

PURPOSE: The IEP is designed to clearly communicate to the parents, the student, and providers the type and amount of special education and any necessary related services or supports that will be made available to the student. The most recent evaluation report is used to develop the IEP. The IEP is individualized to reflect the unique needs of the student and how these needs will be addressed to permit the student to be included and progress in the general education curriculum.

INDIVIDUALIZED EDUCATION PROGRAM

Student name: _____ Date of IEP meeting: _____
 Birthdate: _____ Age: _____ Grade: _____ IEP annual review date: _____
 Eligibility category: _____ Date of most recent eval: _____
 _____ Primary language: _____ Reevaluation due date: _____
 Resident School: _____ Serving School (if different): _____
 Parent(s) name(s): _____ Primary language at home: _____
 Parent interpreter needed? Yes No Surrogate parent: Yes No
 Primary staff contact name: _____ Title: _____

PARTICIPANTS IN IEP MEETING

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

POINTS TO CONSIDER:

- IEP team membership is described in WAC 392-172A-03095.
- School district must give prior written notice when proposing or refusing to initiate or change the identification, evaluation, educational placement, or provision of FAPE.
- A required team member may be excused from attending with the agreement/consent of the parent(s) and the district, depending upon whether that member's area is being discussed or modified at the meeting.

_____	_____
<i>Parent/Guardian</i>	<i>District Representative</i>
_____	_____
<i>Parent/Guardian</i>	<i>Name/Title</i>
_____	_____
<i>Student</i>	<i>Name/Title</i>
_____	_____
<i>Special Education Teacher</i>	<i>Name/Title</i>
_____	_____
<i>General Education Teacher</i>	<i>Name/Title</i>
_____	_____
<i>General Education Teacher</i>	<i>Name/Title</i>

Other individuals who should be informed of his/her responsibilities in implementing the IEP (bus driver, librarian, etc.):

WRITTEN PARENTAL CONSENT FOR SERVICES

(Required for initial provision of services only)

My rights and those of my child regarding procedural safeguards have been fully explained. I understand that my child requires special education and before initial provision of special education and related services may occur, I must give consent for services. I understand when I give consent, it is voluntary, and that while it can be revoked, revocation is not retroactive. If I refuse consent, I understand that the district may not request mediation to obtain my consent or ask for a due process hearing to override my refusal to give consent. If I do not give consent for initial services, the district may not provide services until I provide written consent. I understand that if I refuse consent, the district will not be considered to be in violation of the requirement to make FAPE available to my child.

I do **do not** **give consent** for my child to receive special education services.

Parent/Guardian Signature

Date

MEDICAID ELIGIBILITY VERIFICATION

(Signature required only once upon initial placement)

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, we will submit your student's name and birth date to the Department of Social and Health Services (DSHS) to verify Medicaid eligibility. Such a request will in no way negatively impact services included in your child's individualized education program (IEP).

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.

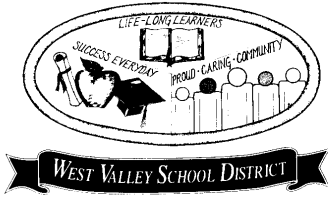
I do **do not** give consent to verify Medicaid eligibility with DSHS.

Parent/guardian signature

Date

Student name

Date of birth



PURPOSE: This form is to obtain parent consent to bill the Department of Social and Health Services, Health and Recovery Services Administration. The district is required to obtain parent consent each time they bill for a new procedure. Billing DSHS does not affect individual benefits under Medicaid or require a co-pay or deductible. If parents have questions regarding this request, they may call the school district's director of special education for an explanation as to why the request is being made.

CONSENT TO BILL FOR SCHOOL-BASED MEDICAID REIMBURSEMENT

(Signature required annually)

A school district is required to obtain your consent when it bills Medicaid for reimbursable school based services.

I authorize West Valley School District #208 to share necessary identifying information from my child's education record to access federal Medicaid reimbursement from the Department of Social and Health Services (DSHS).

I understand that if any additional Medicaid reimbursable services are added to the IEP, the school district will request additional consent.

I understand that this consent is good for 365 days. If my child no longer is served by this school district, this consent does not transfer to a new district. I also understand that I can revoke my consent at any time.

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 undo any activity that has already taken place.

I give my continuing permission to the West Valley School District to submit health claims to DSHS for a period of 365 days from the date of this signature. I understand that if the District needs to bill for a new procedure, it will seek my consent for that procedure.

I do not give consent. I understand that my refusal to allow the district to submit billing for Medicaid does not allow the District to make a claim for reimbursement for services that might otherwise be covered by DSHS. I also understand that my refusal does not affect my child's access to services under the Individualized Education Program.

Parent/guardian signature

Date

Student name

Date of birth

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE	POINTS THAT MUST BE CONSIDERED IN DEVELOPING THE IEP (refer to WAC 392-172A-03110):
<p>Present levels of academic achievement:</p>	<ul style="list-style-type: none"> • Results of the most current evaluation, and the academic, developmental, and functional needs of the student. • Positive behavioral supports and interventions, if the student's behavior impedes the student's learning or that of others.
<p>Present levels of functional performance (<i>i.e. - communication, motor, social, behavior, life/adaptive skills, etc.</i>):</p>	<ul style="list-style-type: none"> • Language needs of students with limited English proficiency as they relate to the child's IEP. • Supports for blind/visually impaired students, include Braille instruction.
<p>Effect of the disability on involvement/progress in general education curriculum/appropriate activities (<i>see Points to Consider</i>):</p>	<ul style="list-style-type: none"> • Communication needs of the student, including the needs for deaf and hard of hearing students. • Assistive technology devices and services. • Supplementary aids/services, program modifications, and support for school personnel.

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.

MEASURABLE ANNUAL GOAL WITH SHORT-TERM OBJECTIVES/BENCHMARKS

Measurable Annual Goal:

Method/Criteria for Evaluating Progress:		POINTS TO CONSIDER: <ul style="list-style-type: none"> • Goals stem from the recommendations for specially designed instruction in the evaluation report. • Goals must relate to the general curriculum or, for preschool students, participation in appropriate activities. • Goals must address other educational needs that result from the student's disability. • The IEP must describe how the district will measure the student's progress and how and when progress will be reported.
Progress Notes		
Date:		
Date:		
Date:		
Benchmarks or Short-Term Objectives:		

Copy additional pages as necessary

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Date:		
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Benchmarks or Short-Term Objectives:		

Copy additional pages as necessary

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Date:		
Date:		
Date:		
Benchmarks or Short-Term Objectives:		

Copy additional pages as necessary

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Progress Notes		
Date:		
Date:		
Date:		
Benchmarks or Short-Term Objectives:		

Copy additional pages as necessary

PURPOSE: The purpose of the report of student progress is to inform the parents and the student of the student's progress toward meeting the measurable annual goal(s) and to specify how the parents will be informed.

REPORT OF STUDENT PROGRESS:

State how the parents will be regularly informed of student's progress toward meeting the annual goal(s) concurrent with the issuance of report cards (such as through the use of trimester or other periodic reports):

PARTICIPATION IN STATE AND DISTRICT-WIDE ASSESSMENTS OF STUDENT ACHIEVEMENT

State Assessment				<p>POINTS TO CONSIDER:</p> <ul style="list-style-type: none"> • The IEP team makes the determination of what type of assessment the student will take and what modifications and accommodations are necessary. • Accommodations provided on state and district-wide assessments should be those that are provided as part of the regular instructional program. • Parents and students should be informed that WASL-Basic, Locally-Determined Assessments (LDAs), WAAS Portfolio, and WAAS-DAW lead to a Certificate of Individual Achievement (CIA), rather than a Certificate of Academic Achievement (CAA). • For further information on the WASL, allowable accommodations, and graduation requirements, refer to OSPI's website (www.k12.wa.us).
The student will participate in the following <u>state assessment(s)</u> this school year:				
Reading <i>(grades 3-8 and 10)</i>	Math <i>(grades 4, 7, 10)</i>	Writing <i>(grades 5, 8, 10)</i>	Science <i>(grades 5, 8, 10)</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MSP/WASL	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MSP/WASL with Accommodations	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MSP/WASL-Basic (Level 2)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WAAS Portfolio <i>(alternate assessment)</i>	
District-wide Assessment - The student will participate in the following <u>district-wide assessment(s)</u> :				
Accommodations - List any individual accommodations in the administration of the state or district-wide assessments that are necessary for the student to participate:				
<p>If the student:</p> <input type="checkbox"/> will not participate in the grade-level WASL (with or without accommodations) or <input type="checkbox"/> is unable to participate in a regular district-wide assessment, <p>explain why the student cannot participate in the regular assessment and why the selected assessment option is appropriate:</p>				

PURPOSE: The purpose of this page is to document the modifications and/or accommodations that the student requires, based on the student's needs, in order to advance 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, MODIFICATIONS, AND ASSISTIVE TECHNOLOGY

Provide a copy of this page to all of the student's teachers

Student Name:

Valid From: Until:

Subject <i>(see below)</i>	Accommodations/Modifications Needed	Subject <i>(see below)</i>	Accommodations/Modifications Needed
Presentation		Setting	
	Use large print/Braille/recorded books		Read class materials orally
	Low-vision devices		Provide study outlines/guides/ organizers
	Sign Language - ASL or SEE		Modify/repeat/model directions
	Adapted assignments		Take test in separate location
	Preview test procedures		Preferential seating
	Rephrase test questions and/or directions		Other:
	Simplify test wording	Response	
	Read class materials orally		Allow dictation to a scribe
	Assign peer tutor/note taker		Allow use of a calculator
	Other:		Spelling and grammar devices
Timing/Scheduling			Other:
	Extra time to complete assignments		Other:
	Other:		Other:
Miscellaneous			
	Provide daily organizer	Allow breaks <i>(during work, during testing, etc.)</i>	
	Behavior plan/contract	Extra time on tests/quizzes	
	Other:		
Assistive Technology			
	Describe:		
	Describe:		
	Describe:		
a. All subjects	f. Science	k. Physical Education	p. Other:
b. Reading	g. Social Studies	l. Music/Art Vocational	q. Other:
c. English	h. History	m. Lunch/Recess	r. Other:
d. Spelling	i. Health	n. Library	s. Other:
e. Math	j. Economics	o. Extracurricular	t. Other:

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.

SUMMARY OF SERVICES MATRIX

POINTS TO CONSIDER:

- If the position responsible for delivering the specially designed instruction is anyone other than a certificated special education teacher or related service provider, then the certificated special education teacher/related service provider must design and supervise the instruction, and monitor and evaluate the student's progress.
- For definitions of special education, related services, and supplementary aids and services, refer to WAC 392-172A-01020 through -01200.
- When completing section B. at the bottom of this page, remember that job placements and community-based instruction are considered to be general education settings, unless only disabled individuals are present (such as in a sheltered workshop)

Service	Initiation Date	Frequency <i>(i.e. - minutes per week)</i>	Location <i>(setting)</i>	Duration <i>(end date)</i>	Staff (role) Responsible for Design and Monitoring of Service
Special Education <i>(specially designed instruction):</i>					
Related Services <i>(i.e. - speech, motor, counseling, vision/hearing, transportation, interpreting, orientation/mobility, etc.):</i>					
Supplementary Aids and Services <i>(allows student to be educated with non-disabled peers to the maximum extent appropriate in general education or other educational setting):</i>					
Program Modifications or Support for School Personnel <i>(i.e. - staff development/training, technical assistance, etc.):</i>					
Elementary: 1850 Secondary: 1865	A.		= Total building instructional minutes per week (excluding lunch time)		
	B.		= Total minutes per week student is served <u>in a special education setting</u>		
			= % of time spent in general education setting (A minus B divided by A)		

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

Students ages 6 and above (check one):

- In general education setting **80 to 100%** of the time
- In general education setting **40 to 79%** of the time
- In general education setting **0 to 39%** of the time
- Separate day school (public or private)
- Residential facility (public or private)
- Correctional facility
- Homebound/hospital
- Home-school/parentally-placed private school

POINTS TO CONSIDER:

- Children should be educated with non-disabled peers to the maximum extent appropriate.
- The IEP Team, including the parent(s), is responsible for determining the educational placement of the child.
- Refer to the percentage of time spent in a general education setting found at the bottom of the Summary of Services Matrix to complete this section.

Students ages 3 to 5 (check one):

- In Early Childhood setting **80 to 100%** of the time
- In Early Childhood setting **40 to 79%** of the time
- In Early Childhood setting **0 to 39%** of the time
- Separate class
- Separate day school (public or private)
- Residential facility (public or private)
- Home
- Service provider location

*Early Childhood Setting means a program outside the child's home that includes at least 50% children without disabilities (such as Head Start, Kindergarten, private preschool, group child care, etc.)

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

OTHER CONSIDERATIONS

1. Does this student require special transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe (if not already addressed):
2. Does this student require Extended School Year (ESY) services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will be determined by the IEP team by:	If ESY is determined by the IEP team to be necessary, complete and attach the ESY addendum.
3. Does the student's behavior negatively impact his/her learning or the learning of others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, consider the student's need for behavioral supports/ interventions, a Functional Behavioral Assessment, and/or a Behavior Intervention Plan.
4. Does this student require the use of aversive interventions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, complete and attach the Aversive Intervention Plan.
5. Are there any other factors not already addressed (such as medical concerns or other issues), or other adaptations needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe: