

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

DOC ID 085

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



### Evaluation Summary

Initial ☒ Reevaluation

Student Name: [REDACTED]

Student ID No.: [REDACTED]

Birth Date: [REDACTED]

Grade: 09 Age: 14

School District: Snohomish School District

School: SNOHOMISH SENIOR HIGH SCHOOL

Evaluation Group Meeting Date: 11/26/2019

Next Three Year Reevaluation Due Date: 11/26/2022

Primary language of student: English

Primary language at home: English

Parent(s) name(s): [REDACTED]

Parent interpreter needed? Yes ☒ No

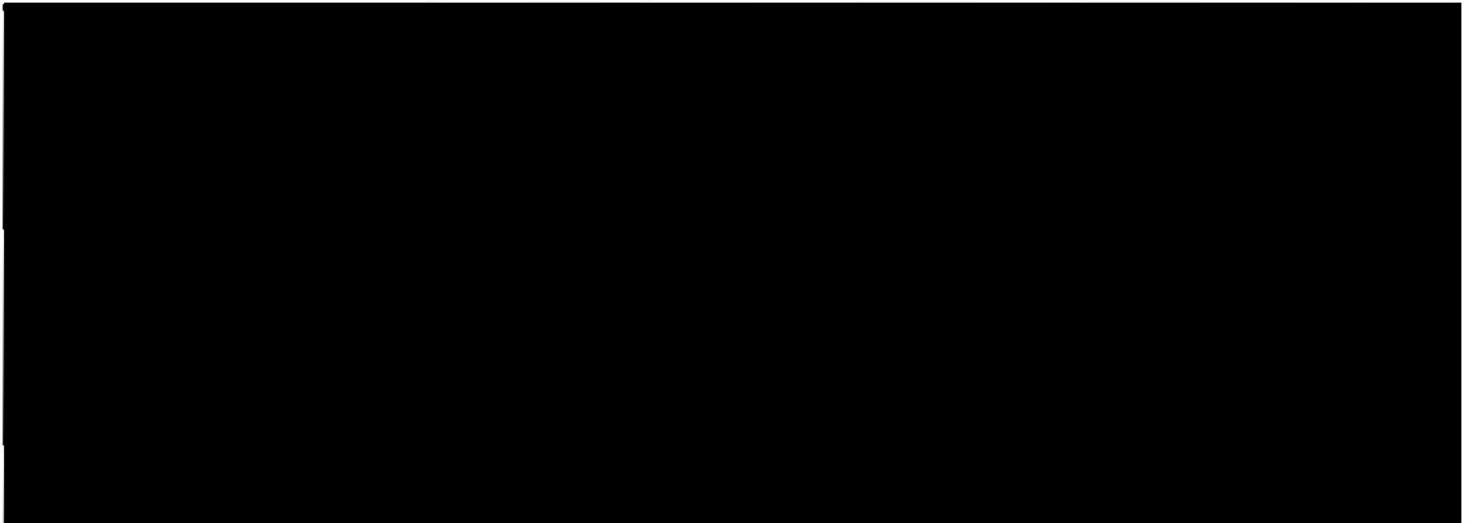
Surrogate parent: ☒ No Yes If yes, name:

Evaluation Case Manager (Psychologist/SLP): Richard Cota  
Title: School Psychologist

#### I. Review of Existing Data

Student was reevaluated to determine:

- i. Whether he/she continues to be a special education student and continues to need special education and any necessary related services.
- ii. The present levels of performance and educational needs of the student; and
- iii. If any additions or modifications to the special education and any necessary related services are needed to enable the student to meet the measurable annual goals set out in the student's individualized education program and to participate, as appropriate, in the general curriculum.



2017/2018- 7th Grade- [REDACTED] began attending Centennial Middle School, and he obtained the following grades:  
Semester 1/2



Student ID: [REDACTED]

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**Evaluation Summary**

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[REDACTED]

2018/2019- 8th Grade- [REDACTED] continued to attend Centennial Middle School, and he obtained the following grades:  
Semester 1/2

[REDACTED]

[REDACTED]

Student ID: [REDACTED]

WA SSID: [REDACTED]

Date of Birth: [REDACTED]

**Snohomish School District**

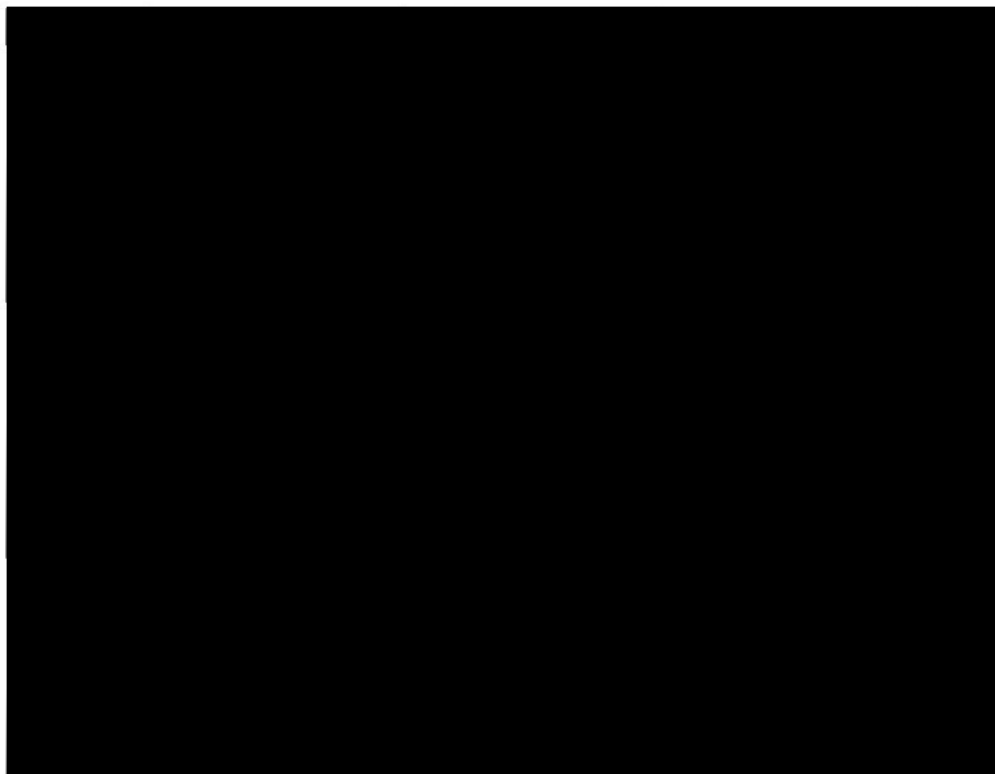
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### **Evaluation Summary**



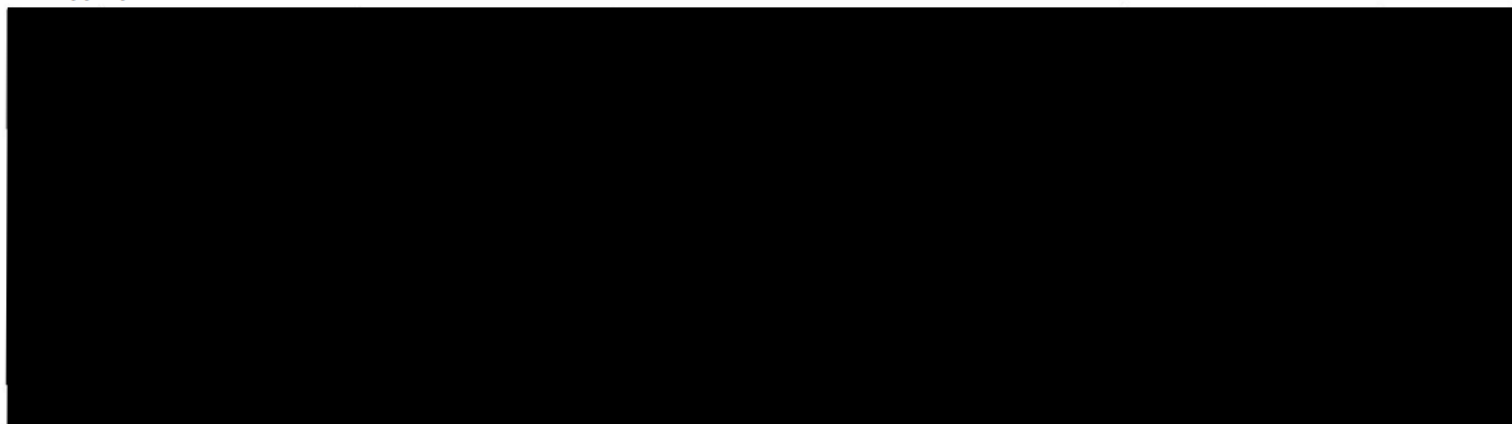
#### **II. Eligibility Decision:**

Meets Eligibility Criteria: ☒ Yes ☐ No

#### **Identified Disability Category:**

**Health Impairments** - Students with health impairments are those who have limited strength, vitality or alertness, due to chronic or acute health problems--such as students with serious congenital heart defect, other congenital syndrome(s), other disorders of the cardiorespiratory systems, disorders of the central nervous system including epilepsy or neurological impairment, or other profound health circumstances or degenerative condition(s)--which adversely affects or with a high degree of professional certainty will affect their educational performance.

The effects of the disability on the student's involvement and progress in the general curriculum; or for preschool children, in appropriate activities.



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**Evaluation Summary**

[REDACTED]

[REDACTED]

**Summary of Qualifications and Functioning:**

[REDACTED]



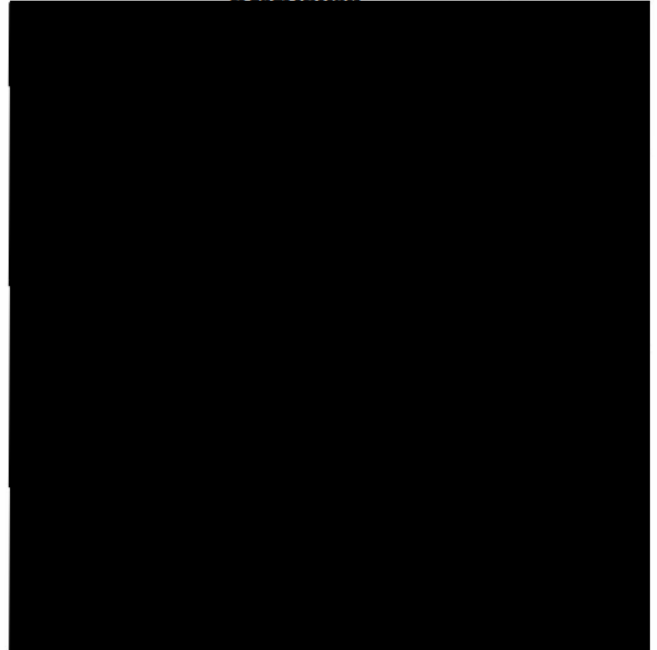
**Evaluation Summary**

**III. Recommendations to IEP (Individual Education Program) committee:**

**1. Special Education services including specially designed instruction:**

SDI	Area Assessed
Broad Reading	Academic - Reading
Communication	Communication
Written Expression	Academic - Writing
Adaptive: functional math	Adaptive: functional math
Social Emotional/Behavior	Social Emotional/Behavior
Adaptive	Adaptive

**Description**



**2. Related services:**

**3. Supplementary Aids and Services:**

**IV. Assurances**

The District has conducted a full and individual evaluation of this student in all areas of suspected disability(ies) in accordance with the evaluation procedures contained in the Washington Administrative Code.

If eligible as specific learning disabled, a severe discrepancy was established between achievement and ability that is not correctable without special education and related services.

The findings of this evaluation are not primarily due to a lack of instruction in reading, math, or limited English proficiency.

**Consideration of Test Bias:**

This evaluation was administered with the understanding of test limitations which may result in bias because of cultural, economic, environmental or behavioral factors. However, such limitations have been considered and determined not to be a significant factor in current eligibility determination.

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### Evaluation Summary

Group Signatures (the date and signature of each professional member of the evaluation group below certifies that the evaluation report represents his/her conclusions. If the evaluation report does not reflect his/her conclusions, he/she must include a separate statement representing his/her conclusions.):

Evaluation Team Members, signatures and conclusions:

Dissenting  
Opinion  
1

Parent

School Psychologist Richard Cota

11/26/19  
Date

11/26/19  
Date

General Education Teacher

Special Education Teacher Misty Wies

Date

11/26/19  
Date

Parent/Guardian

Date

Student

Date

Other

Date

District Representative

Date

Other Alison Damboise, SLP

11/26/2019  
Date

OT

Elicia Cartmell DeMerritt, MOTR/L

11-26-19  
Date

DDA David Berg, DDA

Date 11/26/19

Other Donna Seib

11/26/19

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## Areas of Evaluation

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### Medical-Physical

Date: \_\_\_\_\_

#### Medical-Physical Findings:

Health and Developmental History

[REDACTED]

#### Educational Implications

#### Student:

##### Vision and Hearing Screening:

Hearing Test Date: 10/01/2019

Right Ear: \_\_\_\_\_ Pass Left Ear: \_\_\_\_\_ Pass

Vision Test Date: 10/01/2019

Near

Far

Right Eye: \_\_\_\_\_ Pass Right Eye: \_\_\_\_\_ Pass

Left Eye: \_\_\_\_\_ Pass Left Eye: \_\_\_\_\_ Pass

### General Education

#### Assessment Summary:

[REDACTED]

Student ID: [REDACTED]

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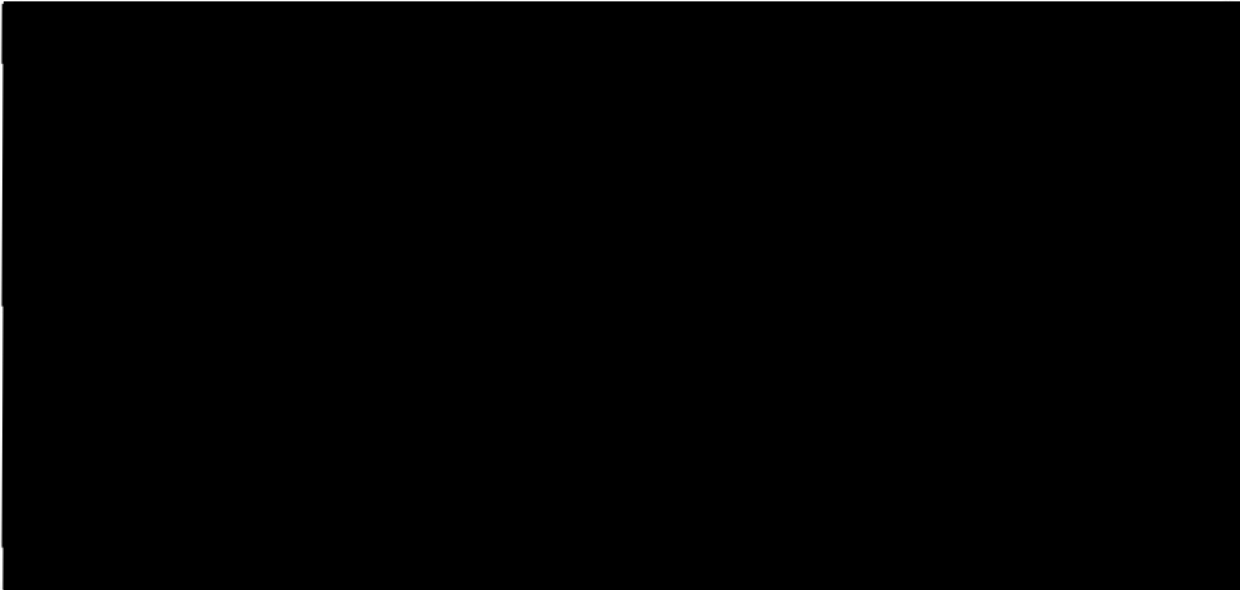
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**Areas of Evaluation**

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**Significant Findings:**

Teacher Feedback- 1st Semester 2019/2020

1. Compared to his general education peers, how would you rate the student's on task / attentional capacity? (One being significantly below average, three average and five significantly above average).

ID Name      Responses

[REDACTED]

2. Compared to his general education peers, how would you rate the student's ability to work independently? (One being significantly below average, three average and five significantly above average).

ID Name      Responses

[REDACTED]

3. Compared to his general education peers, how would you rate the student's participation in class? (One being significantly below average, three average and five significantly above average).

ID Name      Responses

[REDACTED]

4. Compared to his general education peers, how would you rate the student's interactions with peers? (One being significantly below average, three average and five significantly above average).

ID Name      Responses

[REDACTED]

5. Compared to his general education peers, how would you rate the student's interactions with staff? (One being

[Redacted]  
[Redacted]  
Date of Birth: [Redacted]

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**Areas of Evaluation**

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significantly below average, three average and five significantly above average).

[Redacted]  
[Redacted]  
[Redacted]

6. Compared to his general education peers, how would you rate the student's assignment completion? (One being significantly below average, three average and five significantly above average).

ID Name      Responses

[Redacted]  
[Redacted]  
[Redacted]

7. Compared to his general education peers, how would you rate the student's performance on tests and quizzes? (One being significantly below average, three average and five significantly above average).

ID Name      Responses

[Redacted]  
[Redacted]  
[Redacted]

[Redacted]

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

[Redacted]  
[Redacted]

ID Name      Responses

[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

[Redacted]

[Redacted]  
[Redacted]  
[Redacted]

[Redacted]

[Redacted]  
[Redacted]  
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**Areas of Evaluation**

12. Current Classroom Data. \* Evaluator has access to Skyward data. Please include any other critical information such as grades not yet posted, classroom assessments or a brief narrative about classroom performance.

ID Name	Responses
[redacted]	[redacted]
[redacted]	[redacted]

**Academic - Reading**

Examiner Name: Richard Cota, School Psychologist, 10/15/2019

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

**READING COMPREHENSION**

[redacted]

**ORAL READING FLUENCY:**

[redacted]

**Significant Findings:**

[redacted]

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**Areas of Evaluation**

[REDACTED]

**Conclusions from observations:**

[REDACTED]

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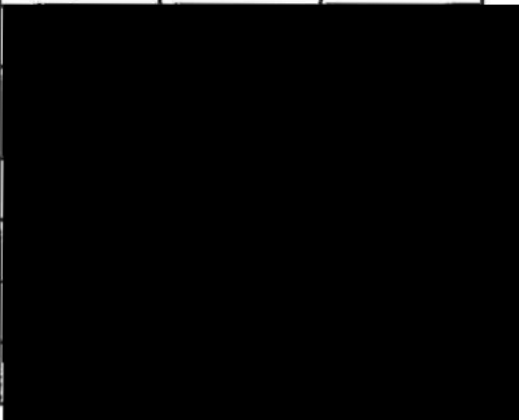
**Areas of Evaluation**

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**Test Name :** \* Wechsler Individual Achievement Test-Third  
Edition (WIAT-III) READING

**Date(s) Given:** 10/15/2019

**Professional/Examiner:** Richard Cota

	Standard Score	Percentile Rank	Description
<b>BASIC READING</b>			
<b>READING COMPREHENSION/FLUENCY</b>			
<b>Word Reading</b>			
<b>Pseudoword Decoding</b>			
<b>Reading Comprehension</b>			
<b>Oral Reading Fluency</b>			



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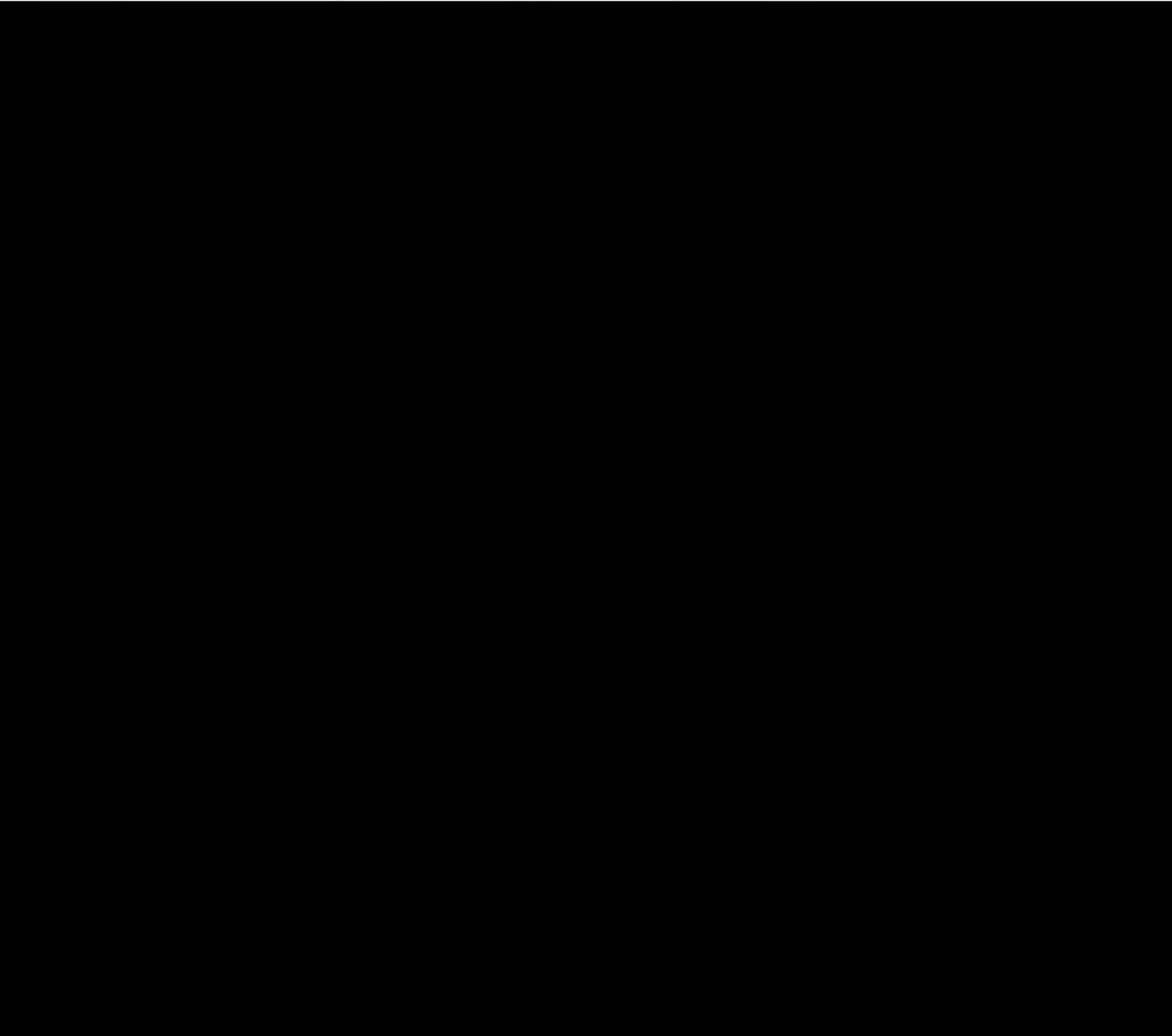
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**Areas of Evaluation**

**Academic - Writing**

Examiner Name: Richard Cota, School Psychologist, 10/15/2019

**Assessment Summary:**



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WA SSID: [REDACTED]

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### **Areas of Evaluation**

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#### **CCSS.ELA-LITERACY.W.9-10.5**

Develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach, focusing on addressing what is most significant for a specific purpose and audience. (Editing for conventions should demonstrate command of Language standards 1-3 up to and including grades 9-10 here.)

#### **Conclusions from observations:**

[REDACTED] put forth a high level of effort, and the results are believed to be valid.

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**Areas of Evaluation**

---

**Test Name :** \* Wechsler Individual Achievement Test-Third  
Edition (WIAT-III) WRITING

**Date(s) Given:** 10/15/2019

**Professional/Examiner:** Richard Cota

	Standard Score	Percentile Rank	Description
<b>WRITTEN EXPRESSION</b>	[REDACTED]		
Sentence Composition			
Essay Composition			
Spelling			

Student ID: [REDACTED]

WA SSID: [REDACTED]

Date of Birth: [REDACTED]

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### **Areas of Evaluation**

#### **Academic - Math**

Examiner Name: Richard Cota, School Psychologist, 10/15/2019

#### **Significant Findings:**

See functional math portion of the evaluation.

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WA SSID: [REDACTED]

Date of Birth: [REDACTED]

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1601 Avenue D

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**Areas of Evaluation**

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**Test Name :** \* Wechsler Individual Achievement Test-Third  
Edition (WIAT-III) MATH

**Date(s) Given:** 10/15/2019

**Professional/Examiner:** Richard Cota

	Standard Score	Percentile Rank	Description
MATH PROBLEM SOLVING	[REDACTED]		
NUMERICAL OPERATIONS			

Student ID: [REDACTED]

WA SSID: [REDACTED]

Date of Birth: [REDACTED]

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### Areas of Evaluation

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#### Observation

##### Assessment Summary:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

#### Social Emotional/Behavior

Examiner Name: Richard Cota, School Psychologist, 10/23/2019

##### Assessment Summary:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Student ID: [REDACTED]

WA SSID: [REDACTED]

Date of Birth: [REDACTED]

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**Areas of Evaluation**

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Student ID: -

WA SSID:

Date of Birth:



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

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**Areas of Evaluation**

[REDACTED]

[REDACTED]

Student ID: [REDACTED]  
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**Areas of Evaluation**

[REDACTED]

**Significant Findings:**

[REDACTED]

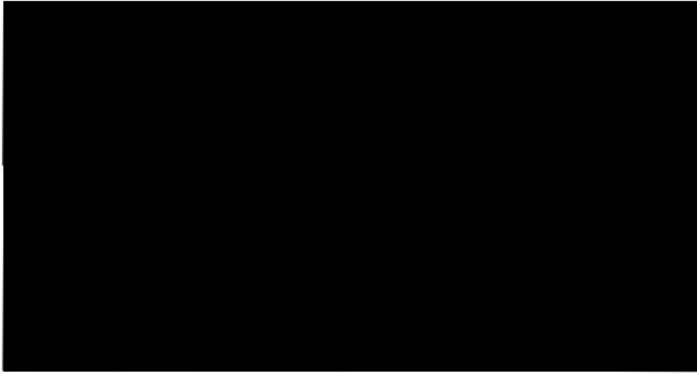
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Student ID: [REDACTED]  
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**Areas of Evaluation**



**Conclusions from observations:**

The student was not formally observed for this portion of the evaluation.

Student ID: [REDACTED]

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1601 Avenue D

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**Areas of Evaluation**

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**Test Name :** Behavior Assessment System for Children, Third Edition, Parent Rating Scales Adolescent (BASC-3 PRS-A)

**Date(s) Given:** 10/14/2019

**Professional/Examiner:** Richard Cota

Behavior Assessment for Children, 3rd Edition Adolescent Form is a norm-referenced omnibus personality inventory for children aged 12-21 years old. (T-Scores M=50, SD=10)

Scores in the Clinically Significant range suggest a high level of maladjustment. Scores in the At-Risk range may identify a significant problem that is not severe enough to require formal treatment or may identify the potential of a developing problem that needs careful monitoring.

	T-Scores	Percentile Rank	Classification
<b>Behavioral Symptoms Index</b>			
<b>Atypicality</b>			
<b>Withdrawal</b>			
<b>Attention Problems</b>			
<b>Externalizing Problems Index</b>			
<b>Hyperactivity</b>			
<b>Aggression</b>			
<b>Conduct Problems</b>			
<b>Internalizing Problems Index</b>			
<b>Anxiety</b>			
<b>Depression</b>			
<b>Somatization</b>			
<b>Adaptive Skills Index</b>			
<b>Adaptability</b>			
<b>Social Skills</b>			
<b>Leadership</b>			
<b>Activities of Daily Living</b>			
<b>Functional Communication</b>			

Student ID: [REDACTED]

WA SSID: [REDACTED]

Date of Birth: [REDACTED]

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**Areas of Evaluation**

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**Test Name :** Behavior Assessment System for Children, Third Edition, Self-Report Adolescent (BASC-3 SRP-A)

**Date(s) Given:** 10/16/2019

**Professional/Examiner:** Richard Cota

Behavior Assessment for Children, 3rd Edition Adolescent Form is a norm-referenced omnibus personality inventory for children aged 12-21 years old. (T-Scores M=50, SD=10)

Scores in the Clinically Significant range suggest a high level of maladjustment. Scores in the At-Risk range may identify a significant problem that is not severe enough to require formal treatment or may identify the potential of a developing problem that needs careful monitoring.

	T-Score	Percentile Rank	Classification
Emotional Symptoms Index			
School Problems Index			
Attitude to School			
Attitude to Teachers			
Sensation Seeking			
Internalizing Problems Index			
Atypicality			
Locus of Control			
Social Stress			
Anxiety			
Depression			
Sense of Inadequacy			
Somatization			
Inattention/Hyperactivity Index			
Attention Problems			
Hyperactivity			
Personal Adjustment Index			
Relations with Parents			
Interpersonal Relations			
Self-Esteem			
Self-Reliance			

Student ID: [REDACTED]

Date of Birth: [REDACTED]

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### Areas of Evaluation

**Test Name :** Behavior Assessment System for Children, Third Edition, Teacher Rating Scales Adolescent (BASC-3 TRS-A)

**Date(s) Given:** 10/09/2019

**Professional/Examiner:** Richard Cota

Behavior Assessment for Children, 3rd Edition Adolescent Form is a norm-referenced omnibus personality inventory for children aged 12-21 years old. (T-Scores M=50, SD=10)

Scores in the Clinically Significant range suggest a high level of maladjustment. Scores in the At-Risk range may identify a significant problem that is not severe enough to require formal treatment or may identify the potential of a developing problem that needs careful monitoring.

	T-Score	Percentile Rank	Classification
Behavioral Symptoms Index	[REDACTED]		
Atypicality			
Withdrawal			
Externalizing Problems Index			
Hyperactivity			
Aggression			
Conduct Problems			
Internalizing Problems Index			
Anxiety			
Depression			
Somatization			
School Problems Index			
Attention Problems			

Student ID: [REDACTED]

WA SSID: [REDACTED]

Date of Birth: [REDACTED]

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**Areas of Evaluation**

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<b>Learning Problems</b>	
<b>Adaptive Skills Index</b>	
<b>Adaptability</b>	
<b>Social Skills</b>	
<b>Leadership</b>	
<b>Study Skills</b>	
<b>Functional Communication</b>	

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

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**Areas of Evaluation**

**Adaptive**

**Assessment Summary:**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

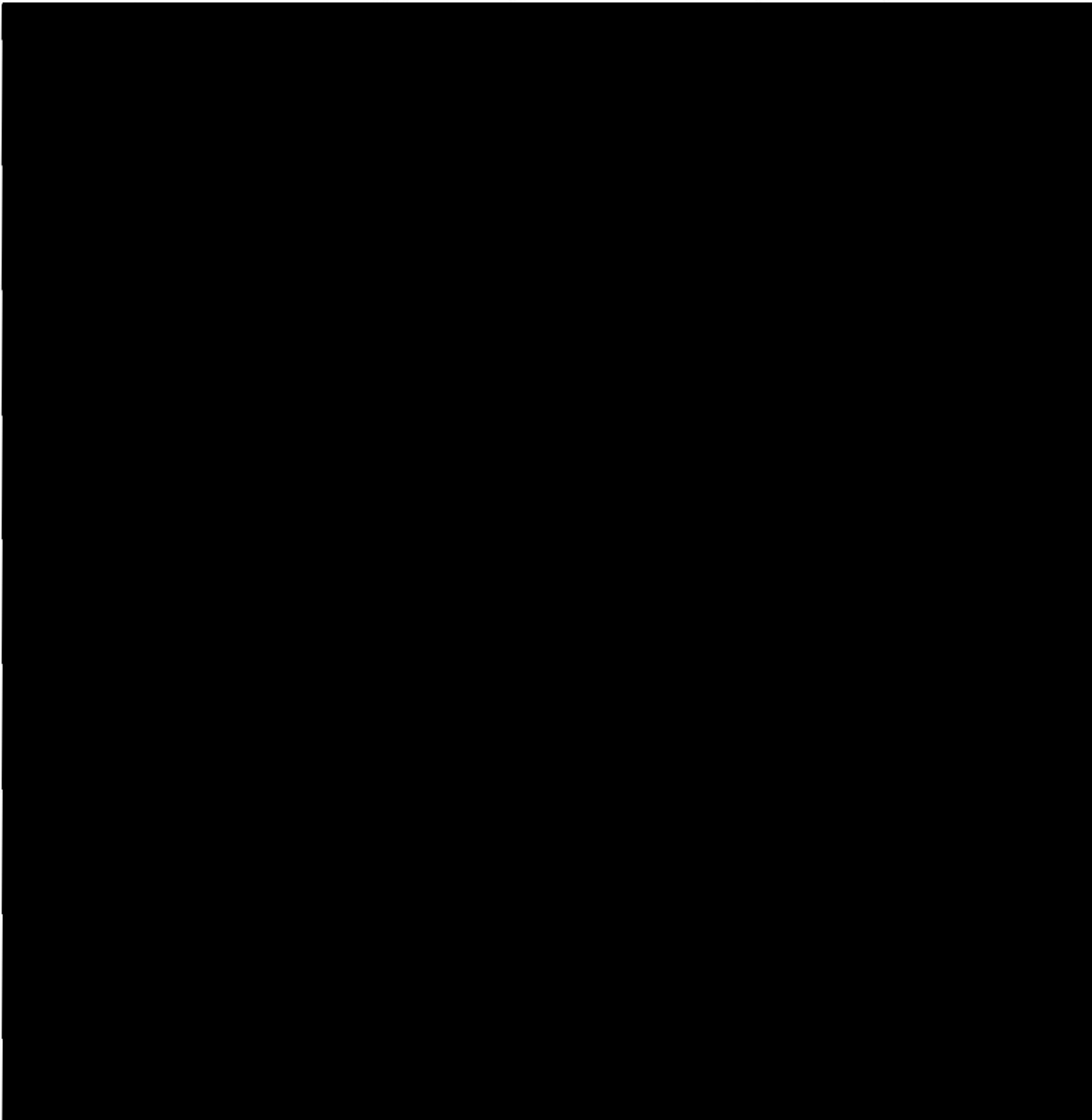


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**Areas of Evaluation**



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**Areas of Evaluation**

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**Test Name :** Vineland-3, Adaptive Behavior Scales - Third  
Edition: Teacher

**Date(s) Given:** 10/10/2019

**Professional/Examiner:** Richard Cota

**Domain Qualitative Descriptors:** 130-140 High; 115-129 Moderately High; 86-114 Adequate; 71-85 Moderately Low; 20-70 Low

**Subdomain Qualitative Descriptors:** 21-24 High; 18-20 Moderately High; 13-17 Adequate; 10-12 Moderately Low; 1-9 Low

	STANDARD SCORE (DOMAINS)	PERCENTIL E RANK	QUALITATI VE DESCRIPTO R	STRENGTH OR WEAKNESS	Scaled Score (Subdomains)
ADAPTIVE BEHAVIOR COMPOSITE					
COMMUNICATION DOMAIN					
DAILY LIVING SKILLS DOMAIN					
SOCIALIZATION DOMAIN					
Receptive					
Expressive					
Written					
Personal					
Numeric					
Community					
Interpersonal Relationships					
Play and Leisure					
Coping Skills					

Student ID: [REDACTED]

WA SSID: [REDACTED]

Date of Birth: 1 [REDACTED]

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### **Areas of Evaluation**

#### **Adaptive: functional math**

##### **Assessment Summary:**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

##### **Significant Findings:**

[REDACTED]

[REDACTED]

[REDACTED]

##### **Conclusions from observations:**

[REDACTED]

#### **Communication**

Examiner Name: Alison Damboise, Speech Pathologist, 11/21/2019

##### **Significant Findings:**

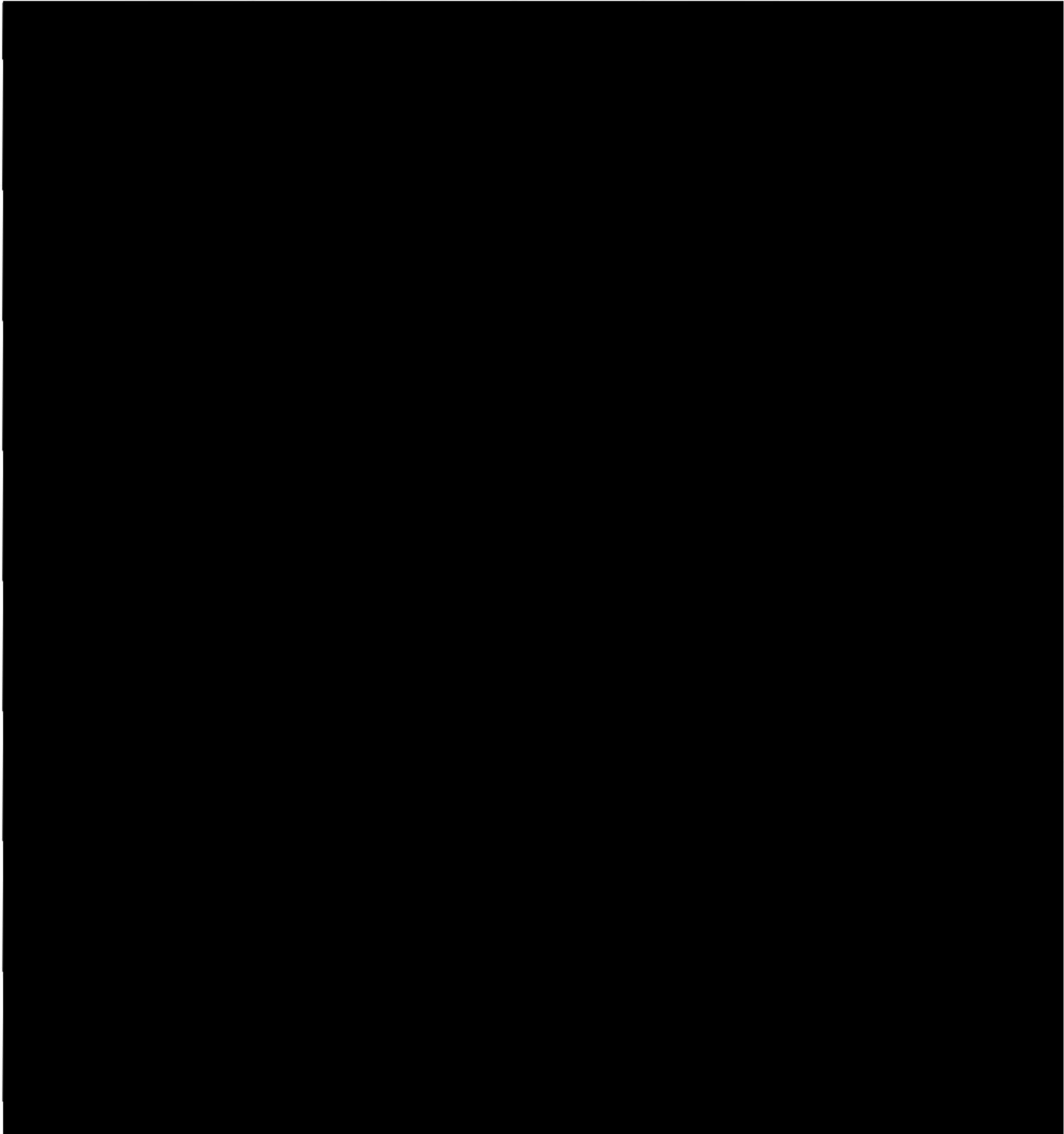
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Student ID: [REDACTED]  
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**Areas of Evaluation**



Student ID: [REDACTED]

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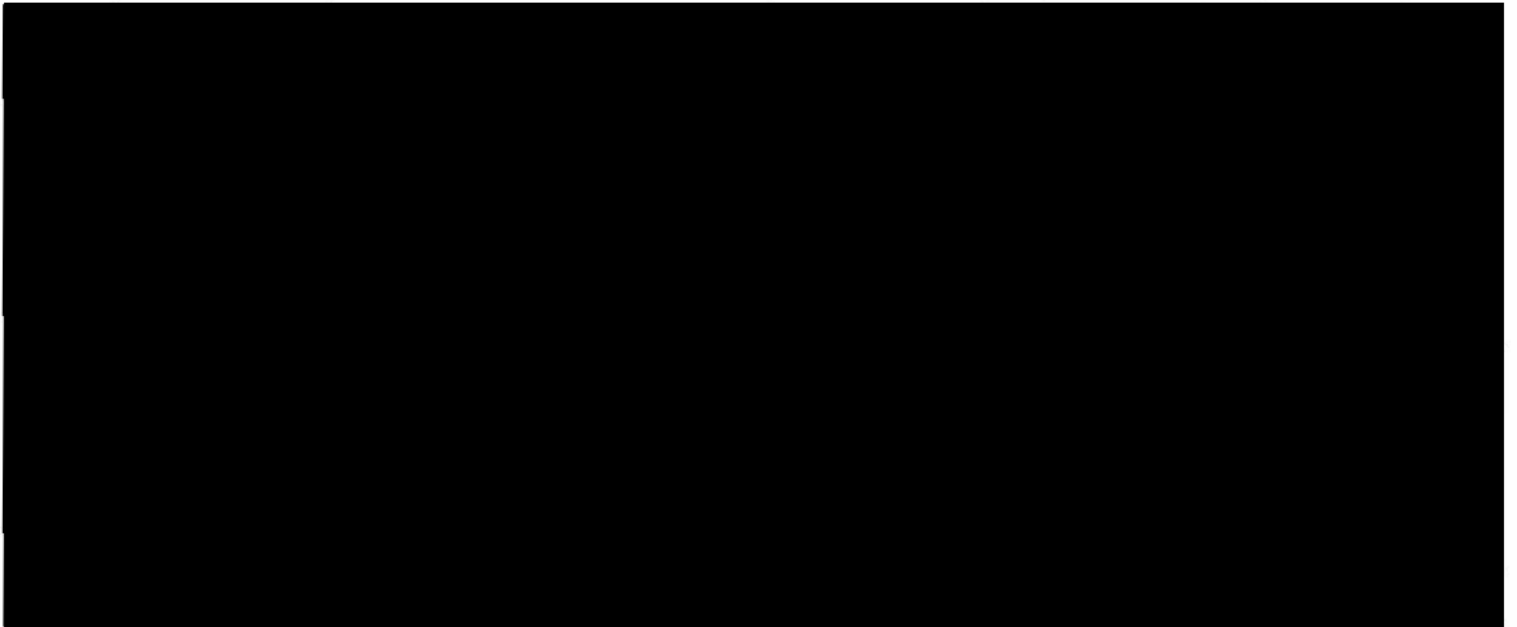
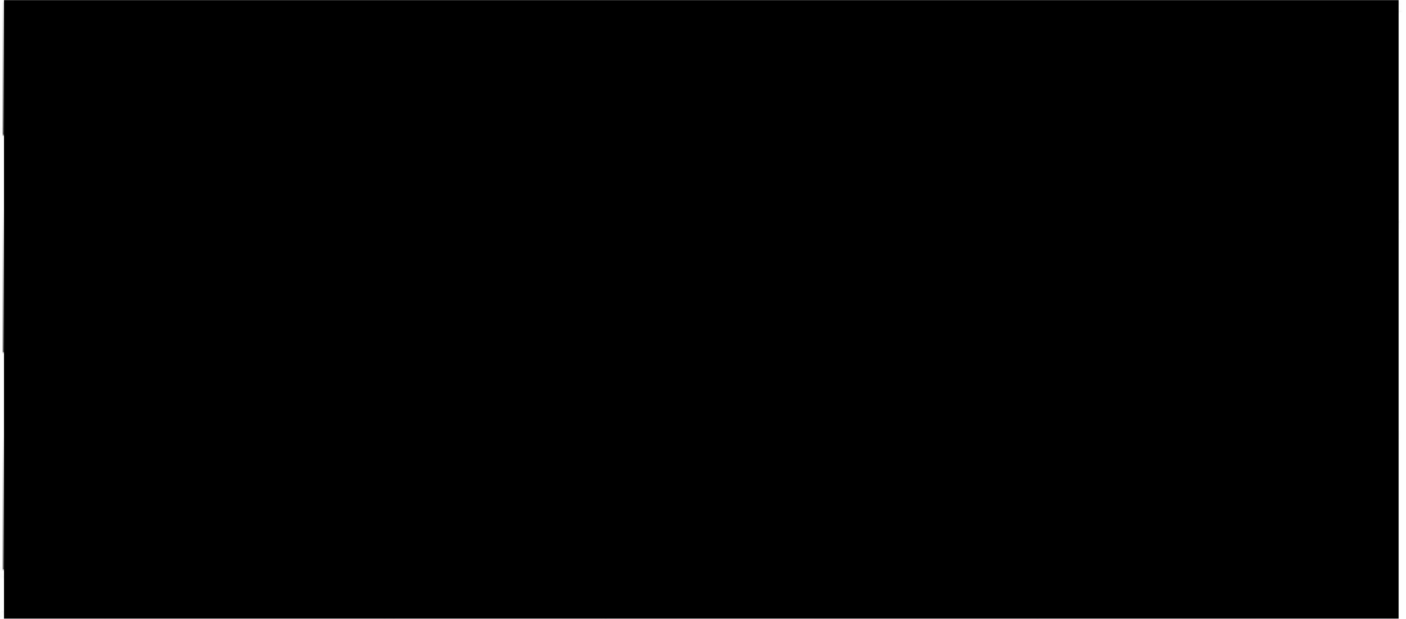
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**Areas of Evaluation**



SOCIAL COMMUNICATION:  
SOCIAL SKILLS IMPROVEMENT SYSTEM RATING SCALES

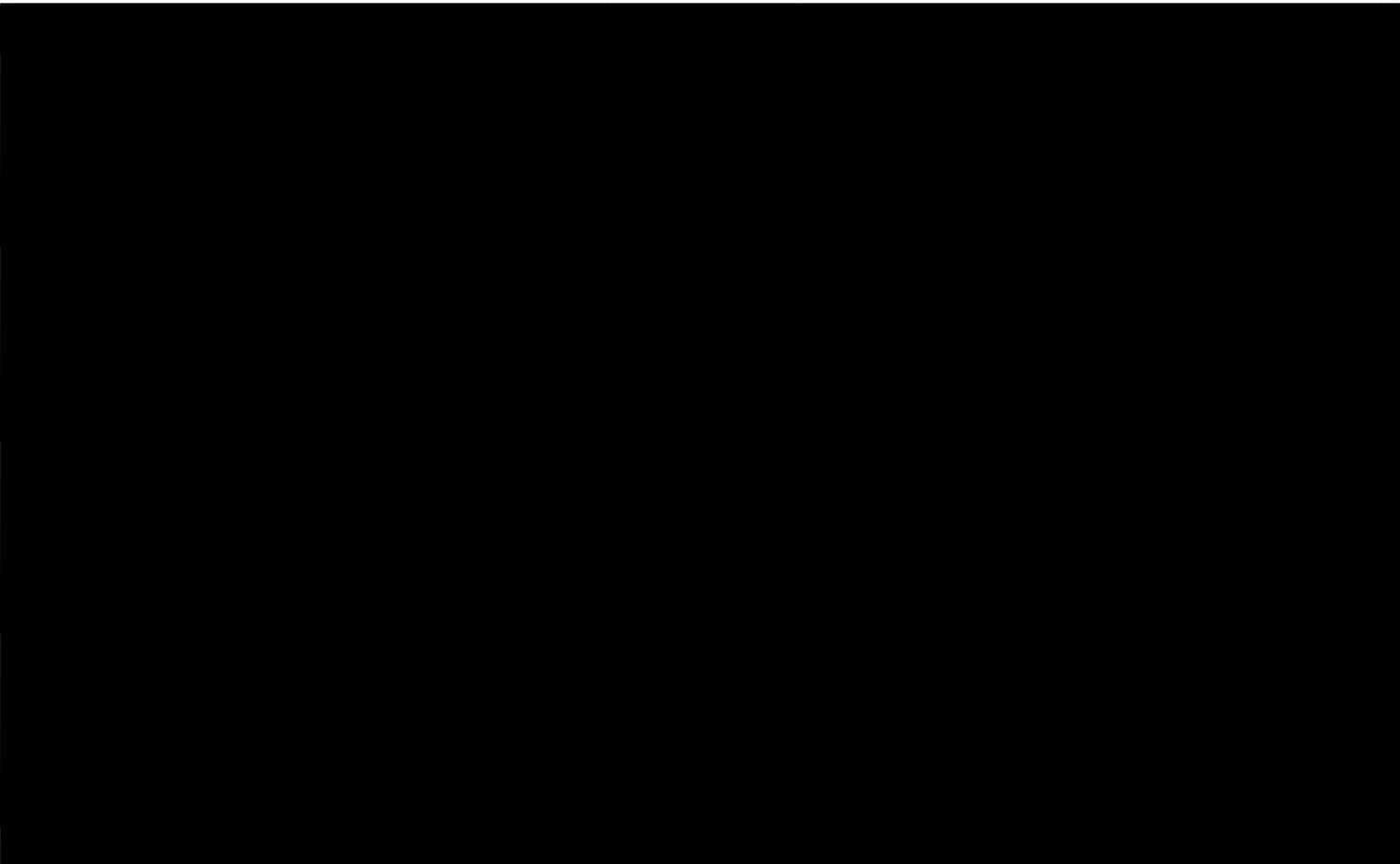
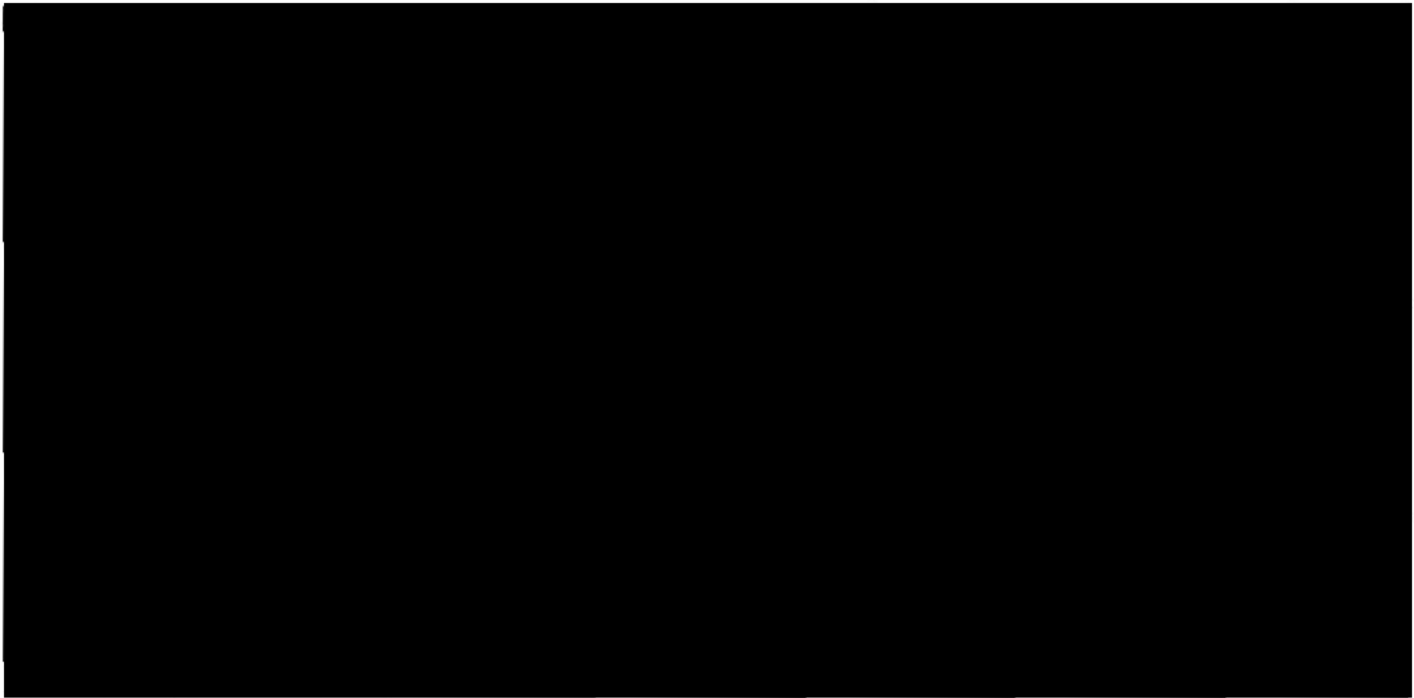


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**Areas of Evaluation**



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

**Snohomish School District**  
1601 Avenue D  
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**Areas of Evaluation**

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[REDACTED]

[REDACTED]

Alison Damboise, MS, CCC-SLP, 11/19/2019

**Conclusions from observations:**

[REDACTED]

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

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**Areas of Evaluation**

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**Test Name :** Comprehensive Assessment of Spoken  
Language-ages 7-21 (CASL)

**Date(s) Given:** 10/15/2019

**Professional/Examiner:** Alison Damboise

The CASL provides an in depth evaluation of language comprehension, expression and retrieval.

	Raw Score	Standard Score mean=100, SD=15	Percentile Rank 50th%ile = average
Supralinguistic	[REDACTED]		
Nonliteral Language			
Meaning from Context			
Inference			
Pragmatic Judgment			



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

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### Areas of Evaluation

Test Name : The Clinical Evaluation of Language  
Fundamentals - (CELF-5) Ages 9-21

Date(s) Given: 10/15/2019

Professional/Examiner: Alison Damboise

The CELF-5 Determines language strengths and weaknesses. Provides Receptive Language and Expressive Language scores, and additional composite scores-Language Structure, Language Content, Language Content and Memory, and Working Memory.

	Raw Score	Scaled Score (mean=10)	%ile Rank (50th=Average)
Formulated Sentences	[REDACTED]		
Recalling Sentences			
Understanding Spoken Paragraphs			
Semantic Relationships			
Core Language Score (CLS)			

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

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### Areas of Evaluation

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**Test Name :** The Peabody Picture Vocabulary Test – Fourth Edition (PPVT-4)

**Date(s) Given:** 10/15/2019

**Professional/Examiner:** Alison Damboise

The PPVT-4 evaluates comprehension of the spoken word. It is a measure of the student's achievement in acquiring vocabulary.

	Raw Score	Standard Score mean=100, SD=15	Percentile Rank 50th = average
Obtained Score	[REDACTED]		

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

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**Areas of Evaluation**

**Test Name :** The Social Skills Improvement System (SSIS) -  
Parent

**Date(s) Given:** 10/30/2019

**Professional/Examiner:** Alison Damboise

The Social Skills Improvement System provides an evidence-based, multi-tiered assessment and intervention system to identify how students can develop, improve, and maintain important social skills.

	Raw Score	Behavior Level	Standard Score Mean=100 SD=15	Percentile Rank Average=50th
Communication	[REDACTED]			
Cooperation				
Assertion				
Responsibility				
Empathy				
Engagement				
Self Control				
Social Skills Scale				
Externalizing				
Bullying				
Hyperactive/Inattention				
Internalizing				
Autism Spectrum				
Problem Behavior Scale				

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

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### Areas of Evaluation

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**Test Name :** The Social Skills Improvement System (SSIS) - Student

**Date(s) Given:** 11/05/2019

**Professional/Examiner:** Alison Damboise

The Social Skills Improvement System provides an evidence-based, multi-tiered assessment and intervention system to identify how students can develop, improve, and maintain important social skills.

	Raw Score	Behavior Level	Standard Score Mean=100 SD=15	Percentile Rank Average=50th
Communication	[REDACTED]			
Cooperation				
Assertion				
Responsibility				
Empathy				
Engagement				
Self Control				
Social Skills Scale				
Externalizing				
Bullying				
Hyperactive/Inattention				
Internalizing				
Problem Behavior Scale				

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

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**Areas of Evaluation**

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**Test Name :** The Social Skills Improvement System (SSIS) -  
Teacher #1

**Date(s) Given:** 10/29/2019

**Professional/Examiner:** Alison Damboise

The Social Skills Improvement System provides an evidence-based, multi-tiered assessment and intervention system to identify how students can develop, improve, and maintain important social skills.

	Raw Score	Behavioral Level	Standard Score Mean=100 SD=15	Percentile Rank Average=50th
Communication	[REDACTED]			
Cooperation				
Assertion				
Responsibility				
Empathy				
Engagement				
Self Control				
Social Skills Scale				
Externalizing				
Bullying				
Hyperactivity/Inattention				
Internalizing				
Autism Spectrum				
Problem Behavior Scale				
Academic Competence Scale				

Student ID: [REDACTED]

Date of Birth: [REDACTED]

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### Areas of Evaluation

#### Fine Motor

Examiner Name: Elicia Cartmell DeMerritt, MOTR/L, 11/18/2019

#### Assessment Summary:

SNOHOMISH SCHOOL DISTRICT – Special Services  
Occupational Therapy Assessment

Student: [REDACTED]

DOB: [REDACTED]

School: Snohomish High School

Therapist: Elicia Cartmell DeMerritt, MOTR/L

Date(s) of Assessment: 10-23-19, 11-6-19, and 11-13-19

#### ASSESSMENT SUMMARY (Fine Motor):

[REDACTED]

[REDACTED]

[REDACTED]

#### OBSERVATIONS:

[REDACTED]

[REDACTED]

#### Significant Findings:

SIGNIFICANT FINDINGS:

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

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**Areas of Evaluation**

**FUNCTIONAL OBSERVATIONS:**

[REDACTED]

[REDACTED]

**CURRENT THERAPY GOAL PROGRESS:**

[REDACTED]

[REDACTED]

[REDACTED]

**NARRATIVE FROM STANDARDIZED TESTING:**

[REDACTED]

[REDACTED]

[REDACTED]

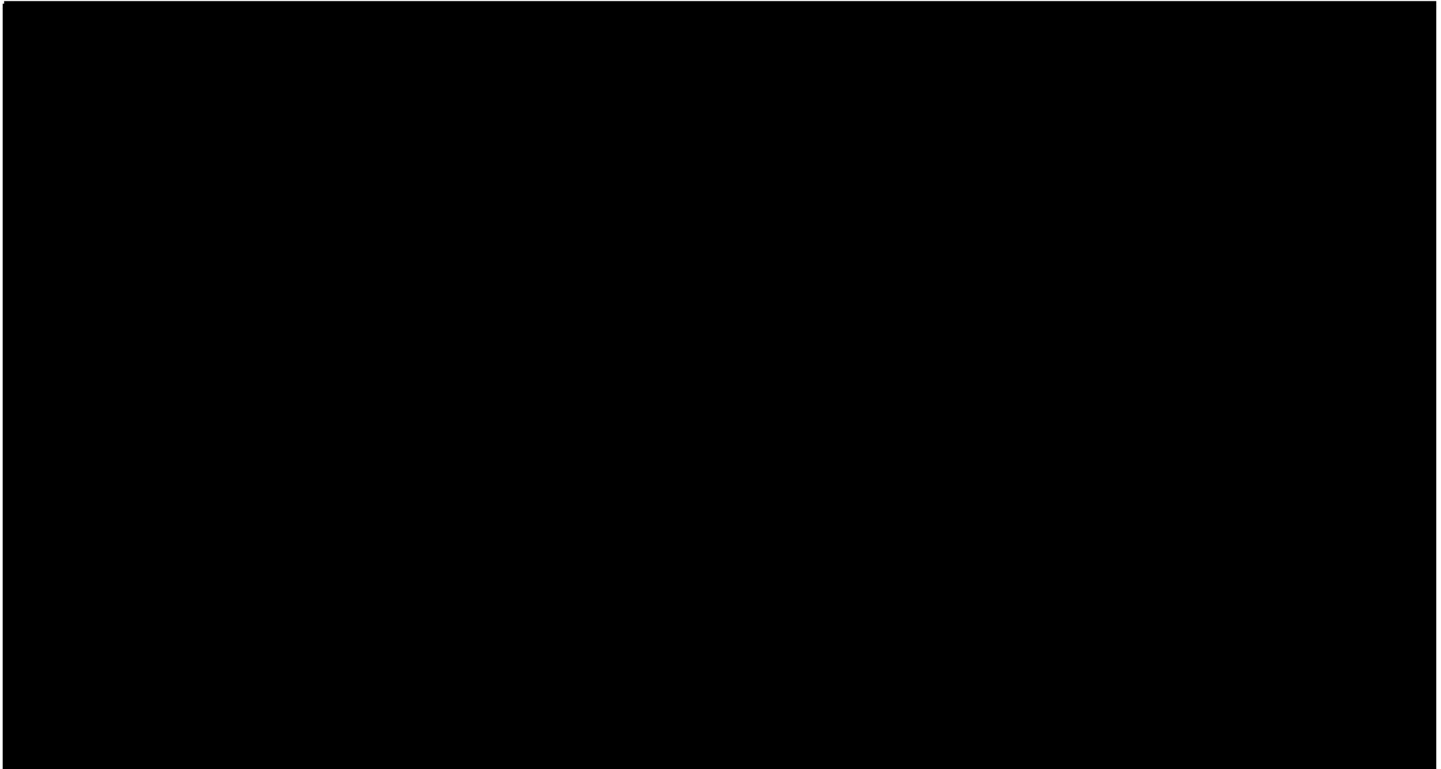
[REDACTED]

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

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**Areas of Evaluation**





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

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**Areas of Evaluation**

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[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Elicia Cartmell DeMerritt, MOTR/L  
Elicia.DeMerritt@sno.wednet.edu  
Nov. 18, 2019

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

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### Areas of Evaluation

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**Test Name :** Bruininks-Oseretsky Test of Motor Proficiency -  
2: Fine Motor

**Date(s) Given:** 10/23/2019

**Professional/Examiner:** Elicia Cartmell DeMerritt, MOTR/L

The Bruininks-Oseretsky Test of Motor Proficiency is a standardized assessment that measures motor abilities in students from 4 to 21 years of age. Fine Motor/Upper Extremity subtests were administered with the following results:

	Standard Deviation
<u>Fine Motor Precision</u>	[REDACTED]
<u>Fine Motor Integration</u>	
<u>Fine Manual Control</u>	
<u>Manual Dexterity</u>	

Student ID: [REDACTED]

WA SSID: [REDACTED]

Date of Birth: [REDACTED]

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**Areas of Evaluation**

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**Test Name :** Goal Oriented Assessment of Life Skills (Full)

**Date(s) Given:** 11/06/2019

**Professional/Examiner:** Elicia Cartmell DeMerritt, MOTR/L

The GOAL is an evaluation of functional motor abilities needed for daily living. It is designed for children 7-17 and consists of 7 activities based on real occupations of a child's daily life such as utilizing utensils to eat, using a school lock, managing school materials, dressing, ball skills, navigating a lunchroom while carrying a lunch tray, and fine motor skills (folding, scissor use, coloring and taping).

	Standard Score	Percentile
Fine Motor	[REDACTED]	
Gross Motor		

Student ID: [REDACTED]

WA SSID: [REDACTED]

Date of Birth: [REDACTED]

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**Areas of Evaluation**

**Other**

**Mrs. Wies's Ratings-**

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

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**Areas of Evaluation**

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**Significant Findings:**

[REDACTED]

**Conclusions from observations:**

See formal observation portion of the evaluation.

Student ID: [REDACTED]

Date of Birth: [REDACTED]

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### Prior Written Notice

To: [REDACTED]  
Re: Student's Name: [REDACTED]

Date: 11/26/2019

**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      Evaluation      ☒ Eligibility Category  
Educational Placement      IEP      Reevaluation  
Disciplinary action that is a change of placement      Other:

Description of the proposed or refused action:

[REDACTED]

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

[REDACTED]

Description of any other options considered and rejected:

[REDACTED]

The reasons we rejected those options were:

[REDACTED]

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:

[REDACTED]

Any other factors that are relevant to the action:

[REDACTED]

The action will be initiated on: 11/26/2019

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:

Richard Cota      at      360-563-4024

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

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

**Snohomish School District**  
1601 Avenue D  
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360-563-7308

### Reevaluation Notification / Consent

## Parental Response

I understand that I have the opportunity to participate in the consideration of the areas to be assessed. I would suggest the following areas of need be considered in assessing my child:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**TO PARENTS/GUARDIANS:** In order to proceed with this reevaluation and recommend the most appropriate educational program for your child, we request your permission to conduct an individual evaluation.

It should also be understood that all information collected during this evaluation will be kept confidential and will be used only by authorized school personnel pursuant of the *Family Educational Rights and Privacy Act*.

**This evaluation should be completed within 35 school days after the parent has given written consent for an evaluation.**

I have also been provided the *Notice of Procedural Safeguards for Special Education Students and Their Families* that summarize protections for students who may require special education.

- ☒ I give consent for my child to be evaluated.  
☐ I refuse consent for my child to be evaluated.

**Comments:**

Please return this form to Richard Cota at Special Services.

### Consent Disclaimer

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; (3) if you revoke consent, the revocation is not retroactive; which means that it does not negate any activity that has already taken place; and (4) if you refuse to give consent, the district may request mediation or a due process hearing to override your failure to give consent for evaluations or reevaluations. The district does not need your consent for a reevaluation when the district has made reasonable measures to obtain your consent for tests administered for reevaluation and you have failed to respond to these requests.

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

Snohomish School District  
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### Functional Behavioral Assessment

Meeting Date: 11/26/2019 Disability: Health Impairments

**PURPOSE:** A Functional Behavioral Assessment (FBA) is used to gather information about a student's behavior to determine the need for, and provide the foundation for, a Behavioral Intervention Plan (BIP). An FBA is required to be conducted if the student's violation of a code of conduct (resulting in a change of placement) is determined to be a manifestation of the student's disability.

School: SNOHOMISH SENIOR HIGH SCHOOL

Case Manager: Misty Wies

Participants in the Functional Behavioral Assessment:

Parent

Richard Cota, School Psychologist

General Education Teacher

Misty Wies, Special Education Teacher

Parent/Guardian

Student

Other

District Representative

Other

**Student Strengths** (description of the student's strengths and interests, such as positive interactions with staff, ignoring the inappropriate behavior of peers, accepts responsibility, attendance, family support, What student does well and/or enjoys doing, etc.)

**Summary of Data Collection** (results from direct observations such as ABC narratives, frequency counts, and/or descriptive anecdotal information etc.)

**Contributing Factors** (description of any other factors/variables that may affect the behavior, such as medication, weather, diet, sleep, substance abuse, attendance, social factors, academic skill deficit(s), ELL language deficit, schedule, etc.)

### (1) Target Behavior

**Description of target behavior** (observable, objective and measurable definition of the behavior, including frequency, intensity and duration)



Student ID: [REDACTED]

WA SSID: [REDACTED]

Date of Birth: [REDACTED]

Snohomish School District

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## Functional Behavioral Assessment

**Prior Interventions implemented**(description, date(s) of implementation, length of intervention, the impact on the student's behavior, etc.)

He has previously had SDI focused on this specific behavior.

### SETTING DESCRIPTION

**Who is present when the behavior tends to occur?**

[REDACTED]

**What is happening in the environment when the behavior occurs?**

[REDACTED]

**When does the behavior tend to occur?**

[REDACTED]

**Where does the behavior tend to occur?**

[REDACTED]

**Antecedent Events**(relevant events that immediately preceded the Target Behavior)

[REDACTED]

**Describe the conditions when the Target Behavior does not occur or occurs less frequently.**

[REDACTED]

**Maintaining Consequences**(what happens after the target behavior that may encourage the behavior)

[REDACTED]

### HYPOTHESIS

*Considering these contributing factors*

[REDACTED]

*And in these settings (location, type of activity, time of day, day of week, etc.)*

[REDACTED]

*When these triggers occur (antecedents)*

[REDACTED]

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

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### Functional Behavioral Assessment

---

*The student does (target behavior)*

[REDACTED]

*In order to (function/purpose of behavior such as getting attention, avoiding/escaping attention, obtaining something)*

[REDACTED]

### Recommendations to the IEP Team

**I. Should a Behavior Intervention Plan (BIP) be considered for this behavior?** [REDACTED]

**II. Describe the replacement behavior that will be taught to meet the hypothesized function in a more socially appropriate manner. Instead of engaging the target behavior the student will...**

[REDACTED]

**III. Setting Event Strategies (setup of the environment to decrease the likelihood of the target behavior and increase the replacement behavior)**

[REDACTED]

**IV. Antecedent Strategies (how to address the preceding events to the target behavior to minimize or prevent the behavior and the strategies to be taught to the student to cope with the trigger)**

[REDACTED]

**V. Teaching Strategies (skills to be taught to the student, and how staff will teach those positive behaviors)**

[REDACTED]

**VI. Consequence Strategies (what consequences will take place after the replacement behavior occurs AND what consequences will take place after the target behavior occurs)**

[REDACTED]

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

Snohomish School District  
1601 Avenue D  
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BIP  
**Meeting Notice**

**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: [REDACTED] Date Sent to Participants: \_\_\_\_\_

This meeting has been scheduled for: Date 12/17/2019 Time 2:20 PM  
Location SNOHOMISH SENIOR HIGH SCHOOL Wies' Room A130

If you have any questions or would like additional information or assistance to help you prepare for this Behavioral Intervention meeting, please contact Misty Wies at \_\_\_\_\_ e-mail [misty.wies@sno.wednet.edu](mailto:misty.wies@sno.wednet.edu).

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

☒ Behavioral Intervention Plan

\_\_\_\_ Other:

The following are invited to attend and participate in the Behavioral Intervention Plan meeting:

[REDACTED]  
Donna Sieb , Special Education Teacher  
Misty Wies , Special Education Teacher  
Jay Adams , General Education Teacher  
Richard Cota , District Representative  
Colleen Webb , Other  
Melanie Streight , Other  
Allson Damboise , Speech Language Pathologist

The parent/adult student or school may invite individuals who have knowledge or special expertise regarding the student, including related services personnel, to participate. The determination of the knowledge or special expertise shall be made by the person/party extending the invitation. You may also request, by contacting the individual named below, that a birth to three service coordinator be invited to participate in an initial IEP meeting if your child was previously served through an Individualized Family Service Plan (IFSP). If you, the parent or adult student, are bringing other individuals to the meeting, please let us know. This will ensure that the meeting space will accommodate all team members.

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

S  
WA SSID:  
Date of Birth:

Snohomish School District  
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Snohomish, WA 98290-1799  
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### Contact Attempt Report

Notification Area: Plan  
Meeting Date: 12/17/2019  
Time: 2:20 PM  
Location: SNOHOMISH SENIOR HIGH SCHOOL Wies' Room A130

Method	Contact Date	Response Date	Response	Contact Name
Phone	11/26/2019	11/26/2019	Can Attend	

Method	Contact Date	Response Date	Response	Contact Name
Letter	11/26/2019	12/26/2019	Can Attend	

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

Snohomish School District  
1601 Avenue D  
Snohomish, WA 98290-1799  
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### Behavioral Intervention Plan

Meeting Date: 12/17/2019

**PURPOSE:** The purpose of a Behavioral Intervention Plan (BIP) is to address behaviors that are interfering with the student's education. The goal of a BIP is to teach the student positive behavioral strategies to replace the problem behavior(s). A BIP is required to be developed and implemented if the student's violation of a code of conduct (resulting in a change of placement) is determined to be a manifestation of the student's disability, or if the IEP team determines it is appropriate.

School: SNOHOMISH SENIOR HIGH SCHOOL Case Manager: Misty Wies

#### Participants in developing the Behavior Intervention Plan:

[REDACTED]  
\_\_\_\_\_  
Donna Sieb, Special Education Teacher  
Misty Wies, Special Education Teacher  
Jay Adams, General Education Teacher  
Richard Cota, District Representative  
Colleen Webb, Other  
Melanie Strelght, Other  
Alison Damboise, Speech Language Pathologist

**Student Strengths** (include a description of the student's strengths and interests, such as positive interactions with staff, ignoring the inappropriate behavior of peers, accepts responsibility, attendance, family support, What student does well and/or enjoys doing, etc.)  
(From Last Locked Evaluation 11/26/2019)

**Summary of Data Collection** (include results from direct observations such as scatter plots, ABC narratives, frequency counts, and/or descriptive anecdotal information etc.)

**Contributing Factors** (include a description of any other factors/variables that may affect the behavior, such as medication, weather, diet, sleep, substance abuse, attendance, social factors, academic skill deficit(s), ELL language deficit, schedule, etc.)  
(From Last Locked Evaluation 11/26/2019)

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

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## Behavioral Intervention Plan

### (1) Target Behavior: Touching other and getting in their personal space

**Description of target behavior** (provide an observable, objective and measurable definition of the behavior, including frequency, intensity and duration)

#### HYPOTHESIS

*Considering these contributing factors*

*And in these settings (location, type of activity, time of day, day of week, etc.)*

*When these triggers occur (antecedents)*

*The student does (target behavior)*

*In order to (function/purpose of behavior such as getting attention, avoiding/escaping attention, obtaining something)*

#### INTERVENTION STRATEGIES

**Describe the replacement behavior that will be taught to meet the hypothesized function in a more socially appropriate manner (instead of engaging the target behavior the student will ...)**

**Setting Event Strategies** (how will the environment be set up to decrease the likelihood of the target behavior and increase the replacement behavior?)



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

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### Behavioral Intervention Plan

[REDACTED]

**Antecedent Strategies** *(how will the events that immediately precede the target behavior be addressed to minimize or prevent the behavior?)*

[REDACTED]

**Teaching Strategies** *(what skills will be taught to the student, and how will staff teach those positive behaviors?)*

[REDACTED]

**Consequence Strategies** *(what will happen after the replacement behavior occurs? AND what will happen after the target behavior occurs?)*

[REDACTED]

**Reinforcement Plan** *(what will staff use to increase the positive alternative/replacement behavior?)*

[REDACTED]

**Response Plan** *(what will staff do if the target behavior occurs?)*

[REDACTED]

**De-escalation Plan** *(identify the signs staff will observe which indicate escalation and steps to follow should the student's behavior escalate?)*

**Crisis and Recovery Plan** *(steps to follow in the event of a crisis and steps to help the student return to baseline)*

#### Data Collection Procedures

Daily check-in sheet  
Weekly data collection samples across various settings

#### Person(s) Responsible

special education staff

Stud  
WA SSID:  
Date of Birth:

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

### Prior Written Notice

To: \_\_\_\_\_ Date: 12/18/2019  
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 ☒ Other: new Behavior Plan

Description of the proposed or refused action:

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:  
None

The action will be initiated on: 12/18/2019

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:

Misty Wies at \_\_\_\_\_

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



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

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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: [REDACTED] Date Sent to Participants: 11/26/2019

This meeting has been scheduled for: Date 12/17/2019 Time 2:20 PM

Location SNOHOMISH SENIOR HIGH SCHOOL Wies' Room A130

If you have any questions or would like additional information or assistance to help you prepare for this IEP meeting, please contact Misty Wies at e-mail [misty.wies@sno.wednet.edu](mailto:misty.wies@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 checked="" type="checkbox"/> Behavioral Intervention Plan |
| <input checked="" type="checkbox"/> Other: Annual Review  |  |

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

[REDACTED]  
Donna Sieb , Special Education Teacher  
Misty Wies , Special Education Teacher  
Jay Adams , General Education Teacher  
Richard Cota , District Representative  
Colleen Webb , Other  
Melanie Streight , Other  
Alison Damboise , Speech Language Pathologist

The parent/adult student or school may invite individuals who have knowledge or special expertise regarding the student, including related services personnel, to participate. The determination of the knowledge or special expertise shall be made by the person/party extending the invitation. You may also request, by contacting the individual named below, that a birth to three service coordinator be invited to participate in an initial IEP meeting if your child was previously served through an Individualized Family Service Plan (IFSP). If you, the parent or adult student, are bringing other individuals to the meeting, please let us know. This will ensure that the meeting space will accommodate all team members.

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

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

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

### Contact Attempt Report

Notification Area: Plan  
Meeting Date: 12/17/2019  
Time: 2:20 PM  
Location: SNOHOMISH SENIOR HIGH SCHOOL Wies' Room A130

Method	Contact Date	Response Date	Response	Contact Name
Letter	11/26/2019	11/26/2019	Can Attend	[REDACTED]
				[REDACTED]
				[REDACTED]
Method	Contact Date	Response Date	Response	Contact Name
Phone	11/26/2019	11/26/2019	Can Attend	[REDACTED]
				[REDACTED]
Method	Contact Date	Response Date	Response	Contact Name
Phone	11/01/2019	11/01/2019	Can Attend	[REDACTED]
				[REDACTED]
Method	Contact Date	Response Date	Response	Contact Name
Letter	09/24/2019	09/19/2019	Can Attend	[REDACTED]
				[REDACTED]
				[REDACTED]
Method	Contact Date	Response Date	Response	Contact Name
Phone	09/19/2019	09/19/2019	Can Attend	[REDACTED]
				[REDACTED]

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

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

Student's Name: [REDACTED]  
Grade: 09 Age\*: 15 Disability (if identified): Health Impairments  
Parent/Guardian/Adult Student: [REDACTED] Primary language at home: English  
Parent interpreter needed? ☐ Yes ☒ No Surrogate parent: ☐ Yes ☒ No If yes, name: \_\_\_\_\_  
Home Address: [REDACTED]  
Phone # (H): [REDACTED] Phone # (W): [REDACTED]  
Attending School: SNOHOMISH SENIOR HIGH SCHOOL Is this student's neighborhood school? ☒ Yes ☐ No

Most Recent Evaluation Date	<u>11/26/2019</u>	IEP Start Date	<u>12/17/2019</u>
Next re-evaluation must occur before	<u>11/26/2022</u>	Next IEP Start Date must occur on or before	<u>12/17/2020</u>
IEP Meeting Date	<u>12/17/2019</u>	Date parent notified of meeting	<u>11/26/2019</u>
Next IEP Meeting must occur before	<u>12/16/2020</u>	Date student notified of meeting (if transition will be discussed)	<u>11/26/2019</u>

Primary Staff Contact: Misty Wies, Life Skills Teacher  
Phone Number: \_\_\_\_\_

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

Excused	Title	Participant Name	Signature
<input type="checkbox"/>	Parent	[REDACTED]	[REDACTED]
<input type="checkbox"/>	Parent/Guardian	[REDACTED]	[REDACTED]
<input type="checkbox"/>	Special Education Teacher	<u>Misty Wies</u>	<u>Misty Wies</u>
<input type="checkbox"/>	General Education Teacher	<u>Jay Adams</u>	<u>Jay Adams</u>
<input type="checkbox"/>	Student	[REDACTED]	[REDACTED]
<input type="checkbox"/>	District Representative	<u>Robert Galt</u>	<u>Robert Galt</u>
<input type="checkbox"/>	Other	<u>Speed Donna Sieb</u>	<u>Donna Sieb</u>
<input type="checkbox"/>	Other	<u>APC Support Person - Kate Toker</u>	<u>Kate Toker</u>
<input type="checkbox"/>	Other	<u>DDA Supervisor Melani Straight</u>	<u>Melani Straight</u>
<input type="checkbox"/>	Speech Language Pathologist	<u>Alison Dambise</u>	<u>Alison Dambise</u>
<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: 06/20/2023



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

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

Student's Name: [REDACTED]  
Grade: 09 Age\*: 15 Disability (if identified): Health Impairments  
Parent/Guardian/Adult Student: [REDACTED] Primary language at home: English  
Parent interpreter needed? ☐ Yes ☒ No Surrogate parent: ☐ Yes ☒ No If yes, name: \_\_\_\_\_  
Home Address: [REDACTED]  
Phone # (H): [REDACTED] Phone # (W): [REDACTED]  
Attending School: SNOHOMISH SENIOR HIGH SCHOOL Is this student's neighborhood school? ☒ Yes ☐ No

Most Recent Evaluation Date	<u>11/26/2019</u>	IEP Start Date	<u>12/17/2019</u>
Next re-evaluation must occur before	<u>11/26/2022</u>	Next IEP Start Date must occur on or before	<u>12/17/2020</u>
IEP Meeting Date	<u>12/17/2019</u>	Date parent notified of meeting	<u>11/26/2019</u>
Next IEP Meeting must occur before	<u>12/16/2020</u>	Date student notified of meeting (if transition will be discussed)	<u>11/26/2019</u>

Primary Staff Contact: Misty Wies, Life Skills Teacher  
Phone Number: \_\_\_\_\_

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

Excused	Title	Participant Name	Signature
<input type="checkbox"/>	Parent	[REDACTED]	_____
<input type="checkbox"/>	Parent/Guardian	[REDACTED]	_____
<input type="checkbox"/>	Special Education Teacher	<u>Donna Sieb</u>	_____
<input type="checkbox"/>	Special Education Teacher	<u>Misty Wies</u>	_____
<input type="checkbox"/>	General Education Teacher	<u>Jay Adams</u>	_____
<input type="checkbox"/>	District Representative	<u>Richard Cota</u>	_____
<input type="checkbox"/>	Other	<u>Colleen Webb</u>	_____
<input type="checkbox"/>	Other	<u>Melanie Streight</u>	_____
<input type="checkbox"/>	Speech Language Pathologist	<u>Alison Damboise</u>	_____
<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: 06/20/2023

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

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

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Comments:

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

---

Student ID: [REDACTED]

Date of Birth: [REDACTED]

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### Team Considerations

Meeting Date: 12/17/2019

**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]

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

[REDACTED]

- ☒ 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.

[REDACTED]

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

[REDACTED]

- ☒ In the case of a student whose behavior impedes his or her learning or that of others, consider, when appropriate, strategies, including positive behavioral interventions, strategies, and supports to address that behavior.

[REDACTED]

- ☒ 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.

[REDACTED]

- ☒ 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

Student ID: [REDACTED]

WA SSID: [REDACTED]

Date of Birth: [REDACTED]

**Snohomish School District**

1601 Avenue D

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360-563-7308

---

### **Team Considerations**

Braille or the use of Braille is not appropriate for the student.

[REDACTED]

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

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1601 Avenue D  
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### **Present Levels of Educational Performance and Measurable Annual Goals**

Meeting Date: 12/17/2019

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

#### **General Education Teacher Report**

(From Last Locked Evaluation 11/26/2019)  
Teacher Feedback- 1st Semester 2019/2020

1. Compared to his general education peers, how would you rate the student's on task / attentional capacity? (One being significantly below average, three average and five significantly above average).

[REDACTED]

2. Compared to his general education peers, how would you rate the student's ability to work independently? (One being significantly below average, three average and five significantly above average).

ID Name      Responses

[REDACTED]

3. Compared to his general education peers, how would you rate the student's participation in class? (One being significantly below average, three average and five significantly above average).

ID Name      Responses

[REDACTED]

4. Compared to his general education peers, how would you rate the student's interactions with peers? (One being significantly below average, three average and five significantly above average).

ID Name      Responses

[REDACTED]

5. Compared to his general education peers, how would you rate the student's interactions with staff? (One being significantly below average, three average and five significantly above average).

ID Name      Responses

[REDACTED]

6. Compared to his general education peers, how would you rate the student's assignment completion? (One being significantly below average, three average and five significantly above average).

ID Name      Responses

[REDACTED]



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

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

**Present Levels of Educational Performance and Measurable Annual Goals**

Meeting Date: 12/17/2019

3 Biology 1

7. Compared to his general education peers, how would you rate the student's performance on tests and quizzes? (One being significantly below average, three average and five significantly above average).

ID Name Responses

[REDACTED]

8. What are the student's strengths?

ID Name Responses

[REDACTED]

9. What are the student's challenges you observe in the classroom? (Academic, social, behavior and/or student skills). If the student excels in all areas in your class, please write n/a or no challenges.

ID Name Responses

[REDACTED]

10. What accommodations, if any, is the student using from the Accommodation Plan?

ID Name Responses

[REDACTED]

11. List any other suggestions that you have found to be beneficial for the student.

ID Name Responses

[REDACTED]

12. Current Classroom Data. \* Evaluator has access to Skyward data. Please include any other critical information such as grades not yet posted, classroom assessments or a brief narrative about classroom performance.

ID Name Responses

[REDACTED]

**>> Adverse Impact Summary**

WA SSID:  
Date of Birth:

**Snohomish School District**  
1601 Avenue D  
Snohomish, WA 98290-1799  
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**Present Levels of Educational Performance and Measurable Annual Goals**

Meeting Date: 12/17/2019

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Academic - Reading**

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

Snohomish School District  
1601 Avenue D  
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**Present Levels of Educational Performance and Measurable Annual Goals**

Meeting Date: 12/17/2019

[REDACTED]

CURRENT DATA: 2019

[REDACTED]

[REDACTED]

R [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Standard: Non CCSS Goals

Annual Goal: Broad Reading

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

[REDACTED]

How will progress toward this goal be reported?

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

Snohomish School District  
1601 Avenue D  
Snohomish, WA 98290-1799  
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**Present Levels of Educational Performance and Measurable Annual Goals**

Meeting Date: 12/17/2019

☒ Copy of Goal Page      ☐ Written in Report Card      ☐ Written Progress Report  
☐ Other

Report of Student Progress: Semester

**Academic - Writing**

[REDACTED] mited

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Standard: Non CCSS Goals

Annual Goal: Written Expression

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

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

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

**Present Levels of Educational Performance and Measurable Annual Goals**

Meeting Date: 12/17/2019

[REDACTED]

How will progress toward this goal be reported?

- ☒ Copy of Goal Page      ☐ Written in Report Card      ☐ Written Progress Report  
☐ Other

Report of Student Progress: Semester

**Social Emotional/Behavior**

(From Last Locked Evaluation 11/26/2019)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Student ID: [REDACTED]

Date of Birth: [REDACTED]

**Snohomish School District**

1601 Avenue D

Snohomish, WA 98290-1799

360-563-7308

**Present Levels of Educational Performance and Measurable Annual Goals**

Meeting Date: 12/17/2019

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Non CCSS Goals**

**Annual Goal: Social Emotional/Behavior**

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

[REDACTED]

**How will progress toward this goal be reported?**

☒ Copy of Goal Page

☐ Written in Report Card

☐ Written Progress Report

☐ Other

**Report of Student Progress:Semester**

**Adaptive**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

Snohomish School District  
1601 Avenue D  
Snohomish, WA 98290-1799  
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**Present Levels of Educational Performance and Measurable Annual Goals**

Meeting Date: 12/17/2019

[REDACTED]

Classroom Testing 9/2019

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Calendars

[REDACTED]

Q32 Uses Calendars (3 months at a time)

[REDACTED]

[REDACTED]

Adverse Educational Impact:

[REDACTED]

Student ID: [REDACTED]

Date of Birth: [REDACTED]

Snohomish School District

1601 Avenue D

Snohomish, WA 98290-1799

360-563-7308

**Present Levels of Educational Performance and Measurable Annual Goals**

Meeting Date: 12/17/2019

[REDACTED]

Standard: Non CCSS Goals

Annual Goal: Adaptive

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

Skill: Personal Information

[REDACTED]

How will progress toward this goal be reported?

☒ Copy of Goal Page  
☐ Other

☐ Written in Report Card

☐ Written Progress Report

Report of Student Progress: Semester

**Adaptive: functional math**

(From Last Locked Evaluation 11/26/2019)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



**Date of Birth:** [REDACTED]

**Snohomish School District**  
1601 Avenue D  
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### **Present Levels of Educational Performance and Measurable Annual Goals**

Meeting Date: 12/17/2019

[REDACTED]

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

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

**Present Levels of Educational Performance and Measurable Annual Goals**

Meeting Date: 12/17/2019

[REDACTED]

Standard: Non CCSS Goals

Annual Goal: Adaptive: functional math

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

to determine

[REDACTED]

How will progress toward this goal be reported?

☒ Copy of Goal Page ☐ Written in Report Card ☐ Written Progress Report  
☐ Other

Report of Student Progress: Semester

**Communication**

[REDACTED]

**COMMUNICATION**

[REDACTED]

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

**Snohomish School District**  
1601 Avenue D  
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360-563-7308

### **Present Levels of Educational Performance and Measurable Annual Goals**

Meeting Date: 12/17/2019

at

\_\_\_\_\_

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\_\_\_\_\_

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

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

**Present Levels of Educational Performance and Measurable Annual Goals**

---

Meeting Date: 12/17/2019

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**SOCIAL COMMUNICATION:  
SOCIAL SKILLS IMPROVEMENT SYSTEM RATING SCALES**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date of Birth:

**Snohomish School District**

1601 Avenue D

**Snohomish, WA 98290-1799**

**360-563-7308**

### **Present Levels of Educational Performance and Measurable Annual Goals**

Meeting Date: 12/17/2019

S  
[Redacted]  
Date of Birth: 1 [Redacted]

**Snohomish School District**  
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Snohomish, WA 98290-1799  
360-563-7308

**Present Levels of Educational Performance and Measurable Annual Goals**

Meeting Date: 12/17/2019

[Redacted]

Alison Damboise, MS, CCC-SLP, 11/19/2019

**Standard:** Non CCSS Goals

**Annual Goal:** Communication

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

**Skill:** Social Communication

[Redacted]

**How will progress toward this goal be reported?**

☒ Copy of Goal Page  
☐ Other

☐ Written in Report Card

☐ Written Progress Report

**Report of Student Progress:**Semester

**Standard:** Non CCSS Goals

**Annual Goal:** Communication

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

**Skill:** Social Communication

[Redacted]

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

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

**Present Levels of Educational Performance and Measurable Annual Goals**

Meeting Date: 12/17/2019

How will progress toward this goal be reported?

- ☒ Copy of Goal Page      ☐ Written in Report Card      ☐ Written Progress Report  
☐ Other

Report of Student Progress: Semester

**Age Appropriate Transition Assessment**

**Needs**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Strengths**

[REDACTED]

**Personal Strengths:**

1 [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Preferences**

[REDACTED]

[REDACTED]



**Snohomish School District**  
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**Present Levels of Educational Performance and Measurable Annual Goals**

---

Meeting Date: 12/17/2019

**Interests**

[Redacted]

[Redacted]



Student ID: [REDACTED]

WA SSID: [REDACTED]

Date of Birth: [REDACTED]

**Snohomish School District**

1601 Avenue D

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360-563-7308

**Secondary Transition**

Meeting Date: 12/17/2019

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

Projected Graduation / Exit Date: 06/20/2023

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]	
Transition Services	Staff / Agency Responsible
[REDACTED]	Special Education Provider—Teacher or itinerant staff
Content Area: Employment	
[REDACTED]	
Transition Services	Staff / Agency Responsible
[REDACTED]	Special Education Provider—Teacher or itinerant staff
[REDACTED]	Special Education Provider—Teacher or itinerant staff
Content Area: Independent Living	
[REDACTED]	
Transition Services	Staff / Agency Responsible
[REDACTED]	Special Education Provider—Teacher or itinerant staff

**II. Course of study**

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

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

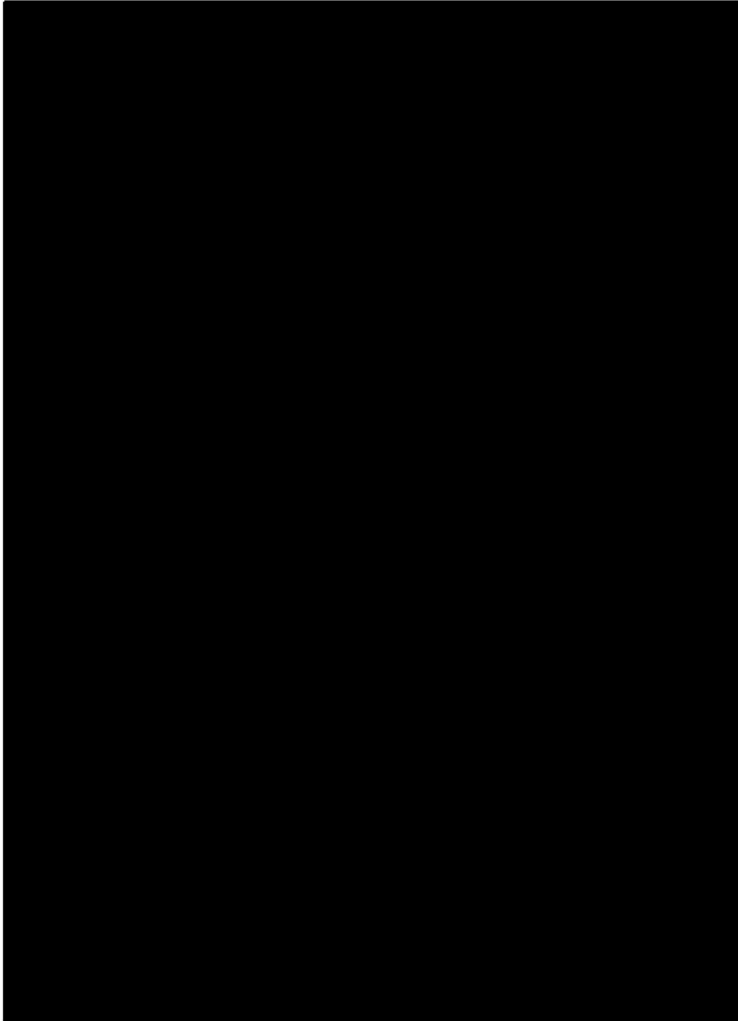
Freshman Year 2019-2020

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

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

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**Secondary Transition**



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

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

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**Post-Secondary Survey Contact Information**

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**Student's preferred name**

**Preferred contact method**

**Home Phone**

**Cell Phone**

**Other Phone**

**Email Address**

**Other Means of contact**

**Goal List:**

**Education/Training**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Student ID: [REDACTED]

Date of Birth: [REDACTED]

**Snohomish School District**

1601 Avenue D

Snohomish, WA 98290-1799

360-563-7308

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

Meeting Date: 12/17/2019

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

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

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

Accommodations	Frequency	Location	Duration m/d/y to m/d/y
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Student ID: [REDACTED]  
WA SSID: [REDACTED]  
Date of Birth: [REDACTED]

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

Modification(s)	Frequency	Location	Duration m/d/y to m/d/y
MODIFICATION [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
MODIFICATION [REDACTED]			
MODIFICATION [REDACTED] assignments			
MODIFICATION: Grading [REDACTED]			

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

Support(s)	Frequency	Location	Duration m/d/y to m/d/y
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WA SSID:   
Date of Birth:

Snohomish School District  
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State or Districtwide Assessments of Student Achievement

Meeting Date: 12/17/2019

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

Assessment	Accommodations		If YES, List Accommodation(s) by Assessment
	Yes	No	
Current Grade Tests			
Brigance			
Brigance			
Mathematics			
English Language Arts			
STAR			
STAR			
Reading			
Math			
Next Grade Tests			
Washington Access to Instruction and Measurement			
WA AIM			
Listening			
Reading			
Writing			
Math			
Science			
Brigance			
Mathematics			
English Language Arts			
STAR			
Math			
Reading			

Explanation For Alternate Assessment:

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

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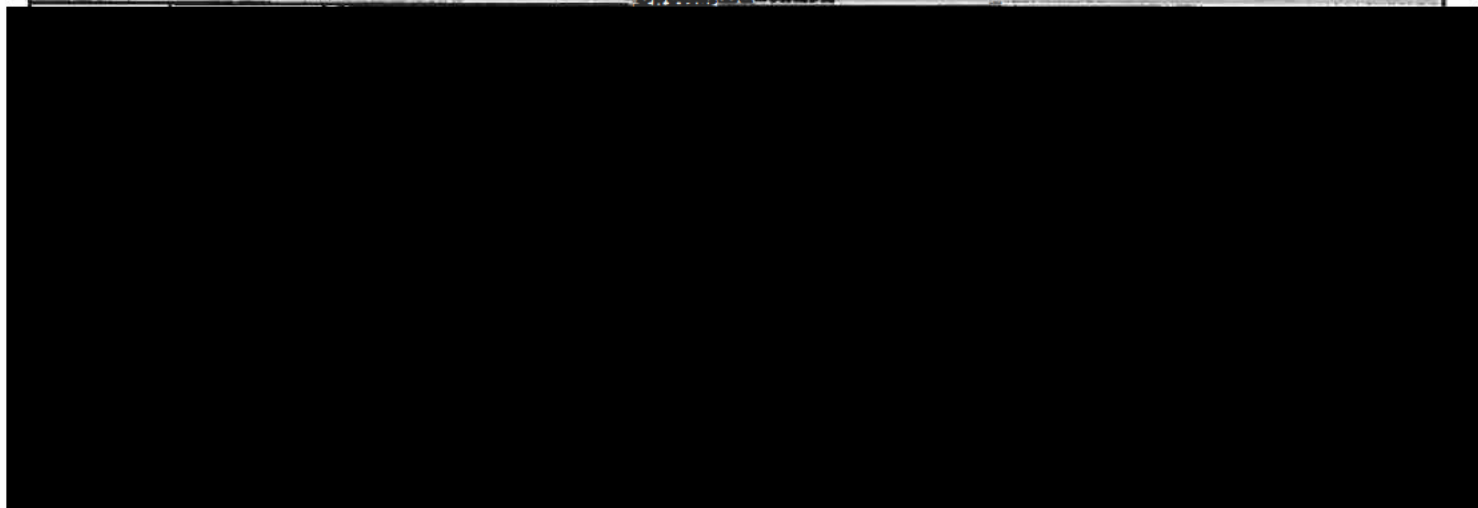
**Special Education and Related Services**

Meeting Date: 12/17/2019

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

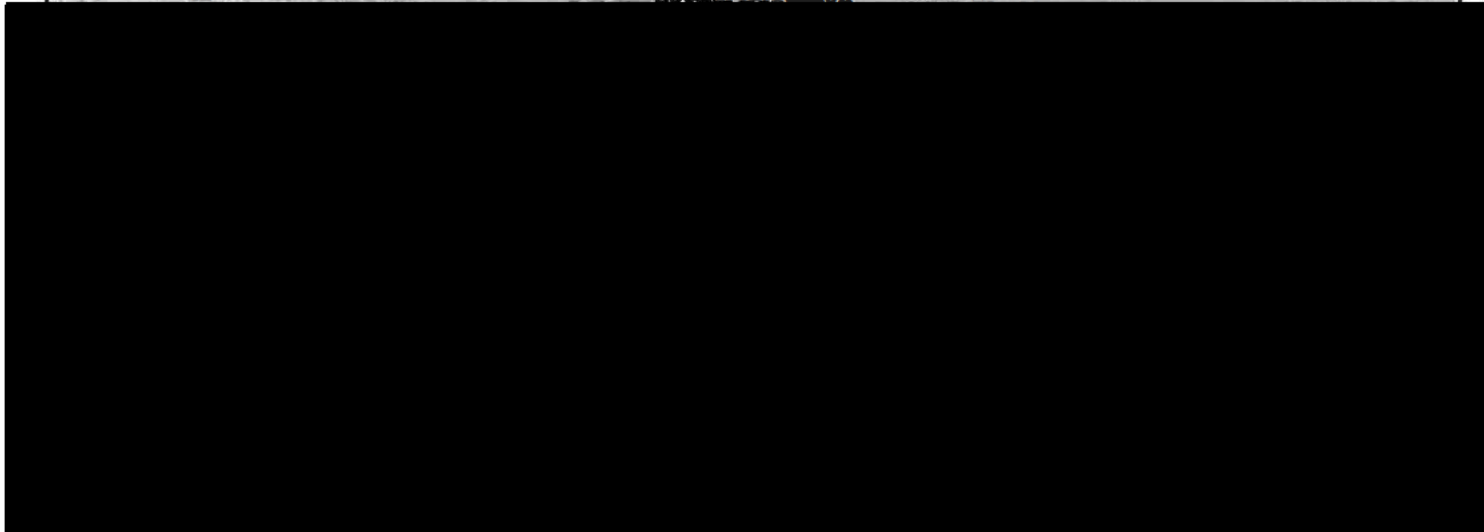
**Services 12/17/2019 - 01/24/2020**

Concurrent	Service(s)	Service Provider for Delivering Service	Monitor	Frequency	Location (setting)	Start Date	End Date
Special Education							



**Services 01/25/2020 - 12/16/2020**

Concurrent	Service(s)	Service Provider for Delivering Service	Monitor	Frequency	Location (setting)	Start Date	End Date
Special Education							





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

**Snohomish School District**  
1601 Avenue D  
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360-563-7308

**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.

[REDACTED]

**Placement Options:**  
**Setting 1: 12/17/2019 - 01/24/2020**

Placement Options for LRE	SELECTION	OR...REASONS REJECTED
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[REDACTED]

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

[REDACTED]

**Transportation:** ☐ Regular ☒ Special  
**General PE:** ☒ Yes ☐ No

**Setting 2: 01/25/2020 - 12/16/2020**

Placement Options for LRE	SELECTION	OR...REASONS REJECTED
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Student ID: [REDACTED]  
WA SSID: [REDACTED]  
Date of Birth: [REDACTED]

**Snohomish School District**  
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**Special Education and Related Services**

	Considered	Selected (only 1)	Academic benefit cannot be satisfactorily	Non-academic benefit cannot be satisfactorily	Effect student will have on teacher and other students
80%-100% in Regular Class	[REDACTED]				
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:

[REDACTED]

Transportation:

General PE:

Parent Notification Procedures:

[REDACTED]

Other Considerations:

Extended School Year:

Emergency Response Protocol

If Yes, must complete ESY form.

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

Snohomish School District  
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**Prior Written Notice**

To: [REDACTED] Date: 12/18/2019  
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:

Mark all items below that apply:

Description of the proposed or refused action:

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: 12/18/2019

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

Snohomish School District  
1601 Avenue D  
Snohomish, WA 98290-1799  
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**Prior Written Notice**

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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:

Misty Wies

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.

Student ID: [REDACTED]

WA SSID: [REDACTED]

Date of Birth: [REDACTED]

**Snohomish School District**

1601 Avenue D

Snohomish, WA 98290-1799

360-563-7308

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

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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.

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

Snohomish School District  
1601 Avenue D  
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360-563-7308

### Medicaid Consent

Date: 12/17/2019

**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: SNOHOMISH SENIOR HIGH SCHOOL

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 12/17/2019.

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]

12/17/2019  
Date