

Student ID: [REDACTED]

WA SSID: [REDACTED]

Student ID: [REDACTED]

Date of Birth: [REDACTED]

### Review Individualized Education Program (IEP) Invitation

To: [REDACTED] Date Sent to Participants: 01/12/2012

**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 01/17/2012 Time 8:30 AM

Location [REDACTED]

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

[REDACTED], Family Therapist  
[REDACTED], General Education Teacher  
[REDACTED], Parent  
[REDACTED], Psychologist  
[REDACTED], Special Education Teacher

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] at [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]  
Student ID: [REDACTED]  
Date of Birth: [REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

### Contact Attempt Report

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Notification Area: Plan  
Meeting Date: 01/17/2012  
Time: 8:30 AM  
Location: [REDACTED]

Method	Contact Date	Response Date	Response	Contact Name
Letter	01/12/2012	01/12/2012	Can Attend	[REDACTED]
Phone	01/11/2012	01/11/2012	Can Attend	[REDACTED]

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

[redacted]  
[redacted]  
[redacted]

### Individualized Education Program (IEP) Cover Page

Student's Name: [redacted] IEP Date: 01/17/2012  
Grade: 09 Age\*: 15 Disability (if identified): Emotional Behavioral Disability  
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): [redacted]  
Attending School: [redacted] Is this student's neighborhood school? ☐ Yes ☒ No  
Most recent evaluation date 01/11/2012 Plan start date 01/17/2012  
Next re-evaluation must occur before this date 01/11/2015 Plan end date 01/11/2013  
Date of Plan meeting 01/17/2012  
Date parent notified of Plan meeting 01/12/2012 Date student notified of Plan meeting \_\_\_\_\_  
(if transition will be discussed)  
Primary Staff Contact: [redacted] SC Structured Learning Teacher  
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]	Family Therapist
<input type="checkbox"/>	[redacted]	General Education Teacher
<input type="checkbox"/>	[redacted]	Parent
<input type="checkbox"/>	[redacted]	Psychologist
<input type="checkbox"/>	[redacted]	Special Education Teacher
<input type="checkbox"/>	_____	_____
<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: 01/17/2012

Projected Graduation/Exit Date: 06/20/2015

Comments:

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



Student ID: [REDACTED]

WA SSID: [REDACTED]

Student ID: [REDACTED]

Date of Birth: [REDACTED]

### Team Considerations

Meeting Date: 01/17/2012

**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.  
When motivated, [REDACTED] works hard and does quality work. [REDACTED] is creative and has a good sense of humor. [REDACTED] communicated she wants the school, home, and family therapist to have good communication to support [REDACTED] in school.
- ☒ The results of the student's performance on any general state or district-wide assessments.  
[REDACTED] will be taking the HSPE exam his sophomore year.
- ☒ 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.  
None at this time.
- ☒ The student's assistive technology devices and services needs.  
None at this time.
- ☒ 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.  
The Structured Learning team develops interventions to address behavioral deficits.
- ☒ 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.  
None at this time.
- ☒ 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.  
[REDACTED] has a prescription for reading glasses. At this time, [REDACTED] does not wear reading glasses in school.

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

## Present Level of Educational Performance

Meeting Date: 01/17/2012

**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.**

### Social/Emotional

[REDACTED] continues to struggle with following staff requests or directions. [REDACTED] will almost always say "no" or shake his head to communicate that he does not want or will not do what staff is asking. After [REDACTED]'s initial refusal to comply, he complies with staff 5/10 opportunities.

[REDACTED] has been doing a good job of handling frustration and conflict without aggression. [REDACTED] comes to staff and asks for help when he is having a conflict with a peer. On two occasions this school year, [REDACTED] has pushed a chair over in frustration. On both occasions, [REDACTED] eventually picked the chair up and apologized for his behavior. [REDACTED] is currently resolving conflict without aggression 9/10 opportunities.

[REDACTED] has been very reluctant to participate in group academic activities. He prefers working independently with staff support. At this time, [REDACTED] participates in group classroom activities 3/10 opportunities.

### Academic

#### Math

[REDACTED] is completing a 6.0 grade math curriculum this year. He has demonstrated he can use a calculator to solve 6.0 calculation problems accurately 8/10 opportunities. Fluency has not been an issue and the IEP team recommends dropping this measurable skill.

[REDACTED] has been independently completing 6.0 grade level word problems accurately 5/10 opportunities. [REDACTED] lacks some confidence and often asks for help when he could have solved problems independently. With minimal help, [REDACTED] is often able to ask questions to confirm his thinking, and then goes on to accurately solve the problem.

#### Reading

[REDACTED] has been very reluctant to read silently or aloud this school year. For a time, [REDACTED] was reading 1:1 with staff in an alternative location. This intervention worked well for 2 months. Then, [REDACTED] demanded staff do most of the reading aloud while he listened. At this time, [REDACTED] takes part in whole group reading, but he refuses to read aloud and rarely follows along reading the book while others read aloud. [REDACTED] is currently reading 60 WCPM at the 6.0 grade level. [REDACTED] is able to answer comprehension questions at the 6.0 grade level 75% of the time.

#### Writing

When completing daily reading logs, [REDACTED] is able to write sentences using correct punctuation and capitalization 80% of the time. When asked to write a paragraph response for his scrapbook or other English assignments, [REDACTED] most often refuses to complete the assignment. [REDACTED] does best with 1:1 support, but often tries to get the staff to do all the work. At this time, [REDACTED] writes correct sentences to complete a paragraph with proper content and pragmatics 50% of the time.

#### Work Habits/Study Skills

[REDACTED] continues to struggle with completing assignments. When [REDACTED] is willing to complete an assignment, he always works hard and does a good job. The IEP team has observed [REDACTED] is very concerned about making mistakes on assignments. He may be refusing to complete some assignments because he is feeling anxious about making a mistake. At this time, [REDACTED] independently completes assignments 3/10 opportunities.

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

[REDACTED]  
[REDACTED]  
[REDACTED]

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**Present Level of Educational Performance**

Meeting Date: 01/17/2012



Student ID: [REDACTED]

WA SSID: [REDACTED]

Student ID: [REDACTED]

Date of Birth: [REDACTED]

## Secondary Transition

Meeting Date: 01/17/2012

**PURPOSE:** The purpose of transition planning is to develop a coordinated set of activities designed within a results-oriented process that is focused on improving the academic achievement and functional performance of the student in order to facilitate the student's movements from school to post-school activities, including postsecondary education, training, employment, and if appropriate, independent living skill.

**Projected Graduation / Exit Date:** 06/20/2015

**Comments:**

### I. Post Secondary Goals/Outcomes

*Define and project the desired post-secondary goal as identified by the student, parent, and IEP team in the available content areas. Transition Services may be special education, if provided as specifically designed instruction or related services. These services would be included in the Service Matrix section of the IEP.*

#### Content Area: Education/Training

[REDACTED] is interested in going to college to complete a degree that would help him achieve his career goal of working in law enforcement.

#### Transition Services

#### Staff / Agency Responsible

#### Content Area: Employment

[REDACTED] is interested in law enforcement and possibly working for the FBI.

#### Transition Services

#### Staff / Agency Responsible

### II. Course of study

*A multi-year description of coursework to achieve the student's desired post secondary goals, from the student's current year to anticipated exit year.*

[REDACTED] is completing a comprehensive course of study to meet graduation requirements.

### III. Agency Linkage

*The IEP Team recommends the post-school support agencies available for the student listed below. Representatives of any agencies that are likely to be responsible for providing or paying transition services to the student must be invited to the IEP meeting with parent and adult student consent.*

**\*\* Not appropriate at this time \*\***

Student ID: [REDACTED]

WA SSID: [REDACTED]

Student ID: [REDACTED]

Date of Birth: [REDACTED]

### Measurable Annual Goals

Meeting Date: 01/17/2012

**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: Math

Supports the student's post secondary goals: Yes ☒ No ☐

By 01/11/2013, when given 7.0 calculation problems, [REDACTED] will calculate problems using a calculator improving accuracy from 80% at the 6.0 grade level to 80% at the 7.0 grade level as measured by classroom 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: Math

Supports the student's post secondary goals: Yes ☒ No ☐

By 01/11/2013, when given 7.0 grade level word problems, [REDACTED] will independently solve the problem improving accuracy from 50% at the 6.0 grade level to 80% at the 7.0 grade level as measured by classroom 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: Reading

Supports the student's post secondary goals: Yes ☒ No ☐

By 01/11/2013, when given 6.0 grade level text, [REDACTED] will read aloud or silently improving fluency from 60 correct words per minute to 100 correct words per minute as measured by classroom 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: Reading

Supports the student's post secondary goals: Yes ☒ No ☐

By 01/11/2013, when given 7.0 grade level text, [REDACTED] will answer comprehension questions improving accuracy from 75% at the 6.0 grade level to 80% at the 7.0 grade level as measured by classroom assessments.



Student ID: [REDACTED]

WA SSID: [REDACTED]

Student ID: [REDACTED]

Date of Birth: [REDACTED]

### Measurable Annual Goals

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: Social/Emotional/Behavioral

Supports the student's post secondary goals: Yes ☒ No ☐

By 01/11/2013, when given a direction from staff, [REDACTED] will comply improving success from 50% to 80% of the time as measured by classroom data.

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: Social/Emotional/Behavioral

Supports the student's post secondary goals: Yes ☒ No ☐

By 01/11/2013, when given a situation that is frustrating, [REDACTED] will resolve his feelings without aggression improving success from 90% to 100% of the time. as measured by classroom data.

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: Social/Emotional/Behavioral

Supports the student's post secondary goals: Yes ☒ No ☐

By 01/11/2013, when given an opportunity to participate in group academic activities, [REDACTED] will appropriately work with staff and peers improving success from 30% to 80% of the time as measured by classroom data.

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: Work Habits/Study Skills

Supports the student's post secondary goals: Yes ☒ No ☐

By 01/11/2013, when given an academic assignment, [REDACTED] will complete the assignment improving success from 30% to

Student ID: [REDACTED]

WA SSID: [REDACTED]

Student ID: [REDACTED]

Date of Birth: [REDACTED]

### Measurable Annual Goals

80% of the time as measured by classroom data.

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: Writing

Supports the student's post secondary goals: Yes ☒ No ☐

By 01/11/2013, when given a writing prompt, [REDACTED] will write a paragraph with sentences that have correct content and pragmatics improving accuracy from 50% to 90% of the time as measured by classroom 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: Writing

Supports the student's post secondary goals: Yes ☒ No ☐

By 01/11/2013, when given a daily reading log to complete, [REDACTED] will write sentences using correct punctuation and capitalization improving accuracy from 80% to 95% of the time as measured by classroom 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:

Student ID: [REDACTED]

WA SSID: [REDACTED]

Student ID: [REDACTED]

Date of Birth: [REDACTED]

### Program Accommodations/ Modifications and Support for School Personnel

Meeting Date: 01/17/2012

**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
Behaviorally Related:alternative schedule	As needed	All settings	01/17/2012 to 01/11/2013
Behaviorally Related:breaks available when frustration level escalates	As needed	All settings	01/17/2012 to 01/11/2013
Behaviorally Related:Alternative location to resolve anger/frustration	As needed	All settings	01/17/2012 to 01/11/2013
Content Area:Alternative location to complete assignments/tests	As needed	All settings	01/17/2012 to 01/11/2013
Grading Modifications:alter weight of class/course tests/exams	As needed	All settings	01/17/2012 to 01/11/2013
Grading Modifications:modified assignments for length and/or content	As needed	All settings	01/17/2012 to 01/11/2013
Grading Modifications:Extended time to complete assignments/tests/projects without penalty if working appropriately	As needed	All settings	01/17/2012 to 01/11/2013
Testing Response:For Writing: Students may use a print or electronic dictionary or thesaurus, spell check and word prediction software with topic specific dictionaries disabled.	As needed	All settings	01/17/2012 to 01/11/2013
Testing Response:Mathematics manipulatives and calculator	As needed	All settings	01/17/2012 to 01/11/2013

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



Student ID: [REDACTED]

WA SSID: [REDACTED]

Student ID: [REDACTED]

Date of Birth: [REDACTED]

## State or Districtwide Assessments of Student Achievement

Meeting Date: 01/17/2012

**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-High School Proficiency Exams (HSPE)					
Math Prof. Lvl. 2	X		X		Mathematics manipulatives and calculator
Math Prof. Lvl. 3		X			
Reading Prof. Lvl. 2	X		X		For Writing: Students may use a print or electronic dictionary or thesaurus, spell check and word prediction software with topic specific dictionaries disabled.
Reading Prof. Lvl. 3		X			
Science Prof. Lvl. 2	X		X		For Writing: Students may use a print or electronic dictionary or thesaurus, spell check and word prediction software with topic specific dictionaries disabled., Mathematics manipulatives and calculator
Science Prof. Lvl. 3		X			
Writing Prof. Lvl. 2	X		X		For Writing: Students may use a print or electronic dictionary or thesaurus, spell check and word prediction software with topic specific dictionaries disabled.
Writing Prof. Lvl. 3		X			
State-Washington Alternate Assessment System [WAAS]					
WAAS Portfolio					
Math		X			
Reading		X			
Science		X			
Writing		X			
Locally-Determined Assessment					
Math		X			
Reading		X			
Writing		X			

Student ID: [REDACTED]

WA SSID: [REDACTED]

Student ID: [REDACTED]

Date of Birth: [REDACTED]

### Special Education and Related Services

Meeting Date: 01/17/2012

**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 01/17/2012 - 01/11/2013

Concurrent	Service(s)	Service Provider for Delivering Service	Monitor	Frequency	Location (setting)	Start Date	End Date
<b>Special Education</b>							
No	Math	SLC Tchr/Paraeducator	Structured Learning Tchr	40 Minutes / 1 Times Daily	Special Education	01/17/2012	01/11/2013
No	Reading	SLC Tchr/Paraeducator	Structured Learning Tchr	40 Minutes / 1 Times Daily	Special Education	01/17/2012	01/11/2013
No	Writing	SLC Tchr/Paraeducator	Structured Learning Tchr	40 Minutes / 1 Times Daily	Special Education	01/17/2012	01/11/2013
No	Social/Emotional/Behavioral	SLC Tchr/Paraeducator	Structured Learning Tchr	15 Minutes / 3 Times Daily	Special Education	01/17/2012	01/11/2013
No	Study Skills	SLC Tchr/Paraeducator	Structured Learning Tchr	5 Minutes / 3 Times Daily	Special Education	01/17/2012	01/11/2013

Total minutes per week student spends in school:

1000 minutes per week

Total minutes per week student is served in a special education setting:

900 minutes per week

Percent of time in general education setting:

10% in General Education Setting



Student ID: [REDACTED]

WA SSID: [REDACTED]

Student ID: [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: 01/17/2012 - 01/11/2013

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
80%-100% in Regular Class	X		X		
40%-79% in Regular Class	X		X		
0-39% in Regular Class	X	X			
Public/private separate day school					
Public/Private residential					
Correctional Facility					
Private School Placement by Parents					
Home/Hospital					

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:

The IEP team recommends placement in Structured Learning with integration into the general education setting.

### Neighborhood School Explanation:

Placement in a specialized program.

### 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]

Student ID: [REDACTED]

Date of Birth: [REDACTED]

### Prior Written Notice

To: [REDACTED]

Date: 01/17/2012

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:

Review of the annual Individualized Education Plan.

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

Required by law.

Description of any other options considered and rejected:

None at this time.

The reasons we rejected those options were:

N/A.

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:

Review of academic and behavioral history.

Any other factors that are relevant to the action:

At this time [REDACTED] is on a half-day schedule. [REDACTED] has struggled behaviorally when trying to complete a full-day schedule. The IEP team will continue to assess [REDACTED] ability to successfully complete a longer school day. The IEP team recommends a gradual increase in [REDACTED] school day as he demonstrates he can be successful.

The action will be initiated on: \_\_\_\_\_

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:

\_\_\_\_\_ at \_\_\_\_\_

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