to a target of verbally sharing with one or more peers 50% of the time as measured by teacher observation and/or data.

How will progress toward this goal be reported?

Goal Page w/ Progress Indicated Other

Report of Student Progress: Semester

Student ID:
WA SSID:
Date of Birth:

Address
Phone Number
000-000-0000

Present Levels of Educational Performance and Measurable Annual Goals

Meeting Date: 11/23/2021

Annual Goal: Emotional Regulation

By 12/02/2022, when given a structured activity to identify feelings, Student will correctly identify feelings improving emotional regulation from a baseline of identifying feelings with 53% accuracy to a target of identifying feelings with 80% accuracy as measured by curriculum based measurements and/or observation.

How will progress toward this goal be reported?

Goal Page w/ Progress Indicated Other

Report of Student Progress: Semester

Annual Goal: Emotional Regulation

By 12/02/2022, when given taught calming strategies and a visual reminder for reducing anxiety, Student will identify and use strategies improving emotional regulation from a baseline of identifying and using strategies 38% of the time to a target of identifying and using strategies 50% of the time as measured by teacher/ student observation and reflection.

How will progress toward this goal be reported?

Goal Page w/ Progress Indicated Other

Report of Student Progress: Semester

Academic

November 2021 - Prepared by Special Education Teacher

Submitted on 11/16/2021 by School Psychologist.

Results of the KTEA-3 indicate that Student has reading comprehension skills in the Average range and basic reading skills Below Average range. Student's reading skills should be monitored closely and reassessed if progress is not made through Learning Assistance Program (LAP). Student struggled significantly with accessing writing assignments in the general education classroom. Additionally, Student demonstrates particular difficulty with math, with skills falling below Low range for both problem solving and calculation. These results are consistent with teacher report as well as iReady assessment results.

It is recommended that interventions focus on skills such as: basic math calculation and writing generation/organization. Additional in-class supports can include:

Math:

- Highlight operation signs in calculation problems
- Highlight details in multi-step word problems prior to solving
- Break down multi-step problems into smaller steps
- Flashcards to increase automaticity of basic facts

Writing:

- Practice basic skills such as letter formation and writing left to right by writing in highlighter and having Student trace
- Consistent use of advanced organizers as a pre-writing strategy
- Use of a word processor with spell check
- Use of a scribe or text-to-speech program on larger writing assignments
- 1:1 check-in on writing assignments throughout the draft process
- Repetition of directions and prompts, as needed

>> Math

Student

Student ID:
 WA SSID:
 Date of Birth:

School District

Address
 Phone Number
 000-000-0000

Present Levels of Educational Performance and Measurable Annual Goals

Meeting Date: 11/23/2021

November 2021 - Prepared by Special Education Teacher**Present Levels:**

Submitted on 11/16/2021 by School Psychologist.

Student demonstrates particular difficulty with math, with skills falling below Low range for both problem solving and calculation. These results are consistent with teacher report as well as iReady assessment results.

It is recommended that interventions focus on skills such as: basic math calculation and writing generation/organization. Additional in-class supports can include:

Math:

- Highlight operation signs in calculation problems
- Highlight details in multi-step word problems prior to solving
- Break down multi-step problems into smaller steps
- Flashcards to increase automaticity of basic facts

Student was assessed with a TEST/ASSESSMENT on numbers and operations at X grade levels. Their strengths are with of basic additions. They struggled with identifying number patterns, place value, and patterns.

New IEP Goal:

When given a set of math problems that include numbers and operations (calculation and problem solving questions), Student will use learned strategies to solve the problems improving math calculations and problem solving from a baseline of solving problems at a first grade level with 50% accuracy to a target of solving problems at a second grade level with 70% accuracy as measured by curriculum based measurements and/or student work.

>> Writing**November 2021 - Prepared by Special Education Teacher**

Submitted on 11/16/2021 by School Psychologist.

Results of the KTEA-3 indicate that Student has reading comprehension skills in the Average range and basic reading skills Below Average range. Student's reading skills should be monitored closely and reassessed if progress is not made through Learning Assistance Program (LAP). Student struggled significantly with accessing writing assignments in the general education classroom.

According to writing samples, Student is able to write a simple sentence with correct letter formation in 0 out of 5 trials. Their sentences were written right to left in 3 trials and some letters were written backwards within the sentences in all trials.

IEP Goal:

When given a writing prompt and time to think, Student will write one sentence from left to right with correct letter formation improving written language from a baseline of writing 0/5 sentences correctly to a target of writing 4/5 sentences correctly as measured by curriculum based measurements and student work.

Annual Goal: Math

By 12/02/2022, when given a set of math problems that include numbers and operations (calculation and problem solving questions), Student will use learned strategies to solve the problems improving math calculations and problem solving from a baseline of solving problems at a first grade level with 50% accuracy to a target of solving problems at a second grade level with 70% accuracy as measured by curriculum based measurements and/or student work.

Student ID:
WA SSID:
Date of Birth:

Present Levels of Educational Performance and Measurable Annual Goals

Meeting Date: 11/23/2021

How will progress toward this goal be reported?

Goal Page w/ Progress Indicated Other

Report of Student Progress: Semester

Annual Goal: Written Language

By 12/02/2022, when given a writing prompt and time to think, Student will write one sentence from left to right with correct letter formation improving written language from a baseline of writing 0/5 sentences correctly to a target of writing 4/5 sentences correctly as measured by curriculum based measurements and student work.

How will progress toward this goal be reported?

Goal Page w/ Progress Indicated Other

Report of Student Progress: Semester

Communication

Submitted by CCC-SLP, on November 17, 2021

Fine Motor

(From Last Locked Evaluation 11/16/2021) OT/L

Goal Progress –

- 1) When given 2-3 in. diameter shapes, with 1/8th in. wide lines, Student will cut out the shape, turning the paper as she cuts, staying within 1/4 in of the line, 4 out of 4 quadrants. - Met Goal. Student cuts close to the line, especially when encouraged, with most cuts on the line or within 1/4 inch of the line. Student still tends to make straight cuts, turning the paper between cuts.
- 2) When given shapes or letters with diagonal lines, Student will form a clear diagonal (/) line on a diamond and letter "z", 3 out of 3 times. – Diamond – met goal. Letter "z" – able to do if copying. Her spontaneous "z" is typically reversed

Student ID:
WA SSID:
Date of Birth:

Present Levels of Educational Performance and Measurable Annual Goals

Meeting Date: 11/23/2021

Annual Goal: Fine Motor Skills

Skill: Cutting

By 12/02/2022, when given a variety of shapes, 3-4 inches in diameter Student will cut on a 1/8th inch wide line improving bilateral hand control from staying within 1/8 inch of the line for 3 out of 4 quadrants to staying within 1/8 inch of the line for 4 out of 4 quadrants as measured by work samples during OT sessions

How will progress toward this goal be reported?

Goal Page w/ Progress Indicated Other

Report of Student Progress: Semester

Annual Goal: Fine Motor Skills

Skill: Precise Control of the Finger Tips

By 12/02/2022, when given a variety of small shapes to color Student will color in a variety of directions improving precise control of the finger tips from using circular, vertical or "/" diagonal strokes to using horizontal and "\" strokes as well as measured by work samples during OT sessions.

How will progress toward this goal be reported?

Goal Page w/ Progress Indicated Other

Report of Student Progress: Semester

Annual Goal: Fine Motor Skills

Skill: Bilateral Hand Use/Motor Sequencing

By 12/02/2022, when given tie shoes Student will tie the laces in a bow improving motor sequencing and bilateral hand use from needing step by step verbal and physical cues 100% of the time to tying a bow independently 80% of the time as measured by observation of performance during therapy sessions

Student ID:
 WA SSID:
 Date of Birth:

Program Accommodations/ Modifications and Support for School Personnel

Meeting Date: 11/23/2021

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

Accommodations	Frequency	Location	Duration m/d/y to m/d/y
Alternate Response Options	When verbal responses are required	Special Education and General Education Classrooms	12/03/2021 to 12/02/2022
Assess individually or in small group to reduce distractions	per request to reduce anxiety	Special Education and General Education Classrooms	12/03/2021 to 12/02/2022
Text-to-Speech Excluding Reading Passages	During testing for instructions and content	Special Education and General Education Classrooms	12/03/2021 to 12/02/2022
Use highlighter to practice correct letter formation	Daily for writing when needed	Special Education and General Education Classrooms	12/03/2021 to 12/02/2022

Modification(s)	Frequency	Location	Duration m/d/y to m/d/y
Changes to the curriculum or delivery	Offered daily for longer writing assignments	Special Education and General Education Classrooms	12/03/2021 to 12/02/2022
Shorten assignments	Daily for more complex assignments	Special Education and General Education Classrooms	12/03/2021 to 12/02/2022
No homework	Daily for	Special Education and General Education Classrooms	12/03/2021 to 12/02/2022

Student ID:

WA SSID:

Date of Birth: 0

Program Accommodations/ Modifications and Support for School Personnel

Supports for School Personnel (training, professional development, etc):

Support(s)	Frequency	Location	Duration m/d/y to m/d/y
Occupational Therapy collaboration regarding sensory processing differences	upon teacher request, or as needs change	classroom	12/03/2021 to 12/02/2022

Right Response

Student ID:
 WA SSID:
 Date of Birth:

State or Districtwide Assessments of Student Achievement

Meeting Date: 11/23/2021

PURPOSE: The IEP team makes the determination of what type of state and district wide assessments (regular or alternative) the student will take and what individual accommodations are necessary. Accommodations provided on state and districtwide assessments should be those that are provided as part of the regular instructional program.

Assessment	Accommodations		If YES, List Accommodation(s) by Assessment
	Yes	No	
Current Grade Tests			
District Assessments			
District Assessments			
Grade 2 Reading	X		Alternate Response Options, Assess individually or in small group to reduce distractions, Text-to-Speech Excluding Reading Passages
Next Grade Tests			
State-Smarter Balanced Assessment (SBA)			
SBA Math	X		Alternate Response Options, Assess individually or in small group to reduce distractions, Text-to-Speech Excluding Reading Passages
SBA ELA	X		Alternate Response Options, Assess individually or in small group to reduce distractions, Text-to-Speech Excluding Reading Passages

Student ID:
 WA SSID:
 Date of Birth:

Special Education and Related Services

Meeting Date: 11/23/2021

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 12/03/2021 - 12/02/2022

Concurrent	Service(s)	Service Provider for Delivering Service	Monitor	Frequency	Location (setting)	Start Date	End Date
Special Education							
No	Gross Motor Skills	Physical Therapist	Physical Therapist	30 Minutes / 3 Times Monthly	General Education	12/03/2021	12/02/2022
No	Math	Paraeducator	Special Education Teacher	30 Minutes / 4 Times Weekly	Special Education	12/03/2021	12/02/2022
No	Social Skills	Paraeducator	Special Education Teacher	30 Minutes / 1 Times Weekly	Special Education	12/03/2021	12/02/2022
No	Adaptive Behavior	Paraeducator	Special Education Teacher	15 Minutes / 4 Times Weekly	General Education	12/03/2021	12/02/2022
No	Fine Motor Skills	Occupational Therapist	Occupational Therapist	30 Minutes / 3 Times Monthly	Special Education	12/03/2021	12/02/2022
No	Written Language	Paraeducator	Special Education Teacher	15 Minutes / 4 Times Weekly	Special Education	12/03/2021	12/02/2022
No	Emotional Regulation	Paraeducator	Special Education Teacher	10 Minutes / 2 Times Weekly	Special Education	12/03/2021	12/02/2022

Total minutes per week student spends in school: 1800 minutes per week
Total minutes per week student is served in a special education setting: 252.5 minutes per week
Percent of time in general education setting: 85.97% in General Education Setting

Supplementary Aids and Services:

Concurrent	Service(s)	Service Provider for Delivering Service	Monitor	Frequency	Location (setting)	Start Date	End Date
No	1:1 Aide	Paraeducator	Special Education Teacher	30 Minutes / 5 Times Weekly	General Education	12/03/2021	12/02/2022
No	SLP Consultation Only	Speech Language Pathologist	Speech Language Pathologist	10 Minutes / 1 Times Monthly	General Education	12/03/2021	12/02/2022

Student ID:
 WA SSID:
 Date of Birth:

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.
- The placement should provide a reasonably high probability of assisting the student in attaining the annual goals.
- 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: 12/03/2021 - 12/02/2022

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
80%-100% in Regular Class	X	X			
40%-79% in Regular Class	X		X		
0-39% in Regular Class					
Correctional Facility					
Homebound/Hospital					
Home Schooled/Part-Time Enrolled					
Non-Public Agency Residential					
Public separate day school					
Private separate day school					
Public Residential Facility					
Private Residential Facility					
Parentally-placed in Private Schools (PPPS)					
Non-Public Agency Day School					

An explanation of the extent, if any, to which the student will not participate with nondisabled students in the general education classroom, and in nonacademic and extracurricular activities:

Jaynabou will not participate with non-disabled peers while receiving specially designed instruction. Jaynabou will participate with general education peers at all other times.

Transportation: Regular Special
General PE: Yes No

Parent Notification Procedures:

The district has a procedure for notifying parents regarding the use of restraint or isolation. A copy of the district's procedure is attached to this IEP.

Jaynabou Bah

Student ID: 316634
WA SSID: 5114747151
Date of Birth: 07/05/2013

Edmonds School District

20420 68th Avenue West
Lynnwood, WA 98036
425-431-7000

Special Education and Related Services

Other Considerations:

Extended School Year: Yes No If Yes, must complete ESY form.

Emergency Response Protocol: Yes No

Student ID:
WA SSID:
Date of Birth:

Prior Written Notice

To: Parent _____ Date: 11/23/2021
Re: Student's Name: _____

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 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: BIP

Description of the proposed or refused action:

We are proposing to continue Special Education so Student can receive specially designed instruction.

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

The reason we are proposing to continue with Student's placement in Special Education is to account for areas where progress has been made and establish new goals.

Description of any other options considered and rejected:

There are no other options considered or rejected at this time.

The reasons we rejected those options were:

There were no options rejected.

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:

Curriculum Based Measurements, observational data, other tests, teacher and parent input, IEP meeting.

Any other factors that are relevant to the action:

1. Due to COVID-19 restrictions, this IEP meeting was held via Zoom video conferencing.
2. Signatures were not able to be obtained for IEP members who participated via ZOOM.
3. Parent requested interpretation services

The action will be initiated on: 12/03/2021

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:

Angela Andersen at 425-431-3813

~~The district has a policy for notifying parents regarding the use of restraint or isolation. A copy of this policy is attached to this IEP.~~

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

Student ID:
WA SSID:
Date of Birth:

Notification for the Disclosure of Student Information to the Washington State Health Care Authority

Edmonds School District (the School District) currently provides necessary school-based health services to your child at no cost to you, the parent/guardian. The School District is participating in Washington State Health Care Authority (HCA) program through which Federal Medicaid funds are made available to school districts in the State to help cover the costs of providing necessary school-based health services to students. By participating in this program, the School District is allowed to seek Federal Medicaid funds to help cover the costs of the health services the School District provides to your child. In order to seek the Federal funds, the School District must disclose information from your child's education records to the HCA regarding the health services the School District provided to your child.

NOTIFICATION OF PARENT/GUARDIAN RIGHTS AND PROTECTIONS

To ensure that your child has access to a free appropriate public education, as required by Federal law, the School District must

- obtain your written consent prior to disclosing your child's health information to the HCA,
- may not require you to sign up for or enroll in any public benefits or insurance programs,
- may not require you to pay any out-of-pocket expenses such as a deductible or co-payment for the costs of the health services the School District provides to your child, and
- may not use your child's Medicaid or other public benefits if that use would
 - decrease available lifetime coverage or any other insured benefit,
 - result in you or your family paying for services that would otherwise be covered by Medicaid or other public insurance program and that are required for your child outside of the time that your child is in school,
 - increase your insurance premiums or lead to the discontinuation of any public benefits or insurance, or
 - risk the loss of your eligibility for home and community-based waivers, based on aggregate health-related costs.

Giving your consent will cost you, the parent guardian, nothing, but will allow the School District to seek Federal financial support needed to better provide services to students. Whether or not you give your consent or if you withdraw your consent, the School District will continue to provide services to your child at no cost to you, the parent/guardian.

If the district is requesting an updated consent from you, or has asked you to provide initial consent to verify Medicaid eligibility and seek reimbursement from Medicaid for necessary school based services, a consent form is attached to this notification.

Student ID:
WA SSID:
Date of Birth:

Medicaid Consent

Date: 11/23/2021

PURPOSE: This form asks for your consent to share the necessary information to verify Medicaid eligibility and bill for school-based Medicaid reimbursement with the Washington State Health Care Authority, Health and Recovery Services Administration. Billing HCA does not affect individual benefits under Medicaid or require a co-pay or deductible. If you have questions regarding this request, call the school district's Director of Special Education or designee for an explanation as to why the request is being made.

Student's Name: _____

Student's SSID: _____

Current School: Elementary School

Date of Birth: _____

State law requires the school district to submit claims for health-related services provided to special education students or students referred for special education. These services include physical therapy, occupational therapy, speech-language therapy, audiology, nursing, counseling, and psychological evaluation.

With your permission, Edmonds School District, will submit your student's name and birth date to the Washington State Health Care Authority (HCA) to verify Medicaid eligibility. Such a request will in no way negatively impact services included in your child's individualized education program (IEP).

With your permission, we will share necessary identifying information from your child's education record to access federal Medicaid reimbursement from the Washington State Health Care Authority (HCA). If any additional Medicaid reimbursement services are added to the IEP, the school district will request additional consent. If my child no longer is served by this school district, this consent does not transfer to a new district.

This authorization will begin on 11/23/2021 .

By giving consent, you are acknowledging that (1) you have been fully informed of all information relevant to the activity for which consent is sought; (2) you understand that the granting of consent is voluntary on your part and may be revoked at any time; and (3) if you revoke consent, the revocation is not retroactive; which means that it does not negate any activity that has already taken place.

- I give my consent to verify Medicaid eligibility with HCA and to submit claims for allowable services.
- I do not give my consent to verify Medicaid eligibility with HCA and to submit claims for allowable services. I understand that my refusal does not affect my child's access to services under the Individualized Education Program.

Signature of Parent

Date