

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: _____ Date Sent to Participants: 05/28/2015

This meeting has been scheduled for: Date 06/08/2015 Time 3:30 PM
Location RIVERVIEW ELEMENTARY

If you have any questions or would like additional information or assistance to help you prepare for this IEP meeting, please contact Teresa Lang at e-mail teresa.lang@sno.wednet.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):

- Develop an Initial IEP
- Discuss Transition Services
- Discuss Annual Goal Progress
- Consider Termination of Services
- Develop ESY
- Manifestation Determination
- Other:
- Review Current IEP
- Discuss Graduation
- Review Instructional Needs
- Determine Placement
- Discuss Attendance Issues
- Behavioral Intervention Plan

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

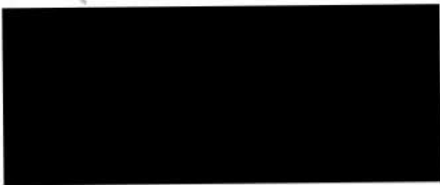
Parent/Guardian

Anjennette Hammer , General Education Teacher
Teresa Lang , Vision/O&M
Emma Packard , Vision/O&M

Tammy Jones , Principal/Designee
District Representative
Special Education Director
Tanya Forster , Other

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.



Snohomish School District
1601 Avenue D
Snohomish, WA 98290-1799
360-563-7308

Contact Attempt Report

Notification Area: Plan
Meeting Date: 06/08/2015
Time: 3:30 PM
Location: RIVERVIEW ELEMENTARY

| Method | Contact Date | Response Date | Response | Contact Name |
|--------|--------------|---------------|------------|---|
| Letter | 05/28/2015 | 05/28/2015 | Can Attend |  |
| | | | | |
| | | | | |
| | | | | |

Individualized Education Program (IEP) Cover Page (Review)

Student's Name: [Redacted]
 Grade: 06 Age*: 12 Disability (if identified): Visual Impairment
 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: RIVERVIEW ELEMENTARY Is this student's neighborhood school? Yes No

| | | | |
|--------------------------------------|-------------------|---|-------------------|
| Most Recent Evaluation Date | <u>05/29/2015</u> | IEP Start Date | <u>06/09/2015</u> |
| Next re-evaluation must occur before | <u>05/29/2018</u> | Next IEP Start Date must occur on or before | <u>06/09/2016</u> |
| IEP Meeting Date | <u>06/08/2015</u> | Date parent notified of meeting | <u>05/28/2015</u> |
| Next IEP Meeting must occur before | <u>06/08/2016</u> | Date student notified of meeting (if transition will be discussed) | <u>05/28/2015</u> |

Primary Staff Contact: Teresa Lang, TVI
 Phone Number: _____

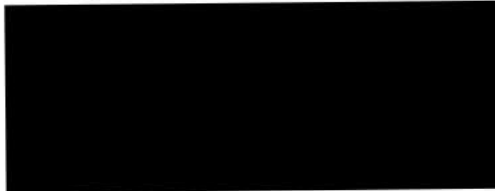
The list below indicates that the individual participated in the development of this Plan and the placement decision; it does not authorize consent.

| Excused | Title | Participant Name | Signature |
|--------------------------|----------------------------|-------------------|--------------------------|
| <input type="checkbox"/> | Parent/Guardian | [Redacted] | |
| <input type="checkbox"/> | Parent | [Redacted] | |
| <input type="checkbox"/> | Parent | [Redacted] | |
| <input type="checkbox"/> | General Education Teacher | Anjennette Hammer | <i>Anjennette Hammer</i> |
| <input type="checkbox"/> | Vision/O&M | Teresa Lang | <i>Teresa Lang, TVI</i> |
| <input type="checkbox"/> | Vision/O&M | Emma Packard | <i>Emma Packard</i> |
| <input type="checkbox"/> | Student | [Redacted] | |
| <input type="checkbox"/> | Principal/Designee | Tammy Jones | <i>Tammy Jones</i> |
| <input type="checkbox"/> | District Representative | | |
| <input type="checkbox"/> | Special Education Director | | |
| <input type="checkbox"/> | Other | Tanya Forster | <i>Tanya Forster</i> |
| <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: 09/22/2011

Projected Graduation/Exit Date: 06/16/2021



Snohomish School District
1601 Avenue D
Snohomish, WA 98290-1799
360-563-7308

Individualized Education Program (IEP) Cover Page (Review)

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

Team Considerations

Meeting Date: 06/08/2015

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.
██████████ is a 6th grade student at Riverview Elementary in the Snohomish School District. He attends a Highly Capable class for all core academic subjects and is at, or above grade level in all academic areas. He accesses all academic materials in a braille, tactile, or electronic format. During his 6th grade year he has made gains in classroom independence and is independent in the classroom and school setting 55% of the school day. Parents concerns are that ██████████ is in all core academic classes and associate with general education peers to the highest degree possible.
- The results of the student's performance on any general state or district-wide assessments.
██████████ participates in all state and district testing with accommodations. He is at or above grade level. SBAC testing results for the 2014-15, were not available at the time of this writing.
- 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.
NA
- The student's assistive technology devices and services needs.
Braille Note (includes dictionary and talking calculator)
Computer with JAWS, iPad with Keyboard, abacus, Perkins brailier, Auditory tools such as a recorder, Straight cane
- 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.
NA
- 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.
NA
- 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.
██████████ is totally blind as a result of gunshot wounds he suffered in ██████████ at the age of two. He has had multiple reconstructive surgeries and wears prosthetic eyes. ██████████ receives Specially Designed Instruction in the areas of braille and technologies for the blind.

Present Level of Educational Performance

Meeting Date: 06/08/2015

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

██████████ is a 6th grade student at Riverview Elementary in the Snohomish School District. He attends a Highly Capable class for all core academic subjects and is at, or above grade level in all academic areas. He accesses all academic materials in a braille, tactile, or electronic format.

» **Adverse Impact Summary**

██████████ blindness has an adversely negative impact on his general education. Because of his blindness, ██████████ is not able to visually access and process the materials and presentations that are provided to his sighted peers in the general education curriculum. He requires specially designed instruction provided by a Teacher of the Visually Impaired, supported by a Braille certified Educational Assistant, in order to develop the needed compensatory skills for his lack of vision: Braille, Nemeth, and assistive technology. ██████████ needs to have a 1:1 braille certified educational assistant available to him for accessing and processing the educational materials and visual presentations throughout the school day when he is in the general education environment with his sighted peers.

Orientation and Mobility

██████████ is a proficient cane user for orientation and mobility. He is able to remain in step, can use constant contact and two-point touch, and is able to use his cane to trail and shoreline. While ██████████ is able to perform these skills accurately and independently, he often needs reminders to maintain an appropriately-sized arc to cover his path of travel. ██████████ is able to travel independently throughout his house, elementary school, and familiar environments. He is able to demonstrate his understanding of an area of travel when given or creating a tactile map, but becomes disoriented 30% of the time when executing a route in residential and business areas of his community. ██████████ has been learning the layout of his new middle school. He becomes disoriented on 40% of routes within the school. ██████████ has not been introduced to public transportation and is able to locating a familiar bus stop, board a bus, and disembark with 0% independence. ██████████ has been working on street crossings and is able to use traffic lull and auditory information from parallel traffic to cross non-lighted street crossings. When crossing lighted intersections, ██████████ is able to use auditory information from traffic surge to determine when it is safe to travel in 60% of trials.

PRESENT LEVELS OF PERFORMANCE FOR IEP GOALS

1. When traveling in residential and business areas, ██████████ remains oriented in 70% of routes.
2. When traveling in his middle school (Centennial Middle School) ██████████ remains oriented in 60% of routes.
3. ██████████ is able to access public transportation with 0% independence.
4. ██████████ is able to use auditory information from traffic surge to safely cross a lighted intersection in 60% of trials.

Vision

██████████ is totally blind as a result of gunshot wounds he suffered in ██████████ at the age of two. He has had multiple reconstructive surgeries and wears prosthetic eyes.

██████████ continues to qualify in the area of visual impairment. He is eligible and continues to require Specially Designed Instruction in the area of vision by a Teacher of the Visually Impaired.

Present Level of Educational Performance

Meeting Date: 06/08/2015

██████████ is a 6th grade student at Riverview Elementary in the Snohomish School District. He attends a Highly Capable class for all core academic subjects and is at, or above grade level in all academic areas. He accesses all academic materials in a braille, tactile, or electronic format. He requires support during his academic day by a braille certificated vision assistant in order to access his curriculum alongside sighted peers. Also, to insure that he has materials ready in a braille or electronic format at the same time sighted students are presented with print materials. During his 6th grade year he has made gains in classroom independence and is independent in the classroom and school setting 55% of the school day. He continues to need direct support in math, science, and PE. ██████████ has attended Riverview Elementary since he was 3 years old and received early intervention services in the areas of blindness. ██████████ will be transitioning to middle school next year. (2015-16 school year)

Braille

██████████ is a fluent braille reader and writer in both literary braille and the Nemeth braille code. The literary braille code is changing from the current literary braille code to the Unified English Braille Code (UEB). ██████████ has not had instruction in the Braille Code changed (0% UEB skill). ██████████ will receive instruction in the UEB braille code as it appears in his general education brailled texts.

Nemeth/Abacus

██████████ access his math materials using the Nemeth Code (braille code for mathematics and science). New braille symbols are introduced as his math curriculum dictates. ██████████ is given instruction on new mathematical symbols as they occur in his classroom curriculum. He uses the Cranmer Abacus to calculate equations including fractions with 95% accuracy.

Braille Music

██████████ plays the piano and the trumpet. His instrument of choice for school band is the trumpet. Historically he has learned music by listening to recordings and instruction from his band and piano teachers. This school year ██████████ has been introduced to braille music which is a different braille code than literary or nemeth braille. He has an understanding of how measures are presented in braille, notes and note values, rests, breath marks, and timings. He continues to refer to a braille music chart when decoding braille music. He decodes braille music, independently without the use of a chart, 0% of the time.

Technology

Braille Note ██████████ uses the Braille Note with 100% independence. He manages most of his academic materials using this device. He demonstrates independent skills in using all menu and utility capabilities. Historically, books from Bookshare have been loaded onto his Braille Note by vision staff. ██████████ is gaining independence with his own research and acquiring literature pertaining to classroom research projects. At the time of this writing ██████████ downloads books from Bookshare, to his Braille Note 0% of the time.

Computer Skills using PC Windows and JAWS (screen reading software): ██████████ has made great gains using the PC with JAWS. The next instructional steps for ██████████ to advance using a PC with JAWS include accessing and changing JAWS settings, access and use JAWS help screens, use JAWS configuration controls, monitor the location of tabs with speech access, open control menus for the current application and current document, navigate to all locations on the computer using Windows Explorer, access items on the menu bar, understand/move through multi-tabbed dialog boxes, and set up and use a braille display, create spread sheets, and use presentation programs such as Power Points. ██████████ has not received instruction in these areas (has 0% skill to demonstrate these skills)

Instruction in the above areas support Washington State Essential Academic Learning Requirements (EALR), for grades 6-8

1.1.1, Generate ideas and create original works for personal and group expression using a variety of digital tools. Evidence of learning: Create products using a combination of text, images, sound, music and video.

2.3.1, Select and use common applications. Evidence of learning:

Use multiple features of a:

- Word processing or publishing program.
- Spreadsheet program.

Present Level of Educational Performance

Meeting Date: 06/08/2015

- Presentation program.
- Database program (or database functionality in other programs).

iPad: [redacted] uses the iPad independently using voice over and gestures. He can demonstrate the skill to access books and webpages independent with 100% accuracy. He uses the iPad within his academic learning environment to access websites for research and take notes on his Braille Note for research projects. The next instructional steps for [redacted] to use the iPad are to access and use Pages and iA writer with the use of a Bluetooth keyboard. This provides [redacted] with additional assistive technology to access and complete academic assignments and retrieve e-mail assignments. [redacted] has been introduced to Pages and iA writer, but has not had Specially Designed Instruction in order to use this technology efficiently in his academics. He uses these Apps and technology independently 0% of the time.

Overall [redacted] is a very capable student in all areas of his development and academics. He has positive and meaningful relationships with sighted peers and adults. He shows a positive attitude toward learning new skills and is inherently curious about the world around him. His parents have provided him with rich and diverse experiences that are critical in the development of blind children. This is evident in his conversations and descriptions of the world around him. He is able to apply these attributes in his writing and ideas.

Significant Findings:

[redacted] blindness has an adversely negative impact on his general education. Because of his blindness, [redacted] is not able to visually access and process the materials and presentations that are provided to his sighted peers in the general education curriculum. He requires specially designed instruction provided by a Teacher of the Visually Impaired, supported by a Braille certified Educational Assistant, in order to develop the needed compensatory skills for his lack of vision: Braille, Nemeth, and assistive technology. [redacted] needs to have a 1:1 braille certified educational assistant available to him for accessing and processing the educational materials and visual presentations throughout the school day when he is in the general education environment with his sighted peers.

[redacted] is transiting to middle school for the 2015-16, school year. He will be in honors classes. Conversations with staff and teachers suggest that sighted students accessing print curriculum have 10 hours or more of homework each week. This time can double (ie: 20 hours or more) for braille students due to the additional time needed to access braille materials and use assistive technology. Time to independently complete homework assignments will be an important component of his day.

Recommendations:

In order to progress in the general education curriculum as his sighted peers do [redacted] needs the following accommodations and modifications:

- All print materials provided in Braille and/or electronic format
- Tactile models and presentations of maps, graphs
- Verbal explanations of visually presented concepts
- Extra time and/or shorter assignment if necessary
- Modifications of assignments as needed for clarification and/or execution of visual concepts

[redacted] will need the following adaptive equipment:

- Braille Note (includes dictionary and talking calculator)
- Computer with JAWS
- iPad with Keyboard
- abacus
- Perkins braille
- Auditory tools such as a recorder
- Additional desk space
- Straight Cane

Measurable Annual Goals

Meeting Date: 06/08/2015

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.

Standard: Non CCSS Goals

Annual Goal: Braille - Music

By 06/08/2016, when given music in a braille format as presented in his 7th grade music book and teacher handouts, Muhammed will read braille music independently and with out the use of a braille music chart, improving his skill to access and read braille music independently, from reading braille music independently 0% of the time, to reading braille music independently 95% of the time, as measured by performance and teacher collected data.

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Standard: Non CCSS Goals

Annual Goal: Technology - iPad/iA writer

Supports the student's post secondary goals: Yes No

By 06/08/2016, when given a written assignment, [redacted] will access and complete the written assignment using the iPad/iA writer, improving the skill to use this technology independently and efficiently to complete written assignments, from using this technology to access and complete written assignments 0% of the time, to independently and efficiently using this technology to access and complete written assignments 50% of the time, as measured by Performance and teacher collected data.

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Standard: Non CCSS Goals

Annual Goal: Technology - iPad/Pages

Supports the student's post secondary goals: Yes No

By 06/08/2016, when given a written assignment [redacted] will access, complete, and format the assignment per instructor specifications, improving the skill to use this technology independently and efficiently to complete assignments, from using this technology independently to complete assignments 0% of the time, to using this technology independently in order to complete assignments 50% of the time, as measured by performance and teacher collected data.

Measurable Annual Goals

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Standard: Non CCSS Goals

Annual Goal: Technology Braille Note/Bookshare

Supports the student's post secondary goals: Yes No

By 06/08/2016, when given an assignment requiring the download of digital books, [redacted] will search digital book database and independently download books to the Braille Note (adaptive laptop computer), improving the skill to independently access books from a digital book database and download to the Braille Note, from performing this task independently 0% of the time, to performing this task independently 100% of the time, as measured by performance and teacher collected data.

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Standard: Non CCSS Goals

Annual Goal: Technology - PC/JAWS

Supports the student's post secondary goals: Yes No

By 06/08/2016, when given the task to use a PC with JAWS [redacted] will increase the skill to use a PC with JAWS to access and change JAWS settings, access and use JAWS help screens, open control menus for the current application and current document, access items on the menu bar, understand/move through multi-tabbed dialog boxes, create spread sheets, and use presentation programs such as Power Points improving the skill to use the PC with JAWS screen reading software to perform these tasks and complete classroom assignments independently, from performing these tasks independently 0% of the time to performing these tasks independently 50% of the time, as measured by performance and teacher collected data.

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Standard: Non CCSS Goals

Annual Goal: O&M

Measurable Annual Goals

By 06/08/2016, when given a route within his middle school [redacted] will remain oriented to his location in space improving orientation and mobility skills from remaining oriented in 60% of routes to remaining oriented in 100% of routes as measured by OMS data and charting.

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Standard: Non CCSS Goals

Annual Goal: O&M

By 06/08/2016, when given public transportation [redacted] will execute a bus route improving orientation and mobility skills from 0% independence to 80% independence as measured by OMS data and charting.

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Short Term Objectives or Benchmarks

Objective: O&M

By 12/04/2015 [redacted] will locate a familiar bus stop

Mastery Criteria: independently in 80% of trials

Evaluation method: _____

Other evaluation method: _____

Objective: O&M

By 03/25/2016, [redacted] will confirm the desired route and destination with the bus driver, board the bus and locate a seat

Mastery Criteria: independently in 80% of trials

Evaluation method: _____

Other evaluation method: _____

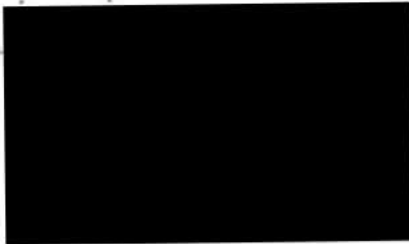
Objective: O&M

By 06/08/2016, [redacted] will disembark the bus at the desired destination

Mastery Criteria: independently in 80% of trials

Evaluation method: _____

Other evaluation method: _____



Measurable Annual Goals

Standard: Non CCSS Goals

Annual Goal: O&M

By 06/08/2016, when given a familiar route in a residential or business area [redacted] will remain oriented to his location in space improving orientation and mobility skills from remaining oriented in 70% of routes to remaining oriented in 100% of routes as measured by OMS data and charting.

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Standard: Non CCSS Goals

Annual Goal: O&M

By 06/08/2016, when given a lighted intersection [redacted] will use auditory information from traffic surge to independently determine when it is safe to cross improving street crossing skills from 60% of trials to 100% of trials as measured by OMS data and charting.

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Program Accommodations/ Modifications and Support for School Personnel

Meeting Date: 06/08/2015

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 |
|---|-----------|--------------------------|--------------------------|
| Assistive Technology:Braille Note, Computer with JAWS, White Cane, Perkins Braille, Abacus, refreshable braille display | Daily | General & SPED Education | 06/09/2015 to 06/08/2016 |
| Presentation:Model task/ask student to repeat instructions (for visually impaired students) | As Needed | General Education | 06/09/2015 to 06/08/2016 |
| Presentation:Modified assignments | As Needed | General Education | 06/09/2015 to 06/08/2016 |
| Presentation:Use large print/Braille/recorded books | Daily | General Education | 06/09/2015 to 06/08/2016 |
| Presentation:Read class materials/directions orally | As Needed | General Education | 06/09/2015 to 06/08/2016 |
| Setting:Take test in separate location | As Needed | General Education | 06/09/2015 to 06/08/2016 |
| Testing Accommodation:Braille and Large Print | Daily | General Education | 06/09/2015 to 06/08/2016 |
| Testing Accommodation:More than One Day for a Test Session | As Needed | General Education | 06/09/2015 to 06/08/2016 |
| Testing Accommodation:More Time | As Needed | General Education | 06/09/2015 to 06/08/2016 |

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



Snohomish School District
1601 Avenue D
Snohomish, WA 98290-1799
360-563-7308

Program Accommodations/ Modifications and Support for School Personnel

| Support(s) | Frequency | Location | Duration m/d/y to m/d/y |
|--|------------------|-------------------|--------------------------------|
| Vision Assistant will receive training and intervention strategies from the Teacher of the Visually Impaired. | As Needed | General Education | 06/09/2015 to 06/08/2016 |
| Collaboration time between General Education Instructors and TVI to insure appropriate support and accommodations in the classroom | As Needed | General Education | 06/09/2015 to 06/08/2016 |

State or Districtwide Assessments of Student Achievement

Meeting Date: 06/08/2015

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 | |
| Washington Access to Instruction and Measurement | | | | | |
| WA AIM | | | | | |
| Listening | | X | | | |
| Math | | X | | | |
| Reading | | X | | | |
| Science | | X | | | |
| Writing | | X | | | |
| STAR | | | | | |
| Math | | X | | | |
| Reading | | X | | | |
| Smarter Balanced Assessment | | | | | |
| Math | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Modified assignments, Use large print/Braille/recorded books, Read class materials/directions orally, Take test in separate location, Braille and Large Print, More than One Day for a Test Session, More Time |
| Reading | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Modified assignments, Use large print/Braille/recorded books, Read class materials/directions orally, Take test in separate location, Braille and Large Print, More than One Day for a Test Session, More Time |
| Writing | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Modified assignments, Use large print/Braille/recorded books, Read class materials/directions orally, Take test in separate location, Braille and Large Print, More than One Day for a Test Session, More Time |
| State-Measurement of Student Progress (MSP) | | | | | |
| Math | | X | | | |
| Reading | | X | | | |
| Science | | X | | | |
| Writing | | X | | | |
| Districtwide | | | | | |
| District Levels Testing | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Modified assignments, Use large print/Braille/recorded books, Read class materials/directions orally, Take test in separate location, Braille and Large Print, More than One Day for a Test Session, More Time |

Special Education and Related Services

Meeting Date: 06/08/2015

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 06/09/2015 - 06/08/2016

| Concurrent | Service(s) | Service Provider for Delivering Service | Monitor | Frequency | Location (setting) | Start Date | End Date |
|--------------------------|------------------------|---|------------------|------------------------------|--------------------|------------|------------|
| Related | | | | | | | |
| No | Orientation & Mobility | O & M Specialist | O & M Specialist | 2 Hours / 2 Times Monthly | Special Education | 06/09/2015 | 06/08/2016 |
| No | Orientation & Mobility | O & M Specialist | O & M Specialist | 1 Hours / 1 Times Weekly | Special Education | 06/09/2015 | 06/08/2016 |
| Special Education | | | | | | | |
| No | Vision | Vision Teacher | Vision Teacher | 180 Minutes / 4 Times Weekly | Special Education | 06/09/2015 | 06/08/2016 |

Total minutes per week student spends in school: 1780 minutes per week
 Total minutes per week student is served in a special education setting: 840 minutes per week
 Percent of time in general education setting: 52.81% 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 EA assistance | Paraeducator | Vision Teacher | 1780 Minutes / 1 Times Weekly | General Education | 06/09/2015 | 06/08/2016 |
| No | Braille Transcriber | Braille Transcriber | Vision Teacher | 1500 Minutes / 1 Times Weekly | Special Education | 06/09/2015 | 06/08/2016 |

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: 06/09/2015 - 06/08/2016

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

SDI in vision services require a setting in which the student and TVI have continuous dialogue and use screen reading software. [redacted] will receive these services in a separate academic environment than his peers. Orientation & Mobility require the student to travel within the school setting and community.

Transportation: Regular Special
 General PE: Yes No

Other Considerations:

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

Prior Written Notice

To: [redacted] Date: 06/08/2015
Re: Student's Name: [redacted]

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:

Description of the proposed or refused action:

Continue SDI in vision services per qualifications and IEP review guidelines

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

[redacted] continues to qualify and is in need of SDI

Description of any other options considered and rejected:

Review of this IEP at the end of the first semester of the 2015-16 school year. At the end of the first semester the IEP will be reviewed to determine progress toward goals and the amount of time needed to deliver SDI for second semester.

The reasons we rejected those options were:

NA

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:

Student performance and teacher collected data

Any other factors that are relevant to the action:

Orientation and Mobility services will be delivered during 1 period a week reserved for vision services. Additional O&M services to be delivered based on parent/teacher scheduling.

The action will be initiated on: 06/08/2015

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:

Teresa Lang at _____

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.



Snohomish School District

1601 Avenue D

Snohomish, WA 98290-1799

360-563-7308

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

Snohomish 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.

Medicaid Consent

Date: 06/08/2015

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 [REDACTED]

Student's SSID: [REDACTED]

Current School: RIVERVIEW ELEMENTARY

Date of Birth: [REDACTED]

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, Snohomish 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 06/08/2015.

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.

[REDACTED]

08 JUN 2015
Date

Snohomish School District

1601 Avenue D
Snohomish, WA 98290-1799
360-563-7308

Review Individualized Education Program (IEP) Invitation (Amendment)

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: _____ Date Sent to Participants: 09/17/2014

This meeting has been scheduled for: Date 09/19/2014 Time 7:00 AM
Location RIVERVIEW ELEMENTARY

If you have any questions or would like additional information or assistance to help you prepare for this IEP meeting, please contact Teresa Lang at 360-563-3443 e-mail teresa.lang@sno.wednet.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 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 checked="" type="checkbox"/> Other: Adjust minutes for SDI | |

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

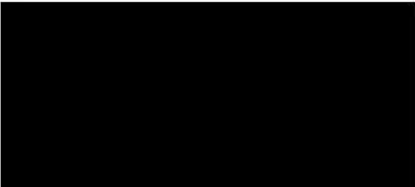
Parent/Guardian

Anjennette Hammer , General Education Teacher
Teresa Lang , Vision/O&M
Emma Packard , Vision/O&M

Tammy Jones , Principal/Designee
District Representative
Special Education Director
Tanya Forster , Other

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.



Snohomish School District
 1601 Avenue D
 Snohomish, WA 98290-1799
 360-563-7308

Contact Attempt Report (Amendment)

Notification Area: Plan
 Meeting Date: 09/19/2014
 Time: 7:00 AM
 Location: RIVERVIEW ELEMENTARY

| Method | Contact Date | Response Date | Response | Contact Name |
|--------|--------------|---------------|--|--------------|
| Letter | 09/17/2014 | 09/17/2014 | Parental Permission to proceed without meeting | [REDACTED] |
| Method | Contact Date | Response Date | Response | Contact Name |
| Email | 09/16/2014 | 09/16/2014 | Parental Permission to proceed without meeting | [REDACTED] |

Individualized Education Program (IEP) Cover Page (Review Amendment)

Student's Name: _____ Grade: 06 Age*: 11 Disability (if identified): Visual Impairment
 Parent/Guardian/Adult Student: _____ Primary language at home: English
 Parent interpreter needed? Yes No Surrogate parent: Yes No If yes, name: _____
 Home Address: _____
 Phone # (H): _____ Phone # (W): _____
 Attending School: RIVERVIEW ELEMENTARY Is this student's neighborhood school? Yes No

| | | | |
|--------------------------------------|-------------------|---|-------------------|
| Most Recent Evaluation Date | <u>05/30/2012</u> | IEP Start Date | <u>09/19/2014</u> |
| Next re-evaluation must occur before | <u>05/30/2015</u> | Next IEP Start Date must occur before | <u>06/08/2015</u> |
| IEP Meeting Date | <u>09/19/2014</u> | Date parent notified of meeting | <u>09/17/2014</u> |
| Next IEP Meeting must occur before | <u>06/09/2015</u> | Date student notified of meeting (if transition will be discussed) | _____ |

Primary Staff Contact: Teresa Lang, Vision Teacher
 Phone Number: 360-563-3443

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

| Excused | Title | Participant Name | Signature |
|--------------------------|----------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Parent/Guardian | _____ | _____ |
| <input type="checkbox"/> | Parent | _____ | _____ |
| <input type="checkbox"/> | Parent | _____ | _____ |
| <input type="checkbox"/> | General Education Teacher | <u>Aniennette Hammer</u> | <u>Aniennette Hammer</u> |
| <input type="checkbox"/> | Vision/O&M | <u>Teresa Lang</u> | <u>Teresa Lang</u> |
| <input type="checkbox"/> | Vision/O&M | <u>Emma Packard</u> | <u>Emma Packard</u> |
| <input type="checkbox"/> | Student | _____ | _____ |
| <input type="checkbox"/> | Principal/Designee | <u>Tammy Jones</u> | <u>Tammy Jones</u> |
| <input type="checkbox"/> | District Representative | _____ | _____ |
| <input type="checkbox"/> | Special Education Director | _____ | _____ |
| <input type="checkbox"/> | Other | <u>Tanya Forster</u> | <u>Tanya Forster</u> |
| <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: 09/22/2011 Projected Graduation/Exit Date: 06/16/2021

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



Snohomish School District
1601 Avenue D
Snohomish, WA 98290-1799
360-563-7308

Individualized Education Program (IEP) Cover Page (Review Amendment)

Comments:

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

Team Considerations (Amendment)

Meeting Date: 09/19/2014

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

- The strengths of the student and the concerns of the parents for enhancing the education of their child.
[REDACTED] is a bright student who enjoys learning and challenges. He currently attends a Highly Capable academic setting at his elementary school which requires strong academic skills. His Parents [REDACTED] are supportive in all aspects of [REDACTED] education and blindness needs. Their desire is for [REDACTED] to have access to his education and opportunities to achieve alongside his sighted peers.
- The results of the student's performance on any general state or district-wide assessments.
[REDACTED] has met standard on all state and district assessments.
- 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.
NA
- The student's assistive technology devices and services needs.
[REDACTED] is a braille reader and writer. He requires the following assistive devices to access his curriculum and environment. Braille Note, Computer with screen reading software (eg: JAWS), refreshable braille display for computer and iPad, Perkins Brailier, abacus, white cane, and tools such as a protractor designed for blind users. All materials need to be modified in a braille/tactile or electronic format.
- 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.
NA
- 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.
NA
- 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] is a braille reader and writer. All materials need to be modified in a braille/tactile or electronic format. SDI in braille and Nemeth (braille code for mathematical and scientific notation) is provided.

Present Level of Educational Performance (Amendment)

Meeting Date: 09/19/2014

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

(From Last Locked Evaluation 05/30/2012)

██████████ is meeting grade expectations in all areas of the general curriculum. There are no areas of concern academically, and he appears to be developing excellent study and problem-solving skills as well. No detracting behaviors or issues in the classroom.

» **Adverse Impact Summary**

Per triennial assessment dated 5/30/12, ██████████ blindness has adverse, negative impact on his general education. Because of his blindness, ██████████ is not able to visually access and process the materials and presentations that are provided to his sighted peers in the general education curriculum. He requires specially designed instruction provided by a Teacher of the Visually Impaired, and supported by a braille certified educational assistant in the classroom, in order to develop the needed compensatory skills for his lack of vision.

Orientation and Mobility

Significant findings: ██████████ qualifies for specialized instruction under the category of related service.

Educational impact:

Without orientation and mobility:

██████████ would be unable to be independent in the school setting.

██████████ would be unable to travel outdoor routes independently.

present levels

██████████ has been working on routes in a familiar Snohomish Neighbor Hood. He is able to build a tactile map of the grid with 3 blocks and six different streets. He is able to locate the streets and find landmarks. It's interesting that the land marks he finds most efficiently are the intersections of streets. Sometimes he can't remember the buildings as landmarks. He is correctly identifying which building it is about 50% of the time. But the intersections about 75% of the time:) It's funny what he uses as landmarks. This year in addition to the intersections he will need to also focus a bit more on the buildings that are within the route. With passive and active echolocation he can determine that there is a building, tree or post but does not always know what building it is that is present. ██████████ is doing well at the familiar 2nd and maple lighted street crossing. He is able to cross the street using parallel traffic on his left and right about 90% of the time. I am really pleased that he is doing this more consistently now. ██████████ is able to identify the cardinal direction he is traveling in, what side of the street he is on and where the other streets on the map are at when in route about 85% of the time. In general ██████████ ability to know where he is in space along the route of a large area is quite good.

Vision

(From Last Locked Evaluation 05/30/2012)

██████████ blindness has adversely negative impact on his general education. Because of his blindness, ██████████ is not able to visually access and process the materials and presentations that are provided to his sighted peers in the general education curriculum. He requires specially designed instruction provided by a Teacher of the Visually Impaired, supported by a Braille-certified Educational Assistant, in order to develop the needed compensatory skills for

Present Level of Educational Performance (Amendment)

Meeting Date: 09/19/2014

his lack of vision: Braille reading and writing, math tool skills, and assistive technology skills. [redacted] needs to have a 1-on-1 Braille-certified educational assistant available to him for accessing and processing the educational materials and visual presentations throughout the school day when he is in the general education environment with his sighted peers.

Recommendations:

In order to progress in the general education curriculum as his sighted peers do, [redacted] needs the following accommodations and modifications:

- All print materials provided in Braille and/or, when preferred and appropriate, in auditory mode
- Tactile models and presentations of maps, graphs
- Verbal explanations of visually presented concepts
- Extra time and/or shorter assignments if necessary
- Modifications of assignments as needed for clarification and/or execution of visual concepts

[redacted] will need the following adaptive equipment in order to progress in the general education curriculum with his sighted peers:

- Braille writer
- Abacus
- Braille Note
- Computer access with Talking Typer and JAWS installed
- Slate and Stylus
- White cane

Compensatory Math Tools include: Braille Nemeth (math code), abacus, and individualized math instruction with appropriate tactile materials as needed for math concept development; Adaptive Technology include: (but not limited to) keyboarding, Braille Note, JAWS, auditory tools such as mp3 player, downloading skills, and use of the internet. Over the next 3 years, determinations may need to be made as to what technological tools would be the most appropriate for [redacted] as new technologies emerge and his skills develop.

9/17/12 – The Performance Checklist for Visual Impairment records skills in the area of Basic Academics, Maximizing use of Sensory Abilities, Accessing Information in Ink Print, Competence in Orientation and Mobility, Productivity, Personal Management, and Social and Interpersonal Relations. This inventory of skills indicated that [redacted] currently has the daily living skills necessary for his grade/age. A separate statement pertaining to Orientation and Mobility will be made by [redacted] Orientation and Mobility instructor.

6/9/14 Present Levels of Performance

[redacted] is an accomplished braille reader and writer. He produces all classroom assessments in braille or electronic format. He uses Nemeth (braille code for mathematics and scientific notation) appropriately when accessing his math curriculum and answering questions. [redacted] uses the Literary and Nemeth braille code with 100% accuracy including signs of operation. There are no concerns regarding [redacted] skill to read and braille his grade level assignments in literacy or math. He has access to certificated braille staff should he have questions during assignments.

Given a classroom assignment which requires of graph or table to analyze data, [redacted] requires some support to set up the graph or table. He made gains in this area over the last IEP period. He understands the concept of why data can be analyzed in this format, but still requires some support to set up the graph or table in a special format.

[redacted] has made great gains this year using the cranmer abacus. He has the skill to calculate addition, subtraction, division, multiplication, fractions and decimals equations using the abacus. This is a skill that students need to revisit periodically to maintain skill.

[redacted] skill to use JAWS (screen reading software) has significantly improved this last year. Using the WORD platform, [redacted] can create, open, save and edit documents. He knows where his cursor is within the document at all times, can copy and paste information from one document to another, tab between documents, and complete cloze

Present Level of Educational Performance (Amendment)

Meeting Date: 09/19/2014

assignments. At the time of this writing, [REDACTED] was typing 43 words per minute. The next level of learning is creating folders, rename documents/folders, and delete documents with in the list view menu. This will be necessary as [REDACTED] continues to become independent and learns to organize his documents and files. [REDACTED] has 0% skill in these areas.

Using JAWS to access the Internet is an important component of classroom research. [REDACTED] has done well learning how to navigate the internet and web pages. [REDACTED] can access the internet, access the address bar to type in search criteria, access links, search a web page by heading and paragraphs, and go back to the previous page. [REDACTED] has learned how to access the Merriam Dictionary Online and use this resource to answer vocabulary questions. He can also copy and paste information from a web page to a WORD document when needed. The next step for Humoody in learning to use JAWS within the internet is learning how to navigate difficult pages, use form fields within web pages, and navigate tables on web pages. [REDACTED] has 0% skill in this area.

When using the internet to complete classroom assignments, [REDACTED] is still learning to listen to small segments of information, pause, take notes, and continue listening. His sighted peers have the advantage of visually seeing and scanning a web page quickly for information. JAWS users must listen to information, sometimes more than once, in order to filter needed information from extraneous information. [REDACTED] would benefit from Specially Designed Instruction in the area of using JAWS with a PC and an iPad using a keyboard and refreshable braille display. Because [REDACTED] classroom has several research based assignments during an academic year, [REDACTED] requires this skill to access his education alongside his sighted peers. His classroom teacher and vision assistant report that [REDACTED] skill to digest information using the internet and take notes independently in this area is less than 40%. This includes the skill to read books and record notes in an incremental fashion in order to complete classroom assignments.

[REDACTED] has been learning how to export documents from his Braille Note into a WORD doc., open the document, edit content, change font, and format the document. By doing this he is generating documents and assignments that are ready to turn in to his instructor directly. He is also at the beginning stages of coping and pasting that document into the Duxbury software (print to braille translation program) in order to emboss a braille copy for himself. He requires verbal prompts to complete this process. At this time he completes the process independently 0% of the time.

The Braille-certified 1:1 Educational Assistant (Supplementary Aids and Services) provides classroom support for 1630 mpw in the general education setting in order to for [REDACTED] to develop the needed compensatory skills due to his lack of vision: Braille reading and writing, math tool skills, and assistive technology skills. [REDACTED] needs to have a 1-on-1 Braille-certified educational assistant available to him for accessing and processing the educational materials and visual presentations throughout the school day when he is in the general education environment with his sighted peers (Supplementary Aids and Services, 1630 MPW). In addition, this Braille-certified Educational Assistant provides daily modification of materials for classroom use. On a daily basis there are last minute assignments which need modification in which the teacher was unable to provide materials in advance, yet are needed the same day (Supplementary Aids and Services, 200 MPW).

[REDACTED] requires braille transcription services at 2000 MPW for the brailing of materials for which there is no brailled text available for purchase or loan from the IRC.

Overall [REDACTED] is a strong learner. He is learning technology for the blind and is applying those skills in the classroom. It is expected that [REDACTED] will learn and apply the "next step" skills and be independent using those skill by the end of this IEP term.

Measurable Annual Goals (Amendment)

Meeting Date: 09/19/2014

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.

Standard: Non CCSS Goals

Annual Goal: Vision- Computer

Supports the student's post secondary goals: Yes No

By 06/08/2015, when given an assignment to create files and folders using the WORD platform, [redacted] will create files and folders and maintain organized files for retrieval at will, improving the skill to maintain electronic files for classroom projects requiring several written components, from creating files and folders independently 0% of the time, to independently creating files and folders and maintaining electronic files for classroom projects requiring several written components with 100% accuracy, as measured by demonstration and teacher collected data.

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

Copy of Goal Page
 Other:

Written in Report Card

Written Progress Report

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

Standard: Non CCSS Goals

Annual Goal: Vision-JAWS/Internet

Supports the student's post secondary goals: Yes No

By 06/08/2015, when given an assignment which requires navigation of difficult web pages, form fields within web pages, and navigating tables on web pages, [redacted] will increase his skill to perform these tasks, improving the skill to access information and use form fields to generate information for classroom assignments from requiring assistance 100% of the time, to independently using his skills to navigate difficult pages, use form fields within web pages, and navigate tables on web pages 100% of the time as measured by performance and teacher collected data.

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

Copy of Goal Page
 Other:

Written in Report Card

Written Progress Report

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

Standard: Non CCSS Goals

Annual Goal: Vision- technology

Supports the student's post secondary goals: Yes No

By 06/08/2015, when given an assignment to research or read information requiring incremental note taking, [redacted] will use JAWS with a PC and/or an iPad with a keyboard and refreshable braille display to take notes per classroom assignment criteria, improving the skill to use these technology avenues to access and complete classroom assignments along side his

Measurable Annual Goals (Amendment)

sighted peers, from using JAWS with a PC and/or an iPad with a keyboard and refreshable braille display to take notes per classroom assignment criteria, with 35% independence, to developing the skill to accomplish these tasks with 100% independence. as measured by performance and teacher collected data.

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Standard: Non CCSS Goals

Annual Goal: Vision-technology

Supports the student's post secondary goals: Yes No

By 06/08/2015, when given an assignment to export documents from his Braille Note into a WORD doc., open the document, edit content, change font, and format the document [redacted] will complete these tasks improving his skill to prepare assignments in a format that can be submitted directly to his classroom instructor, from completing these tasks with verbal support 100% of the time, to completing these tasks independently 100% of the time, as measured by performance and teacher collected data.

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Standard: Non CCSS Goals

Annual Goal: O&M

By 06/08/2015, when given a specific building along a route [redacted] will with passive or active echolocation identify specific familiar buildings along a familiar route. improving landmarks and echolocation skills from 50% of the time to 90% of the time as measured by COMS

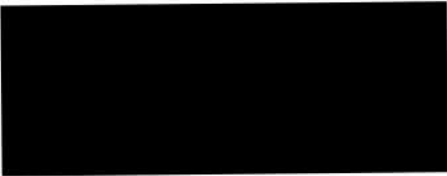
How will progress toward this goal be reported? (check all that apply)

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Standard: Non CCSS Goals

Annual Goal: O&M



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Measurable Annual Goals (Amendment)

By 06/08/2015, when given a lighted intersection [redacted] will use parallel traffic to safely cross improving street crossing skills from 90% of the time independently and safely to 100% of the time independently and safely as measured by COMS

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Program Accommodations/ Modifications and Support for School Personnel (Amendment)

Meeting Date: 09/19/2014

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 |
|---|-----------|--------------------------|--------------------------|
| Assistive Technology: Braille Note, Computer with JAWS, White Cane, Perkins Brailier, Abacus, refreshable braille display | Daily | General & SPED Education | 09/19/2014 to 06/08/2015 |
| Presentation: Model task/ask student to repeat instructions (for visually impaired students) | As Needed | General Education | 09/19/2014 to 06/08/2015 |
| Presentation: Modified assignments | As Needed | General Education | 09/19/2014 to 06/08/2015 |
| Presentation: Use large print/Braille/recorded books | Daily | General Education | 09/19/2014 to 06/08/2015 |
| Presentation: Read class materials/directions orally | As Needed | General Education | 09/19/2014 to 06/08/2015 |
| Setting: Take test in separate location | As Needed | General Education | 09/19/2014 to 06/08/2015 |
| Testing Accommodation: Braille and Large Print | Daily | General Education | 09/19/2014 to 06/08/2015 |
| Testing Accommodation: More than One Day for a Test Session | As Needed | General Education | 09/19/2014 to 06/08/2015 |
| Testing Accommodation: More Time | As Needed | General Education | 09/19/2014 to 06/08/2015 |

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

Program Accommodations/ Modifications and Support for School Personnel (Amendment)

| Support(s) | Frequency | Location | Duration m/d/y to m/d/y |
|--|------------------|-------------------|--------------------------------|
| Vision Assistant will receive training and intervention strategies from the Teacher of the Visually Impaired. | As Needed | General Education | 09/19/2014 to 06/08/2015 |
| Collaboration time between General Education Instructors and TVI to insure appropriate support and accommodations in the classroom | As Needed | General Education | 09/19/2014 to 06/08/2015 |

State or Districtwide Assessments of Student Achievement (Amendment)

Meeting Date: 09/19/2014

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 | |
| Washington Access to Instruction and Measurement | | | | | |
| WA AIM | | | | | |
| Listening | | X | | | |
| Math | | X | | | |
| Reading | | X | | | |
| Science | | X | | | |
| Writing | | X | | | |
| STAR | | | | | |
| Math | | X | | | |
| Reading | | X | | | |
| Smarter Balanced Assessment | | | | | |
| Math | | X | | | |
| Reading | | X | | | |
| Writing | | X | | | |
| State-Measurement of Student Progress (MSP) | | | | | |
| Math | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Use large print/Braille/recorded books, Read class materials/directions orally, Take test in separate location, Braille and Large Print, More than One Day for a Test Session, More Time |
| Reading | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Use large print/Braille/recorded books, Read class materials/directions orally, Take test in separate location, Braille and Large Print, More than One Day for a Test Session, More Time |
| Science | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Use large print/Braille/recorded books, Read class materials/directions orally, Take test in separate location, Braille and Large Print, More than One Day for a Test Session, More Time |
| Writing | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Use large print/Braille/recorded books, Read class materials/directions orally, Take test in separate location, Braille and Large Print, More than One Day for a Test Session, More Time |
| Districtwide | | | | | |
| District Levels testing | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Use large print/Braille/recorded books, Read class materials/directions orally, Take test in separate location, Braille and Large Print, More than One Day for a Test Session, More Time |

Special Education and Related Services (Amendment)

Meeting Date: 09/19/2014

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 09/19/2014 - 06/08/2015

| Concurrent | Service(s) | Service Provider for Delivering Service | Monitor | Frequency | Location (setting) | Start Date | End Date |
|--------------------------|------------------------|---|------------------|-----------------------------|--------------------|------------|------------|
| Related | | | | | | | |
| No | Orientation & Mobility | O & M Specialist | O & M Specialist | 1 Hours / 1 Times Weekly | Special Education | 09/19/2014 | 06/08/2015 |
| Special Education | | | | | | | |
| No | Vision | Vision Teacher | Vision Teacher | 30 Minutes / 4 Times Weekly | Special Education | 09/19/2014 | 06/08/2015 |
| No | Vision | Vision Teacher | Vision Teacher | 30 Minutes / 4 Times Weekly | General Education | 09/19/2014 | 06/08/2015 |

Total minutes per week student spends in school: 1780 minutes per week
 Total minutes per week student is served in a special education setting: 180 minutes per week
 Percent of time in general education setting: 89.89% 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 EA assistance | Paraeducator | Vision Teacher | 1630 Minutes / 1 Times Weekly | General Education | 09/19/2014 | 06/08/2015 |
| No | Para - Materials Modification | EA Materials Modification | Vision Teacher | 200 Minutes / 1 Times Weekly | General Education | 09/19/2014 | 06/08/2015 |
| No | Braille Transcriber | Braille Transcriber | Vision Teacher | 2000 Minutes / 1 Times Weekly | Special Education | 09/19/2014 | 06/08/2015 |

Special Education and Related Services (Amendment)

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: 09/19/2014 - 06/08/2015

| 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 | | | | | |
| 0-39% in Regular Class | | | | | |
| Public/private separate day school | | | | | |
| Public/Private residential | | | | | |
| Correctional Facility | | | | | |
| Private/Home School Placement by Parents | | | | | |
| Homebound/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:

Orientation and Mobility is provided outside the general education setting to give the student travel experience within the community.

requires Specially Designed Instruction in an environment where technology designed for blind users is available and the instructor can have a constant dialogue with the student.

Neighborhood School Explanation:

variance

Transportation: Regular Special
 General PE: Yes No

Other Considerations:



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Special Education and Related Services (Amendment)

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

Prior Written Notice (Amendment)

To: _____ Date: 09/19/2014
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: reduce minutes for direct services

Description of the proposed or refused action:

Braille and Technology SDI will now be provided in the general education setting at 30 minutes per day/4 days a week. SDI in these areas will be provided in a pull out setting 30 minutes per day/ 4 days a week. The total minutes per week will not change. The setting will be split between pull out and the general education classroom. Orientation and mobility SDI minutes will be reduced to 60 minutes, once per week. Instruction will continue to be provided outside of the school day.

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

Parents have requested that _____ be in the classroom during academic content instruction. _____ is well connected in his classroom and is a high academic achiever. It is reasonable to expect _____ to meet the goals on this IEP with 30 minutes per day/4 days per week of pull out services and 30 minutes per day/ 4 days per week with SDI provided in the classroom setting. By providing half of his SDI recommended time in the classroom, _____ will engage his new skills within the natural environment.

_____ family has requested that he not be pulled out of class for orientation and mobility instruction. His afternoon schedule does not allow for instruction after school. _____ has had issues with sleep schedule regulation. His family would like to reduce orientation and mobility SDI minutes until his sleep schedule is regulated. Orientation and mobility SDI minutes will be re-evaluated by November 26, 2014.

Description of any other options considered and rejected:

Maintaining _____ current vision and O&M SDI minutes was considered and rejected.

The reasons we rejected those options were:

Keeping _____ in pull out services during academic content instruction was discussed with the parent and general education instructor. It was determined appropriate for _____ to receive some of his SDI MPW in the general education setting.

_____ family request his O&M MPW be reduced due to sleep schedule regulation disturbances and scheduling conflicts.

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:
file review, IEP goal review, classroom instructor interview, parent interview

Any other factors that are relevant to the action:

O&M SDI MPW will be reviewed by November 26th to determine if _____ is ready to resume the original O&M MPW on IEP dated 6/9/14.

The action will be initiated on: 09/19/2014



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Prior Written Notice (Amendment)

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:

Teresa Lang at 360-563-3443

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.

**Notification for the Disclosure of Student Information to the Washington State Health Care Authority
(Amendment)**

Snohomish 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.



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Medicaid Consent (Amendment)

Date: 09/19/2014

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: [Redacted]

Student's SSID: [Redacted]

Current School: RIVERVIEW ELEMENTARY

Date of Birth: [Redacted]

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, Snohomish 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 09/19/2014.

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.

9.17.14
Date



✓

Snohomish School District
1601 Avenue D
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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: _____ Date Sent to Participants: 05/16/2014

This meeting has been scheduled for: Date 06/09/2014 Time 3:30 AM
Location RIVERVIEW ELEMENTARY

If you have any questions or would like additional information or assistance to help you prepare for this IEP meeting, please contact Teresa Lang at 360-563-3443 e-mail teresa.lang@sno.wednet.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 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: | |

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

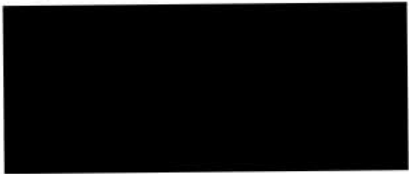
Parent/Guardian

Special Education Teacher
Anjennette Hammer , General Education Teacher
Occupational/Physical Therapist
Kathy Dalbeck , Vision/O&M
Teresa Lang , Vision/O&M

Yammy Jones , Principal/Designee
District Representative
Special Education Director

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.



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Contact Attempt Report

Notification Area: Plan
Meeting Date: 06/09/2014
Time: 3:30 AM
Location: RIVERVIEW ELEMENTARY

| Method | Contact Date | Response Date | Response | Contact Name |
|--------|--------------|---------------|------------|---|
| Letter | 05/16/2014 | 05/16/2014 | Can Attend |  |

Individualized Education Program (IEP) Cover Page (Review)

Student's Name: _____ Grade: 05 Age*: 11 Disability (if identified): Visual Impairment
 Parent/Guardian/Adult Student: _____ Primary language at home: English
 Parent interpreter needed? Yes No Surrogate parent: Yes No If yes, name: _____
 Home Address: _____
 Phone # (H): _____ Phone # (W): _____
 Attending School: RIVERVIEW ELEMENTARY Is this student's neighborhood school? Yes No

| | | | |
|--------------------------------------|-------------------|---|-------------------|
| Most Recent Evaluation Date | <u>05/30/2012</u> | IEP Start Date | <u>06/09/2014</u> |
| Next re-evaluation must occur before | <u>05/30/2015</u> | Next IEP Start Date must occur before | <u>06/08/2015</u> |
| IEP Meeting Date | <u>06/09/2014</u> | Date parent notified of meeting | <u>05/16/2014</u> |
| Next IEP Meeting must occur before | <u>06/09/2015</u> | Date student notified of meeting (if transition will be discussed) | _____ |

Primary Staff Contact: Teresa Lang, Vision Teacher
 Phone Number: 360-563-3443

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

| Excused | Title | Participant Name | Signature |
|--------------------------|---------------------------------|-------------------|--------------------------|
| <input type="checkbox"/> | Parent/Guardian | _____ | _____ |
| <input type="checkbox"/> | Parent | _____ | _____ |
| <input type="checkbox"/> | Parent | _____ | _____ |
| <input type="checkbox"/> | Special Education Teacher | _____ | _____ |
| <input type="checkbox"/> | General Education Teacher | Anjennette Hammer | <i>Anjennette Hammer</i> |
| <input type="checkbox"/> | Occupational/Physical Therapist | _____ | _____ |
| <input type="checkbox"/> | Vision/O&M | Kathy Dalbeck | <i>Kathy Dalbeck</i> |
| <input type="checkbox"/> | Vision/O&M | Teresa Lang | <i>Teresa Lang</i> |
| <input type="checkbox"/> | Student | _____ | _____ |
| <input type="checkbox"/> | Principal/Designee | Tammy Jones | <i>Tammy Jones</i> |
| <input type="checkbox"/> | District Representative | _____ | _____ |
| <input type="checkbox"/> | Special Education Director | _____ | _____ |
| <input type="checkbox"/> | Other | Tanya Forster | <i>Tanya Forster</i> |

* 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: 09/22/2011

Projected Graduation/Exit Date: 06/16/2021

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



Snohomish School District

1601 Avenue D

Snohomish, WA 98290-1799

360-563-7308

Individualized Education Program (IEP) Cover Page (Review)

Team Considerations

Meeting Date: 06/09/2014

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.
██████████ is a bright student who enjoys learning and challenges. He currently attends a Highly Capable academic setting at his elementary school which requires strong academic skills. His Parents ██████████ are supportive in all aspects of ██████████ education and blindness needs. Their desire is for ██████████ to have access to his education and opportunities to achieve alongside his sighted peers.
- The results of the student's performance on any general state or district-wide assessments.
██████████ has met standard on all state and district assessments.
- 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.
NA
- The student's assistive technology devices and services needs.
██████████ is a braille reader and writer. He requires the following assistive devices to access his curriculum and environment. Braille Note, Computer with screen reading software (eg: JAWS), refreshable braille display for computer and iPad, Perkins Braille, abacus, white cane, and tools such as a protractor designed for blind users. All materials need to be modified in a braille/tactile or electronic format.
- 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.
NA
- 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.
NA
- 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.
██████████ is a braille reader and writer. All materials need to be modified in a braille/tactile or electronic format. SDI in braille and Nemeth (braille code for mathematical and scientific notation) is provided.

Present Level of Educational Performance

Meeting Date: 06/09/2014

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

(From Last Locked Evaluation 05/30/2012)

██████████ is meeting grade expectations in all areas of the general curriculum. There are no areas of concern academically, and he appears to be developing excellent study and problem-solving skills as well. No detracting behaviors or issues in the classroom.

» **Adverse Impact Summary**

Per triennial assessment dated 5/30/12, ██████████ blindness has adverse, negative impact on his general education. Because of his blindness ██████████ is not able to visually access and process the materials and presentations that are provided to his sighted peers in the general education curriculum. He requires specially designed instruction provided by a Teacher of the Visually Impaired, and supported by a braille certified educational assistant in the classroom, in order to develop the needed compensatory skills for his lack of vision.

Vision

(From Last Locked Evaluation 05/30/2012)

██████████ blindness has adversely negative impact on his general education. Because of his blindness, ██████████ is not able to visually access and process the materials and presentations that are provided to his sighted peers in the general education curriculum. He requires specially designed instruction provided by a Teacher of the Visually Impaired, supported by a Braille-certified Educational Assistant, in order to develop the needed compensatory skills for his lack of vision: Braille reading and writing, math tool skills, and assistive technology skills. ██████████ needs to have a 1-on-1 Braille-certified educational assistant available to him for accessing and processing the educational materials and visual presentations throughout the school day when he is in the general education environment with his sighted peers.

Recommendations:

In order to progress in the general education curriculum as his sighted peers do, ██████████ needs the following accommodations and modifications:

- All print materials provided in Braille and/or, when preferred and appropriate, in auditory mode
- Tactile models and presentations of maps, graphs
- Verbal explanations of visually presented concepts
- Extra time and/or shorter assignments if necessary
- Modifications of assignments as needed for clarification and/or execution of visual concepts

██████████ will need the following adaptive equipment in order to progress in the general education curriculum with his sighted peers:

- Braille writer
- Abacus
- Braille Note
- Computer access with Talking Typer and JAWS installed
- Slate and Stylus
- White cane

Present Level of Educational Performance

Meeting Date: 06/09/2014

Compensatory Math Tools include: Braille Nemeth (math code), abacus, and individualized math instruction with appropriate tactile materials as needed for math concept development; Adaptive Technology include: (but not limited to) keyboarding, Braille Note, JAWS, auditory tools such as mp3 player, downloading skills, and use of the internet. Over the next 3 years, determinations may need to be made as to what technological tools would be the most appropriate for [REDACTED] as new technologies emerge and his skills develop.

9/17/12 – The Performance Checklist for Visual Impairment records skills in the area of Basic Academics, Maximizing use of Sensory Abilities, Accessing Information in Ink Print, Competence in Orientation and Mobility, Productivity, Personal Management, and Social and Interpersonal Relations. This inventory of skills indicated that [REDACTED] currently has the daily living skills necessary for his grade/age. A separate statement pertaining to Orientation and Mobility will be made by [REDACTED] Orientation and Mobility instructor.

6/9/14 Present Levels of Performance

[REDACTED] is an accomplished braille reader and writer. He produces all classroom assessments in braille or electronic format. He uses Nemeth (braille code for mathematics and scientific notation) appropriately when accessing his math curriculum and answering questions. [REDACTED] uses the Literary and Nemeth braille code with 100% accuracy including signs of operation. There are no concerns regarding [REDACTED] skill to read and braille his grade level assignments in literacy or math. He has access to certificated braille staff should he have questions during assignments.

Given a classroom assignment which requires of graph or table to analyze data, [REDACTED] requires some support to set up the graph or table. He made gains in this area over the last IEP period. He understands the concept of why data can be analyzed in this format, but still requires some support to set up the graph or table in a special format.

[REDACTED] has made great gains this year using the cranmer abacus. He has the skill to calculate addition, subtraction, division, multiplication, fractions and decimals equations using the abacus. This is a skill that students need to revisit periodically to maintain skill.

[REDACTED] skill to use JAWS (screen reading software) has significantly improved this last year. Using the WORD platform, [REDACTED] can create, open, save and edit documents. He knows where his cursor is within the document at all times, can copy and paste information from one document to another, tab between documents, and complete cloze assignments. At the time of this writing, [REDACTED] was typing 43 words per minute. The next level of learning is creating folders, rename documents/folders, and delete documents with in the list view menu. This will be necessary as [REDACTED] continues to become independent and learns to organize his documents and files. [REDACTED] has 0% skill in these areas.

Using JAWS to access the Internet is an important component of classroom research [REDACTED] has done well learning how to navigate the internet and web pages. [REDACTED] can access the internet, access the address bar to type in search criteria, access links, search a web page by heading and paragraphs, and go back to the previous page. [REDACTED] has learned how to access the Merriam Dictionary Online and use this resource to answer vocabulary questions. He can also copy and paste information from a web page to a WORD document when needed. The next step for [REDACTED] in learning to use JAWS within the internet is learning how to navigate difficult pages, use form fields within web pages, and navigate tables on web pages. [REDACTED] has 0% skill in this area.

When using the internet to complete classroom assignments, [REDACTED] is still learning to listen to small segments of information, pause, take notes, and continue listening. His sighted peers have the advantage of visually seeing and scanning a web page quickly for information. JAWS users must listen to information, sometimes more than once, in order to filter needed information from extraneous information. [REDACTED] would benefit from Specially Designed Instruction in the area of using JAWS with a PC and an iPad using a keyboard and refreshable braille display. Because [REDACTED] classroom has several research based assignments during an academic year, [REDACTED] requires this skill to access his education alongside his sighted peers. His classroom teacher and vision assistant report that [REDACTED] skill to digest information using the internet and take notes independently in this area is less than 40%. This includes the skill to read books and record notes in an incremental fashion in order to complete classroom assignments.

[REDACTED] has been learning how to export documents from his Braille Note into a WORD doc., open the document, edit content, change font, and format the document. By doing this he is generating documents and assignments that are ready to turn in to his instructor directly. He is also at the beginning stages of coping and pasting that document into the

Present Level of Educational Performance

Meeting Date: 06/09/2014

Duxbury software (print to braille translation program) in order to emboss a braille copy for himself. He requires verbal prompts to complete this process. At this time he completes the process independently 0% of the time.

Overall [redacted] is a strong learner. He is learning technology for the blind and is applying those skills in the classroom. It is expected that [redacted] will learn and apply the "next step" skills and be independent using those skill by the end of this IEP term.

Orientation and Mobility

Significant findings: [redacted] qualifies for specialized instruction under the category of related service.

Educational impact:

Without orientation and mobility:

[redacted] would be unable to be independent in the school setting.

[redacted] would be unable to travel outdoor routes independently.

present levels

[redacted] has been working on routes in a familiar Snohomish Neighbor Hood. He is able to build a tactile map of the grid with 3 blocks and six different streets. He is able to locate the streets and find landmarks. It's interesting that the land marks he finds most efficiently are the intersections of streets. Sometimes he can't remember the buildings as landmarks. He is correctly identifying which building it is about 50% of the time. But the intersections about 75% of the time.) It's funny what he uses as landmarks. This year in addition to the intersections he will need to also focus a bit more on the buildings that are within the route. With passive and active echolocation he can determine that there is a building. He or most but does not always know what building it is that is present. [redacted] is doing well at the familiar 2nd and maple lighted street crossing. He is able to cross the street using parallel traffic on his left and right about 90% of the time. I am really pleased that he is doing this more consistently now. [redacted] is able to identify the cardinal direction he is traveling in, what side of the street he is on and where the other streets on the map are at when in route about 85% of the time. In general [redacted] ability to know where he is in space along the route of a large area is quite good.

Secondary Transition

Meeting Date: 06/09/2014

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: 06/16/2021

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 in 5th grade. Transition data and post high school outcomes will be addressed at a later date. | |
| Transition Services | Staff / Agency Responsible |
| | |

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 ****

Measurable Annual Goals

Meeting Date: 06/09/2014

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: Vision-Computer

Supports the student's post secondary goals: Yes No

By 06/08/2015, when given an assignment to create files and folders using the WORD platform, [redacted] will create files and folders and maintain organized files for retrieval at will, improving the skill to maintain electronic files for classroom projects requiring several written components, from creating files and folders independently 0% of the time, to independently creating files and folders and maintaining electronic files for classroom projects requiring several written components with 100% accuracy, as measured by demonstration and teacher collected data.

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

- Copy of Goal Page Written in Report Card Written Progress Report Other:

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

Annual Goal: Vision-JAWS/Internet

Supports the student's post secondary goals: Yes No

By 06/08/2015, when given an assignment which requires navigation of difficult web pages, form fields within web pages, and navigating tables on web pages, [redacted] will increase his skill to perform these tasks, improving the skill to access information and use form fields to generate information for classroom assignments from requiring assistance 100% of the time, to independently using his skills to navigate difficult pages, use form fields within web pages, and navigate tables on web pages 100% of the time as measured by performance and teacher collected data.

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

- Copy of Goal Page Written in Report Card Written Progress Report Other:

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

Annual Goal: Vision-technology

Supports the student's post secondary goals: Yes No

By 06/08/2015, when given an assignment to research or read information requiring incremental note taking, [redacted] will use JAWS with a PC and/or an iPad with a keyboard and refreshable braille display to take notes per classroom assignment criteria, improving the skill to use these technology avenues to access and complete classroom assignments along side his sighted peers, from using JAWS with a PC and/or an iPad with a keyboard and refreshable braille display to take notes per classroom assignment criteria, with less than 40% independence, to developing the skill to accomplish these tasks with 100% independence, as measured by performance and teacher collected data.

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

- Copy of Goal Page Written in Report Card Written Progress Report Other:



Measurable Annual Goals

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

Annual Goal: Vision-technology

Supports the student's post secondary goals: Yes No

By 06/08/2015, when given an assignment to export documents from his Braille Note into a WORD doc., open the document, edit content, change font, and format the document [redacted] will complete these tasks improving his skill to prepare assignments in a format that can be submitted directly to his classroom instructor, from completing these tasks with verbal support 100% of the time, to completing these tasks independently 100% of the time, as measured by performance and teacher collected data.

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Annual Goal: O&M

By 06/08/2015, when given a specific building along a route [redacted] will with passive or active echolocation identify specific familiar buildings along a familiar route. improving landmarks and echolocation skills from 50% of the time to 90% of the time as measured by COMS

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Annual Goal: O&M

By 06/08/2015, when given a lighted intersection [redacted] will use parallel traffic to safely cross improving street crossing skills from 90% of the time independently and safely to 100% of the time independently and safely as measured by COMS

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Program Accommodations/ Modifications and Support for School Personnel

Meeting Date: 06/09/2014

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 |
|--|-----------|--------------------------|--------------------------|
| Assistive Technology: Braille Note, Computer with JAWS, White Cane, Perkins Braille, Abacus, refreshable braille display | Daily | General & SPED Education | 06/09/2014 to 06/08/2015 |
| Presentation: Model task/ask student to repeat instructions (for visually impaired students) | As Needed | General Education | 06/09/2014 to 06/08/2015 |
| Presentation: Modified assignments | As Needed | General Education | 06/09/2014 to 06/08/2015 |
| Presentation: Use large print/Braille/recorded books | Daily | General Education | 06/09/2014 to 06/08/2015 |
| Presentation: Read class materials/directions orally | As Needed | General Education | 06/09/2014 to 06/08/2015 |
| Setting: Take test in separate location | As Needed | General Education | 06/09/2014 to 06/08/2015 |
| Testing Accommodation: Braille and Large Print | Daily | General Education | 06/09/2014 to 06/08/2015 |
| Testing Accommodation: More than One Day for a Test Session | As Needed | General Education | 06/09/2014 to 06/08/2015 |
| Testing Accommodation: More Time | As Needed | General Education | 06/09/2014 to 06/08/2015 |

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



Snohomish School District

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360-563-7308

Program Accommodations/ Modifications and Support for School Personnel

| Support(s) | Frequency | Location | Duration m/d/y to m/d/y |
|--|------------------|-------------------|--------------------------------|
| Vision Assistant will receive training and intervention strategies from the Teacher of the Visually Impaired. | As Needed | General Education | 06/09/2014 to 06/08/2015 |
| Collaboration time between General Education Instructors and TVI to insure appropriate support and accommodations in the classroom | As Needed | General Education | 06/09/2014 to 06/08/2015 |

State or Districtwide Assessments of Student Achievement

Meeting Date: 06/09/2014

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

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

| Assessment | Participation | | Accommodations Modifications | | If YES, List Accommodation(s) and/or Modification(s) by Assessment |
|--|---------------|----|------------------------------|----|--|
| | Yes | No | Yes | No | |
| State-Measurement of Student Progress (MSP) | | | | | |
| Math | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Use large print/Braille/recorded books, Read class materials/directions orally, Take test in separate location, Braille and Large Print. More than One Day for a Test Session, More Time |
| Reading | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Use large print/Braille/recorded books, Read class materials/directions orally, Take test in separate location, Braille and Large Print. More than One Day for a Test Session, More Time |
| Science | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Use large print/Braille/recorded books, Read class materials/directions orally, Take test in separate location, Braille and Large Print. More than One Day for a Test Session, More Time |
| Writing | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Use large print/Braille/recorded books, Read class materials/directions orally, Take test in separate location, Braille and Large Print. More than One Day for a Test Session, More Time |
| Districtwide | | | | | |
| District Levels testing | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Use large print/Braille/recorded books, Read class materials/directions orally, Take test in separate location, Braille and Large Print. More than One Day for a Test Session, More Time |

Snohomish School District

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Special Education and Related Services

Meeting Date: 06/09/2014

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 06/09/2014 - 06/08/2015

| Concurrent | Service(s) | Service Provider for Delivering Service | Monitor | Frequency | Location (setting) | Start Date | End Date |
|--------------------------|------------------------|---|------------------|-----------------------------|--------------------|------------|------------|
| Related | | | | | | | |
| No | Orientation & Mobility | O & M Specialist | O & M Specialist | 1 Hours / 2 Times Weekly | Special Education | 06/09/2014 | 06/08/2015 |
| Special Education | | | | | | | |
| No | Vision | Vision Teacher | Vision Teacher | 60 Minutes / 4 Times Weekly | Special Education | 06/09/2014 | 06/08/2015 |

Total minutes per week student spends in school: 1780 minutes per week
 Total minutes per week student is served in a special education setting: 360 minutes per week
 Percent of time in general education setting: 79.78% 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 EA assistance | Paraeducator | Vision Teacher | 1750 Minutes / 1 Times Weekly | General Education | 06/09/2014 | 06/08/2015 |
| No | Para - Materials Modification | EA Materials Modification | Vision Teacher | 200 Minutes / 1 Times Weekly | General Education | 06/09/2014 | 06/08/2015 |
| No | Braille Transcriber | Braille Transcriber | Vision Teacher | 2000 Minutes / 1 Times Weekly | Special Education | 06/09/2014 | 06/08/2015 |

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: 06/09/2014 - 06/08/2015

| 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 | | | | | |
| 0-39% in Regular Class | | | | | |
| Public/private separate day school | | | | | |
| Public/Private residential | | | | | |
| Correctional Facility | | | | | |
| Private/Home School Placement by Parents | | | | | |
| Homebound/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:

Orientation and Mobility is provided outside the general education setting to give the student travel experience within the community.

requires Specially Designed Instruction in an environment where technology designed for blind users is available and the instructor can have a constant dialogue with the student.

Neighborhood School Explanation:

variance

Transportation: Regular Special
 General PE: Yes No

Other Considerations:



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1601 Avenue D
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360-563-7308

Special Education and Related Services

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

Prior Written Notice

To: _____ Date: 06/09/2014
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:

Description of the proposed or refused action:
_____ continues to qualify for Specially Designed Instruction under the category of a student with visual impairments.

The reason we are proposing or refusing to take action is:
Annual review of _____ IEP is necessary and meets WAC requirements.

Description of any other options considered and rejected:
none. _____ continues to qualify for services.

The reasons we rejected those options were:
NA

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:
Student Performance, Teacher Collected Data, and file review

Any other factors that are relevant to the action:
none

The action will be initiated on: 06/09/2014

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:

Teresa Lang at 360-563-3443

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



Snohomish School District

1601 Avenue D

Snohomish, WA 98290-1799

360-563-7308

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

Snohomish 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.

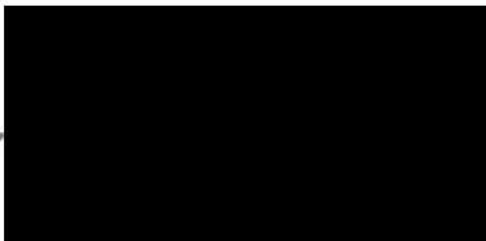
NOTIFICATION OF PARENT/GUARDIAN RIGHTS AND PROTECTIONS

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.

Please use the attached form to select your consent option.



Snohomish School District
1601 Avenue D
Snohomish, WA 98290-1799
360-563-7308

Medicaid Consent

Date: 06/09/2014

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 [REDACTED]

Student's SSID: [REDACTED]

Current School: RIVERVIEW ELEMENTARY

Date of Birth: [REDACTED]

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, Snohomish 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 06/09/2014.

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



EVALUATION TEAM MEMBER SUMMARY
Snohomish School District, Snohomish, WA 98290

Team Member: Nurse SLP OT/PT Other _____
 Student Name: _____ Teacher: Hammer
 Birth Date: _____ Grade: 6th
 School: Riverview Elementary RE-eval X
 Evaluation Due Date: 10/28/2002

Date of Screening: NONE Team Member Name: Linda Rathke, RN

Results: Vision R20/ L20/ Corrective lenses: yes no Referral: yes no

Student is visually impaired (blind), no vision screening completed.

Specific/Significant Concerns:

- Blind
- Post-traumatic stress disorder
- Respiratory: Narrow airway passages. Scheduled to have surgery 8/20/15 to remove scar tissue and open upper airway. Recently failed sleep study, with documented sleep apnea.
- Severe cranial/facial damage due to injury (frequent facial reconstructive surgeries)
- Occasional visits to the health room for minor injuries (bumps & scrapes).

_____ does not currently require medications or a health care plan while at school. Mom coordinates with us when _____ has pre-operative or post-operative needs, which would require any limitations, restrictions, care plan &/or medications.

Linda Rathke _____ RN _____ 5/5/2015
 Signature Title Date

Please complete and return to Bethenee Engelsvold, School Psychologist. Thank you!



Snohomish School District
1601 Avenue D
Snohomish, WA 98290-1799
360-563-7308

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:  Date Sent to Participants: 09/12/2013

This meeting has been scheduled for: Date 09/17/2013 Time 3:15 PM
Location RIVERVIEW ELEMENTARY

If you have any questions or would like additional information or assistance to help you prepare for this IEP meeting, please contact Teresa Lang at 360-563-3443 e-mail teresa.lang@sno.wednet.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):

- Develop an Initial IEP
- Discuss Transition Services
- Discuss Annual Goal Progress
- Consider Termination of Services
- Develop ESY
- Manifestation Determination
- Other:
- Review Current IEP
- Discuss Graduation
- Review Instructional Needs
- Determine Placement
- Discuss Attendance Issues
- Behavioral Intervention Plan

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



- School Psychologist
- Special Education Teacher
- Anjennette Hamme , General Education Teacher
- Speech Language Pathologist
- Occupational/Physical Therapist
- Counselor
- Title/LAP
- Kathy Dalbeck , Vision/O&M
- Teresa Lang , Vision/O&M

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.



Snohomish School District
1601 Avenue D
Snohomish, WA 98290-1799
360-563-7308

Contact Attempt Report

Notification Area: Plan
Meeting Date: 09/17/2013
Time: 3:15 PM
Location: RIVERVIEW ELEMENTARY

| Method | Contact Date | Response Date | Response | Contact Name |
|--------|--------------|---------------|------------|---|
| Letter | 09/12/2013 | 09/13/2013 | Can Attend |  |
| | | | | |
| | | | | |

Individualized Education Program (IEP) Cover Page

Student's Name: [REDACTED] Grade: 05 Age*: 10 Disability (if identified): Visual Impairment
 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: RIVERVIEW ELEMENTARY Is this student's neighborhood school? Yes No

| | | | |
|--------------------------------------|-------------------|---|-------------------|
| Most Recent Evaluation Date | <u>05/30/2012</u> | IEP Start Date | <u>09/17/2013</u> |
| Next re-evaluation must occur before | <u>05/30/2015</u> | Next IEP Start Date must occur before | <u>09/16/2014</u> |
| IEP Meeting Date | <u>09/17/2013</u> | Date parent notified of meeting | <u>09/12/2013</u> |
| Next IEP Meeting must occur before | <u>09/17/2014</u> | Date student notified of meeting (if transition will be discussed) | _____ |

Primary Staff Contact: Teresa Lang, Vision Teacher

Phone Number: 360-563-3443

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

| Excused | Title | Participant Name | Signature |
|--------------------------|---------------------------------|---------------------------|-------------|
| <input type="checkbox"/> | Parent/Guardian | [REDACTED] | [REDACTED] |
| <input type="checkbox"/> | Parent | [REDACTED] | [REDACTED] |
| <input type="checkbox"/> | Parent | [REDACTED] | [REDACTED] |
| <input type="checkbox"/> | School Psychologist | | [Signature] |
| <input type="checkbox"/> | Special Education Teacher | | |
| <input type="checkbox"/> | General Education Teacher | <u>Anjennette Hamme r</u> | [Signature] |
| <input type="checkbox"/> | Speech Language Pathologist | | |
| <input type="checkbox"/> | Occupational/Physical Therapist | | |
| <input type="checkbox"/> | Counselor | | |
| <input type="checkbox"/> | Para-Ed Para-Ed | <u>Tanya Forster</u> | [Signature] |
| <input type="checkbox"/> | Vision/O&M | <u>Kathy Dalbeck</u> | [Signature] |
| <input type="checkbox"/> | Vision/O&M | <u>Teresa Lang</u> | [Signature] |
| <input type="checkbox"/> | Student | [REDACTED] | |
| <input type="checkbox"/> | Principal/Designee | <u>Tammy Jones</u> | [Signature] |
| <input type="checkbox"/> | District Representative | | |
| <input type="checkbox"/> | Special Education Director | | |

* 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: 09/22/2011

Projected Graduation/Exit Date: 06/16/2021

Comments:

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



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Snohomish, WA 98290-1799
360-563-7308

Individualized Education Program (IEP) Cover Page (Review)

Special Education Director

* 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: 09/22/2011

Projected Graduation/Exit Date: 06/16/2021

Comments:

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

Team Considerations

Meeting Date: 09/17/2013

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.
██████████ is a strong academic student and attends all core curriculum academics within the general educational setting. During his 5th grade year he is attending a highly capable program. He is a voracious reader and is interested in a variety of genres. Parents request that ██████████ miss his regular education curriculum as little as possible when considering pull out time for Specially Designed Instruction.
- The results of the student's performance on any general state or district-wide assessments.
██████████ has met standard on all state and district assessments.
- 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.
Not applicable
- The student's assistive technology devices and services needs.
██████████ is a braille reader and writer. He requires the following assistive devices to access his curriculum: Braille Note, Computer with screen reading software (eg: JAWS) Perkins brailier, abacus, white cane, and tools such as a protractor designed for blind users. All materials need to be modified in a braille/tactile or electronic format.
- 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.
Not applicable
- 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.
Not applicable
- 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.
██████████ is a braille reader and writer. All materials need to be modified in a braille/tactile or electronic format. SDI in braille and Nemeth (braille code for mathematical and scientific notation) is provided.

Present Level of Educational Performance

Meeting Date: 09/17/2013

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

██████████ is meeting grade expectations in all areas of the general curriculum. There are no areas of concern academically, and he appears to be developing excellent study and problem-solving skills as well. No detracting behaviors or issues in the classroom

» **Adverse Impact Summary**

Per triennial assessment dated 05/30/12, ██████████ blindness has adverse, negative impact on his general education. Because of his blindness, ██████████ is not able to visually access and process the materials and presentations that are provided to his sighted peers in the general education curriculum. He requires specially designed instruction provided by a Teacher of the Visually Impaired, supported by a Braille-certified Educational Assistant, in order to develop the needed compensatory skills for his lack of vision

Vision

██████████ blindness has a negative impact on his general education. Because of his blindness ██████████ is not able to visually access and process the materials and presentations that are provided to his sighted peers in the general education curriculum. He requires specially designed instruction provided by a Teacher of the Visually Impaired, supported by a Braille-certified Educational Assistant, in order to develop the needed compensatory skills for his lack of vision: Braille reading and writing, math tool skills, and assistive technology skills. ██████████ needs to have a 1-on-1 Braille-certified educational assistant available to him for accessing and processing the educational materials and visual presentations throughout the school day when he is in the general education environment with his sighted peers.

Recommendations:

In order to progress in the general education curriculum as his sighted peers do, ██████████ needs the following accommodations and modifications:

- All print materials provided in Braille and/or, when preferred and appropriate, in auditory mode
- Tactile models and presentations of maps, graphs
- Verbal explanations of visually presented concepts
- Extra time and/or shorter assignments if necessary
- Modifications of assignments as needed for clarification and/or execution of visual concepts

██████████ will need the following adaptive equipment in order to progress in the general education curriculum with his sighted peers:

- Braille writer
- Abacus
- Braille Note
- Computer access with Talking Typer and JAWS installed
- Slate and Stylus
- White cane

Compensatory Math Tools include: Braille Nemeth (math code), abacus, and individualized math instruction with appropriate tactile materials as needed for math concept development; Adaptive Technology include: (but not limited

Present Level of Educational Performance

Meeting Date: 09/17/2013

to) keyboarding, Braille Note, JAWS, auditory tools such as mp3 player, downloading skills, and use of the internet. Over the next 3 years, determinations may need to be made as to what technological tools would be the most appropriate for [redacted] as new technologies emerge and his skills develop.

[redacted] is a well-adjusted 5th grade student attending school in a highly capable regular education setting for all content areas. [redacted] actively participates in class and maintains good relationships with peers and staff. [redacted] has many opportunities to experience and practice self-help and daily living skills at home and in his community. His parents are knowledgeable in the area of blindness and are strong advocates of [redacted] education and independence.

On 09/17/12, The Performance Checklist for Visual Impairment was given to [redacted] parents, his Orientation and Mobility Instructor, and Vision Assistant to complete. The Performance Checklist for Visual Impairment consists of 226 behavioral statements organized into 7 developmental areas: Basic Academics, Maximizing Use of Sensory Abilities, Accessing Information in Ink print, Competence in Orientation and Mobility, Productivity, Personal Management, and Social and Interpersonal Relations. Visual impairment affects an individual in subtle (as well as very obvious) ways.

Limitations include acquiring information as well as independent mobility and self-care. Most of these limitations can be overcome, but it requires some adaptive strategies to do so. The Performance Check list is divided into skills by grade level. [redacted] scored at 100% in all areas on Level B (grades 2-4) and 33% - 100% on level C (grades 5-7). There are no concerns at this time regarding [redacted] daily living or self-help skills as they pertain to a person with blindness. A separate statement regarding Orientation and Mobility will be made by [redacted] Orientation and mobility instructor. Because of [redacted] high level of performance documented in September 2012, additional testing in this area was not conducted for this IEP review.

Given equations [redacted] reads and brailles the Nemeth Code (braille code used in mathematics and scientific notation) using signs for addition, subtraction, multiplication (both the multiplication cross and dot), division using + and \div , fractions and mixed fractions, and parenthesis. He uses the Nemeth code with 100% accuracy using these signs of operation. There are no concerns regarding [redacted] skill to read and braille his grade level mathematical curriculum. He has access to certificated braille staff should he have questions during assignments. Within his highly capable math program students are given critical thinking assignments which are more text based than a series of logarithms or equations. Students are learning to organize their thinking into graphs and charts to determine outcomes and answers. [redacted] requires Specially Designed Instruction to organize his thoughts into this format using braille.

[redacted] receives 1:1 support by a braille certified assistant in his math class. At this time he receives support 100% (10 of 10 trials) to complete math tasks that require graphs and tables.

[redacted] was introduced to using the set and clear method on the abacus during his 4th grade year. He did well and had the skill to independently use the abacus to calculate equation using all signs of operations and fractions.

[redacted] vision assistant reported that at the beginning of his 5th grade year he needed some review particularly when calculating division with 3 or more divisors and dividends.

During [redacted] 4th grade year he was introduced to JAWS (screen reading software for blind computer users). He can independently log on to the computer using his student log on, open a WORD document, word process assignments such as a journal, keep track of the cursor within the document, edit including using the right click option to spell check, print and save his work. He requires some support to copy and paste his writing into a Duxbury (print to braille translation program) where he can then emboss his writing.

Within his general education curriculum students are using the computer to research topics on the internet. [redacted] requires 100% support from a sighted adult to access the internet at school. He has 0 skill using JAWS independently for this task. He requires Specially Designed Instruction to acquire the skill to use JAWS independently.

Orientation and Mobility

[redacted] currently knows how to travel to almost every area in the elementary school he attends. He is confident and capable of traveling with no assistance from staff. He is able to organize and manage his own educational tools including his braille note, brailier, braille books etc. in his classroom. [redacted] understands cardinal directions most of the time. Sometimes just like all people he can get confused with where he is and which way he is traveling. Outdoors [redacted] can travel in a familiar environment locating the landmarks buildings and street corners efficiently with little help from the COMS. However, he is unable to locate familiar landmarks when using a grids. (0 of 10 trials in 2 sessions). He gets confused when we are working a grid and he turns on his perpendicular street making it his parallel. He is unable to locate familiar bu When the COMS purposely takes him off course and out of his line of direction he can find his way back and place himself back into the intended direction of travel most of the time. Sometimes he accidentally uses the traffic sounds from the opposite street that is supposed to be his parallel. He has not been introduced to complicated lost routes. At familiar non-lighted intersections [redacted] is able to use the correct parallel traffic for

Present Level of Educational Performance

Meeting Date: 09/17/2013

crossings. He also understands the lull and can use that as well. [REDACTED] has had difficulty (50% accuracy over 3 sessions) identifying what parallel traffic is at intersections. At non-lighted familiar intersections he knows from memory where the car is supposed to be when he crosses, which makes him cross safely. He still gets confused with clearly understanding parallel and perpendicular traffic. He also gets a little confused at lighted street crossings. [REDACTED] has well developed echolocation skills. When we are in lessons he will use echolocation some of the time but does not always independently choose to use it. As he matures he it will become a natural part of travel for him.

Secondary to his visual impairments [REDACTED] continues to require specially designed instruction in the area of Orientation and Mobility to gain access to the general education setting.

Secondary Transition

Meeting Date: 09/17/2013

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: 06/16/2021

Comments:

I. Post Secondary Goals/Outcomes

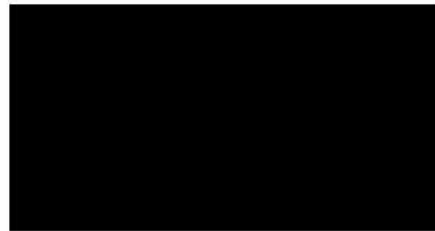
Define and project the desired post-secondary goal as identified by the student, parent, and IEP team in the available content areas. Transition Services may be special education, if provided as specifically designed instruction or related services. These services would be included in the Service Matrix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

| | |
|--|-----------------------------------|
| Content Area: Education/Training | |
| [REDACTED] is in 5th grade. Transition data and post high school outcomes will be addressed at a later date. | |
| Transition Services | Staff / Agency Responsible |
| | |

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 ****



Measurable Annual Goals

Meeting Date: 09/17/2013

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: O&M

Supports the student's post secondary goals: Yes No

By 09/16/2014, when given a lighted street crossing [redacted] will use the surge of parallel traffic at a familiar lighted intersection improving street crossing skills from 50% of the time correct in 3 O&M sessions consecutively to 100% of the time correct in 3 O&M sessions consecutively as measured by COMS

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Annual Goal: O&M

By 09/16/2014, when given a familiar grid [redacted] will locate familiar buildings and landmarks on streets within the grid (not on the current parallel street) improving O&M skills from 0 trials out of 10 correctly in 2 sessions to 9 out of 10 trials correctly in 2 sessions as measured by COMS

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Annual Goal: Vision

Supports the student's post secondary goals: Yes No

By 09/16/2014, when given A task to organize data into a table or list format [redacted] will Organize that data using braille. improving His skill to organize data into a table or list format to draw conclusions about the given data. from Organizing data into a table or list format to draw conclusion about the given date with 100% support. to Organizing data into a table or list format to draw conclusion about the given date with 90% independence and 10% support. as measured by Performance and teacher collected data

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Measurable Annual Goals

Annual Goal: Vision

Supports the student's post secondary goals: Yes No

By 09/16/2014, when given An assignment to research information using JAWS to access the internet [redacted] will Select a minimum of 3 links pertaining to a specific topic, open the links, and use commands to access text on a specific web page. improving His skill to access internet information using JAWS independently. from Selecting a minimum of 3 links pertaining to a specific topic, open the links, and use commands to access text on a specific web page with 100% support and 0% independence. to Selecting a minimum of 3 links pertaining to a specific topic, open the links, and use commands to access text on a specific web page with 50% support and 50% independence. as measured by Performance and teacher collected data.

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Program Accommodations/ Modifications and Support for School Personnel

Meeting Date: 09/17/2013

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 |
|--|-----------|-------------------|--------------------------|
| Assistive Technology: Braille Note, Computer with JAWS, White Cane, Perkins Braille, Abacus, | Daily | General Education | 09/17/2013 to 09/16/2014 |
| Presentation: Model task/ask student to repeat instructions (for visually impaired students) | As Needed | General Education | 09/17/2013 to 09/16/2014 |
| Presentation: Modified assignments | As Needed | General Education | 09/17/2013 to 09/16/2014 |
| Presentation: Use large print/Braille/recorded books | Daily | General Education | 09/17/2013 to 09/16/2014 |
| Presentation: Read class materials/directions orally | As Needed | General Education | 09/17/2013 to 09/16/2014 |
| Setting: Take test in separate location | As Needed | General Education | 09/17/2013 to 09/16/2014 |
| Testing Accommodation: Braille and Large Print | Daily | General Education | 09/17/2013 to 09/16/2014 |
| Testing Accommodation: More than One Day for a Test Session | As Needed | General Education | 09/17/2013 to 09/16/2014 |
| Testing Accommodation: More Time | As Needed | General Education | 09/17/2013 to 09/16/2014 |

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

Program Accommodations/ Modifications and Support for School Personnel

| Support(s) | Frequency | Location | Duration m/d/y to m/d/y |
|--|------------------|-------------------|--------------------------------|
| Para educator will receive training and intervention strategies from the Teacher of the Visually Impaired. | As Needed | General Education | 09/17/2013 to 09/16/2014 |
| Collaboration time between General Education Instructors and TVI to insure appropriate support and accommodations in the classroom | As Needed | General Education | 09/17/2013 to 09/16/2014 |

State or Districtwide Assessments of Student Achievement

Meeting Date: 09/17/2013

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

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

| Assessment | Participation | | Accommodations Modifications | | If YES, List Accommodation(s) and/or Modification(s) by Assessment |
|--|---------------|----|------------------------------|----|--|
| | Yes | No | Yes | No | |
| State-Measurement of Student Progress (MSP) | | | | | |
| Math | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Modified assignments, Use large print/Braille/recorded books, Read class materials/directions orally, Take test in separate location, Braille and Large Print, More than One Day for a Test Session, More Time |
| Reading | X | | X | | Use large print/Braille/recorded books, Read class materials/directions orally, Take test in separate location, Braille and Large Print, More than One Day for a Test Session, More Time, Model task/ask student to repeat instructions (for visually impaired students), Modified assignments |
| Science | X | | X | | Use large print/Braille/recorded books, Read class materials/directions orally, Take test in separate location, Braille and Large Print, More than One Day for a Test Session, More Time, Model task/ask student to repeat instructions (for visually impaired students), Modified assignments |
| Writing | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Modified assignments, Use large print/Braille/recorded books, Read class materials/directions orally, Take test in separate location, Braille and Large Print, More than One Day for a Test Session, More Time |
| Districtwide | | | | | |
| District Levels testing | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Modified assignments, Use large print/Braille/recorded books, Read class materials/directions orally, Take test in separate location, Braille and Large Print, More than One Day for a Test Session, More Time |

Snohomish School District

1601 Avenue D
 Snohomish, WA 98290-1799
 360-563-7308

Special Education and Related Services

Meeting Date: 09/17/2013

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 09/17/2013 - 09/16/2014

| Concurrent | Service(s) | Service Provider for Delivering Service | Monitor | Frequency | Location (setting) | Start Date | End Date |
|--------------------------|------------------------|---|------------------|-----------------------------|--------------------|------------|------------|
| Related | | | | | | | |
| No | Orientation & Mobility | O & M Specialist | O & M Specialist | 1 Hours / 1 Times Weekly | Special Education | 09/17/2013 | 09/16/2014 |
| Special Education | | | | | | | |
| No | Vision | Vision Teacher | Vision Teacher | 60 Minutes / 4 Times Weekly | Special Education | 09/17/2013 | 09/16/2014 |

Total minutes per week student spends in school: 1780 minutes per week
 Total minutes per week student is served in a special education setting: 300 minutes per week
 Percent of time in general education setting: 83.15% 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 EA assistance | Paraeducator | Vision Teacher | 1750 Minutes / 1 Times Weekly | General Education | 09/17/2013 | 09/16/2014 |
| No | Para - Materials Modification | EA Materials Modification | Vision Teacher | 200 Minutes / 1 Times Weekly | General Education | 09/17/2013 | 09/16/2014 |
| No | Braille Transcriber | Braille Transcriber | Vision Teacher | 490 Minutes / 1 Times Weekly | Special Education | 09/17/2013 | 09/16/2014 |

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: 09/17/2013 - 09/16/2014

| 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 | | | | | |
| 0-39% in Regular Class | | | | | |
| Public/private separate day school | | | | | |
| Public/Private residential | | | | | |
| Correctional Facility | | | | | |
| Private/Home School Placement by Parents | | | | | |
| Homebound/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:

Orientation and Mobility is provided outside the general education classroom to give the student travel experience within the community. SDI in braille and technology is given outside the general education setting due to constant dialogue between teacher and student.

Transportation: Regular Special
 General PE: Yes No

Other Considerations:

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



Snohomish School District
 1601 Avenue D
 Snohomish, WA 98290-1799
 360-563-7308

Prior Written Notice

To: [Redacted] Date: 09/21/2013
 Re: Student's Name: [Redacted]

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:

Description of the proposed or refused action:
 Annual review of [Redacted] IEP as required by law

The reason we are proposing or refusing to take action is:
 [Redacted] current IEP expires on 9/24/13

Description of any other options considered and rejected:
 [Redacted] continues to qualify as a student with visual impairments and is in need of Specially Designed Instruction in the areas of Braille, Technology, and Orientation & Mobility.

The reasons we rejected those options were:
 none

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:
 Student performance, teacher collected data, and file review

Any other factors that are relevant to the action:
 none

The action will be initiated on: 09/23/2013

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:

Teresa Lang at 360-563-3443

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

Snohomish School District

1601 Avenue D
Snohomish, WA 98290-1799
360-563-7308

Medicaid Consent

Date: 09/17/2013

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 Number: _____

Current School: RIVERVIEW ELEMENTARY

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, Snohomish 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 09/17/2013.

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.

9/30/13
Date

✓

Snohomish School District
1601 Avenue D
Snohomish, WA 98290-1799
360-563-7308

Review Individualized Education Program (IEP) Invitation

To: _____ Date Sent to Participants: 09/11/2012

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: _____ | _____ |

This meeting has been scheduled for: Date 09/24/2012 Time 3:13 PM
Location Riverview Elementary Conference Room

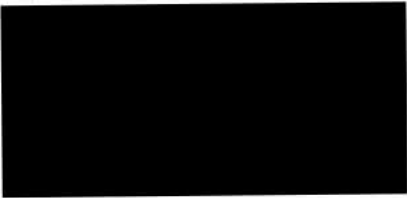
The following are invited to attend and participate in the Review meeting:

- _____
Peggy Pankow , General Education Teacher
Kathy Dalbeck , Vision/O&M
District Representative
Teresa Lang , Other
Tanya Forster , Other

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 Teresa Lang at 360-563-3443 e-mail teresa.lang@sno.wednet.edu.


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



Snohomish School District
1601 Avenue D
Snohomish, WA 98290-1799
360-563-7308

Contact Attempt Report

Notification Area: Plan
Meeting Date: 09/24/2012
Time: 3:13 PM
Location: Riverview Elementary Conference Room

| Method | Contact Date | Response Date | Response | Contact Name |
|--------|--------------|---------------|------------|---|
| Letter | 09/11/2012 | 09/11/2012 | Can Attend |  |
| | | | | |
| | | | | |

Individualized Education Program (IEP) Cover Page

Student's Name: [Redacted] Grade: 04 Age*: 9 Disability (if identified): Visual Impairment
 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: RIVERVIEW ELEMENTARY Is this student's neighborhood school? Yes No

| | | | |
|--------------------------------------|-------------------|---|-------------------|
| Most Recent Evaluation Date | <u>05/30/2012</u> | IEP Start Date | <u>09/24/2012</u> |
| Next re-evaluation must occur before | <u>05/30/2015</u> | Next IEP Start Date must occur before | <u>09/23/2013</u> |
| IEP Meeting Date | <u>09/24/2012</u> | Date parent notified of meeting | <u>09/11/2012</u> |
| Next IEP Meeting must occur before | <u>09/24/2013</u> | Date student notified of meeting (if transition will be discussed) | _____ |

Primary Staff Contact: Teresa Lang, Vision Teacher
 Phone Number: 360-563-3443

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

| Excused | Title | Participant Name |
|--------------------------|---------------------------|------------------|
| <input type="checkbox"/> | Parent | [Redacted] |
| <input type="checkbox"/> | General Education Teacher | Peggy Pankow |
| <input type="checkbox"/> | Vision/O&M | Kathy Dalbeck |
| <input type="checkbox"/> | District Representative | [Redacted] |
| <input type="checkbox"/> | Other | Teresa Lang |
| <input type="checkbox"/> | Other | Tanya Forster |
| <input type="checkbox"/> | Principal | [Redacted] |
| <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: 09/22/2011 Projected Graduation/Exit Date: 06/16/2020

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

Team Considerations

Meeting Date: 09/24/2012

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

- The strengths of the student and the concerns of the parents for enhancing the education of their child.
[REDACTED] is a well-adjusted 4th grade student attending school in a regular education setting for all content areas. He is a voracious reader and is interested in a variety of reading genres. [REDACTED] actively participates in class and maintains good relationships with peers and staff. His mom, [REDACTED] has expressed a desire to keep [REDACTED] in his general education classroom and keep pull out services to a minimum. [REDACTED] has many opportunities to experience and practice self-help and daily living skills at home and in his community. His parents are knowledgeable in the area of blindness and are strong advocates of [REDACTED] education and independence.
- The results of the student's performance on any general state or district-wide assessments.
Triennial Evaluation dated 05/30/12, indicated [REDACTED] functions at or above grade level in all academic areas as measured by curriculum assessments and CBM (district) assessments.
- 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.
There are no concerns in the area of communication.
- The student's assistive technology devices and services needs.
[REDACTED] is a braille reader and writer. He requires the following assistive devices to access his curriculum. Braille Note, Abacus, Perkins brailler, Computer with screen reading software (eg: JAWS), and cane. All materials need to be modified in a braille or tactile format.
- 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 concerns in the area of behavior.
- 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.
There are no concerns in the area of language.
- 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] is totally blind. He access all of his curriculum in a braille, tactile, or auditory format.

Present Level of Educational Performance

Meeting Date: 09/24/2012

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.**

Vision and Mobility

blindness has a pervasively negative impact on his general education. Because of his blindness is not able to visually access and process the materials and presentations that are provided to his sighted peers in the general education curriculum. He requires specially designed instruction provided by a Teacher of the Visually Impaired, supported by a Braille-certified Educational Assistant, in order to develop the needed compensatory skills for his lack of vision: Braille reading and writing, math tool skills, and assistive technology skills. needs to have a 1-on-1 Braille-certified educational assistant available to him for accessing and processing the educational materials and visual presentations throughout the school day when he is in the general education environment with his sighted peers.

Recommendations:

In order to progress in the general education curriculum as his sighted peers do, needs the following accommodations and modifications:

- All print materials provided in Braille and/or, when preferred and appropriate, in auditory mode
- Tactile models and presentations of maps, graphs
- Verbal explanations of visually presented concepts
- Extra time and/or shorter assignments if necessary
- Modifications of assignments as needed for clarification and/or execution of visual concepts

will need the following adaptive equipment in order to progress in the general education curriculum with his sighted peers:

- Braille writer
- Abacus
- Braille Note
- Computer access with Talking Typer and JAWS installed
- Slate and Stylus
- White cane

Compensatory Math Tools include: Braille Nemeth (math code), abacus, and individualized math instruction with appropriate tactile materials as needed for math concept development; Adaptive Technology include: (but not limited to) keyboarding, Braille Note, JAWS, auditory tools such as mp3 player, downloading skills, and use of the internet. Over the next 3 years, determinations may need to be made as to what technological tools would be the most appropriate for as new technologies emerge and his skills develop.

On 09/17/12, The Performance Checklist for Visual Impairment was given to parents, his Orientation and Mobility Instructor, and Vision Assistant to complete. The Performance Checklist for Visual Impairment consists of 226 behavioral statements organized into 7 developmental areas: Basic Academics, Maximizing Use of Sensory Abilities, Accessing Information in Ink print, Competence in Orientation and Mobility, Productivity, Personal Management, and Social and Interpersonal Relations. Visual impairment affects an individual in subtle (as well as very obvious) ways.

Limitations include acquiring information as well as independent mobility and self-care. Most of these limitations can be overcome but it requires some adaptive strategies to do so. The Performance Check list is divided into skills by grade level. scored at 100% in all areas on Level B (grades 2-4) and 33% - 100% on level C (grades 5-7). There are no concerns at this time regarding daily living or self-help skills as they pertain to a person with blindness. A separate statement regarding Orientation and Mobility will be made by Orientation and mobility instructor.

Given a reading passage from a grade level novel read with speed and fluency in fully contracted braille. His

Present Level of Educational Performance

Meeting Date: 09/24/2012

scored at 100% comprehension. [REDACTED] uses the Braille Note or Perkins brailier to access curriculum and record responses. He uses the contracted braille code effectively. There are no concerns regarding [REDACTED] skill to read and braille using the contracted braille code and the rules that govern that code within his literacy curriculum.

Given grade level equations [REDACTED] read and brailled the Nemeth Code (braille code used in mathematics and scientific notation) using signs for addition, subtraction, multiplication (both the multiplication cross and dot), division using \div and $\sqrt{\quad}$, fractions and mixed fractions, and parenthesis. He used the Nemeth code with 100% accuracy using these signs of operation. There are no concerns regarding [REDACTED] skill to read and braille his grade level mathematical curriculum. He has access to certificated braille staff should he have questions during assignments.

[REDACTED] had been using the counting method on the abacus. This is a beginner level technique and quickly becomes inefficient as mathematical equations become more complex. At the time of this writing [REDACTED] had the opportunity (3 weeks) to learn and practice the set and clear method which is suited for higher level equations including computing equations containing fractions. [REDACTED] can independently calculate two digit multipliers by two digit multiplicands with 50% accuracy. He has 0% skill using the set and clear method to solve division equations or equations involving fractions.

[REDACTED] reports that he has not used JAWS (screen reading software) and has 0% skill using screen reading software (eg: JAWS) to complete classroom assignments or access curriculum.

[REDACTED] does use Voice Over and has a good working knowledge of using an i-pad to access audio books.

ORIENTATION AND MOBILITY IN "OTHER" SECTION.

Other

Orientation and Mobility

Assessment:

Basic Cane Skills:

[REDACTED] is able to perform constant contact, cane trailing indoor and outdoor, shorelineing, the door technique, placing the cane at a diagonal at street crossings, and he stays in step almost 100% of the time. [REDACTED] is proficient with all of his cane skills. The only problem he really has is that even though he knows to arch his cane a full arch from left to right (shoulder to shoulder) he tends not to do this. When this happens sometimes he runs into objects and or obstacles. The reason for the full arch is to prevent this from happening.

Indoor orientation and route travel:

[REDACTED] knows and is independent in the main locations and areas he needs to access in his classroom. He does not usually need help to travel to a given area in the classroom. He is able to load and unload his own backpack. He is able to hang it and his coat on the coat rack outside his room. He is able to locate the door, his desk, and the homework turn in area in the classroom. He knows where to get all of his paper, work, books, brailier and braille note on his shelves and desk in his own work area. [REDACTED] is considered independent in his classroom.

[REDACTED] is able to travel to almost every area in his elementary school at Riverview elementary independently with his cane. The places he travels to and from most frequently are: his classroom, the braille room, the gym, the commons, the library, the bathroom, the main office, the playground, and the computer lab. [REDACTED] is able to navigate the lunch room and eat independently during lunch at school. [REDACTED] is considered independent in route travel in his elementary school.

Residential and business area travel:

[REDACTED] is able to perform route travel outdoors. This year he was working on traveling from the corner of 2nd and main to "C" Ave. in Snohomish. He easily memorizes the route. He can cross at non-lighted street crossings safely with the technique of a "lull." He is also usually able to safely cross at a non-lighted street crossing with when a lull is not possible, using parallel traffic. Lighted street crossings are emerging for [REDACTED]. Lighted street crossings are a little more difficult as traffic patterns are different at each. It also differs from a non-lighted crossing when using parallel traffic because one has to wait for the sound of surge of parallel traffic after the light changes to green. This can easily be confused with left or right hand turns. [REDACTED] is still learning where the 4 corners of the intersections are and how they are set up. Lighted street crossing skill is slightly above [REDACTED] developmental level. We still however, have

Present Level of Educational Performance

Meeting Date: 09/24/2012

been working on it and will continue.

After shown 2 to 3 times [REDACTED] can identify almost exactly where the sidewalk meets the street. [REDACTED] as all non-sighted travelers, will sometimes veer away from traffic in a business area, either into a parking lot or open area near the sidewalks. [REDACTED] knows the technique of listening to where the traffic is and moving back toward it to regain his correct line of direction on the sidewalk. Sometimes there are tricky spots but we teach those as isolated incidents.

[REDACTED] can with review, remember his cardinal directions when on outdoor routes.

Orientation and routes inside stores:

[REDACTED] has been working in Fred Meyer. He is able to locate Starbucks independently from the north outside door. He is able to order his own drink, and pay using a debit card with the key pad independently. From there he is able to independently locate the sitting area, find a table and sit down to drink his hot chocolate. [REDACTED] has been recently introduced and oriented to the peripheral of Fred Meyer. Almost all grocery stores has a very similar peripheral set up; there for it is easy to teach this and to use these as landmarks for locating other areas in the store. [REDACTED] is able to from the east garden door; locate the sporting goods section about 85% of the time. He is also able to locate the sporting goods and toys from the south door about 85% of the time. He is able to locate the cash register from the sporting goods about 90% of the time without help. He can use a debit card with the key pad independently from his COMS. He is also able to pay using cash. When using cash he is able to use the money reader in the IPAD to determine if he got the correct bill denominations back as change.

GPS:

[REDACTED] has not yet been introduced to a GPS.

Measurable Annual Goals

Meeting Date: 09/24/2012

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: Vision

Supports the student's post secondary goals: Yes No

By 09/23/2013, when given a multiplication equation with 2 or more multipliers and multiplicands [redacted] will compute the equation using the set and clear method on the crammer abacus, improving his skill to use the abacus as a viable computation tool from 50% accuracy to 100% accuracy as measured by performance and teacher collected data by 9/23/13.

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

X Copy of Goal Page Written in Report Card Written Progress Report

Other:

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

Annual Goal: Vision

Supports the student's post secondary goals: Yes No

By 09/23/2013, when given an equation containing fractions [redacted] will compute the equation using the set and clear method on the crammer abacus, improving his skill to use the abacus as a viable computation tool from 0% accuracy to 100% accuracy as measured by performance and teacher collected data by 9/23/13.

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

X Copy of Goal Page Written in Report Card Written Progress Report

Other:

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

Annual Goal: Vision

Supports the student's post secondary goals: Yes No

By 09/23/2013, when given a classroom writing assignment [redacted] will create, open, and save the document, track the cursor and use spell check to edit his assignment using the correct key strokes for screen reading software (eg: JAWS), improving his skill to use the computer and screen reading software developed for blind users from 0% accuracy to 100% accuracy as measured by performance and teacher collected data by 9/23/13.

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

X Copy of Goal Page Written in Report Card Written Progress Report

Other:

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

Measurable Annual Goals

Annual Goal: Vision

Supports the student's post secondary goals: Yes No

By 09/23/2013, when given a division equation with 2 or more digit divisors and dividends, including an equation which yields a quotient with a remainder, [redacted] will compute the equation using the set and clear method on the cramner abacus, improving his skill to use the abacus as a viable computation tool from 0% to 100% as measured by performance and teacher collected data.

How will progress toward this goal be reported? (check all that apply)
X Copy of Goal Page Written in Report Card Written Progress Report
Other:

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

Annual Goal: Orientation and Mobility

By 09/23/2013, when given a route in a business setting [redacted] will find his way back to his intended destination when veering away from his line of direction into ie. parking lots, wrong turns etc. improving efficient business route travel from 0 out of 4 trials to correct in 2 sessions to 4 out of 4 trials correct in 2 sessions as measured by COMS

How will progress toward this goal be reported? (check all that apply)
Copy of Goal Page Written in Report Card Written Progress Report
Other:

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

Annual Goal: Orientation and mobility

By 09/23/2013, when given a GPS [redacted] will locate an address on the current paralell road improving GPS skills from 0 out of 4 trials in 3 sessions to 4 out of 4 trials in 3 sessions as measured by COMS

How will progress toward this goal be reported? (check all that apply)
Copy of Goal Page Written in Report Card Written Progress Report
Other:

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

Program Accommodations/ Modifications and Support for School Personnel

Meeting Date: 09/24/2012

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 |
|--|-----------|-------------------------------|--------------------------|
| Assistive Technology: Braille Note | Daily | General and Special Education | 09/24/2012 to 09/23/2013 |
| Assistive Technology: Computer | Daily | General and Special Education | 09/24/2012 to 09/23/2013 |
| Assistive Technology: White Cane | Daily | General and Special Education | 09/24/2012 to 09/23/2013 |
| Presentation: Model task/ask student to repeat instructions (for visually impaired students) | As Needed | General Education | 09/24/2012 to 09/23/2013 |
| Presentation: Modified assignments | As Needed | General Education | 09/24/2012 to 09/23/2013 |
| Presentation: Read Class Materials/directions orally | As Needed | General Education | 09/24/2012 to 09/23/2013 |
| Presentation: Use Braille/recorded Books | Daily | General and Special Education | 09/24/2012 to 09/23/2013 |
| Presentation: Read class materials orally | As Needed | General Education | 09/24/2012 to 09/23/2013 |
| Setting: Take test in separate location | Daily | General Education | 09/24/2012 to 09/23/2013 |
| Testing Accommodation: Braille or Tactile presentation | Daily | General and Special Education | 09/24/2012 to 09/23/2013 |
| Testing Accommodation: More time and more than one day for a test session | As Needed | General and Special Education | 09/24/2012 to 09/23/2013 |

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



Snohomish School District

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Program Accommodations/ Modifications and Support for School Personnel

Para educator will receive training and intervention strategies from the Teacher of the Visually Impaired (TVI). Collaboration time between General Education Instructors and Teacher of the Visually Impaired to insure appropriate support and accommodations in the classroom.

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State or Districtwide Assessments of Student Achievement

Meeting Date: 09/24/2012

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

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

| Assessment | Participation | | Accommodations Modifications | | If YES, List Accommodation(s) and/or Modification(s) by Assessment |
|--|---------------|----|------------------------------|----|--|
| | Yes | No | Yes | No | |
| State-Measurement of Student Progress (MSP) | | | | | |
| Math | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Read Class Materials/directions orally, Use Braille/recorded Books, Read class materials orally, Take test in separate location, Braille or Tactile presentation, More time and more than one day for a test session |
| Reading | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Read Class Materials/directions orally, Use Braille/recorded Books, Read class materials orally, Take test in separate location, Braille or Tactile presentation, More time and more than one day for a test session |
| Science | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Read Class Materials/directions orally, Use Braille/recorded Books, Read class materials orally, Take test in separate location, Braille or Tactile presentation, More time and more than one day for a test session |
| Writing | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Read Class Materials/directions orally, Use Braille/recorded Books, Read class materials orally, Take test in separate location, Braille or Tactile presentation, More time and more than one day for a test session |
| Districtwide | | | | | |
| District Levels testing | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Modified assignments, Read Class Materials/directions orally, Use Braille/recorded Books, Read class materials orally, Take test in separate location, Braille or Tactile presentation, More time and more than one day for a test session |

Special Education and Related Services

Meeting Date: 09/24/2012

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 09/24/2012 - 09/23/2013

| Concurrent | Service(s) | Service Provider for Delivering Service | Monitor | Frequency | Location (setting) | Start Date | End Date |
|--------------------------|------------------------|---|------------------|-----------------------------|--------------------|------------|------------|
| Related | | | | | | | |
| No | Orientation & Mobility | O & M Specialist | O & M Specialist | 60 Minutes / 1 Times Weekly | Special Education | 09/24/2012 | 09/23/2013 |
| Special Education | | | | | | | |
| No | Vision | Vision Teacher | Vision Teacher | 60 Minutes / 4 Times Weekly | Special Education | 09/24/2012 | 09/23/2013 |

Total minutes per week student spends in school: 1780 minutes per week
Total minutes per week student is served in a special education setting: 300 minutes per week
Percent of time in general education setting: 83.15% 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 | EA assistance | Braille Transcriber | Vision Teacher | 490 Minutes / 1 Times Weekly | Special Education | 09/24/2012 | 09/23/2013 |
| No | EA assistance | EA Materials Modification | Vision Teacher | 200 Minutes / 1 Times Weekly | Special Education | 09/24/2012 | 09/23/2013 |
| No | 1:1 EA assistance | Paraeducator | Vision Teacher | 1750 Minutes / 1 Times Weekly | General Education | 09/24/2012 | 09/23/2013 |

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: 09/24/2012 - 09/23/2013

| 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 | | | | | |
| 0-39% in Regular Class | | | | | |
| Public/private separate day school | | | | | |
| Public/Private residential | | | | | |
| Correctional Facility | | | | | |
| Private/Home School Placement by Parents | | | | | |
| Homebound/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:

Specially Designed instruction in the area of abacus skills and the use of screen reading software requires an environment where the instructor and student can maintain dialog. These are skills that pertain strictly to [redacted]

Other Considerations:

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

Prior Written Notice

To: _____ Date: 09/24/2012
Re: Student's Name: _____

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:
Annual review of _____ IEP as required by law.

The reason we are proposing or refusing to take action is:
_____ current IEP expires on 9/28/2012

Description of any other options considered and rejected:
None

The reasons we rejected those options were:
None

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:
Student performance, Teacher Collected Data, File Review

Any other factors that are relevant to the action:
None

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:

Teresa Lang at 360-563-3443

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

Snohomish School District
1601 Avenue D
Snohomish, WA 98290-1799
360-563-7308

Review Individualized Education Program (IEP) Invitation

To: _____ Date Sent to Participants: 09/22/2011

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: _____ | _____ |

This meeting has been scheduled for: Date 09/29/2011 Time 3:30 PM
Location Christina Parker's Room - 111A

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

Julie Raney . General Education Teacher

Christina Parker . Vision/O&M

Kathy Dalbeck . Vision/O&M

Tammy Jones . District Representative

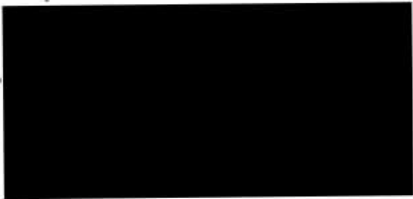
Tanya Forster . Other

Janet Cocking . Other

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 Christina Parker at e-mail christina.parker@sno.wednet.edu.

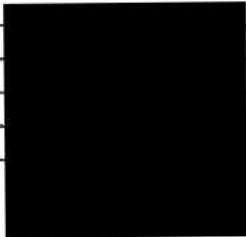
Notice of Procedural Safeguards for Special Education Students and Their Families has been provided to parents.



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Contact Attempt Report

Notification Area: Plan
Meeting Date: 09/29/2011
Time: 3:30 PM
Location: Christina Parker's Room - 111A

| Method | Contact Date | Response Date | Response | Contact Name |
|--------|--------------|---------------|------------|---|
| Letter | 09/22/2011 | 09/22/2011 | Can Attend |  |
| | | | | |
| Email | 09/14/2011 | 09/23/2011 | Can Attend | |
| | | | | |

Excused Team Members

There is a meeting in reference to your child to be held on (date) 09/29/2011 at (time) 3:30 PM
 at (place) Christina Parker's Room - 111A

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: RIVERVIEW ELEMENTARY Grade: 03

Parent/Guardian/Surrogate/Adult Student Name: _____

Address: _____

Home#: _____ Work#: _____

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

| Name | Title | Reason |
|---------------|------------|---|
| Kathy Dalbeck | Vision/O&M | Kathy works out of district and will not be able to arrive in Snohomish until 5PM. She is in constant contact with _____ regarding _____ progress in O&M. |

Documentation of prearranged agreement for excusal

Method of prearranged agreement: Phone

Date of agreement: 9/23/11 Time: _____

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.

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 Student

9/29/11
 Date
29 SEP 11
 Date

 Signature of District Representative

 Date

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 Student

 Date

Individualized Education Program (IEP) Cover Page

Student's Name: _____ IEP Date: 09/30/2011
 Grade: 03 Age*: 8 Disability (if identified): Visual Impairment
 Parent/Guardian/Adult Student: _____ Primary language at home: English
 Parent interpreter needed? Yes No Surrogate parent: Yes No If yes, name: _____
 Home Address: _____
 Phone # (H): _____ Phone # (W): _____
 Attending School: RIVERVIEW ELEMENTARY Is this student's neighborhood school? Yes No
 Most recent evaluation date 06/15/2009 Plan start date 09/30/2011
 Next re-evaluation must occur before this date 06/15/2012 Plan end date 09/28/2012
 Date of Plan meeting 09/29/2011
 Date parent notified of Plan meeting 09/22/2011 Date student notified of Plan meeting _____
 (if transition will be discussed)
 Primary Staff Contact: Christina Parker, Teacher of Visually Impaired
 Phone Number: _____

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 |
|-------------------------------------|--|---------------------------|
| | _____ | Parent |
| | _____ | Parent |
| <input type="checkbox"/> | Julie Raney <i>Julie Raney</i> | General Education Teacher |
| <input type="checkbox"/> | Christina Parker <i>Christina Parker</i> | Vision/O&M |
| <input checked="" type="checkbox"/> | Kathy Dalbeck | Vision/O&M |
| <input type="checkbox"/> | Tammy Jones <i>Tammy Jones</i> | District Representative |
| <input type="checkbox"/> | Tanya Forster <i>Tanya Forster</i> | Other |
| <input type="checkbox"/> | Janet Cocking <i>Janet Cocking</i> | Other |
| <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: 09/22/2011

Projected Graduation/Exit Date: _____

Comments:

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

Team Considerations

Meeting Date: 09/29/2011

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

- The strengths of the student and the concerns of the parents for enhancing the education of their child.
[REDACTED] is an enthusiastic student who loves to learn. He is performing well at an academic level and continues to grow everyday [REDACTED] has excellent verbal skills, good listening skills and is good at following directions. [REDACTED] has adapted extremely well to the new school building and is furthering his independent traveling skills.
- The results of the student's performance on any general state or district-wide assessments.
N/A [REDACTED] will begin taking state-wide assessments this school 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.
This student is not deaf or hard of hearing and requires no specially designed instruction in the area of communication.
- The student's assistive technology devices and services needs.
White Cane, Braille Writer, BrailleNote, Laptop, Abacus, Printer, Shared Embosser, Slate and Stylus
- 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 with this student.
- 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.
This student's primary language at this time is English.
- 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] is a student that is blind. He qualifies for services under the visually impaired category. His blindness directly impacts his ability to read and write and do other tasks requiring vision as his peers are able to do. He requires specially designed instruction in braille skills for all three academic areas of reading, math, and written language. [REDACTED] also needs specially designed instruction in the Expanded Core Curriculum as well as Orientation and Mobility. In addition, he requires 1:1 assistance throughout the school day for following classroom processes in which visual information is presented by the teacher and in using braille equipment to produce academic work.

Present Level of Educational Performance

Meeting Date: 09/29/2011

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.**

Vision and Mobility

Braille Reading:

██████████ can read all 191 braille contractions with 90% accuracy. He can also read grade level braille materials with 95% accuracy on 4 out of 5 trials. ██████████ reading fluency is currently at an average of 80 words per minute. This is a typical reading speed of an average 2nd grade sighted student.

Braille Writing:

██████████ can write multiple paragraphs using correct braille contractions at a speed of 12 words per minute with 95% accuracy on 4 out of 5 trials.

Braille Math:

██████████ can both read and write Nemeth braille addition and subtraction problems with 95% accuracy on 4 out of 5 trials.

Orientation and Mobility:

Nine months ago ██████████ moved to a new school building. He is currently able to locate all pertinent areas of the school (i.e.: cafeteria, gym, office, bathrooms, music room etc.) from his classroom and return. He understands the cardinal directions of where he is within the building and his classroom. He is able to navigate around his classroom to locate the pertinent areas he needs to access. ██████████ has some efficient echo-location skills. He can identify when there is a recess in the wall from about 5-7 feet away from the wall. He can identify by accurately pointing toward large support poles outside on the playground at about 3-5 feet away. ██████████ has begun practicing crossing with parallel traffic at lighted street crossings. We will continue that this year. We will also extend working on echo-location of buildings and structures outdoors at about 20 feet and beyond.

Vision Compensatory Skills:

Typing:

██████████ is able to type 13 of the alphanumeric keys from memory on a standard keyboard 80% of the time on 2 out of 3 trials.

Abacus:

██████████ is able to find answers to math addition and subtraction problems while using the abacus with 90% accuracy on 4 out of 5 trials. ██████████ is currently learning his multiplication facts and has limited experience finding products using his abacus. He currently can find products to multiplication problems on his abacus with 0% accuracy on 4 out of 5 trials.

Slate and Stylus:

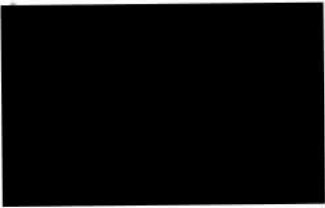
██████████ was recently introduced to the Slate and Stylus for writing short braille notes. ██████████ can currently use the slate and stylus to write braille letters in the correct format with 20% accuracy in 4 out of 5 trials.

Signature:

██████████ can currently hold a print writing tool and form the letters of his name independently. He is beginning to learn how to make a reproducible signature.

BrailleNote:

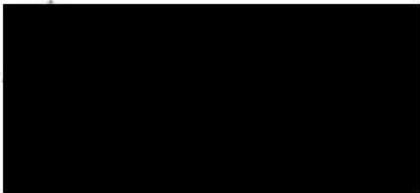
██████████ is able to use his BrailleNote independently for most school and homework activities. His assignment load is increasing and he will need to learn how to access and use his planner on his BrailleNote in order to keep track of his due dates. ██████████ can currently access his Planner function independently and create an event with 20% accuracy on 4 out of 5 trials.



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Present Level of Educational Performance

Meeting Date: 09/29/2011



Measurable Annual Goals

Meeting Date: 09/29/2011

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: Orientation an Mobility: 1

By 09/28/2012, when given a street with a lighted traffic crossing [redacted] will cross the street with parallel traffic improving independent street crossing skills from 0 times independently in 3 consecutive O&M sessions to 5 times independently in 3 consecutive O&M sessions as measured by O&M observation and data.

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Annual Goal: Orientation and Mobility: 2

By 09/28/2012, when given a large area with multiple buildings [redacted] will accurately locate and point to buildings and open spaces between buildings improving echolocation skills from 0 times independently in 3 consecutive O&M lessons to 5 times independently in 3 consecutive O&M lessons as measured by O&M observation and data.

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Annual Goal: Vision: Braille Reading

By 09/28/2012, when given grade level reading passage in braille [redacted] will read passage with a fluency of 125 word per minute improving braille reading fluency from 80 WPM in 4 out of 5 trials to 125 WPM in 4 out of 5 trials as measured by TVI data and observation.

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

- Copy of Goal Page Written in Report Card Written Progress Report
 Other:

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

Annual Goal: Vision: Compensatory: Abacus Multiplication

By 09/28/2012, when given a double digit multiplication problem [redacted] will solve the equation using his abacus

Measurable Annual Goals

independently improving vision compensatory skills from 0% accuracy in 4 out of 5 trials to 90% accuracy in 4 out of 5 trials as measured by TVI data and observation

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

Copy of Goal Page Written in Report Card Written Progress Report
Other:

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

Annual Goal: Vision: Compensatory: Slate and Stylus

By 09/28/2012, when given 2 - 3 sentences to be brailled [redacted] will use slate and stylus to independently write sentences improving vision compensatory skills from 20% accuracy in 4 out of 5 trials to 90% accuracy in 4 out of 5 trials as measured by TVI data and observation.

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

Copy of Goal Page Written in Report Card Written Progress Report
Other:

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

Annual Goal: Vision: ECC: BrailleNote Planner

By 09/28/2012, when given BrailleNote planner function Muhammed will independently add a file to the planner improving self organization skills from 20% accuracy in 4 out of 5 trials to 90% accuracy in 4 out of 5 trials as measured by TVI data and observation.

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

Copy of Goal Page Written in Report Card Written Progress Report
Other:

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

Annual Goal: Vision: ECC: Signature

By 09/28/2012, when given a print writing utensil, signature guide, and piece of paper [redacted] will sign first and last name independently improving independent life skills from 0% accuracy in 4 out of 5 trials to 90% accuracy in 4 out of 5 trials as measured by TVI data and observation.

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

Copy of Goal Page Written in Report Card Written Progress Report
Other:

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



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Measurable Annual Goals

Annual Goal: Vision: ECC: Typing

By 09/28/2012, when given a standard qwerty keyboard [redacted] will type all 40 alphanumeric keys independently improving independent typing skills from 13 keys independently in 4 out of 5 trials to 40 keys independently in 4 out of 5 trials as measured by TVI data and observation.

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

Copy of Goal Page

Written in Report Card

Written Progress Report

Other:

How often will progress be reported?

Monthly

Quarterly

Trimester

Semester

Other:

Program Accommodations/ Modifications and Support for School Personnel

Meeting Date: 09/29/2011

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 |
|--|-----------|-------------------------------|--------------------------|
| Assistive Technology: BrailleNote | Everyday | General and Special Education | 09/30/2011 to 09/28/2012 |
| Assistive Technology: Laptop Computer | Everyday | General Education | 09/30/2011 to 09/28/2012 |
| Assistive Technology: White Cane | Everyday | General and Special Education | 09/30/2011 to 09/28/2012 |
| Presentation: Model task/ask student to repeat instructions (for visually impaired students) | As needed | General Education | 09/30/2011 to 09/28/2012 |
| Presentation: Modified assignments | As needed | General Education | 09/30/2011 to 09/28/2012 |
| Presentation: Read class materials/directions orally | As needed | General Education | 09/30/2011 to 09/28/2012 |
| Presentation: Use large print/Braille/recorded books | Everyday | General and Special Education | 09/30/2011 to 09/28/2012 |
| Setting: Read class materials orally | As needed | General Education | 09/30/2011 to 09/28/2012 |
| Setting: Take test in separate location | As needed | General Education | 09/30/2011 to 09/28/2012 |
| Testing Accommodation: Braille and Large Print | Everyday | General and Special Education | 09/30/2011 to 09/28/2012 |
| Testing Accommodation: More than One Day for a Test Session | As needed | General and Special Education | 09/30/2011 to 09/28/2012 |
| Testing Accommodation: More Time | As needed | General and Special Education | 09/30/2011 to 09/28/2012 |

Program Accommodations/ Modifications and Support for School Personnel

| Accommodation(s)/Modification(s) | Frequency | Location | Duration m/d/y to m/d/y |
|--|-----------|----------------------------------|-----------------------------|
| Testing Accommodation: Scribe, recorded responses VERBATIM | As needed | General and Special Education | 09/30/2011 to 09/28/2012 |
| Testing Accommodation: Scribes to transcribe answers, as well as all work related to those answers, VERBATIM in to the test booklet. | As needed | General and Special Education | 09/30/2011 to 09/28/2012 |
| Testing Accommodation: Separate Testing Location | As needed | General and Special Education | 09/30/2011 to 09/28/2012 |
| Testing Accommodation: Specilized software for creating required on state test. (visually impaired students only) | As needed | General and Special Education | 09/30/2011 to 09/28/2012 |
| Timing/Scheduling: Extra time on tests/quizzes | As needed | General and Special Education | 09/30/2011 to 09/28/2012 |
| Timing/Scheduling: Extra time to complete assignments | As needed | General and Special Education | 09/30/2011 to 09/28/2012 |

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

Paraeducator will receive training and intervention strategies from Teacher of the Visually Impaired (TVI). TVI will also train general education teacher in adaptations and modifications of student.

State or Districtwide Assessments of Student Achievement

Meeting Date: 09/29/2011

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

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

| Assessment | Participation | | Accommodations Modifications | | If YES, List Accommodation(s) and/or Modification(s) by Assessment |
|--|---------------|----|------------------------------|----|--|
| | Yes | No | Yes | No | |
| State-Measurement of Student Progress (MSP) | | | | | |
| Math | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Read class materials/directions orally, Use large print/Braille/recorded books, Take test in separate location, Braille and Large Print, More than One Day for a Test Session, More Time, Scribe, recorded responses VERBATIM, Scribes to transcribe answers, as well as all work related to those answers, VERBATIM in to the test booklet, Separate Testing Location, Extra time on tests/quizzes |
| Reading | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Read class materials/directions orally, Use large print/Braille/recorded books, Take test in separate location, Braille and Large Print, More than One Day for a Test Session, More Time, Scribes to transcribe answers, as well as all work related to those answers, VERBATIM in to the test booklet, Separate Testing Location, Specilized software for creating required on state test (visually impaired students only), Extra time on tests/quizzes |
| Science | | X | | | |
| Writing | | X | | | |
| Districtwide | | | | | |
| District Levels testing | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Modified assignments, Read class materials/directions orally, Use large print/Braille/recorded books, Read class materials orally, Take test in separate location, Braille and Large Print, More than One Day for a Test Session, More Time, Scribe, recorded responses VERBATIM, Scribes to transcribe answers, as well as all work related to those answers, VERBATIM in to the test booklet, Separate Testing Location, Extra time on tests/quizzes, Extra time to complete assignments |

Explanation For Alternate Assessment:

State-Measurement of Student Progress (MSP)
 No alternate assessment needed.

Special Education and Related Services

Meeting Date: 09/29/2011

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 09/30/2011 - 09/28/2012

| Concurrent | Service(s) | Service Provider for Delivering Service | Monitor | Frequency | Location (setting) | Start Date | End Date |
|--------------------------|------------------------|---|------------------|-----------------------------|--------------------|------------|------------|
| Related | | | | | | | |
| No | Orientation & Mobility | O & M Specialist | O & M Specialist | 60 Minutes / 1 Times Weekly | Special Education | 09/30/2011 | 09/28/2012 |
| Special Education | | | | | | | |
| No | Vision | Vision Teacher | Vision Teacher | 60 Minutes / 5 Times Weekly | Special Education | 09/30/2011 | 09/28/2012 |

Total minutes per week student spends in school: 1840 minutes per week
 Total minutes per week student is served in a special education setting: 360 minutes per week
 Percent of time in general education setting: 80.43% 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 EA assistance | Paraeducator | Vision Teacher | 296 Minutes / 5 Times Weekly | General Education | 09/30/2011 | 09/28/2012 |
| No | 1:1 EA assistance | Paraeducator | Vision Teacher | 20 Minutes / 5 Times Weekly | General Education | 09/30/2011 | 09/28/2012 |
| No | 1:1 EA assistance | Paraeducator | Special Ed Teacher | 60 Minutes / 5 Times Weekly | Special Education | 09/30/2011 | 09/28/2012 |

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: 09/30/2011 - 09/28/2012

| Placement Options for LRE | SELECTION | | OR...REASONS REJECTED | | |
|-------------------------------------|------------|-------------------|---|--|--|
| | Considered | Selected (only 1) | Academic benefit cannot be satisfactorily achieved | Non-academic benefit cannot be satisfactorily achieved | Effect student will have on teacher and other students |
| | | | Explanation | | |
| 80%-100% in Regular Class | X | X | | | |
| | | | [redacted] is with his non-disabled peers for 80% of the school day. This is the best fit for [redacted] as he is a high academic performing student. | | |
| 40%-79% in Regular Class | | | | | |
| 0-39% in Regular Class | | | | | |
| Public/private separate day school | | | | | |
| Public/Private residential | | | | | |
| Correctional Facility | | | | | |
| Private School Placement by Parents | | | | | |
| Home/Hospital | | | | | |

Placement Decision:

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

[redacted] is in regular education with his peers for 80% of the school day [redacted] still needs to be pulled out for one-on-one instruction from a Teacher of the Visually Impaired and Orientation and Mobility instructor in order to develop the skills necessary to become an independent adult later in life.

Neighborhood School Explanation:

[redacted] is at Riverview on a variance

Other Considerations:

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

Prior Written Notice

To: _____ Date: 09/29/2011
Re: Student's Name: _____

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:
IEP Renewal for 2011-2012

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

Description of any other options considered and rejected:
Not renew IEP

The reasons we rejected those options were:
Student still qualifies for special education services.

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:
Daily work, previous IEP, summary evaluation data

Any other factors that are relevant to the action:
none

The action will be initiated on: 09/30/2011

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:

Christina Parker at 360-563-4390

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

Medicaid Consent

Date: 09/29/2011

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 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 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 Number: _____

Current School: RIVERVIEW ELEMENTARY

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, Snohomish School District 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).

With your permission, we will share necessary identifying information from your child's education record to access federal Medicaid reimbursement from the Department of Social and Health Services (DSHS). If any additional Medicaid reimbursement services are added to the IEP, the school district will request additional consent. 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.

This authorization will begin on 09/30/2011 and expire on 09/28/2012.

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 DSHS and to submit claims for allowable services.
- I do not give my consent to verify Medicaid eligibility with DSHS 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

Snohomish School District
1601 Avenue D
Snohomish, WA 98290-1799
360-563-7308

Review Individualized Education Program (IEP) Invitation (Amendment)

To: _____ Date Sent to Participants: 01/04/2012

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: _____ | _____ |

This meeting has been scheduled for: Date 01/13/2012 Time 7:30 AM
Location Christina Parker's Room - 111A

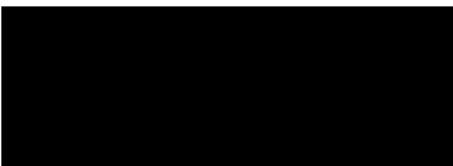
The following are invited to attend and participate in the Review meeting:

- _____
Julie Raney . General Education Teacher
- _____
Christina Parker . Vision/O&M
- _____
Kathy Dalbeck . Vision/O&M
- _____
District Representative
- _____
Tanya Forster . Other
- _____
Other
- _____
Janet Cocking . Other

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 Christina Parker at e-mail christina.parker@sno.wednet.edu.

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

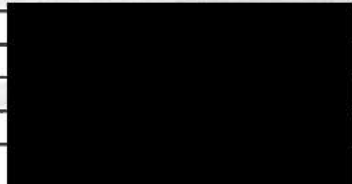


Snohomish School District
1601 Avenue D
Snohomish, WA 98290-1799
360-563-7308

Contact Attempt Report (Amendment)

Notification Area: Plan
Meeting Date: 01/13/2012
Time: 7:30 AM
Location: Christina Parker's Room - 111A

| Method | Contact Date | Response Date | Response | Contact Name |
|--------|--------------|---------------|------------|--------------|
| Letter | 01/04/2012 | 01/05/2012 | Can Attend | |
| | | | | |
| Email | 01/03/2012 | 01/04/2012 | Can Attend | |
| | | | | |



Excused Team Members (Amendment)

There is a meeting in reference to your child to be held on (date) 01/13/2012 at (time) 7:30 AM
at (place) Christina Parker's Room - 111A

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: RIVERVIEW ELEMENTARY Grade: 03

Parent/Guardian/Surrogate/Adult Student Name: [REDACTED]

Address: [REDACTED]

Home#: [REDACTED] Work#: [REDACTED]

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

| Name | Title | Reason |
|---------------|------------|--|
| Kathy Dalbeck | Vision/O&M | Kathy will be with [REDACTED] conducting an O&M lesson at that time. |

Documentation of prearranged agreement for excusal

Method of prearranged agreement: _____

Date of agreement: _____ Time: _____

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.

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 Student Date

Signature of District Representative Date

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.

[REDACTED]

Signature of Student Date

Signature of Student Date

RSC

Snohomish School District
1601 Avenue D
Snohomish, WA 98290-1799
360-563-7308

Individualized Education Program (IEP) Cover Page (Amendment)

Student's Name: _____ IEP Date: 01/16/2012
 Grade: 03 Age*: 9 Disability (if identified): Visual Impairment
 Parent/Guardian/Adult Student: _____ Primary language at home: English
 Parent interpreter needed? Yes No Surrogate parent: Yes No If yes, name: _____
 Home Address: _____
 Phone # (H): _____ Phone # (W): _____
 Attending School: RIVERVIEW ELEMENTARY Is this student's neighborhood school? Yes No
 Most recent evaluation date 06/15/2009 Plan start date 01/16/2012
 Next re-evaluation must occur before this date 06/15/2012 Plan end date 09/28/2012
 Date of Plan meeting 01/13/2012
 Date parent notified of Plan meeting 01/04/2012 Date student notified of Plan meeting _____
 (if transition will be discussed)
 Primary Staff Contact: Christina Parker, Teacher of Visually Impaired
 Phone Number: _____

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 |
|-------------------------------------|---------------------------------------|---------------------------|
| | _____ | Parent |
| <input type="checkbox"/> | Julie Raney <i>Julie Raney</i> | General Education Teacher |
| <input type="checkbox"/> | Christina Parker <i>Christ Parker</i> | Vision/O&M |
| <input checked="" type="checkbox"/> | Kathy Dalbeck | Vision/O&M |
| <input type="checkbox"/> | Famy Jones <i>Famy Jones</i> | District Representative |
| <input type="checkbox"/> | Tanya Forster <i>Tanya Forster</i> | Other |
| <input type="checkbox"/> | _____ | Other |
| <input type="checkbox"/> | Janet Cocking <i>Janet Cocking</i> | Other |
| <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: 09/22/2011 Projected Graduation/Exit Date: _____

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

Team Considerations (Amendment)

Meeting Date: 01/13/2012

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.
██████████ is an enthusiastic student who loves to learn. He is performing well at an academic level and continues to grow everyday. ██████████ has excellent verbal skills, good listening skills and is good at following directions. ██████████ has adapted extremely well to the new school building and is furthering his independent traveling skills.
- The results of the student's performance on any general state or district-wide assessments.
N/A ██████████ will begin taking state-wide assessments this school 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.
This student is not deaf or hard of hearing and requires no specially designed instruction in the area of communication.
- The student's assistive technology devices and services needs.
White Cane, Braille Writer, BrailleNote, Laptop, Abacus, Printer, Shared Embosser, Slate and Stylus
- 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 with this student.
- 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.
This student's primary language at this time is English.
- 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.
██████████ is a student that is blind. He qualifies for services under the visually impaired category. His blindness directly impacts his ability to read and write and do other tasks requiring vision as his peers are able to do. He requires specially designed instruction in braille skills for all three academic areas of reading, math, and written language. ██████████ also needs specially designed instruction in the Expanded Core Curriculum as well as Orientation and Mobility. In addition, he requires 1:1 assistance throughout the school day for following classroom processes in which visual information is presented by the teacher and in using braille equipment to produce academic work.

Present Level of Educational Performance (Amendment)

Meeting Date: 01/13/2012

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.**

Vision and Mobility

Braille Reading:

██████████ can read all 191 braille contractions with 90% accuracy. He can also read grade level braille materials with 95% accuracy on 4 out of 5 trials. ██████████ reading fluency is currently at an average of 125 words per minute.

Braille Writing:

██████████ can write multiple paragraphs using correct braille contractions at a speed of 12 words per minute with 95% accuracy on 4 out of 5 trials.

Braille Math:

██████████ can both read and write Nemeth braille addition and subtraction problems with 95% accuracy on 4 out of 5 trials.

Orientation and Mobility:

Nine months ago ██████████ moved to a new school building. He is currently able to locate all pertinent areas of the school (i.e.: cafeteria, gym, office, bathrooms, music room etc.) from his classroom and return. He understands the cardinal directions of where he is within the building and his classroom. He is able to navigate around his classroom to locate the pertinent areas he needs to access. ██████████ has some efficient echo-location skills. He can identify when there is a recess in the wall from about 5-7 feet away from the wall. He can identify by accurately pointing toward large support poles outside on the playground at about 3-5 feet away. ██████████ has begun practicing crossing with parallel traffic at lighted street crossings. We will continue that this year. We will also extend working on echo-location of buildings and structures outdoors at about 20 feet and beyond.

Vision Compensatory Skills:

Typing:

██████████ is able to type 13 of the alphanumeric keys from memory on a standard keyboard 80% of the time on 2 out of 3 trials.

Jaws:

██████████ has not been introduced to a speech-to-text software program on his laptop. JAWS is a software program that will allow ██████████ to fully access a computer by using only the qwerty keyboard.

Abacus:

██████████ is able to find answers to math addition and subtraction problems while using the abacus with 90% accuracy on 4 out of 5 trials. ██████████ is currently learning his multiplication facts and has limited experience finding products using his abacus. He currently can find products to multiplication problems on his abacus with 0% accuracy on 4 out of 5 trials.

Slate and Stylus:

██████████ was recently introduced to the Slate and Stylus for writing short braille notes. ██████████ can currently use the slate and stylus to write braille letters in the correct format with 55% accuracy in 4 out of 5 trials.

Signature:

██████████ can currently hold a print writing tool and form the letters of his name independently. He is beginning to learn how to make a reproducible signature.

BrailleNote:

██████████ is able to use his BrailleNote independently for most school and homework activities. His assignment load is increasing and he will need to learn how to access and use his planner on his BrailleNote in order to keep track of his



Snohomish School District
1601 Avenue D
Snohomish, WA 98290-1799
360-563-7308

Present Level of Educational Performance (Amendment)

Meeting Date: 01/13/2012

due dates. [REDACTED] can currently access his Planner function independently and create an event with 20% accuracy on 4 out of 5 trials.

Measurable Annual Goals (Amendment)

Meeting Date: 01/13/2012

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: Orientation and Mobility: 1

Supports the student's post secondary goals: Yes [X] No []

By 09/28/2012, when given a street with a lighted traffic crossing [redacted] will cross the street with parallel traffic improving independent street crossing skills from 0 times independently in 3 consecutive O&M sessions to 5 times independently in 3 consecutive O&M sessions as measured by O&M observation and data.

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

X Copy of Goal Page

[] Written in Report Card

[] Written Progress Report

[] Other:

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

Annual Goal: Orientation and Mobility: 2

Supports the student's post secondary goals: Yes [X] No []

By 09/28/2012, when given a large area with multiple buildings [redacted] will accurately locate and point to buildings and open spaces between buildings improving echolocation skills from 0 times independently in 3 consecutive O&M lessons to 5 times independently in 3 consecutive O&M lessons as measured by O&M observation and data.

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

X Copy of Goal Page

[] Written in Report Card

[] Written Progress Report

[] Other:

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

Annual Goal: Vision: Compensatory: Abacus Multiplication

Supports the student's post secondary goals: Yes [X] No []

By 09/28/2012, when given a double digit multiplication problem [redacted] will solve the equation using his abacus independently improving vision compensatory skills from 0% accuracy in 4 out of 5 trials to 90% accuracy in 4 out of 5 trials as measured by TVI data and observation

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

X Copy of Goal Page

[] Written in Report Card

[] Written Progress Report

[] Other:

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

Measurable Annual Goals (Amendment)

Annual Goal: Vision: Compensatory: Slate and Stylus

Supports the student's post secondary goals: Yes No

By 09/28/2012, when given 2 - 3 sentences to be brailled [redacted] will use slate and stylus to independently write sentences improving vision compensatory skills from 55% accuracy in 4 out of 5 trials to 90% accuracy in 4 out of 5 trials as measured by TVI data and observation.

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

Copy of Goal Page

Written in Report Card

Written Progress Report

Other:

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

Annual Goal: Vision: ECC: BrailleNote Planner

Supports the student's post secondary goals: Yes No

By 09/28/2012, when given BrailleNote planner function [redacted] will independently add a file to the planner improving self organization skills from 20% accuracy in 4 out of 5 trials to 90% accuracy in 4 out of 5 trials as measured by TVI data and observation.

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

Copy of Goal Page

Written in Report Card

Written Progress Report

Other:

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

Annual Goal: Vision: ECC: Signature

By 09/28/2012, when given a print writing utensil, signature guide, and piece of paper [redacted] will sign first and last name independently improving independent life skills from 0% accuracy in 4 out of 5 trials to 90% accuracy in 4 out of 5 trials as measured by TVI data and observation.

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

Copy of Goal Page

Written in Report Card

Written Progress Report

Other:

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

Annual Goal: Vision: ECC: Typing

Supports the student's post secondary goals: Yes No

By 09/28/2012, when given a standard qwerty keyboard [redacted] will type all 40 alphanumeric keys independently improving independent typing skills from 13 keys independently in 4 out of 5 trials to 40 keys independently in 4 out of 5 trials as measured by TVI data and observation.

Measurable Annual Goals (Amendment)

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

Copy of Goal Page

Written in Report Card

Written Progress Report

Other:

How often will progress be reported?

Monthly

Quarterly

Trimester

Semester

Other:

Annual Goal: Vision: JAWS

Supports the student's post secondary goals: Yes No

By 09/28/2012, when given a personal computer with JAWS software installed, [redacted] will be able to independently start computer, access, manipulate, and save WORD Document files improving independent computer skills from 0% accuracy to 80% accuracy in 4 out of 5 trials as measured by TVI data and observation.

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

Copy of Goal Page

Written in Report Card

Written Progress Report

Other:

How often will progress be reported?

Monthly

Quarterly

Trimester

Semester

Other:

Program Accommodations/ Modifications and Support for School Personnel (Amendment)

Meeting Date: 01/13/2012

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 |
|---|-----------|-------------------------------|--------------------------|
| Assistive Technology:BrailleNote | Everyday | General and Special Education | 01/16/2012 to 09/28/2012 |
| Assistive Technology:Laptop Computer | Everyday | General Education | 01/16/2012 to 09/28/2012 |
| Assistive Technology:White Cane | Everyday | General and Special Education | 01/16/2012 to 09/28/2012 |
| Presentation:Model task/ask student to repeat instructions (for visually impaired students) | As needed | General Education | 01/16/2012 to 09/28/2012 |
| Presentation:Modified assignments | As needed | General Education | 01/16/2012 to 09/28/2012 |
| Presentation:Read class materials/directions orally | As needed | General Education | 01/16/2012 to 09/28/2012 |
| Presentation:Use large print/Braille/recorded books | Everyday | General and Special Education | 01/16/2012 to 09/28/2012 |
| Setting:Read class materials orally | As needed | General Education | 01/16/2012 to 09/28/2012 |
| Setting:Take test in separate location | As needed | General Education | 01/16/2012 to 09/28/2012 |
| Testing Accommodation:Braille and Large Print | Everyday | General and Special Education | 01/16/2012 to 09/28/2012 |
| Testing Accommodation:More than One Day for a Test Session | As needed | General and Special Education | 01/16/2012 to 09/28/2012 |
| Testing Accommodation:More Time | As needed | General and Special Education | 01/16/2012 to 09/28/2012 |

**Snohomish School District**

1601 Avenue D

Snohomish, WA 98290-1799

360-563-7308

Program Accommodations/ Modifications and Support for School Personnel (Amendment)

| Accommodation(s)/Modification(s) | Frequency | Location | Duration m/d/y to m/d/y |
|---|------------------|----------------------------------|--------------------------------|
| Testing Accommodation:Scribe, recorded responses VERBATIM | As needed | General and Special Education | 01/16/2012 to 09/28/2012 |
| Testing Accommodation:Scribes to transcribe answers, as well as all work related to those answers, VERBATIM in to the test booklet. | As needed | General and Special Education | 01/16/2012 to 09/28/2012 |
| Testing Accommodation:Separate Testing Location | As needed | General and Special Education | 01/16/2012 to 09/28/2012 |
| Testing Accommodation:Specilized software for creating required on state test. (visually impaired students only) | As needed | General and Special Education | 01/16/2012 to 09/28/2012 |
| Timing/Scheduling:Extra time on tests/quizzes | As needed | General and Special Education | 01/16/2012 to 09/28/2012 |
| Timing/Scheduling:Extra time to complete assignments | As needed | General and Special Education | 01/16/2012 to 09/28/2012 |

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

Paraeducator will receive training and intervention strategies from Teacher of the Visually Impaired (TVI). TVI will also train general education teacher in adaptations and modifications of student.

State or Districtwide Assessments of Student Achievement (Amendment)

Meeting Date: 01/13/2012

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

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

| Assessment | Participation | | Accommodations Modifications | | If YES, List Accommodation(s) and/or Modification(s) by Assessment |
|--|---------------|----|------------------------------|----|---|
| | Yes | No | Yes | No | |
| State-Measurement of Student Progress (MSP) | | | | | |
| Math | X | | X | | Model task/ask student to repeat instructions (for visually impaired students). Read class materials/directions orally. Use large print/Braille/recorded books. Take test in separate location, Braille and Large Print. More than One Day for a Test Session, More Time, Scribe, recorded responses VERBATIM, Scribes to transcribe answers, as well as all work related to those answers, VERBATIM in to the test booklet., Separate Testing Location, Extra time on tests/quizzes |
| Reading | X | | X | | Model task/ask student to repeat instructions (for visually impaired students). Read class materials/directions orally. Use large print/Braille/recorded books. Take test in separate location, Braille and Large Print. More than One Day for a Test Session, More Time, Scribes to transcribe answers, as well as all work related to those answers, VERBATIM in to the test booklet., Separate Testing Location, Specilized software for creating required on state test. (visually impaired students only). Extra time on tests/quizzes |
| Science | | X | | | |
| Writing | | X | | | |
| Districtwide | | | | | |
| District Levels testing | X | | X | | Model task/ask student to repeat instructions (for visually impaired students), Modified assignments, Read class materials/directions orally. Use large print/Braille/recorded books, Read class materials orally. Take test in separate location, Braille and Large Print, More than One Day for a Test Session, More Time, Scribe, recorded responses VERBATIM, Scribes to transcribe answers, as well as all work related to those answers, VERBATIM in to the test booklet., Separate Testing Location, Extra time on tests/quizzes, Extra time to complete assignments |

Explanation For Alternate Assessment:

State-Measurement of Student Progress (MSP)

No alternate assessment needed

Snohomish School District

1601 Avenue D
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Special Education and Related Services (Amendment)

Meeting Date: 01/13/2012

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 01/16/2012 - 09/28/2012

| Concurrent | Service(s) | Service Provider for Delivering Service | Monitor | Frequency | Location (setting) | Start Date | End Date |
|--------------------------|------------------------|---|------------------|-----------------------------|--------------------|------------|------------|
| Related | | | | | | | |
| No | Orientation & Mobility | O & M Specialist | O & M Specialist | 60 Minutes / 1 Times Weekly | Special Education | 01/16/2012 | 09/28/2012 |
| Special Education | | | | | | | |
| No | Vision | Paraeducator | Vision Teacher | 50 Minutes / 2 Times Weekly | Special Education | 01/16/2012 | 09/28/2012 |
| No | Vision | Vision Teacher | Vision Teacher | 50 Minutes / 1 Times Weekly | Special Education | 01/16/2012 | 09/28/2012 |

Total minutes per week student spends in school: 1840 minutes per week
Total minutes per week student is served in a special education setting: 210 minutes per week
Percent of time in general education setting: 88.59% 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 EA assistance | Paraeducator | Vision Teacher | 296 Minutes / 5 Times Weekly | General Education | 01/16/2012 | 09/28/2012 |
| No | 1:1 EA assistance | Paraeducator | Vision Teacher | 20 Minutes / 5 Times Weekly | General Education | 01/16/2012 | 09/28/2012 |
| No | 1:1 EA assistance | Paraeducator | Special Ed Teacher | 60 Minutes / 5 Times Weekly | Special Education | 01/16/2012 | 09/28/2012 |

Snohomish School District

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Special Education and Related Services (Amendment)

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: 01/16/2012 - 09/28/2012

| Placement Options for LRE | SELECTION | | OR...REASONS REJECTED | | |
|-------------------------------------|---|-------------------|--|--|--|
| | Considered | Selected (only 1) | Academic benefit cannot be satisfactorily achieved | Non-academic benefit cannot be satisfactorily achieved | Effect student will have on teacher and other students |
| | | | Explanation | | |
| 80%-100% in Regular Class | X | X | | | |
| | ██████████ is with his non-disabled peers for 80% of the school day. This is the best fit for ██████████ as he is a high academic performing student. | | | | |
| 40%-79% in Regular Class | | | | | |
| 0-39% in Regular Class | | | | | |
| Public/private separate day school | | | | | |
| Public/Private residential | | | | | |
| Correctional Facility | | | | | |
| Private School Placement by Parents | | | | | |
| Home/Hospital | | | | | |

Placement Decision:

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

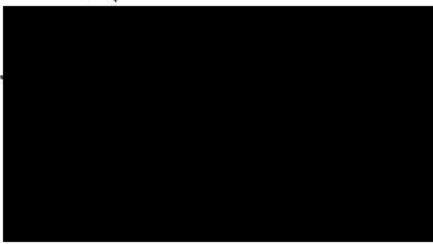
██████████ is in regular education with his peers for 88.59% of the school day. ██████████ still needs to be pulled out for one-on-one instruction from a Teacher of the Visually Impaired, Brailist, and Orientation and Mobility instructor in order to develop the skills necessary to become an independent adult later in life.

Neighborhood School Explanation:

██████████ is at Riverview on a variance

Other Considerations:

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



Snohomish School District
 1601 Avenue D
 Snohomish, WA 98290-1799
 360-563-7308

Prior Written Notice (Amendment)

To: _____ Date: 01/13/2012
 Re: Student's Name: _____

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:
 _____ team decides to implement changes to his current IEP.

The reason we are proposing or refusing to take action is:
 _____ is becoming more independent and needs less pull out time from the Teacher of the Visually Impaired.

Description of any other options considered and rejected:
 To not decrease _____ pull out time.

The reasons we rejected those options were:
 _____ is ready to decrease his vision services.

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:
 Decided by tests, data, and observations.

Any other factors that are relevant to the action:
 None.

The action will be initiated on: 01/16/2012

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

Christina Parker at 360-563-4390

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

Review Individualized Education Program (IEP) Invitation

To: _____ Date Sent to Participants: _____

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: | _____ |

This meeting has been scheduled for: Date 09/16/2010 Time 3:30 PM
Location Mr. Thoreson Room 122

_____ meeting:

Mr. Thoreson, General Education Teacher A.R. Thoreson
Christina Parker, Vision/O&M Christina Parker
Tammy Jones, Principal/Designee Tammy Jones
Tammy Jones, District Representative
Tanya Forester, Other Tanya Forester
Janet Cocking, Other Janet Cocking

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 Christina Parker at e-mail christina.parker@sno.wednet.edu.

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

Contact Attempt Report

Notification Area: Plan
Meeting Date: 09/16/2010
Time: 3:30 PM
Location: Mr. Thoreson Room 122

| Method | Contact Date | Response Date | Response | Contact Name |
|------------|--------------|---------------|------------|--------------|
| Conference | 09/10/2010 | 09/10/2010 | Can Attend | |



Individualized Education Program (IEP) Cover Page

Student's Name: _____ IEP Date: 09/16/2010
 Grade: 02 Age*: 7 Disability (if identified): Visual Impairment
 Parent/Guardian Name: _____ Primary language at home: English
 Parent interpreter needed? Yes No Surrogate parent: Yes No If yes, name: _____
 Home Address: _____
 Phone # (H): _____ Phone # (W): _____
 Attending School: RIVERVIEW ELEMENTARY Is this student's neighborhood school? Yes No
 Most recent evaluation date 06/15/2009 Plan start date 09/16/2010
 Next re-evaluation must occur before this date 06/15/2012 Plan end date 09/15/2011
 Date of Plan meeting 09/16/2010 This IEP will be reviewed no later than this date 09/15/2011
 Date parent notified of Plan meeting _____ Date student notified of Plan meeting _____
 (if transition will be discussed)
 Primary Staff Contact: Christina Parker, Teacher of Visually Impaired
 Phone Number: _____

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"/> | _____ | Parent |
| <input type="checkbox"/> | _____ | Parent |
| <input type="checkbox"/> | <u>Jeff Thoreson</u> | <u>General Education Teacher</u> |
| <input type="checkbox"/> | <u>Christina Parker</u> | <u>Vision/O&M</u> |
| <input type="checkbox"/> | <u>Tammy Jones</u> | <u>Principal/Designee</u> |
| <input type="checkbox"/> | <u>Tammy Jones</u> | <u>District Representative</u> |
| <input type="checkbox"/> | <u>Tanya Forester</u> | <u>Other</u> |
| <input type="checkbox"/> | <u>Janet Cocking</u> | <u>Other</u> |
| <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> | _____ | _____ |

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

Date informed: _____ Projected Graduation/Exit Date: _____

Comments:

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

Team Considerations

Meeting Date: 09/16/2010

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.
██████████ is a great student who is outgoing and enjoys learning. ██████████ has excellent verbal skills, good listening skills and is good at following directions. He is doing well in (Braille) reading and in math.
- The results of the student's performance on any general state or district-wide assessments.
N/A ██████████ will start taking district wide assessments in the 3rd grade.
- The communication needs of the student. In the case of a student who is deaf or hard of hearing, consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode.
N/A
- The student's assistive technology devices and services needs.
Braille writer, BrailleNote, personal Laptop, Abacus, White Cane
- 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.
N/A
- In the case of a student with limited English proficiency, consider the language needs of the child as such needs relate to the child's IEP.
N/A
- In the case of a student who is blind or has a visual impairment, provide for instruction in Braille and the use of Braille unless the IEP team determines, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the student.
██████████ is totally Blind. He qualifies for services under the visually impaired eligibility category. His blindness directly impacts his ability to either read or write or do other tasks requiring vision as other students are able to do. He requires specially designed instruction to learn Braille for all three academic areas of reading, math, and written language. He also needs designed instruction in Vision Compensatory Skills as well as Orientation & Mobility. In addition, he requires 1:1 assistance throughout the school day for following classroom processes in which visual information is presented by the teacher and to use Braille equipment to produce math and writing products. He also requires 1:1 assistance for orientation and mobility guidance and supervision for his travel within the school environment.

Present Level of Educational Performance

Meeting Date: 09/16/2010

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.**

Vision and Mobility

Braille Reading:

██████████ is able to read 100 1st grade high frequency words, and has completed Volume 1 of the Patterns Primary Program with 80% accuracy. ██████████ currently knows 122 of the 191 Braille contractions.

Braille Writing:

██████████ is able to write 60 1st grade sight words with 80% accuracy, as well as independently write short paragraphs in grade 2 Braille with the contractions he has been taught.

Braille Math:

██████████ is able to read and write up to number 120 in Braille Nemeth Code.

Compensatory Skills:

██████████ is able to count into the 100s using the Abacus. ██████████ can also add and subtract single digit numbers with regrouping on the Abacus.

Orientation & Mobility:

██████████ is able to travel independently to and from 15 different destinations within the Maple Campus. He can also correctly identify his location after a "drop off" in the school building and on school grounds.

Measurable Annual Goals

Meeting Date: 09/16/2010

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: Vision: Braille Math 1

By 09/15/2011, when given Nemeth addition and subtraction problems [redacted] will correctly read problem improving Braille Nemeth reading skills from 75% accuracy on 3 out of 5 trials to 90% accuracy on 4 out of 5 trials as measured by TVI and Brailist data

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

Copy of Goal Page

Written in Report Card

Written Progress Report

Other:

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

Short Term Objectives or Benchmarks

Objective: Braille Math 1 Objective A

By 01/07/2011, [redacted] will correctly read Nemeth problems with 80% on 3 out of 5 trials

Mastery Criteria:

Evaluation method: _____

Other evaluation method: _____

Objective: Braille Math 1 Objective B

By 05/13/2011, [redacted] will correctly read Nemeth problems with 80% on 4 out of 5 trials.

Mastery Criteria:

Evaluation method: _____

Other evaluation method: _____

Annual Goal: Vision: Braille Math 2

By 09/15/2011, when given Nemeth addition and subtraction problems [redacted] will Braille correct Nemeth answer improving Nemeth writing skills from 75% in 3 out of 5 trials to 90% in 4 out of 5 trials as measured by TVI and Brailist data

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

Copy of Goal Page

Written in Report Card

Written Progress Report

Other:

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

Short Term Objectives or Benchmarks

Objective: Braille Math 2 Objective A

Measurable Annual Goals

By 01/07/2011, [REDACTED] will Braille correct Nemeth answer with 80% accuracy in 3 out of 5 trials.

Mastery Criteria:

Evaluation method:

Other evaluation method:

Objective: Braille Math 2 Objective B

By 05/13/2011, [REDACTED] will Braille correct Nemeth answer with 80% accuracy in 4 out of 5 trials.

Mastery Criteria:

Evaluation method:

Other evaluation method:

Annual Goal: Vision: Braille Reading 1

By 09/15/2011, when given various reading material at grade level [REDACTED] will correctly read material with grade 2 Braille Code improving Braille reading skills from 65% accuracy on 3 out of 5 trials to 85% accuracy on 4 out of 5 trials as measured by TVI and Brailist data.

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

Copy of Goal Page

Written in Report Card

Written Progress Report

Other:

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

Short Term Objectives or Benchmarks

Objective: Braille Reading 1 Objective A

By 01/07/2011, [REDACTED] will correctly read grade level material, at 75% accuracy on 3 out of 5 trials.

Mastery Criteria:

Evaluation method:

Other evaluation method:

Objective: Braille Reading 1 Objective B

By 05/13/2011, [REDACTED] will correctly read grade level material, at 75% accuracy in 4 out of 5 trials.

Mastery Criteria:

Evaluation method:

Other evaluation method:

Annual Goal: Vision: Braille Reading 2

By 09/15/2011, when given Grade 2 Braille Contractions [REDACTED] will read all 191 Grade 2 Contractions improving Braille reading skills from 85% accuracy in 3 out of 5 trials to 90% accuracy in 4 out of 5 trials as measured by TVI and Brailist data

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

Measurable Annual Goals

Copy of Goal Page
 Other:

Written in Report Card

Written Progress Report

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

Short Term Objectives or Benchmarks

Objective: Braille Reading 2 Objective A

By 01/07/2011, [REDACTED] will correctly read 155 Contractions, with 80% accuracy in 4 out of 5 trials.

Mastery Criteria:
Evaluation method:

Other evaluation method:

Objective: Braille Reading 2 Objective B

By 05/13/2011, [REDACTED] will correctly read 191 contractions, with 75% accuracy in 4 out of 5 trials.

Mastery Criteria:
Evaluation method:

Other evaluation method:

Annual Goal: Vision: Braille Writing 2nd

By 09/15/2011, when given various written assignments [REDACTED] will correctly write using taught grade 2 Braille contractions improving Braille writing skills from 75% accuracy in 3 out of 5 trials to 90% accuracy in 4 out of 5 trials as measured by TVI and Brailist data

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

Copy of Goal Page
 Other:

Written in Report Card

Written Progress Report

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

Short Term Objectives or Benchmarks

Objective: Braille Writing Objective A

By 01/07/2011, [REDACTED] will write with taught grade 2 contractions, with 80% accuracy in 3 out of 5 trials.

Mastery Criteria:
Evaluation method:

Other evaluation method:

Objective: Braille Writing Objective B

By 05/13/2011, [REDACTED] will write with grade 2 contractions, with 80% accuracy on 4 out of 5 trials.

Mastery Criteria:
Evaluation method:

Measurable Annual Goals

Other evaluation method: _____

Annual Goal: Vision: Compensatory Skills: Abacus

By 09/15/2011, when given addition or subtraction problems verbally or through the Nemeth code [redacted] will correctly use Abacus to find answer improving Abacus skills from 75% accuracy in 3 out of 5 trials to 90% accuracy in 4 out of 5 trials as measured by TVI and Brailist data

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

Copy of Goal Page

Written in Report Card

Written Progress Report

Other: _____

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

Short Term Objectives or Benchmarks

Objective: Compensatory Skills: Abacus Objective A

By 01/07/2011, [redacted] will use Abacus with 80% accuracy in 3 out of 5 trials.

Mastery Criteria:

Evaluation method: _____

Other evaluation method: _____

Objective: Compensatory Skills: Abacus Objective B

By 05/13/2011, [redacted] will use Abacus with 80% accuracy in 4 out of 5 trials.

Mastery Criteria:

Evaluation method: _____

Other evaluation method: _____

Annual Goal: Vision: Orientation & Mobility

By 09/15/2011, when given a route from his classroom [redacted] will use correct cane technique improving cane techniques from 75% accuracy to 95% accuracy as measured by Orientation & Mobility Specialist

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

Copy of Goal Page

Written In Report Card

Written Progress Report

Other: _____

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

Annual Goal: Vision: Orientation & Mobility 2

By 09/15/2011, when given 3 destinations in new Riverview Elementary School [redacted] will travel independently to correct location improving route travel skills from 70% accuracy in 3 out of 5 trials to 90% accuracy in 4 out of 5 trials as measured by Orientation & Mobility Specialist

Measurable Annual Goals

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

- Copy of Goal Page
- Written in Report Card
- Written Progress Report
- Other:

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

Annual Goal: Vision: Technology: BrailleNote

By 09/15/2011, when given BrailleNote [redacted] will correctly turn on, access word processor, and complete file opening, creating, saving, printing and embossing improving BrailleNote technology skills from 50% accuracy in 3 out of 5 trials to 75% in 3 out of 5 trials as measured by TVI and Braillist data

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

- Copy of Goal Page
- Written in Report Card
- Written Progress Report
- Other:

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

Short Term Objectives or Benchmarks

Objective: Vision: Technology: BrailleNote Objective A

By 01/07/2011, [redacted] will Will access word processor, open, create, and save a file, with 70% accuracy.

Mastery Criteria:

Evaluation method: _____

Other evaluation method: _____

Objective: Vision: Technology: BrailleNote: Objective B

By 05/13/2011, [redacted] will Will access word processor and be able to open, create, save, print, and emboss a file, with 70% accuracy.

Mastery Criteria:

Evaluation method: _____

Other evaluation method: _____

Snohomish School District

1601 Avenue D

Snohomish, WA 98290-1799

360-563-7308

Program Accommodations/ Modifications and Support for School PersonnelMeeting Date: 09/16/2010

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 |
|---|-----------|---------------------------------------|--------------------------|
| Assistive Technology:Other: Braille Writer, BrailleNote, Abacus, White Cane, Laptop | every day | General Education & Special Education | 09/16/2010 to 09/15/2011 |
| Presentation:Model task/ask student to repeat instructions | as needed | General Education | 09/16/2010 to 09/15/2011 |
| Testing Accommodation:Braille and Large Print | every day | General and Special Education | 09/16/2010 to 09/15/2011 |
| Testing Accommodation:More Time | as needed | General and Special Education | 09/16/2010 to 09/15/2011 |
| Testing Accommodation:Scribe, recorded responses VERBATIM | as needed | General and Special Education | 09/16/2010 to 09/15/2011 |
| Timing/Scheduling:Extra time to complete assignments | as needed | General Education | 09/16/2010 to 09/15/2011 |

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

State or Districtwide Assessments of Student Achievement

Meeting Date: 09/16/2010

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

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

| Assessment | Participation | | Accommodations Modifications | | If YES, List Accommodation(s) and/or Modification(s) by Assessment |
|--|---------------|----|------------------------------|----|---|
| | Yes | No | Yes | No | |
| State-Measurement of Student Progress (MSP) | | | | | |
| Math | | X | | | |
| Reading | | X | | | |
| Science | | X | | | |
| Writing | | X | | | |
| Districtwide | | | | | |
| District Levels testing | X | | X | | Braille and Large Print, More Time, Model task/ask student to repeat instructions |

Snohomish School District

1601 Avenue D
 Snohomish, WA 98290-1799
 360-563-7308

Special Education and Related Services

Meeting Date: 09/16/2010

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 09/16/2010 - 09/15/2011

| Concurrent | Service(s) | Staff Responsible for Delivering Service | Monitor | Frequency | Location (setting) | Start Date | End Date |
|--------------------------|------------|--|-------------------------------------|---|--------------------|------------|------------|
| Special Education | | | | | | | |
| No | Academics | Teacher of the Visually Impaired | Teacher of the Visually Impaired | 60 Minutes / 3 Times Weekly <i>180</i> | Special Education | 09/16/2010 | 09/15/2011 |
| No | Academics | Brailist | Teacher of the Visually Impaired | 60 Minutes / 2 Times Weekly <i>120</i> | Special Education | 09/16/2010 | 09/15/2011 |
| No | Academics | 1:1 Educational Assistant | Teacher of the Visually Impaired | 345 Minutes / 5 Times Weekly | General Education | 09/16/2010 | 09/15/2011 |
| No | Adaptive | Orientation and Mobility Specialist | Orientation and Mobility Specialist | 30 Minutes / 2 Times Weekly <i>60</i> | Special Education | 09/16/2010 | 09/15/2011 |

Total minutes per week student spends in school:

1729 minutes per week

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

360 minutes per week

Percent of time in general education setting:

79.18% in General Education Setting

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:

| 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 | | | | | |
| 0-39% in Regular Class | | | | | |
| Public/private separate day school | | | | | |
| Public/Private residential | | | | | |
| Correctional Facility | | | | | |
| Private School Placement by Parents | | | | | |
| Home/Hospital | | | | | |

Placement Decision:

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

██████████ requires Specially Design Instruction in the area of Braille Math, Writing and Reading and Compensatory skills. He will receive the specially designed instruction in the special education setting.

Other Considerations:

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

Prior Written Notice

To: [redacted] Date: 09/10/2010
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:
IEP Renewal for 2010-2011

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

Description of any other options considered and rejected:

The reasons we rejected those options were:

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:

Any other factors that are relevant to the action:

The action will be initiated on: 9-10-10

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

[redacted] at [redacted]



INDIVIDUALIZED EDUCATION PROGRAM
Snohomish School District, Snohomish, WA 98290

Student Name: _____ Student ID No.: _____ Birth date: _____ Age: 6
 Grade: K Adult Student: Yes No Type of IEP: Initial Review Transfer
 School Building: Riverview Date of IEP meeting: 12-01-08 Date of most recent evaluation: 9-18-06
 IEP annual review date: 11-30-09 Eligibility category: 10 Three-year reevaluation due date: 9-18-09
 Parent(s) name(s): _____
 Primary language of student: English Primary language at home: English Parent interpreter needed? Yes No
 Surrogate parent No Yes If yes, name: _____
 Primary staff contact name: Mary Ann Graham Title: Vision Teacher

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

Results of the initial evaluation or most recent reevaluation: Based on evaluation data and decisions of the Evaluation Team this student is determined to be in need of services in the following areas: Basic Reading Reading Comprehension Reading Fluency Math Reasoning Numerical Operations Written Expression Listening Comprehension Communication Motor Social/Emotional Behavior Cognition Adaptive Behavior (life skills & functional academics) Other: Vision: (Braille and Orientation & Mobility.) Broad Reading Broad Math (BROAD AREAS CANNOT BE USED WHEN STUDENT IS QUALIFIED AS LEARNING DISABLED)

Results of the student's performance on any general state or district-wide assessment program (if applicable):

ACADEMIC OR COGNITIVE (PRE-ACADEMIC) DATA: Mohammed is participating on grade level in his Kindergarten reading, writing and math activities.

Academic: (Date of Evaluation - _____) Updated Academic Information as of (date) _____ if applicable:

- Basic Reading: *SS =
- Reading Comp SS =
- Math Reasoning: SS =
- Numerical Operations: SS =
- Written Expression: SS =
- Listening Comprehension SS =

**Standard score data is optional, so this section may be omitted. However, narrative academic data is required in areas of qualification.*

Additional Present Levels Data in the area of Academic Functioning:

For additional present levels data in the area of academic achievement, see goals and objectives page(s).

PRESENT LEVELS DATA, CONTINUED

Strengths in terms of the general education curriculum: [REDACTED] involvement in Kindergarten is showing excellent verbal, good listening skills and good following of directions.

The student's disability adversely affects the student's involvement and progress in the general curriculum or, for preschool children, as appropriate, how the disability affects the student's participation in appropriate activities (include a statement for each area of qualification): (see Vision)

SOCIAL/EMOTIONAL/BEHAVIOR:

- No significant concerns at present Functional Behavior Analysis Completed? _yes _no If yes, date:
- If an area of qualification: Strengths, areas of concern and adverse educational impact:
- For additional present levels data, see goals and objectives page(s)

ADAPTIVE BEHAVIOR/LIFE SKILLS:

- No significant concerns at present
- If an area of qualification: Strengths, areas of concern and adverse educational impact:
- For additional present levels data, see goals and objectives page(s)

MOTOR SKILLS/PHYSICAL DEVELOPMENT:

- No significant concerns at present Motor Delays
- If an area of qualification: Strengths, areas of concern and adverse educational impact:
- For additional present levels data, see goals and objectives page(s)

COMMUNICATION SKILLS:

- No significant concerns at present
- If an area of qualification: Strengths, areas of concern and adverse educational impact:
- For additional present levels data, see goals and objectives page(s)

VISION/HEARING:

No significant concerns at present Areas of Concern: [REDACTED] is totally blind. He qualifies for services under the visually impaired eligibility category which negatively impacts his ability to either read or write or do other tasks requiring vision as other students are able to do. He requires specially designed instruction to learn Braille for all three academic areas of reading, math and written language as well as Orientation & Mobility. In addition, he requires 1:1 assistance throughout the school day for following classroom processes in which visual information is presented by the teacher and to use Braille equipment to produce math and writing products. He also requires 1:1 assistance for mobility and orientation in the school environment.

- For additional present levels data, see goals and objectives page(s)

MEDICAL/PHYSICAL

- No known significant concerns at present Areas of Concern:

JUSTIFICATION FOR SERVICE/LEAST RESTRICTIVE ENVIRONMENT: Based on most recent evaluation results and recommendations and considering any potential harmful effects on the student or on the quality of services needed, the following options were considered in order to establish a program to assist the student to attain his/her annual goals.

| Service Options (more than one option may be checked) | Selected Options | Or Reasons Rejected | | |
|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| | | Needs More Support | Too Restrictive | Inappropriate to Needs |
| Educational – Preschool self-contained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Educational – Resource Room support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Self-contained program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SLP therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| OT/PT therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (explain) Vision – Braille/Orientation & Mobility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CONSIDERATION OF SPECIAL FACTORS:

Necessary related services (based on peer-reviewed research to the extent practicable) for this student to benefit from special education include: None Transportation Vision Interpreting services school nurse services Other: Orientation & Mobility

Supplementary aids and services necessary to support this student in the general education classroom or school activities (based on peer-reviewed research to the extent practicable) include: None Assistive devices: Braille Writer, White cane, Abacus Other : 1:1 E.A. to provide Tactile & Braille materials for all printed educational materials, assistance to safely and efficiently access and interpret/understand visual presentations and activities through auditory, kinesthetic and tactile input for concretizing visually abstract information.

Necessary program accommodations/modifications or support for school personnel include: None Other See attached accommodations/modifications page

Physical Education: regular with 1:1 E.A. Specially designed instruction; explain:

Does this student's behavior impede his or her learning or that of others? Yes No If yes, indicate where in the IEP the strategies and supports are described, including positive behavioral interventions to address the problem:

Does this student require assistive technology devices and/or services? No Yes, describe (if not already identified/described on present level or goals/objectives pages: Braille Writer, White Cane, Abacus

Does the student have limited English Proficiency? Yes No If yes, describe any appropriate language needs of the student and these needs relate to the student's individualized education program:

Is the student blind or visually impaired? Yes No If yes, has the student been provided for instruction in Braille and the use of Braille? Yes; see additional details in present levels and goals/objectives pages No; explanation for recommendation that Braille is not appropriate and evaluation instruments used to come to this determination:

What are the communication needs of this student? Not an area of suspected disability See present levels page(s) and goals/objectives pages for details For students who are deaf or hard of hearing, see present levels page(s) and goals and objectives pages for language and communication needs, opportunities for direct communication with peers/adults in primary language and direct instruction in primary language/mode of communication

Accommodations/Modifications

Note: An **Accommodation** is an adaptation that results in the student with a disability accomplishing the same goals and objectives as the nondisabled student and does not fundamentally alter the general education program. A **modification** is an adaptation that results in the student with a disability accomplishing different goals and objectives as nondisabled students and fundamentally alters the general education program. Include appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child.

Instructional Accommodations

List content areas for which these apply: all areas of general education

Assignments/Test/Classroom

- extra time to complete
- daily work
- exams
- copies of overheads
- assistance with note taking
- oral/taped responses
- use of scribe
- use of reader
- preferential seating
- taped texts
- work on tests/assignments
- in resource room
- schedule board
- reward chart
- slant board
- stool/flexi-ball
- fidgets
- lap pad/vest
- move-and-sit

Equipment/Materials

- visual aids--flashcards, pictures
- study carrel for independent work
- use of manipulatives
- interpreter
- large print materials
- Braille materials
- use of calculator
- use of word processor/computer
- augmented communication device
- other equipment (specify):
tactile aids, white cane, abacus,
Braille Writer

General

- frequent feedback
- immediate feedback
- minimize auditory distractions
- minimize visual distractions
- other adaptations (specify):

Other: Other: 1-on-1 assistance in accessing & interpreting visual presentations and activities through auditory, tactile and kinesthetic input

Concerns of the parents for enhancing the education of their student: Parents want [REDACTED] to be as independent as possible in the school setting.

Instructional Modifications

List content areas for which these apply: all general education

- reduce number of assignments/exams
- reduce length of assignments/exams
- shorter written instructions (1-2 steps)
- model task
- highlighted materials
- ask student to repeat instructions
- project/alternate assignments in lieu of
 daily work (as needed) examinations
- quizzes
- open book exams
- student assignment contract
- student grading contract: _____
- Other (specify): supplementary explanations and use of tactile models for developing understanding of concepts presented in class which are visually abstract for a blind student

Behavior Management Accommodations/Modifications

List areas in which these accommodations/modifications are applicable: _____

- frequent breaks
- positive reinforcement, i.e.: _____
- frequent reminders of classroom rules
- supervision during transition time out
- behavior contract (see attached) in-class
- attendance modifications out-of-class designation
- (specify): _____

REPORT OF STUDENT PROGRESS

EVALUATION OF STUDENT PROGRESS:

State how the student's progress toward the annual goals will be measured and the extent to which progress is sufficient to enable the student to achieve goals by the end of the year:

progress on objectives (see objectives) assessment of student work (i.e.: portfolios, data from observations, etc.)

tests other: _____

State how the parents will be regularly informed of student's progress:

report cards personal contacts (i.e.: telephone, notes, etc.) progress reports other _____

PARTICIPATION IN STATE OF DISTRICTWIDE ASSESSMENT OF STUDENT ACHIEVEMENT
WASL **WAAS**

| Subject area: | WASL without accommodations | WASL with accommodations | Level 2 proficient WASL | *DAW without accommodations | *DAW with accommodations | portfolio |
|---------------|-----------------------------|------------------------------|-------------------------|-----------------------------|--------------------------|-----------|
| Reading | | Not relevant in Kindergarten | | Grade level: | Grade level: | |
| Math | | " | | Grade level: | Grade level: | |
| Writing | | " | | Grade level: | Grade level: | |
| Science | | " | | Grade level: | Grade level: | |

*DAW applies to grades 11 and 12 only.

Accommodations for WASL or DAW

Reading: Not relevant in Kindergarten or 1st grade
 Math: Not relevant in Kindergarten or 1st grade
 Writing: Not relevant in Kindergarten or 1st grade

Science: Not relevant in Kindergarten or 1st grade

Accommodations for other statewide tests:

Extra time as needed, Brailled test, Braille writer and paper, and scribe and/or reader when [REDACTED] Braille skills are not adequate to convey his cognitive abilities/understanding of test materials.

Accommodations for districtwide tests:

Extra time as needed, Brailled test, Braille writer and paper, and scribe and/or reader when [REDACTED] Braille skills are not adequate to convey his cognitive abilities/understanding of test materials.

If a student will not participate in all or part of a particular state or districtwide assessment of student achievement, explain why participation in the regular assessment is not appropriate for the student and why the alternative assessment selected by the IEP team is appropriate: Any assessment that is visual and/or in print needs to be given in Braille format, with a scribe/ reader available to assist him and extra time because of his blindness.

EXTENDED SCHOOL YEAR

Student is in need of services: No Yes

If yes, indicate services in summary of services matrix.

If no, the IEP team determined that extended school year services were not necessary at this time. The decision was not made based on a category of disability and did not unilaterally limit the type, amount, or duration of services. All students will be considered for ESY in the spring according to established district procedures.

POINTS TO CONSIDER:

- The term *extended school year* means special education and any related services that are necessary to provide FAPE to the special education student.
- Extended school year is beyond the normal school year, in accordance with the student's IEP, and is no cost to the parent.
- Extended school year meets the standards for provision of special education and related services.
- Determination for ESY is established through the application of established district standards.

Student: [redacted]

Date: 12-01-08

Pg. 8 of 11

MEASURABLE ANNUAL GOALS AND OBJECTIVES/BENCHMARKS INCLUDING ACADEMIC AND FUNCTIONAL GOALS

PRESENT LEVELS OF PERFORMANCE FOR THIS GOAL: Orientation & Mobility

[redacted] is a 5 year old boy from [redacted]. He is blind from severe injuries to his face from gunshot. He has a good understanding of basic spatial concepts involving objects as he relates to them and as they are spatially related to each other. He can correctly follow a straight line of direction for up to approximately 10 feet. He does veer if attracted to sound or if going further than 15 to 20 feet. He has a beginning understanding of a simple street and block with curbs and sidewalks. He needs further training in cardinal directionality and spatial relationships of streets (with & without sidewalks), driveways, sidewalks, grass ways, parking lots and buildings. He also needs instruction about intersections, traffic flow, and traffic controls.

ANNUAL GOAL BASED ON PEER-REVIEWED RESEARCH TO THE EXTENT POSSIBLE: (separate page for each goal – must include from/to, measurable criteria and “as measured by”) **Person Responsible:** SE Teacher SLP OT/PT Other Orientation & Mobility Instr.

[redacted] will increase his spatial & environmental concepts from present levels as of 12-01-08 to demonstrating understanding of basic residential environmental concepts with 80% accuracy by 11-30-09 as measured by data collected on 3 consecutive data collection days.

| Short Term Objectives: (Minimum of 2 per goal) | Criteria (75%, 80%, 4 of 5 trials, etc.) | Method 1=test 2=class work 3=charting 4=other | Projected Initiation Date (m/d/y) | Projected Mastery Date (m/d/y) | REPORT OF PROGRESS ON OBJECTIVES: 4 – mastered 2 – minimal progress 3 – satisfactory progress 1 – not applicable this grading period | | | | | | | | | | | | |
|--|---|--|--|---|---|-----------------|-----------------|-----------------|-----------------|----------------|--------------|---------------|-------|---|---|---|--|
| 1. [redacted] will correctly turn or point to a given cardinal direction once told which direction he is facing. | 80% | 3 | 12-02-08 | 3-01-09 | <table border="0"> <tr> <td>Progress Status</td> <td>Progress Status</td> <td>Progress Status</td> <td>Progress Status</td> </tr> <tr> <td>Date: 2/1/09</td> <td>Date: 6/5/09</td> <td>Date: 9/17/09</td> <td>Date:</td> </tr> <tr> <td>3</td> <td>4</td> <td>4</td> <td></td> </tr> </table> | Progress Status | Progress Status | Progress Status | Progress Status | Date: 2/1/09 | Date: 6/5/09 | Date: 9/17/09 | Date: | 3 | 4 | 4 | |
| Progress Status | Progress Status | Progress Status | Progress Status | | | | | | | | | | | | | | |
| Date: 2/1/09 | Date: 6/5/09 | Date: 9/17/09 | Date: | | | | | | | | | | | | | | |
| 3 | 4 | 4 | | | | | | | | | | | | | | | |
| 2. [redacted] will correctly identify 5 sets of linear objects &/or environmental features (like street & sidewalk) as either parallel or perpendicular to each other. | 80% | 3 | 3-01-09 | 6-05-09 | <table border="0"> <tr> <td></td> <td>3</td> <td>3</td> <td></td> </tr> </table> | | 3 | 3 | | | | | | | | | |
| | 3 | 3 | | | | | | | | | | | | | | | |
| 3. [redacted] will demonstrate basic traffic flow for simple residential streets using a tactile model. | 80% | 3 | 3-01-09 | 6-05-09 | <table border="0"> <tr> <td></td> <td>3</td> <td>3</td> <td></td> </tr> </table> | | 3 | 3 | | | | | | | | | |
| | 3 | 3 | | | | | | | | | | | | | | | |
| 4. [redacted] will maintain his orientation relative to the building he departs and the street, grassway, driveways, sidewalks (if present) and major landmarks he encounters while walking the approximate distance of 1 city block. 60% by 6-05-09 80% by 11-30-09 | 60% 80% | 3 | 3-02-09 6-06-09 | 6-05-09 11-30-09 | <table border="0"> <tr> <td></td> <td>3</td> <td>3</td> <td></td> </tr> </table> | | 3 | 3 | | | | | | | | | |
| | 3 | 3 | | | | | | | | | | | | | | | |
| 5. [redacted] will maintain a straight line of direction with veering of less than 5 feet when crossing a residential street. | 80% | 3 | 6-06-09 | 11-30-09 | <table border="0"> <tr> <td></td> <td>3</td> <td>3</td> <td></td> </tr> <tr> <td colspan="4">(started 4/09)</td> </tr> </table> | | 3 | 3 | | (started 4/09) | | | | | | | |
| | 3 | 3 | | | | | | | | | | | | | | | |
| (started 4/09) | | | | | | | | | | | | | | | | | |

SUMMARY OF SERVICES MATRIX

| Special Education and Related Services (include program and goal areas) | Projected Date for Initiation of Services | Anticipated Frequency (amount of time per week) | Location | Duration | Position(s) Responsible for Providing Instruction* | Position(s) Responsible for Monitoring Progress | Agency Provider (if other than the school district) |
|---|---|---|----------------------------------|---------------------|--|---|---|
| Vision: Braille Reading and Braille Writing | 12-01-08 | 110 mpw | Braille room | 1 year, to 11-30-09 | Braillist-Vision Assistant | TOVI | |
| Vision: Braille Reading and Braille Writing | 12-01-08 | 120 mpw | Braille room | 1 year, to 11-30-09 | TOVI | TOVI | |
| Vision: Orientation & Mobility | 12-01-08 | 60 mpw | Riverview Elementary & community | 1 year, to 11-30-09 | O & M Instructor | O & M Instructor | |
| 1:1 assistance | 12-01-08 | 810 mpw | Riverview Elementary | 1 year, to 11-30-09 | E.A. | TOVI | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

*If Special Education Endorsed Staff is not providing instruction, specify how often Special Education Staff meets each week with the person(s) providing instruction: 1:1 EA will meet with T.O.V.I. 30 minutes weekly, Braillist-Vision Assistant will meet with T.O.V.I. 30 minutes weekly.

Total amount of time receiving special education service: 1100 mpw (gen. ed. time + 280 mpw after ½ day Kindergarten class + 10mpw average Braille pull out on Fridays)

Total amount of time not receiving special education services, but in general ed: 0 mpw [REDACTED] is in regular education with a 1:1 assistant for kindergarten ½ day)

Minutes per week that the student is located in the regular education setting, including lunch/transitions/recess—with or without special education support: 810 mpw*
 * 170 mpd x 4 days = 680 mpw + 260 minutes every other Friday (would average 130 mp each Friday) which gives 810 averaged weekly total

An explanation of the extent, if any, to which the student will not participate with non-disabled students in the general class, including non-academics and extracurricular activities: 4 days a week, [REDACTED] will participate in all general class activities (with 1:1 E.A. assistance). He will receive special services in the afternoon after his 1/2day kindergarten general education class. Every other Friday, he will be pulled out for Braille instruction for 20 minutes during the general class time (averaging 10 mpw).

PARTICIPANTS IN IEP MEETING:

[REDACTED]

S. Varney
District Representative

Other

Mary Ann Graham - TOVI
Special Education Teacher/Provider

Other

Parent
Kristin Beverly
General Education Teacher

Mary Ann Graham TOVI
Person Knowledgeable about Evaluation Data

Other

Ms. A. Gault TOVI
Person Knowledgeable about Placement Options

Brenda Foster - TOVI/OTUS Specialist
IEP team member not present, but in agreement

Other

Other

IEP team member not present, but in agreement

If participant did not attend IEP meeting, explain his/her participation in the development, review, and revision of the IEP or why participation was not appropriate:

Each service provider will be informed of his/her responsibilities related to implementing this IEP and the specific accommodations, modifications, and supports that must be provided for the student in accordance with the IEP through participation in the IEP meeting and/or the receipt of a copy of the student's IEP.

Transfer of Rights:

This student will be age 17 prior to next annual IEP review: Yes No If yes, student and parents were informed of rights that will transfer to him/her on reaching age of majority.

Student Signature

Parent Signature

WRITTEN PARENTAL PERMISSION FOR PLACEMENT (mandatory for initial placement)

My rights and those of my child regarding procedural safeguards have been fully explained, I understand that my child has a disability and I know what that disability is, and I hereby give consent for my child to receive special education services based on his/her eligibility determination and his/her

[REDACTED]

rights given to parent(s) Rights offered, but refused

12-1-08
Date



INVITATION TO ATTEND MEETING
Snohomish School District, Snohomish, WA 98290

Date: 11-25-08

Dear Mr. & Mrs. [REDACTED]
 (parent/student/guardian/surrogate parent)

You are invited to attend a meeting* concerning [REDACTED] education program.
(student's name)

The purpose of this meeting is to: Review & renew his I.E.P.

The meeting has been scheduled for: 12-01-08 11:30 p.m./ Mrs. Beverford's room
(date/time/place)

Meetings addressing IEPs, placement, and eligibility are scheduled at a mutually agreed upon place and time by you and the school district. If you are unable to attend this meeting you may request that you would like to participate through other means such as telephone call, conference call, or videoconferencing.

Those invited to attend the meeting will be:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Parent | <input checked="" type="checkbox"/> Regular Ed Teacher | <input checked="" type="checkbox"/> District Representative |
| <input type="checkbox"/> Student | <input type="checkbox"/> SLP | <input checked="" type="checkbox"/> Other: Vision Teacher _____ |
| <input type="checkbox"/> Special Ed. Teacher | <input type="checkbox"/> OT/PT | <input checked="" type="checkbox"/> Other: O & M Instructor _____ |
| <input checked="" type="checkbox"/> School Psychologist | <input checked="" type="checkbox"/> Other: | <input checked="" type="checkbox"/> Other: _____ |

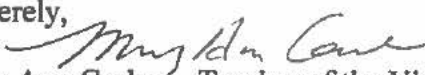
*If the purpose of this meeting is to develop, review or revise an IEP, you may invite any individual who has knowledge or special expertise about the student. If a copy of the *Notice of Procedural Safeguards for Special Education Students and Their Families* is not enclosed, a copy may be obtained by contacting:

Andrea Seda
 Name

360-563-7264
 Phone number

If the purpose of the meeting is to consider needed transition services, the student as well as any other agency personnel will be invited.

If you are unable to attend the meeting, please call me at: 360-563-3441

Sincerely,

 Mary Ann Graham, Teacher of the Visually Impaired

PURPOSE OF INVITATION TO ATTEND MEETING: 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.



PRIOR WRITTEN NOTICE
Snohomish School District, Snohomish, WA 98290

Date: 12-01-08

Dear Mr. & Mrs. [REDACTED]
(parent/student/guardian/surrogate parent)

Student's name: [REDACTED] Birth Date: [REDACTED]

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

- proposing to
- initiate
- continue
- refusing to
- change a
(mark one of the above)

Mark all items below that apply:

- referral
- evaluation
- eligibility category
- educational placement
- IEP
- reevaluation
- disciplinary action that is a change of placement
- transfer
- other (specify):

Explanation: Updated IEP

The reason we are taking action is: Additional explanation of IEP components

The evaluation procedures, tests, records, or reports we used as the basis for taking this action were the following:
None

The other options considered were: Not update previous IEP

The reason we rejected those options was: Additional clarification of IEP requested

Other factors that are relevant to the action: None

The evaluation procedures we propose to conduct are the following: None

If you have not received a copy of the *Notice of Procedural Safeguards for Special Education Students and Their Families* and you would like a copy or you would like help in understanding the content, please contact:

Andrea Seda at 360-563-7264

Sincerely,

PURPOSE OF PRIOR WRITTEN NOTICE: As a parent of 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 take an action related to the identification, evaluation, educational placement, or provision of a free appropriate public education to your child.



Snohomish School District

Special Services Department, 1601 Avenue D, Snohomish, WA 98290

IEP Revision/Parent Notification of Proposed IEP Revision

Student name: [REDACTED] Date of birth: [REDACTED] Grade: preschool
 School: CE Date of amendment: 6/09/08
 This plan amends IEP developed on: 9/17/07 Review date of IEP: 9/16/08

To: Parent/Guardian:

This form is to notify you that the following changes are being proposed with regard to the student named:

| PROPOSED CHANGES | | | |
|--|--|---|---|
| CHANGE IN TIME | Revised time in Special Education <input type="checkbox"/> Increase <input checked="" type="checkbox"/> Decrease | Current time in Special Education—minutes per week: <u>680</u> | Proposed time in Special Education—minutes per week: <u>180</u> |
| | <input type="checkbox"/> Speech language | Current minutes week: _____ | Proposed minutes week: _____ |
| | <input checked="" type="checkbox"/> Preschool Classroom | Current minutes week: <u>500</u> | Proposed minutes week: <u>0</u> |
| | <input checked="" type="checkbox"/> Other Pre-Braille | Current minutes week: <u>120</u> | Proposed minutes week: <u>120</u> |
| | <input checked="" type="checkbox"/> Other O & M | Current minutes week: <u>60</u> | Proposed minutes week: <u>60</u> |
| | <input type="checkbox"/> See attached revised Matrix Page | | |
| PLACEMENT CHANGE | Current school and program: <u>Central Primary Center Preschool</u> | Proposed school and program: <u>Riverview Kindergarten</u> | |
| TEACHER MANAGER | Current teacher manager: <u>Andrea Ortman</u> | Proposed teacher manager: <u>MaryAnn Graham</u> | |
| PROGRAM CHANGE | <input type="checkbox"/> Adding Goals and Objectives (copy of new goals objectives attached) <input type="checkbox"/> Deleting goals objectives | <input type="checkbox"/> School Day reduced <input type="checkbox"/> School Day extended <input type="checkbox"/> Other (specify) _____ | |
| EXPLANATION | | | |
| The reason for the decision is: [REDACTED] will be moving on to kindergarten | | | |
| The following options to this decision, if any, were considered and rejected: <u>na</u> | | | |
| Reason for rejection: <u>na</u> | | | |
| The following test(s), report(s), and/or procedures were used to make this decision: <u>na</u> | | | |

Please indicate your decision by checking the appropriate box below and signing this form. A copy of your safeguards is available upon request from the Special Education Services office at the above address or phone number.

I approve of the proposed changes I DO NOT approve of the proposed changes

IEP Participants Present (signatures)

| | |
|---------------------------|-------------------------|
| Parent/Guardian _____ | District Rep. _____ |
| Student _____ | Spec. Ed. Teacher _____ |
| General Ed. Teacher _____ | Other _____ |
| Other _____ | Other _____ |

If the parent was contacted by phone or in person to determine a date to meet regarding IEP proposed changes but has indicated that (s)he does not want/need a further meeting and approves of the proposed changes as discussed during the phone or in person contact, indicate the decision below.

Parent was contacted on: 6/10/08 Approved—does not desire a further meeting Did not approve

Case manager/teacher manager: Andrea Ortman Date: 6/19/08



INDIVIDUALIZED EDUCATION PROGRAM
Snohomish School District, Snohomish, WA 98290

✓

Student Name: _____ Student ID No.: _____ Birth date: _____ Age: 5
 Grade: K Adult Student: Yes No Type of IEP: Initial Review Transfer
 School Building: Riverview Date of IEP meeting: 9-11-08 Date of most recent evaluation: 9-18-06
 IEP annual review date: 9-17-07 Eligibility category: 10 Three-year reevaluation due date: 9-17-09
 Parent(s) name(s): _____
 Primary language of student: English Primary language at home: English Parent interpreter needed? Yes No
 Surrogate parent No Yes If yes, name: _____
 Primary staff contact name: Brenda Foster Title: Vision Teacher

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

Results of the initial evaluation or most recent reevaluation: Based on evaluation data and decisions of the Evaluation Team this student is determined to be in need of services in the following areas: Basic Reading Reading Comprehension Reading Fluency Math Reasoning Numerical Operations Written Expression Listening Comprehension Communication Motor Social/Emotional Behavior Cognition Adaptive Behavior (life skills & functional academics) Other (Braille and Orientation & Mobility.) Broad Reading Broad Math (BROAD AREAS CANNOT BE USED WHEN STUDENT IS QUALIFIED AS LEARNING DISABLED)

Results of the student's performance on any general state or district-wide assessment program (if applicable):

ACADEMIC OR COGNITIVE (PRE-ACADEMIC) DATA:

Academic: (Date of Evaluation - _____) Updated Academic Information as of (date) _____ if applicable:
 Basic Reading: *SS = _____
 Reading Comp SS = _____
 Math Reasoning: SS = _____
 Numerical Operations: SS = _____
 Written Expression: SS = _____
 Listening Comprehension SS = _____

**Standard score data is optional, so this section may be omitted. However, narrative academic data*

Additional Present Levels Data in the area of Academic Functioning:

For additional present levels data in the area of academic achievement, see goals and objectives page(s).

*sent email to
Brenda -
requested copies
of 2006 & 2007
IEPs to confirm
correct dates
10/8*

PRESENT LEVELS DATA, CONTINUED

Strengths in terms of the general education curriculum: [redacted] is just starting the kindergarten general education curriculum this year. His initial involvement is showing excellent verbal, good listening skills and good following of directions.

The student's disability adversely affects the student's involvement and progress in the general curriculum or, for preschool children, as appropriate, how the disability affects the student's participation in appropriate activities (include a statement for each area of qualification):

SOCIAL/EMOTIONAL/BEHAVIOR:

- No significant concerns at present Functional Behavior Analysis Completed? _yes _no If yes, date:
- If an area of qualification: Strengths, areas of concern and adverse educational impact:
- For additional present levels data, see goals and objectives page(s)

ADAPTIVE BEHAVIOR/LIFE SKILLS:

- No significant concerns at present
- If an area of qualification: Strengths, areas of concern and adverse educational impact:
- For additional present levels data, see goals and objectives page(s)

MOTOR SKILLS/PHYSICAL DEVELOPMENT:

- No significant concerns at present Motor Delays
- If an area of qualification: Strengths, areas of concern and adverse educational impact:
- For additional present levels data, see goals and objectives page(s)

COMMUNICATION SKILLS:

- No significant concerns at present
- If an area of qualification: Strengths, areas of concern and adverse educational impact:
- For additional present levels data, see goals and objectives page(s)

VISION/HEARING:

- No significant concerns at present Areas of Concern: [redacted] is totally blind. His vision impairment affects his ability to access and participate in age-appropriate activities independently.
- For additional present levels data, see goals and objectives page(s)

MEDICAL/PHYSICAL

- No known significant concerns at present Areas of Concern:

Credits Toward Graduation (grade 9 up):

JUSTIFICATION FOR SERVICE/LEAST RESTRICTIVE ENVIRONMENT: Based on most recent evaluation results and recommendations and considering any potential harmful effects on the student or on the quality of services needed, the following options were considered in order to establish a program to assist the student to attain his/her annual goals.

| Service Options (more than one option may be checked) | Selected Options | Or Reasons Rejected | | |
|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| | | Needs More Support | Too Restrictive | Inappropriate to Needs |
| Educational – Preschool self-contained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Educational – Resource Room support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Self-contained program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SLP therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| OT/PT therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (explain) Vision – Braille/Orientation & Mobility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CONSIDERATION OF SPECIAL FACTORS:

Necessary related services (based on peer-reviewed research to the extent practicable) for this student to benefit from special education include: None
 Transportation Vision Interpreting services school nurse services Other 1:1 EA

Supplementary aids and services necessary to support this student in the general education classroom or school activities (based on peer-reviewed research to the extent practicable) include: None Assistive devices: Other White cane, Braille Writer

Necessary program accommodations/modifications or support for school personnel include: None Other See attached accommodations/modifications page

Physical Education: regular Specially designed instruction; explain:

Does this student's behavior impede his or her learning or that of others? Yes No If yes, indicate where in the IEP the strategies and supports are described, including positive behavioral interventions to address the problem:

Does this student require assistive technology devices and/or services? No Yes, describe (if not already identified/described on present level or goals/objectives pages: Braille Writer, White Cane, Abacus

Does the student have limited English Proficiency? Yes No If yes, describe any appropriate language needs of the student and these needs relate to the student's individualized education program:

Is the student blind or visually impaired? Yes No If yes, has the student been provided for instruction in Braille and the use of Braille? Yes; see additional details in present levels and goals/objectives pages No; explanation for recommendation that Braille is not appropriate and evaluation instruments used to come to this determination:

What are the communication needs of this student? Not an area of suspected disability See present levels page(s) and goals/objectives pages for details
 For students are deaf or hard of hearing, see present levels page(s) and goals and objectives pages for language and communication needs, opportunities for direct communication with peers/adults in primary language and direct instruction in primary language/mode of communicatio

Accommodations/Modifications

Note: An **Accommodation** is an adaptation that results in the student with a disability accomplishing the same goals and objectives as the nondisabled student and does not fundamentally alter the general education program. A **modification** is an adaptation that results in the student with a disability accomplishing different goals and objectives as nondisabled students and fundamentally alters the general education program. Include appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child.

Instructional Accommodations

List content areas for which these apply: _____

Assignments/Test/Classroom

- extra time to complete
- daily work
- exams
- copies of overheads
- assistance with note taking
- oral/taped responses
- use of scribe
- use of reader
- preferential seating
- taped texts
- work on tests/assignments

- in resource room
- schedule board
- reward chart
- slant board
- stool/flexi-ball
- fidgets
- lap pad/vest
- move-and-sit

Other: _____

Equipment/Materials

- visual aids--flashcards, pictures
- study carrel for independent work
- use of manipulatives
- interpreter
- large print materials
- Braille materials
- use of calculator
- use of word processor/computer
- augmented communication device
- other equipment (specify):
tactile aids, white cane, abacus,
Braille Writer

General

- frequent feedback
- immediate feedback
- minimize auditory distractions
- minimize visual distractions
- other adaptations (specify):

Concerns of the parents for enhancing the education of their student: Parents want _____ to be as independent as possible in the school setting.

Instructional Modifications

List content areas for which these apply: _____

- reduce number of assignments/exams
- reduce length of assignments/exams
- shorter written instructions (1-2 steps)
- model task
- highlighted materials
- ask student to repeat instructions
- project/alternate assignments in lieu of
 - daily work
 - examinations
 - quizzes
- open book exams
- student assignment contract
- student grading contract: _____
- Other (specify): provide tactile materials & verbal clarifications when needed during instructions and demonstrations _____

Behavior Management Accommodations/Modifications

List areas in which these accommodations/modifications are applicable: _____

- frequent breaks
- positive reinforcement, i.e.: _____
- frequent reminders of classroom rules
- supervision during transition
- behavior contract (see attached)
- attendance modifications
- time out
- in-class
- out-of-class designation
- (specify): _____

REPORT OF STUDENT PROGRESS

EVALUATION OF STUDENT PROGRESS:
 State how the student's progress toward the annual goals will be measured and the extent to which progress is sufficient to enable the student to achieve goals by the end of the year: progress on objectives (see objectives) assessment of student work (i.e.: portfolios, data from observations, etc.)
 tests other: _____
 State how the parents will be regularly informed of student's progress:
 report cards personal contacts (i.e.: telephone, notes, etc.) progress reports other _____

PARTICIPATION IN STATE OF DISTRICTWIDE ASSESSMENT OF STUDENT ACHIEVEMENT

(if preschool, not applicable)

WASL

WAAS

| Subject area: | WASL without accommodations | WASL with accommodations | Level 2 proficient WASL | *DAW without accommodations | *DAW with accommodations | portfolio |
|---------------|-----------------------------|--------------------------|-------------------------|-----------------------------|--------------------------|-----------|
| Reading | | Braille | | Grade level: | Grade level: | |
| Math | | Braille | | Grade level: | Grade level: | |
| Writing | | Braille | | Grade level: | Grade level: | |
| Science | | Braille | | Grade level: | Grade level: | |

*DAW applies to grades 11 and 12 only.

Accommodations for WASL or DAW

Reading: Braille
 Math: Braille
 Writing: Braille
 Science: Braille

Accommodations for other statewide tests:

Braille

Accommodations for districtwide tests:

Braille

If a student will not participate in all or part of a particular state or districtwide assessment of student achievement, explain why participation in the regular assessment is not appropriate for the student and why the alternative assessment selected by the IEP team is appropriate: Braille reading assessment will be augmented or substituted by the Building on Patterns Primary Braille Literacy Program.

EXTENDED SCHOOL YEAR

Student is in need of services: No Yes

If yes, indicate services in summary of services matrix.

If no, the IEP team determined that extended school year services were not necessary at this time. The decision was not made based on a category of disability and did not unilaterally limit the type, amount, or duration of services. All students will be considered for ESY in the spring according to established district procedures.

POINTS TO CONSIDER:

- The term *extended school year* means special education and any related services that are necessary to provide FAPE to the special education student.
- Extended school year is beyond the normal school year, in accordance with the student's IEP, and is no cost to the parent.
- Extended school year meets the standards for provision of special education and related services.
- Determination for ESY is established through the application of established district standards.

Student: [REDACTED]

Date: 9-11-08

Page 6 of 11 pages

MEASURABLE ANNUAL GOALS AND OBJECTIVES/BENCHMARKS INCLUDING ACADEMIC AND FUNCTIONAL GOALS

PRESENT LEVELS OF PERFORMANCE FOR THIS GOAL:

[REDACTED] is a 5 year old boy from [REDACTED] who was is blind due to severe injuries he sustained after being shot in the face. During the past year he has received orientation training within his school and the immediate neighborhood. He has developed very good orientation to his most commonly traveled areas within his school. He moves quickly and easily within the school using a modified 2 point cane technique with occasional shoreline trailing. He has beginning skills for traveling along a sidewalk and simple street crossing. He is attending a new school this year and needs orientation to this school as well as continued refinement of his cane technique and development of residential concepts and travel skills.

ANNUAL GOAL BASED ON PEER-REVIEWED RESEARCH TO THE EXTENT POSSIBLE: (separate page for each goal – must include from/to, measurable criteria and “as measured by”) **Person Responsible:** SE Teacher SLP OT/PT Other mobility

Starting 9-11-08, [REDACTED] will go from using a modified 2 point cane technique (not “in step”) to appropriately and independently using standard 2 point and shoreline technique while maintaining orientation and traveling in his school environment as well as traveling to given destinations within the immediate residential neighborhood, as measured on 3 consecutive data collection days by 9-11-09.

| Short Term Objectives: (Minimum of 2 per goal) | Criteria (75%, 80%, 4 of 5 trials, etc.) | Method 1=test 2=class work 3=charting 4=other | Projected Initiation Date (m/d/y) | Projected Mastery Date (m/d/y) | REPORT OF PROGRESS ON OBJECTIVES: | | | |
|---|---|--|--|---|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| | | | | | Progress Status Date: | Progress Status Date: | Progress Status Date: | Progress Status Date: |
| 1. [REDACTED] will walk “in step” while using 2 point cane technique for a distance of 200 feet. - 50 ft by 12-08 - 100 ft. by 3-09 - 200 ft. by 6-08 | 80% | 3 | 9-11-08 12-02-08 3-02-09 | 12-01-08 3-01-09 6-10-09 | | | | |
| 2. [REDACTED] will travel independently to and from 15 different destinations within his new school. - 5 within classroom by 11-08 - 5 within building by 3-09 - 5 on playground & front of school by 6-09 | 80% | 3 | 9-11-08 12-02-08 3-02-09 | 12-01-08 3-01-09 6-10-09 | | | | |
| 3. [REDACTED] will correctly identify his location after a “drop off” - in classroom - in school building - on school grounds | 2 of 3 trials | 3 | 9-11-08 12-02-08 3-02-09 | 12-01-08 3-01-09 6-10-09 | | | | |
| 4. [REDACTED] will use correct cane techniques while traveling along a street with no sidewalk. - -50 ft by 12-08 - 100 ft. by 3-09 | 80% | 3 | 1-05-09 3-02-09 | 3-01-09 6-10-09 | | | | |

MEASURABLE ANNUAL GOALS AND OBJECTIVES/BENCHMARKS INCLUDING ACADEMIC AND FUNCTIONAL GOALS

PRESENT LEVELS OF PERFORMANCE FOR THIS GOAL:

██████████ is a 5 year old boy from Iraq. He is blind from severe injuries to his face from gunshot. He has a good understanding of basic spatial concepts involving objects as he relates to them and as they are spatially related to each other. He can correctly follow a straight line of direction for up to approximately 10 feet. He does veer if attracted to sound or if going further than 15 to 20 feet. He has a beginning understanding of a simple street and block with curbs and sidewalks. He needs further training in cardinal directionality and spatial relationships of streets (with & without sidewalks), driveways, sidewalks, grass ways, parking lots and buildings. He also needs instruction about intersections, traffic flow, and traffic controls.

ANNUAL GOAL BASED ON PEER-REVIEWED RESEARCH TO THE EXTENT POSSIBLE: (separate page for each goal – must include from/to, measurable criteria and “as measured by”) **Person Responsible:** SE Teacher SLP OT/PT Other Orientation & Mobility Instr.

██████████ will increase his spatial & environmental concepts from present levels as of 9-11-08 to demonstrating understanding of basic residential environmental concepts by 9-11-09 as measured by data collected on 3 consecutive data collection days.

| Short Term Objectives: (Minimum of 2 per goal) | Criteria (75%, 80%, 4 of 5 trials, etc.) | Method 1=test 2=class work 3=charting 4=other | Projected Initiation Date (m/d/y) | Projected Mastery Date (m/d/y) | REPORT OF PROGRESS ON OBJECTIVES: | | | |
|---|---|--|--|---|-----------------------------------|-----------------------------|-----------------------------|--|
| | | | | | Progress Status Date: | Progress Status Date: | Progress Status Date: | Progress Status Date: |
| 1. ██████████ will correctly turn or point to a given cardinal direction once told which direction he is facing. | 80% | 3 | 9-12-08 | 12-01-08 | 4 – mastered | 3 – satisfactory progress | 2 – minimal progress | 1 – not applicable this grading period |
| 2. ██████████ will correctly identify 5 sets of linear objects &/or environmental features (like street & sidewalk) as either parallel or perpendicular to each other. | 80% | 3 | 1-05-09 | 3-01-09 | | | | |
| 3. ██████████ will demonstrate basic traffic flow for simple residential streets using a tactile model. | 80% | 3 | 1-05-09 | 6-10-09 | | | | |
| 4. ██████████ will maintain his orientation relative to the building he departs and the street, grassway, driveways, sidewalks (if present) and major landmarks he encounters while walking the approximate distance of 1 city block. | 80% | 3 | 2-02-09 | 6-10-09 | | | | |
| 5. ██████████ will maintain a straight line of direction with veering of less than 5 feet when crossing a residential street. | 80% | 3 | 3-02-09 | 6-10-09 | | | | |

Student: Muhammed

Date: 9-25-08

Page of pages

MEASURABLE ANNUAL GOALS AND OBJECTIVES/BENCHMARKS INCLUDING ACADEMIC AND FUNCTIONAL GOALS

PRESENT LEVELS OF PERFORMANCE FOR THIS GOAL:

██████████ is a 5 year old boy from ██████████ who is blind due to severe injuries from gunshot to his face. He has developed the following Braille writing skills over the past year: Correctly insert paper and position it for writing, use correct fingering, spacing and line spacing, write 13 letters and 8 numbers, write his name and 10 single cell Braille contraction words.

ANNUAL GOAL BASED ON PEER-REVIEWED RESEARCH TO THE EXTENT POSSIBLE: (separate page for each goal – must include from/to, measurable criteria and “as measured by”) **Person Responsible:** SE Teacher SLP OT/PT Other TOVI
 Starting 9-11-08, ██████████ will increase his Braille writing skills from the present Braille writing skills to completing the Kindergarten level Building on P as measured by teacher records on 3 different consecutive data collection days by 9-11-09.

| Short Term Objectives: (Minimum of 2 per goal) | Criteria (75%, 80%, 4 of 5 trials, etc.) | Method 1=test 2=class work 3=charting 4=other | Projected Initiation Date (m/d/y) | Projected Mastery Date (m/d/y) | REPORT OF PROGRESS ON OBJECTIVES: | | | |
|---|---|--|--|---|-----------------------------------|-----------------------------|-----------------------------|--|
| | | | | | 4 – mastered | 3 – satisfactory progress | 2 – minimal progress | 1 – not applicable this grading period |
| | | | | | Progress Status Date: | Progress Status Date: | Progress Status Date: | Progress Status Date: |
| 1. ██████████ will correctly write all letters of the alphabet in Braille. | 80% | 1,3 | 9-11-08 | | | | | |
| 2. ██████████ will correctly write all alphabet contraction words in Braille. | | 1,3 | 9-11-08 | | | | | |
| 3. ██████████ will correctly write 10 class contraction words in Braille | | 1,3 | 9-11-08 | | | | | |
| 4. ██████████ will correctly write short sentences in Braille. | | 1,3 | 1-01-09 | | | | | |
| 5. ██████████ will correctly write numbers 1 through 20 in Braille. | | 1,3 | 9-11-09 | | | | | |

MEASURABLE ANNUAL GOALS AND OBJECTIVES/BENCHMARKS INCLUDING ACADEMIC AND FUNCTIONAL GOALS

PRESENT LEVELS OF PERFORMANCE FOR THIS GOAL:

██████████ is a 5 year old boy from ██████████ who is blind due to severe injuries after being shot in the face. He received Braille training this past year and is now able to independently complete Braille reading tasks of reading 18 letters, 8 numbers, and 13 words. He reads short word groupings using good hand movements, speed and comprehension.

ANNUAL GOAL BASED ON PEER-REVIEWED RESEARCH TO THE EXTENT POSSIBLE: (separate page for each goal – must include from/to, measurable criteria and “as measured by”) **Person Responsible:** SE Teacher SLP OT/PT Other TOVI
 Starting 9-11-08, ██████████ will go from the above Braille reading skills to demonstrating independent reading of Braille sentences at the completion of the Building on Patterns Kindergarten level as measured by teacher records over 3 consecutive data collection days by 9-11-09.

| Short Term Objectives: (Minimum of 2 per goal) | Criteria (75%, 80%, 4 of 5 trials, etc.) | Method 1=test 2=class work 3=charting 4=other | Projected Initiation Date (m/d/y) | Projected Mastery Date (m/d/y) | REPORT OF PROGRESS ON OBJECTIVES: | | | |
|---|---|--|--|---|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| | | | | | Progress Status Date: | Progress Status Date: | Progress Status Date: | Progress Status Date: |
| 1. ██████████ will correctly identify 27 Braille letters. 8 letters by 12/08 16 letters by 3/09 26 letters by 6/09 | 90% | 1,3 | 9/11/08 12-02-08 3-02-09 | 12-07 3/09 6/09 | | | | |
| 2. ██████████ will correctly read all single cell alphabet contraction letters. 8 letters by 12/08 16 letters by 3/09 26 letters by 6/09 | 90% | 1,3 | 9/11/08 12-02-08 3-02-09 | 12/08 3/01/09 6/10/09 | | | | |
| 3. ██████████ will correctly read 20 class high frequency words - 10 by 12-01-08 - 15 by 3-01-09 -20 by 6-10-09 | 90% | 1,3 | 9/11/08 12-02-08 3-02-09 | 12-01-08 3-01-09 6-10-09 | | | | |

MEASURABLE ANNUAL GOALS AND OBJECTIVES/BENCHMARKS INCLUDING ACADEMIC AND FUNCTIONAL GOALS

PRESENT LEVELS OF PERFORMANCE FOR THIS GOAL:

See previous page (continuation)

ANNUAL GOAL BASED ON PEER-REVIEWED RESEARCH TO THE EXTENT POSSIBLE: (separate page for each goal – must include from/to, measurable criteria and “as measured by”) **Person Responsible:** SE Teacher SLP OT/PT Other TOVI

See previous page

| Short Term Objectives: (Minimum of 2 per goal) | Criteria (75%, 80%, 4 of 5 trials, etc.) | Method 1=test 2=class work 3=charting 4=other | Projected Initiation Date (m/d/y) | Projected Mastery Date (m/d/y) | REPORT OF PROGRESS ON OBJECTIVES: | | | |
|--|---|--|--|---|-----------------------------------|---------------------------|-----------------------|--|
| | | | | | 4 – mastered | 3 – satisfactory progress | 2 – minimal progress | 1 – not applicable this grading period |
| | | | | | Progress Status Date: | Progress Status Date: | Progress Status Date: | Progress Status Date: |
| 4. [REDACTED] will correctly identify 20 Braille numbers - 8 by 12-01-08 - 16 by 3-01-09 - 20 by 6-10-09 | 90% | 1,3 | 9/11/08 12-02-08 3-02-09 | 12-01-08 3-01-09 6-10-09 | | | | |
| 5. [REDACTED] will correctly read sentences in the final book of the Kindergarten level of the Building on Patterns Primary Braille Literacy Program | 90% | 1,3 | 3-02-09 | 6-10-09 | | | | |

Student Name:

Date of IEP:

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SUMMARY OF SERVICES MATRIX

| Special Education and Related Services (include program and goal areas) | Projected Date for Initiation of Services | Anticipated Frequency (amount of time per week) | Location | Duration | Position(s) Responsible for Providing Instruction* | Position(s) Responsible for Monitoring Progress | Agency Provider (if other than the school district) |
|--|---|--|-----------------------|----------|--|---|--|
| Braille | 9-12-08 | 225 mpw | Braille room | 1 year | TOVI & Brailist/EA | TOVI | |
| Orientation & Mobility | 9-12-08 | 60 mpw | Riverview & community | 1 year | O & M Instructor/Brailist-V.A. | O & M Instructor | |
| | | | | | | | |
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*If Special Education Endorsed Staff is not providing instruction, specify how often Special Education Staff meets each week with the person(s) providing instruction: 1:1 EA will be meeting with Vision specialist weekly

Total amount of time receiving special education service: 285 mpw

Total amount of time not receiving special education services, but in general ed:

Minutes per week that the student is located in the regular education setting, including lunch/transitions/recess—with or without special education support: 170 mpw + 110 minutes every other week

An explanation of the extent, if any, to which the student will not participate with non-disabled students in the general class, including non-academics and extracurricular activities: [redacted] will participate in all general class activities. He will receive special services in the afternoon after is 1/2day kindergarten general education class.

*Student Name:

Date of IEP:

Page

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PARTICIPANTS IN IEP MEETING:



[Signature]
District Representative

Other

Special Education Teacher/Provider

Other

Person Knowledgeable about Evaluation Data

Other

Person Knowledgeable about Placement Options

IEP team member not present, but in agreement

[Signature]
General Education Teacher

[Signature]
Other

[Signature]
Other

IEP team member not present, but in agreement

If participant did not attend IEP meeting, explain his/her participation in the development, review, and revision of the IEP or why participation was not appropriate:

Each service provider will be informed of his/her responsibilities related to implementing this IEP and the specific accommodations, modifications, and supports that must be provided for the student in accordance with the IEP through participation in the IEP meeting and/or the receipt of a copy of the student's IEP.

Transfer of Rights:

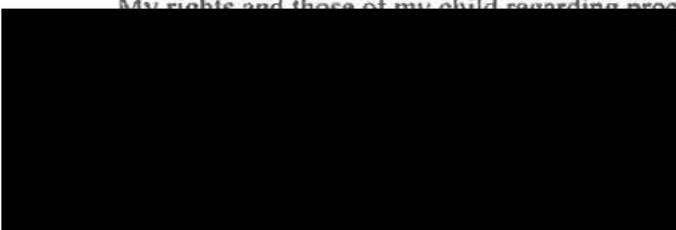
This student will be age 17 prior to next annual IEP review: Yes No If yes, student and parents were informed of rights that will transfer to him/her on reaching age of majority.

Student Signature

Parent Signature

WRITTEN PARENTAL PERMISSION FOR PLACEMENT (mandatory for initial placement)

My rights and those of my child regarding procedural safeguards have been fully explained, I understand that my child has a disability and I know what my child to receive special education services based on his/her eligibility determination and his/her
] Rights given to parent(s) Rights offered, but refused



[Signature]
Date



INVITATION TO ATTEND MEETING
Snohomish School District, Snohomish, WA 98290

Date: 9-05-08

Dear Mr. & Mrs. [REDACTED]
 (parent/student/guardian/surrogate parent)

You are invited to attend a meeting* concerning [REDACTED] education program.
 (student's name)

The purpose of this meeting is to: Review & renew his I.E.P.

The meeting has been scheduled for: 9-11-08 / 3:30 p.m./ Mrs. Beverford's room
 (date/time/place)

Meetings addressing IEPs, placement, and eligibility are scheduled at a mutually agreed upon place and time by you and the school district. If you are unable to attend this meeting you may request that you would like to participate through other means such as telephone call, conference call, or videoconferencing.

Those invited to attend the meeting will be:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Parent | <input checked="" type="checkbox"/> Regular Ed Teacher | <input checked="" type="checkbox"/> District Representative |
| <input type="checkbox"/> Student | <input type="checkbox"/> SLP | <input checked="" type="checkbox"/> Other: Vision Teacher _____ |
| <input type="checkbox"/> Special Ed. Teacher | <input type="checkbox"/> OT/PT | <input checked="" type="checkbox"/> Other: O & M Instructor _____ |
| <input type="checkbox"/> School Psychologist | <input checked="" type="checkbox"/> Other: <u>E.A.</u> | <input checked="" type="checkbox"/> Other: Brailist/E.A. _____ |

*If the purpose of this meeting is to develop, review or revise an IEP, you may invite any individual who has knowledge or special expertise about the student. If a copy of the *Notice of Procedural Safeguards for Special Education Students and Their Families* is not enclosed, a copy may be obtained by contacting:

Andrea Seda
 Name

360-563-7264
 Phone number

If the purpose of the meeting is to consider needed transition services, the student as well as any other agency personnel will be invited.

If you are unable to attend the meeting, please call me at: 360-563-3441

Sincerely,

Mary Ann Graham, Teacher of the Visually Impaired

PURPOSE OF INVITATION TO ATTEND MEETING: 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.



PRIOR WRITTEN NOTICE
Snohomish School District, Snohomish, WA 98290

Date: 9-11-08

Dear Mr. & Mrs. [redacted]
(parent/student/guardian/surrogate parent)

Student's name: [redacted] Birth Date: [redacted]

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

- proposing to
- initiate
- continue
- refusing to
- change a
- (mark one of the above)

Mark all items below that apply:

- referral
- evaluation
- eligibility category
- educational placement
- IEP
- reevaluation
- disciplinary action that is a change of placement
- transfer
- other (specify):

Explanation: Revision of IEP at IEP review

The reason we are taking action is: IEP review date and revision is for Kindergarten year

The evaluation procedures, tests, records, or reports we used as the basis for taking this action were the following:
Data collected for Goals & objectives on last IEP, plus teacher observations

The other options considered were: none

The reason we rejected those options was: Annual IEP review is appropriate.

Other factors that are relevant to the action: none

The evaluation procedures we propose to conduct are the following: continued collection of data on IEP goals & objectives

If you have not received a copy of the *Notice of Procedural Safeguards for Special Education Students and Their Families* and you would like a copy or you would like help in understanding the content, please contact:

Andrea Seda at 360-563-7264

Sincerely,

PURPOSE OF PRIOR WRITTEN NOTICE: As a parent of 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 take an action related to the identification, evaluation, educational placement, or provision of a free appropriate public education to your child.



IEP PACKET CHECKLIST
Snohomish School District, Snohomish, WA 98290

Student: _____

I have included the following in this packet in the order indicated below (1 – 6):

1. IEP completed in entirety:
 - IEP is written correctly
 - IEP pages are in correct order and numbered, with the student's name on every page.
 - Last page of IEP has parent signature both as participant AND at the bottom to indicate permission for placement and acknowledgement of offer of Procedural Safeguards.
 2. Invitation to Attend Meeting
 3. Prior Written Notice
 4. If parents did NOT attend the IEP meeting, a completed Documentation of Invitation to IEP Meeting Form.
 5. This IEP Packet Checklist
- **STAPLE ALL OF THE ABOVE ITEMS TOGETHER (#1 on top, #5 on bottom)****
6. *Paperclip* updated goals and objectives (date of completion, etc.) from previous IEP to the back of the above packet.
 - Procedural Safeguards were offered to parents.

I understand that this packet will be returned to me if it is incomplete.

Signed: _____

Angela Adams
(teacher/provider) / *Brenda Foster*



INDIVIDUALIZED EDUCATION PROGRAM
Snohomish School District, Snohomish, WA 98290



Student Name: _____ Student ID No.: _____ Birth date: _____ Age: 6
 Grade: 1 Adult Student: Yes No Type of IEP: Initial Review Transfer
 School Building: Riverview Date of IEP meeting: 9-17-09 Date of most recent evaluation: 6-15-2009
 IEP annual review date: 11-30-09 Eligibility category: 10 Three-year reevaluation due date: 6-15-2012
 Parent(s) name(s): _____
 Primary language of student: English Primary language at home: English Parent interpreter needed? Yes No
 Surrogate parent No Yes If yes, name: _____
 Primary staff contact name: Mary Ann Graham Title: Teacher of Visually Impaired / Orientation & Mobility Instructor

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

Results of the initial evaluation or most recent reevaluation: Based on evaluation data and decisions of the Evaluation Team this student is determined to be in need of services in the following areas: Basic Reading Reading Comprehension Reading Fluency Math Reasoning Numerical Operations Written Expression Listening Comprehension Communication Motor Social/Emotional Behavior Cognition Adaptive Behavior (life skills & functional academics) Other: Vision: (Compensatory Skills, Braille, and Orientation & Mobility.) Broad Reading Broad Math (BROAD AREAS CANNOT BE USED WHEN STUDENT IS QUALIFIED AS LEARNING DISABLED)

Results of the student's performance on any general state or district-wide assessment program (if applicable):

ACADEMIC OR COGNITIVE (PRE-ACADEMIC) DATA: Muhammed completed Kindergarten on grade level in his Kindergarten reading, writing and math activities and is demonstrating on level entry level 1st grade skills according to his first grade teacher.

Academic: (Date of Evaluation -) Updated Academic Information as of (date) if applicable:

Basic Reading: *SS =
 Reading Comp SS =
 Math Reasoning: SS =
 Numerical Operations: SS =
 Written Expression: SS =
 Listening Comprehension SS =

**Standard score data is optional, so this section may be omitted. However, narrative academic data is required in areas of qualification.*

Additional Present Levels Data in the area of Academic Functioning:

For additional present levels data in the area of academic achievement, see goals and objectives page(s).

PRESENT LEVELS DATA, CONTINUED

Strengths in terms of the general education curriculum: [REDACTED] has excellent verbal skills, good listening skills and good following of directions. He is doing well in (Braille) reading and in math.

The student's disability adversely affects the student's involvement and progress in the general curriculum or, for preschool children, as appropriate, how the disability affects the student's participation in appropriate activities (include a statement for each area of qualification): [REDACTED] disability adversely affects his involvement and progress in the general curriculum. Due to his blindness, he cannot read and write printed material nor visually access teacher demonstrations and instruction or educational materials as his sighted peers do. He also cannot safely travel independently throughout his school environment or his community as his peers do. He needs specialized instruction in the areas of Compensatory Skills, Braille and Orientation & Mobility in order to make adequate academic progress in the general education program. He also needs a one-on-one assistant to help him access and use Braille and tactile materials in the classroom and supervise his travel in the classroom, on the playground and in the school building. He needs to have printed materials that are presented to and used by the sighted peers in his class to be transcribed into Braille for him. He needs tactile manipulatives and materials in order to help him develop an understanding of visual concepts.

SOCIAL/EMOTIONAL/BEHAVIOR:

- No significant concerns at present Functional Behavior Analysis Completed? _yes _no If yes, date:
 If an area of qualification: Strengths, areas of concern and adverse educational impact:
 For additional present levels data, see goals and objectives page(s)

ADAPTIVE BEHAVIOR/LIFE SKILLS:

- No significant concerns at present
 If an area of qualification: Strengths, areas of concern and adverse educational impact:
 For additional present levels data, see goals and objectives page(s)

MOTOR SKILLS/PHYSICAL DEVELOPMENT:

- No significant concerns at present Motor Delays
 If an area of qualification: Strengths, areas of concern and adverse educational impact:
 For additional present levels data, see goals and objectives page(s)

COMMUNICATION SKILLS:

- No significant concerns at present
 If an area of qualification: Strengths, areas of concern and adverse educational impact:
 For additional present levels data, see goals and objectives page(s)

VISION/HEARING:

No significant concerns at present Areas of Concern: [REDACTED] is totally blind. He qualifies for services under the visually impaired eligibility category. His blindness negatively impacts his ability to either read or write or do other tasks requiring vision as other students are able to do. He requires specially designed instruction to learn Braille for all three academic areas of reading, math and written language. He also needs specially

designed instruction in Vision Compensatory Skills as well as Orientation & Mobility. In addition, he requires 1:1 assistance throughout the school day for following classroom processes in which visual information is presented by the teacher and to use Braille equipment to produce math and writing products. He also requires 1:1 assistance for orientation and mobility guidance and supervision for his travel within the school environment.

For additional present levels data, see goals and objectives page(s)

MEDICAL/PHYSICAL

No known significant concerns at present Areas of Concern:

MEASURABLE ANNUAL GOALS AND OBJECTIVES/BENCHMARKS INCLUDING ACADEMIC AND FUNCTIONAL GOALS

PRESENT LEVELS OF PERFORMANCE FOR THIS GOAL: Braille Reading

[REDACTED] is a 6 year old boy from [REDACTED] who is blind due to severe injuries after being shot in the face. He is able to independently complete Braille reading tasks of reading 26 letters, 18 numbers, and 29 Kindergarten high frequency words. He reads grade level class material with good hand movements, speed and comprehension. He has completed 15 lessons (approximately 2/3rds) of the Pre-Primary Patterns Braille Program and will continue to learn contractions of the Braille Code as he follows through the Primary Patterns Braille Program.

ANNUAL GOAL BASED ON PEER-REVIEWED RESEARCH TO THE EXTENT POSSIBLE: (separate page for each goal – must include from/to, measurable criteria and “as measured by”) **Person Responsible:** SE Teacher SLP OT/PT Other TOVI

[REDACTED] will go from reading in Braille 26 letters, 18 literary numbers and 29 Kindergarten high frequency words as well as completing 2/3rds of the Pre-Primary Patterns Braille Program as of 9-17-09, to completing book 1 of Patterns Primary Braille Level with 80% accuracy, reading 45 Braille contractions and 120 Nemeth numbers and 100 1st grade high frequency words with 80% accuracy as measured by teacher records over 3 consecutive data collection days by 9-16-10.

| Short Term Objectives: (Minimum of 2 per goal) | Criteria (75%, 80%, 4 of 5 trials, etc.) | Method 1=test 2=class work 3=charting 4=other | Projected Initiation Date (m/d/y) | Projected Mastery Date (m/d/y) | REPORT OF PROGRESS ON OBJECTIVES: | | | |
|---|---|--|--|---|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| | | | | | Progress Status Date: | Progress Status Date: | Progress Status Date: | Progress Status Date: |
| 1. [REDACTED] will read 100 1 st grade class high frequency words 50 by 11-30-09 75 by 2-28-10 100 by 6-05-10 | 80% accuracy | 1,3 | 9-18-09 12-01-09 3-01-10 | 11-30-09 2-28-10 6-05-10 | | | | |
| 2. [REDACTED] will complete the Preprimary Level Patterns Program and Reading Assessment | 80% accuracy | 1,3 | 9-18-09 | 11-30-09 | | | | |
| 3. [REDACTED] will complete the 1 st half of Volume 1 of the Patterns Primary Braille Literacy Program. | 80% | 1,3 | 12-01-09 | 2-28-10 | | | | |
| 4. [REDACTED] will complete the 2 nd half of Volume 1 of the Patterns Primary Program by 6-05-10 | 80% | 1,3 | 3-01-10 | 6-05-10 | | | | |
| 5. [REDACTED] will read Nemeth number to 120 to 50 by 11-30-09 to 75 by 2-28-09 to 120 by 6-05-10 | 80% | | 9-18-09 12-01-09 3-01-10 | 11-30-09 2-28-10 6-05-10 | | | | |

MEASURABLE ANNUAL GOALS AND OBJECTIVES/BENCHMARKS INCLUDING ACADEMIC AND FUNCTIONAL GOALS

PRESENT LEVELS OF PERFORMANCE FOR THIS GOAL: Braille Writing

[REDACTED] is a 6 year old boy from [REDACTED] who is blind due to severe injuries from gunshot to his face. He has developed the following Braille writing skills over the past year: mastered writing all letters of the alphabet except the letter z, writes 18 of 20 math (Nemeth) numbers, writes his first name, writes a complete sentence using capitals and periods correctly, writes 27 kindergarten sight words, writes 21 alphabet contraction words.

ANNUAL GOAL BASED ON PEER-REVIEWED RESEARCH TO THE EXTENT POSSIBLE: (separate page for each goal – must include from/to, measurable criteria and “as measured by”) **Person Responsible:** SE Teacher SLP OT/PT Other TOVI

[REDACTED] will increase his Braille writing skills from writing 25 Braille letters, 21 alphabet contractions, 18 Nemeth numbers, 27 kindergarten high frequency words as of 9-17-09, to using correct Braille contractions of Volume 1 of the Patterns Primary Program, Primer Level, writing 60 1st grd HF words and writing 3 sentence paragraphs at 80% accuracy as measured by teacher records on 3 different consecutive data collection days by 9-16-10.

| Short Term Objectives: (Minimum of 2 per goal) | Criteria (75%, 80%, 4 of 5 trials, etc.) | Method 1=test 2=class work 3=charting 4=other | Projected Initiation Date (m/d/y) | Projected Mastery Date (m/d/y) | REPORT OF PROGRESS ON OBJECTIVES: | | | |
|---|---|--|--|---|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| | | | | | Progress Status Date: | Progress Status Date: | Progress Status Date: | Progress Status Date: |
| 1. [REDACTED] will correctly write 1 st grade class sight words in Braille. - 20 by 11-31-09 - 40 by 2-28-10 - 60 by 6-05-10 | 80% accuracy | 1,3 | 9-18-09 12-01-09 3-01-10 | 11-31-09 2-28-10 6-05-10 | | | | |
| 2. [REDACTED] will correctly write Nemeth number 1 through 100 in Braille. - 1 through 50 by 11-31-09 - 1 through 75 by 3-01-10 - 1 through 100 by 6-05-10 | 80% accuracy | 1,3 | 9-18-09 12-01-09 3-01-10 | 11-31-09 2-28-10 6-05-10 | | | | |
| 3. [REDACTED] will correctly write 60 Patterns vocabulary words - 20 by 11-31-09 - 40 by 2-28-10 - 60 by 6-05-10 | 80% accuracy | 1,2,3 | 9-28-09 12-01-08 3-01-09 | 11-31-09 2-28-10 6-05-10 | | | | |
| 4. [REDACTED] will independently and correctly write short paragraphs in Braille, correctly using taught contractions and punctuation. - 2 sentences, 50% accuracy by 11-31-09 - 3 sentences, 70% accuracy by 2-28-10 - 5 sentences, 80% accuracy by 6-05-10 | 80% accuracy | 1,3 | 9-28-09 12-01-08 3-01-09 | 11-31-09 2-28-10 6-05-10 | | | | |

MEASURABLE ANNUAL GOALS AND OBJECTIVES/BENCHMARKS INCLUDING ACADEMIC AND FUNCTIONAL GOALS

PRESENT LEVELS OF PERFORMANCE FOR THIS GOAL: ORIENTATION & MOBILITY

[REDACTED] is a 6 year old boy from [REDACTED] who was is blind due to severe injuries he sustained after being shot in the face. During the past year he has received orientation training within his school and the immediate neighborhood. He developed excellent orientation to his entire school last year. His school has moved to a different building this year and he is learning new routes within this building. He moves quickly and easily within the school using a modified 2 point cane technique with occasional shoreline trailing. He does not regularly keep in step when moving about the school, though he can consistently stay in step for over 500 feet when motivated. He has beginning skills for traveling along a sidewalk or street without a sidewalk, simple street crossings and route training within a familiar store . He needs further development of residential concepts and travel skills as well as travel skills within familiar stores.

ANNUAL GOAL BASED ON PEER-REVIEWED RESEARCH TO THE EXTENT POSSIBLE: (separate page for each goal – must include from/to, measurable criteria and “as measured by”) **Person Responsible:** SE Teacher SLP OT/PT Other mobility

[REDACTED] will go from using a modified 2 point cane technique (“in step” less than 40%) and independently traveling 3 routes at school as of 9-16-10, to appropriately and independently using standard 2 point and shoreline technique with 80% accuracy while maintaining orientation and independently traveling in his school environment as well as traveling to given destinations within the immediate residential neighborhood, as measured on 3 consecutive data collection days by 9-16-18.

| Short Term Objectives: (Minimum of 2 per goal) | Criteria (75%, 80%, 4 of 5 trials, etc.) | Method 1=test 2=class work 3=charting 4=other | Projected Initiation Date (m/d/y) | Projected Mastery Date (m/d/y) | REPORT OF PROGRESS ON OBJECTIVES: 4 – mastered 2 – minimal progress 3 – satisfactory progress 1 – not applicable this grading period | | | |
|---|---|--|--|---|---|-----------------------------|-----------------------------|-----------------------------|
| | | | | | Progress Status Date: | Progress Status Date: | Progress Status Date: | Progress Status Date: |
| 1. [REDACTED] will walk “in step” while using 2 point cane technique 80% of independent travel time. - 40% by 11-31-09 - 60% by 2-28-10 - 80% by 6-05-10 | 40% 60% 80% | 3 | 9-18-09 12-01-09 3-01-10 | 11-30-09 2-28-10 6-05-10 | | | | |
| 2. [REDACTED] will travel independently to and from 15 different destinations within his new school. - 10 within building by 11-09 - 5 on school grounds by 2-28-10 | 80% | 3 | 9-18-09 12-01-09 | 11-30-09 3-01-10 | | | | |
| 3. [REDACTED] will correctly identify his location after a “drop off” - in school building by 11-31-09 - on school grounds by 2-28-10 | 3 of 4 trials | 3 | 9-18-09 12-01-09 | 11-30-09 3-01-10 | | | | |

MEASURABLE ANNUAL GOALS AND OBJECTIVES/BENCHMARKS INCLUDING ACADEMIC AND FUNCTIONAL GOALS

PRESENT LEVELS OF PERFORMANCE FOR THIS GOAL: Orientation & Mobility page 2

[REDACTED] is a 6 year old boy from [REDACTED] who was is blind due to severe injuries he sustained after being shot in the face. During the past year he has received orientation training within his school and the immediate neighborhood. He developed excellent orientation to his entire school last year. His school has moved to a different building this year and he is learning new routes within this building. He moves quickly and easily within the school using a modified 2 point cane technique with occasional shoreline trailing. He does not regularly keep in step when moving about the school, though he can consistently stay in step for over 500 feet when motivated. He has beginning skills for traveling along a sidewalk or street without a sidewalk, simple street crossings and route training within a familiar store . He needs further development of residential concepts and travel skills as well as travel skills within familiar stores.

ANNUAL GOAL BASED ON PEER-REVIEWED RESEARCH TO THE EXTENT POSSIBLE: (separate page for each goal – must include from/to, measurable criteria and “as measured by”) **Person Responsible:** SE Teacher SLP OT/PT Other mobility

[REDACTED] will go from using a modified 2 point cane technique (“in step” less than 40%) and independently traveling 3 routes at school as of 9-16-10, to appropriately and independently using standard 2 point and shoreline technique with 80% accuracy while maintaining orientation and independently traveling throughout his school environment as well as traveling to given destinations within the immediate residential neighborhood, as measured on 3 consecutive data collection days by 9-16-18.

| Short Term Objectives: (Minimum of 2 per goal) | Criteria (75%, 80%, 4 of 5 trials, etc.) | Method 1=test 2=class work 3=charting 4=other | Projected Initiation Date (m/d/y) | Projected Mastery Date (m/d/y) | REPORT OF PROGRESS ON OBJECTIVES: | | | |
|--|---|--|--|---|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| | | | | | Progress Status Date: | Progress Status Date: | Progress Status Date: | Progress Status Date: |
| 4. [REDACTED] will use correct cane techniques & maintain orientation while crossing simple streets & traveling around a block in a quiet residential neighborhood. | 80% | 3 | 3-01-10 | 6-05-10 | | | | |
| 5. [REDACTED] will travel independently (with supervision only) into a familiar store, locate a specific object, take it to the cashier and purchase the object. - 4 prompts by 4-30-10 - 0 prompts by 6-05-10 | 2 of 3 trials | 3 | 3-01-10 5-01-10 | 4-30-10 6-05-10 | | | | |

JUSTIFICATION FOR SERVICE/LEAST RESTRICTIVE ENVIRONMENT: Based on most recent evaluation results and recommendations and considering any potential harmful effects on the student or on the quality of services needed, the following options were considered in order to establish a program to assist the student to attain his/her annual goals.

| Service Options (more than one option may be checked) | Selected Options | Or Reasons Rejected | | |
|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| | | Needs More Support | Too Restrictive | Inappropriate to Needs |
| Educational – Preschool self-contained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Educational – Resource Room support | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Self-contained program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| SLP therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| OT/PT therapy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other (explain) Vision – Compensatory Skills, Braille & Orientation & Mobility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CONSIDERATION OF SPECIAL FACTORS:

Necessary related services (based on peer-reviewed research to the extent practicable) for this student to benefit from special education include: None
 Transportation Vision Interpreting services school nurse services Other: Orientation & Mobility

Supplementary aids and services necessary to support this student in the general education classroom or school activities (based on peer-reviewed research to the extent practicable) include: Assistive devices: Braille Writer, White cane, Abacus Other : 1:1 E.A. to provide Tactile & Braille materials for all printed educational materials, assistance to safely and efficiently access and interpret/understand visual presentations and activities through auditory, kinesthetic and tactile input for concretizing visually abstract information.

Necessary program accommodations/modifications or support for school personnel include: None Other See attached accommodations/modifications page

Physical Education: regular with 1:1 E.A. Specially designed instruction; explain:

Does this student's behavior impede his or her learning or that of others? Yes No If yes, indicate where in the IEP the strategies and supports are described, including positive behavioral interventions to address the problem:

Does this student require assistive technology devices and/or services? No Yes, describe (if not already identified/described on present level or goals/objectives pages): Braille Writer, White Cane, Abacus

Does the student have limited English Proficiency? Yes No If yes, describe any appropriate language needs of the student and these needs relate to the student's individualized education program:

Is the student blind or visually impaired? Yes No If yes, has the student been provided for instruction in Braille and the use of Braille? Yes; see additional details in present levels and goals/objectives pages No; explanation for recommendation that Braille is not appropriate and evaluation instruments used to come to this determination:

What are the communication needs of this student? Not an area of suspected disability See present levels page(s) and goals/objectives pages for details
 For students who are deaf or hard of hearing, see present levels page(s) and goals and objectives pages for language and communication needs, opportunities for direct communication with peers/adults in primary language and direct instruction in primary language/mode of communication

Accommodations/Modifications

Note: An **Accommodation** is an adaptation that results in the student with a disability accomplishing the same goals and objectives as the nondisabled student and does not fundamentally alter the general education program. A **modification** is an adaptation that results in the student with a disability accomplishing different goals and objectives as nondisabled students and fundamentally alters the general education program. Include appropriate accommodations that are necessary to measure the academic achievement and functional performance of the child.

Instructional Accommodations

List content areas for which these apply: all areas of general education

Assignments/Test/Classroom

- extra time to complete
 - daily work
 - exams
- Braille copies of overheads
- assistance with note taking
- oral/taped responses
- use of scribe
- use of reader
- preferential seating
- taped books or assignments
- work on tests/assignments

- in resource room
- schedule board
- reward chart
- slant board
- stool/flexi-ball
- fidgets
- lap pad/vest
- move-and-sit

Equipment/Materials

- visual aids--flashcards, pictures
- study carrel for independent work
- use of manipulatives
- interpreter
- large print materials
- Braille materials
- use of calculator
- use of word processor/computer
- augmented communication device
- other equipment (specify)
 - tactile aids & manipulatives,
 - white cane, abacus, tape recorder,
 - Braille Writer, Braille paper

General

- frequent feedback
- immediate feedback
- minimize auditory distractions
- minimize visual distractions
- other adaptations (specify):

Other: Other: 1-on-1 assistance in accessing & interpreting visual presentations and activities through auditory, tactile and kinesthetic input

Concerns of the parents for enhancing the education of their student: Parents want [REDACTED] to be as independent as possible in the school setting.

Instructional Modifications

List content areas for which these apply: all general education

- reduce number of assignments/exams
- reduce length of assignments/exams
- shorter written instructions (1-2 steps)
- model task
- highlighted materials
- ask student to repeat instructions
- project/alternate assignments in lieu of
 - daily work (as needed)
 - examinations (as needed for visual alternatives)
 - quizzes
 - open book exams
- student assignment contract
- student grading contract: _____
- Other (specify): supplementary explanations and use of tactile models for developing understanding of concepts presented in class which are visually abstract for a blind student

Behavior Management Accommodations/Modifications

List areas in which these accommodations/modifications are applicable: _____

- frequent breaks
- positive reinforcement, i.e.: _____
- frequent reminders of classroom rules
- supervision during transition
- behavior contract (see attached)
- attendance modifications
- time out
- in-class
- out-of-class designation
- (specify): _____

REPORT OF STUDENT PROGRESS

EVALUATION OF STUDENT PROGRESS:

State how the student's progress toward the annual goals will be measured and the extent to which progress is sufficient to enable the student to achieve goals by the end of the year: progress on objectives (see objectives) assessment of student work (i.e.: portfolios, data from observations, etc.)
 tests other: _____

State how the parents will be regularly informed of student's progress:

report cards personal contacts (i.e.: telephone, notes, etc.) progress reports other _____

PARTICIPATION IN STATE OF DISTRICTWIDE ASSESSMENT OF STUDENT ACHIEVEMENT

WASL

WAAS

| Subject area: | WASL without accommodations | WASL with accommodations | Level 2 proficient WASL | *DAW without accommodations | *DAW with accommodations | Portfolio |
|---------------|-----------------------------|---------------------------------------|-------------------------|-----------------------------|--------------------------|-----------|
| Reading | | Not relevant in 1 st grade | | Grade level: | Grade level: | |
| Math | | " | | Grade level: | Grade level: | |
| Writing | | " | | Grade level: | Grade level: | |
| Science | | " | | Grade level: | Grade level: | |

*DAW applies to grades 11 and 12 only.

Accommodations for WASL or DAW

Reading: Not relevant in 1st grade
 Math: Not relevant in 1st grade
 Writing: Not relevant in 1st grade

Science: Not relevant in 1st grade

Accommodations for other statewide tests:

Extra time as needed, Brailled test, Braille writer and paper, and scribe and/or reader when [REDACTED] Braille skills are not adequate to convey his cognitive abilities/understanding of test materials.

Accommodations for districtwide tests:

Extra time as needed, Brailled test, Braille writer and paper, and scribe and/or reader when [REDACTED] Braille skills are not adequate to convey his cognitive abilities/understanding of test materials.

If a student will not participate in all or part of a particular state or districtwide assessment of student achievement, explain why participation in the regular assessment is not appropriate for the student and why the alternative assessment selected by the IEP team is appropriate: Any assessment that is visual and/or in print needs to be given in Braille format, with a scribe/ reader available to assist him and extra time, as allowed because of his blindness. For district testing, if a section is strictly visual in concept, it may be excluded.

EXTENDED SCHOOL YEAR

Student is in need of services: No Yes

If yes, indicate services in summary of services matrix.

If no, the IEP team determined that extended school year services were not necessary at this time. The decision was not made based on a category of disability and did not unilaterally limit the type, amount, or duration of services. All students will be considered for ESY in the spring according to established district procedures.

POINTS TO CONSIDER:

- The term *extended school year* means special education and any related services that are necessary to provide FAPE to the special education student.
- Extended school year is beyond the normal school year, in accordance with the student's IEP, and is no cost to the parent.
- Extended school year meets the standards for provision of special education and related services.
- Determination for ESY is established through the application of established district standards.

SUMMARY OF SERVICES MATRIX

| Special Education and Related Services (include program and goal areas) | Projected Date for Initiation of Services | Anticipated Frequency (amount of time per week) | Location | Duration | Position(s) Responsible for Providing Instruction* | Position(s) Responsible for Monitoring Progress | Agency Provider (if other than the school district) |
|--|---|--|----------------------------------|----------|--|---|--|
| Vision: Braille Reading, Braille Writing and Compensatory Skills | 9-18-09 | 120 mpw | Braille room | 1 year | Braillist-Vision Assistant | TOVI | |
| Vision: Braille Reading and Braille Writing and Compensatory Skills | 9-18-09 | 180 mpw | Braille room | 1 year | TOVI | TOVI | |
| Vision: Orientation & Mobility | 9-18-09 | 60 mpw | Riverview Elementary & community | 1 year | O & M Instructor | O & M Instructor | |
| 1-on-1 assistance | 9-18-09 | 1430 mpw gen.ed + 100 mpw for lunch = 1530 mpw | Gen Ed & lunch Riverview | 1 year | E.A. | TOVI | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

*If Special Education Endorsed Staff is not providing instruction, specify how often Special Education Staff meets each week with the person(s) providing instruction: 1:1 EA will meet with T.O.V.I. 30 minutes weekly, Braillist-Vision Assistant will meet with T.O.V.I. 30 minutes weekly.

Total amount of time receiving special education service: 1430 mpw in general education with E.A. plus 300 mpw pull outs for Vision and 60 mpw for Orientation & Mobility (before & after school). Total equals: 1790 mpw

Total amount of time not receiving special education services, but in general ed: 0 mpw ([REDACTED] is in regular education with a 1:1 assistant all day)

Minutes per week that the student is located in the regular education setting, including lunch/transitions/recess—with or without special education support: 1430 Gen Ed +100 for lunch = 1530

An explanation of the extent, if any, to which the student will not participate with non-disabled students in the general class, including non-academics and extracurricular activities: [REDACTED] will participate in all general class activities (with 1:1 E.A. assistance). He will be pulled out for Vision Skills for 60 minutes a day during the general class time. These pull out times may include 1 music and/or 1 P.E. class per week as well as team-determined additional time, totaling 300 minutes per week.

Student Name: [REDACTED]

Date of IEP: 9-17-09

Page 12 of 13

PARTICIPANTS IN IEP MEETING:

[REDACTED]

[Signature]
District Representative

Other

[Signature]
Special Education Teacher/Provider

Other

Person Knowledgeable about Evaluation Data

Other

[Signature]
General Education Teacher

Person Knowledgeable about Placement Options

IEP team member not present, but in agreement

[Signature]
Other

[Signature]
Other

IEP team member not present, but in agreement

If participant did not attend IEP meeting, explain his/her participation in the development, review, and revision of the IEP or why participation was not appropriate:

Each service provider will be informed of his/her responsibilities related to implementing this IEP and the specific accommodations, modifications, and supports that must be provided for the student in accordance with the IEP through participation in the IEP meeting and/or the receipt of a copy of the student's IEP.

Transfer of Rights:

This student will be age 17 prior to next annual IEP review: Yes No If yes, student and parents were informed of rights that will transfer to him/her on reaching age of majority.

Student Signature

Parent Signature

WRITTEN PARENTAL PERMISSION FOR PLACEMENT (mandatory for initial placement)

My rights and those of my child regarding procedural safeguards have been fully explained, I understand that my child has a disability and I know what that disability is, and I hereby give consent for my child to receive special education services based on his/her eligibility determination and his/her

[REDACTED]

Rights given to parent(s) Rights offered, but refused

17 SEP 09
Date



INVITATION TO ATTEND MEETING
Snohomish School District, Snohomish, WA 98290

Date: 9/10/09

Dear Ma. + Mrs. [REDACTED]
 (parent/student/guardian/surrogate parent)

You are invited to attend a meeting* concerning [REDACTED] education program.
 (student's name)

The purpose of this meeting is to: Review + Revise I.E.P.

The meeting has been scheduled for: 9-17-09 / 3:30 p.m. / Reverford Classroom
 (date/time/place)

Meetings addressing IEPs, placement, and eligibility are scheduled at a mutually agreed upon place and time by you and the school district. If you are unable to attend this meeting you may request that you would like to participate through other means such as telephone call, conference call, or videoconferencing.

Those invited to attend the meeting will be:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Parent | <input checked="" type="checkbox"/> Regular Ed Teacher | <input checked="" type="checkbox"/> District Representative |
| <input type="checkbox"/> Student | <input type="checkbox"/> SLP | <input checked="" type="checkbox"/> Other: <u>Brailist/EA</u> |
| <input type="checkbox"/> Special Ed. Teacher | <input type="checkbox"/> OT/PT | <input checked="" type="checkbox"/> Other: <u>E.A.</u> |
| <input type="checkbox"/> School Psychologist | <input checked="" type="checkbox"/> Other: <u>TOU1/OTM</u> | <input type="checkbox"/> Other: _____ |

*If the purpose of this meeting is to develop, review or revise an IEP, you may invite any individual who has knowledge or special expertise about the student. If a copy of the *Notice of Procedural Safeguards for Special Education Students and Their Families* is not enclosed, a copy may be obtained by contacting:

Andrea Seda
 Name

360-563-7264
 Phone number

If the purpose of the meeting is to consider needed transition services, the student as well as any other agency personnel will be invited.

If you are unable to attend the meeting, please call me at: 360 563-3441

Sincerely,

May Ann Gabler

PURPOSE OF INVITATION TO ATTEND MEETING: 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.



PRIOR WRITTEN NOTICE
Snohomish School District, Snohomish, WA 98290

Date: 9/17/09

Dear Mr + Mrs. [Redacted]
(parent/student/guardian/surrogate parent)

Student's name: [Redacted] Birth Date: [Redacted]

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

- proposing to
- refusing to
- initiate
- change a
(mark one of the above)
- continue
- exit

Mark all items below that apply:

- referral
- educational placement
- disciplinary action that is a change of placement
- other (specify):
- evaluation
- IEP
- eligibility category
- reevaluation
- transfer

Explanation: New IEP for current needs in 1st grade. IEP Annual Review date NOV. 30, 09

The reason we are taking action is: Changes in gen. ed. + service times from 1/2 day K to full day 1st grade and changes in goals + objectives relative to 1st grade

The evaluation procedures, tests, records, or reports we used as the basis for taking this action were the following: IEP, data collected for goals + objectives

The other options considered were: none

The reason we rejected those options was: N/A

Other factors that are relevant to the action:

The evaluation procedures we propose to conduct are the following: Continuing IEP data collection + results

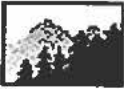
If you have not received a copy of the *Notice of Procedural Safeguards for Special Education Students and Their Families* and you would like a copy or you would like help in understanding the content, please contact:

Andrea Seda at 360-563-7264

Sincerely,

Mary Ann Graham

PURPOSE OF PRIOR WRITTEN NOTICE: As a parent of 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 take an action related to the identification, evaluation, educational placement, or provision of a free appropriate public education to your child.



IEP PACKET CHECKLIST
Snohomish School District, Snohomish, WA 98290

Student: _____

I have included the following in this packet in the order indicated below (1 – 8), with #1 being on top of the packet:

1. IEP completed in entirety:
 - IEP is written correctly
 - IEP pages are in correct order and **numbered, with the student's name on every page.**
 - Last page of IEP has parent signature both as participant AND at the bottom to indicate permission for placement and acknowledgement of offer of Procedural Safeguards.
2. Invitation to Attend Meeting
3. Prior Written Notice
4. Consent to verify Medicaid eligibility form
5. Documentation of Invitation to IEP Meeting - If parents did NOT attend the IEP meeting.
6. IEP Excusal from Meeting - If a teacher or service provider was unable to attend the IEP meeting.
7. Consent to Invite Outside Agencies - If this is a Transition IEP
8. This IEP Packet Checklist

****STAPLE ALL OF THE ABOVE ITEMS TOGETHER (#1 on top, #8 on bottom)****

6. *Paperclip* updated goals and objectives (date of completion, etc.) from previous IEP to the back of the above packet.
- Procedural Safeguards were offered to parents.

I understand that this packet will be returned to me if it is incomplete.

Signed: _____

Mary Ann Cohen
(teacher/provider)