

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

Review Individualized Education Program (IEP) Invitation

То: _	Date Sent to Participants	: <u>03/14/2013</u>
PURPOSE: This invitation requests your attendance the opportunity to participate in any meeting regardi appropriate public education for your child.	e at a meeting concerning the educational program/needs of your cing the identification, evaluation, educational placement, and the p	hild. You have rovision of a free
This is to notify you that a/an IEP meeting has been are very important. This Review meeting must be so (check all that apply):	scheduled for the above student. Your participation and attendance the duled at a mutually agreed upon time and place. The purpose of	ee at this meeting f this meeting is t
Develop an Initial IEP	X Review Current IEP	
Discuss Transition Services	Discuss Graduation	
Discuss Annual Goal Progress	Review Instructional Needs	
Consider Termination of Services	Determine Placement	
Develop ESY	Discuss Attendance Issues	
Manifestation Determination	Behavioral Intervention Plan	
Other:		
This meeting has been scheduled for: Date _03/2 Location	22/2013 Time _11:00 AM	
The following are invited to attend and participate in	n the Review meeting:	
Parent/Guardian		
Parent		0.0
School Psychologist		
Special Education Teacher		
General Education Teacher		
Speech Language Pathologist		
Occupational/Physical Therapist		
Counselor	€	
Title/LAP		
Student		
Principal/Designee		
District Representative		
* If the purpose of the meeting is the consideration of	of needed transition services (beginning at age 15) the student will	be invited.

representatives of the following agencies with 60 invited apoli your consent.

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.



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Review Individualized Education Program (IEP) Invitation

If you have any questions or would like additional information or assistance to help you prepare for this IEP meeting, please contact Kate Franklin at e-mail kate.franklin@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

Parent Consent to Invite Transition Agency Personnel

the district intends to invite representatives of any agency that is likely to be responsible for providing or paying for transithe IEP meeting, your consent is required.	ion services
I give my consent for the transition agency representative(s) indicated on the invitation to be invited to the IEP meeting	
I give my consent for the transition agency representative(s) indicated on the invitation to be invited to the IEP meeting except for the following representative(s):	,
Reason (optional):	
I do not give consent for the transition agency representative(s) indicated on the invitation to be invited to the IEP mee Reason (optional):	ting.
Parent/guardian/adult student signature Date	
ease sign and return this form to Kate Frankl in at Special Services.	



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Contact Attempt Report

Notification Area: Plan

Meeting Date:

03/22/2013

Time:

11:00 AM

Location:

Method	Contact Date	Response Date	Response	Contact Name
Letter	03/14/2013	03/14/2013	Can Attend	



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Individualized Education Program (IEP) Cover Page

Student's Name: Grade: Age*:18 Disability (if identified): Primary language at home:	3.0%
Parent interpreter needed? Yes No Surrogate parent: Yes XNo If yes, name:	
Home Address:	
Phone # (H): Phone # (W):	
Attending School: GLACIER PEAK HIGH SCHOOL Is this student's neighborhood school?	es No
Most Recent Evaluation Date03/12/2012 IEP Start Date	_03/22/2013_
Next re-evaluation must occur before 03/12/2015 Next IEP Start Date must occur before	_03/21/2014
IEP Meeting Date Date parent notified of meeting	
Next IEP Meeting must occur before03/22/2014 Date student notified of meeting	03/14/2013
(if transition will be discussed)	
Primary Staff Contact: _Kate Franklin. Resource Room Teacher	
Phone Number:	
The list below indicates that the individual participated in the development of this Plan and the placement decision; authorize consent.	it does not
Excused Title Participant Name Sign	ature
Parent/Guardian	
Parent Parent	

School Psychologist Special Education Teacher	***
General Education Teacher	
Speech Language Pathologist	
Occupational/Physical Therapist	
Counselor	80
Title/LAP	
Student	
Principal/Designee	
District Representative	
Special Education Director	
Other	
Other	
* The student must be informed at least one year prior to turning 18 that the IDEA procedural safeguards (r him/her at age 18 and be provided with an explanation of those procedural safeguards.	ights) transfer to
Date informed: 03/12/2012 Projected Graduation/Exit Date	: <u>06/19/2013</u>
Comments: If the parent did not attend, what method was used to ensure their participation:	



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Team Considerations

Meeting Date:03/22/2013
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.
The results of the student's performance on any general state or district-wide assessments.
The results of the student's performance on any general state of district-wide 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.
•
The student's assistive technology devices and services needs.
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.
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.
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.



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Present Level of Educational Performance

Meeting Date: __03/22/2013__

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.

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					73
5 6					
General Education					165
				_	
, a					
9					
0 "					
Cognitive					
Academic					
WIAT II testing was complete	ed 3/5/12		8		
TTP IT IT COSTING WAS COMPLETE	.54 0/0/12				



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Present Level of Educational Performance

Meeting Date:03/22/20	13			*2	
Broad Reading Adverse matherials at grade leve	e Impact: Students at the	hiah school level a	are required to read	d and analyze a vare	itv of
Math: (WIAT II Numeric	al Operations		,		
Broad Math Adverse Im solve math problems in	npact: At the high school lovelying algebraic and geo	evel, students are metric formulas.	expected to have	mastery of calculation	n skills and
Other evaluation area: Written Expression					
Age Appropriate Transit Needs	tion Assessment	11			
				,	7.0
Strengths	1				
Preferences	¥ = "	9 - 49			
Interests					



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Secondary Transition

Meeting Date: __03/22/2013_

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: 06/19/2013

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			
Fransition Services			Staff / Agency Responsible
			Student
Content Area: Employme	ent		
Transition Services		BESTATEMEN FALSE SEE	Staff / Agency Responsible
	pp	pp .	Student

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.

		9

IV. Other Transition Details NA



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Summary of Performance

Purpose: For a student who is graduating or exiting special education due to exceeding age eligibility, the school district must provide the student with a summary of the student's academic achievement and functional performance, including the recommendations on how to assist the student in meeting his/her postsecondary goals. The summary of performance is important to assist the student in the transition from high school to higher education, training, and/or employment, and to help establish a student's eligibility for reasonable accommodations and supports in postsecondary settings.

		Student Information	1
Student's Name:			Birthdate:
Primary Disability: Health I	mpairments		Date formally identified:
Projected Graduation / Exit I	Date:06/19/2013	3	
Comments:	4-8		
Date this Summary was com	pleted:		
Completed by:			Title:
Summary of Academic Ach Complete all sections (Readi assessment/data reports that Area	ng, Math, Written L provide additional of Present Level of Po	or supplementary information, erformance	Essential accommodations, assistive technology,
*	(i.e grade level, s preferences, needs	standard scores, strengths, etc.)	and/or modifications utilized in high school
Reading	NA		
Math	NA		
Written Language	NA	N	5 No. 10 12 18 18 18 18 18 18 18 18 18 18 18 18 18
Functional Performance (i.e. general ability and problem solving, attention and organization, communication, social skills, behavior, independent living, self-advocacy, learning style, vocational, employment, etc.)	NA		
Recommendations to assist	student in meeting	postsecondary goals	er.
Postsecondary Area		Recommendations	
Education / Training		NA	
Employment NA			



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Summary of Performance

Independent Living (if appropriate)	AN
Other Recommendations	NA
-	

Summary of Performance Page 11



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Measurable Annual Goals

Meeting Date:03/22/2013		
the student's educational needs that re	sult from the student's disability to enable the	academic and functional goals, designed to meet each one student to be involved and make progress in the a baseline ("from"), a target ("to"), and a unit of
Annual Goal: Reading: passage of	comprehension	
Supports the student's post seconda	ry goals: Yes X No	
How will progress toward this goa	l be reported? (check all that apply)	
X Copy of Goal Page Other:	Written in Report Card	Written Progress Report
How often will progress be reported?	Monthly Quarterly Trimeste	x Semester Other:
Annual Goal: Broad Mathematics		Mingratic Missesses
Supports the student's post seconda	ry goals: Yes X No	
Supports the Student's post Seconda	Ty gontor Too III Ivo	
	_	
	l be reported? (check all that apply)	
X Copy of Goal Page Other:	Written in Report Card	Written Progress Report
How often will progress be reported?	Monthly Quarterly Trimeste	er x Semester Other:



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Program Accommodations/ Modifications and Support for School Personnel

Meeting Date: __03/22/2013__

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.

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

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



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Program Accommodations/ Modifications and Support for School Personnel

Support(s)	Frequency	Location	Duration m/d/y to m/d/y
H			l may



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State or Districtwide Assessments of Student Achievement

Meeting Date:03/22/2013	feeting Date: _	03/22/2013
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PURPOSE: The IEP team makes the determination of what type of assessment the student will take and what administrative modification and individual accommodations are necessary. Accommodations provided on state and districtwide assessments should be those that are provided as part of the regular instructional program.

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

Assessment	Participation		Accommodations Modifications								If YES, List Accommodation(s) and/or Modification(s) by Assessment
	Yes No		Yes	No							
State-High School P	roficiency Ex	cams (HSP	E)								
State-Washington A	lternate Asse	essment Sy	stem [WAAS								
WAAS Portfolio											
Developmentally Ap	propriate Pr	oficiency F	Exam	# 1 1913 by							
					, , , , , , , , , , , , , , , , , , , ,						



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Special Education and Related Services

Meeting Date: __03/22/2013_

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 03/22/2013 - 03/21/2014

Concurrent	Service(s)	Service Provider for Delivering Service	Monitor	Frequency	Location (setting)	Start Date	End Date
			Specia	Education			atu ba ili
			Specia	Eugcation			

Total minutes per week student spends in school: Total minutes per week student is served in a special education setting: Percent of time in general education setting:



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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: 03/22/2013 - 03/21/2014

Placement Options for LRE	SELECTION		OR.	ORREASONS 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	
			acmoved	Hemeved		
Public/private separate day school Public/Private residential						
Correctional Facility						
Private/Home School Placement by Parents		100			8	
Homebound/Hospital			w.			

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:

education:		
2		
Other Considerations:	_	
1. Transportation: Regul	lar Special	
2. Extended School Year: Yes	X No If Yes, must complete ESY form.	
3. General PE: Yes	No	
	_	



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Prior Written Notice

To:	_ Date:(03/21/2013
PURPOSE: As a parent/guardian of a special education child suspected of needing special education services, to provide you with prior written notice whenever it proposes or refuses to initiate or change the identification, or placement, or provision of a free appropriate public education to your child. This notice should be given to you decision and before action is taken on the decision. The notice should be given to you in a reasonable amount of takes action.	evaluation, e after a distri	ducational ict makes a
The purpose of this prior written notice is to inform you that we are:		
1. proposing refusing to 2. initiate change continue discontinue (mark one of the above)	nue a/an	
Mark all items below that apply:		
3. Referral Educational Placement Disciplinary action that is a change of placement Placement Initial Evaluation IEP 504 Plan	Eligibility Reevalua Other:	y Category tion
Description of the proposed or refused action: Reviewing current IEP		
The reason we are proposing or refusing to take action is: IEP's need to be reviewed annually		
Description of any other options considered and rejected: Not reviewing IEP		
The reasons we rejected those options were: It is illegal to not review IEP's annually		
A description of each procedure, test, record, or report we used or plan to use as the basis for taking this action i Review current testing data, classroom observations and teacher input	s as follows:	:
Any other factors that are relevant to the action: none at this time		
The action will be initiated on: 03/21/2013		a w
Your child has procedural protections under IDEA. These protections are explained in the <i>Notice of Procedural Education Students and Their Families</i> . If this prior written notice is given to you (1) as part of your child's init (2) as part of a request for reevaluation or (3) notice to you regarding disciplinary action that constitutes a change procedural safeguards accompanies this notice. If a copy of the <i>Notice of Procedural Safeguards for Special Ed Their Families</i> is not enclosed and you would like a copy or you would like help in understanding the content, procedural safeguards for special Ed Their Families.	tial referral for ge of placemon ducation Stud	or evaluation, ent the lents and
Kate Franklin at		



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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.



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Medicaid Consent

Date:03/22/2013	w *
PURPOSE: This form asks for your consent to share the necessary information to ver Medicaid reimbursement with the Washington State Health Care Authority, Health ard does not affect individual benefits under Medicaid or require a co-pay or deductible. school district's Director of Special Education or designee for an explanation as to where the control of the cont	nd Recovery Services Administration. Billing HCA If you have questions regarding this request, call the
Student's Name:	Student's Number:
Current School: GLACIER PEAK HIGH SCHOOL	Date of Birth:
State law requires the school district to submit claims for health-related services proving special education. These services include physical therapy, occupational therapy, counseling, and psychological evaluation.	
With your permission, Snohomish School District, will submit your student's name ar Authority (HCA) to verify Medicaid eligibility. Such a request will in no way negativindualized education program (IEP).	nd birth date to the Washington State Health Care wely impact services included in your child's
With your permission, we will share necessary identifying information from your child reimbursement from the Washington State Health Care Authority (HCA). If any additional the IEP, the school district will request additional consent. If my child no longer is settransfer to a new district.	itional Medicaid reimbursement services are added to
This authorization will begin on03/22/2013	
By giving consent, you are acknowledging that (1) you have been fully informed of a consent is sought; (2) you understand that the granting of consent is voluntary on you revoke consent, the revocation is not retroactive; which means that it does not negate	r part and may be revoked at any time; and (3) if you
X I give my consent to verify Medicaid eligibility with HCA and to submit cla	ims for allowable services.
I do not give my consent to verify Medicaid eligibility with HCA and to sub refusal does not affect my child's access to services under the Individualized	mit claims for allowable services. I understand that my l Education Program.
Signature of Parent Date	