

Student ID:  
WA SSID:  
Date of Birth:

**Richland School District**  
6972 Keene Road  
West Richland, WA 99353  
509-967-6050

### Review Individualized Education Program (IEP) Invitation

**PURPOSE:** This invitation requests your attendance at a meeting concerning the educational program/needs of your child. You have the opportunity to participate in any meeting regarding the identification, evaluation, educational placement, and the provision of a free appropriate public education for your child.

To: \_\_\_\_\_ Date Sent to Participants: \_\_\_\_\_

This meeting has been scheduled for: Date \_\_\_\_\_ Time \_\_\_\_\_  
Location \_\_\_\_\_

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

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 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 type="checkbox"/> Review Current IEP           |
| <input type="checkbox"/> Discuss Transition Services      | <input type="checkbox"/> Discuss Graduation           |
| <input type="checkbox"/> Discuss Annual Goal Progress     | <input type="checkbox"/> Review Instructional Needs   |
| <input type="checkbox"/> Consider Termination of Services | <input type="checkbox"/> Determine Placement          |
| <input type="checkbox"/> Develop ESY                      | <input type="checkbox"/> Discuss Attendance Issues    |
| <input type="checkbox"/> Manifestation Determination      | <input type="checkbox"/> Behavioral Intervention Plan |
| <input type="checkbox"/> Other                            |   |

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

\* If the purpose of the meeting is the consideration of needed transition services (beginning at age 15) the student will be invited. Representatives of the following agencies will be invited upon 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. 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 Special Education Procedural Safeguards for Students and Their Families* has been provided to parents.

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**Parent Consent to Invite Transition Agency Personnel**

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If the district intends to invite representatives of any agency that is likely to be responsible for providing or paying for transition services to the IEP meeting, your consent is required.

**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 meeting.  
Reason (optional):

\_\_\_\_\_

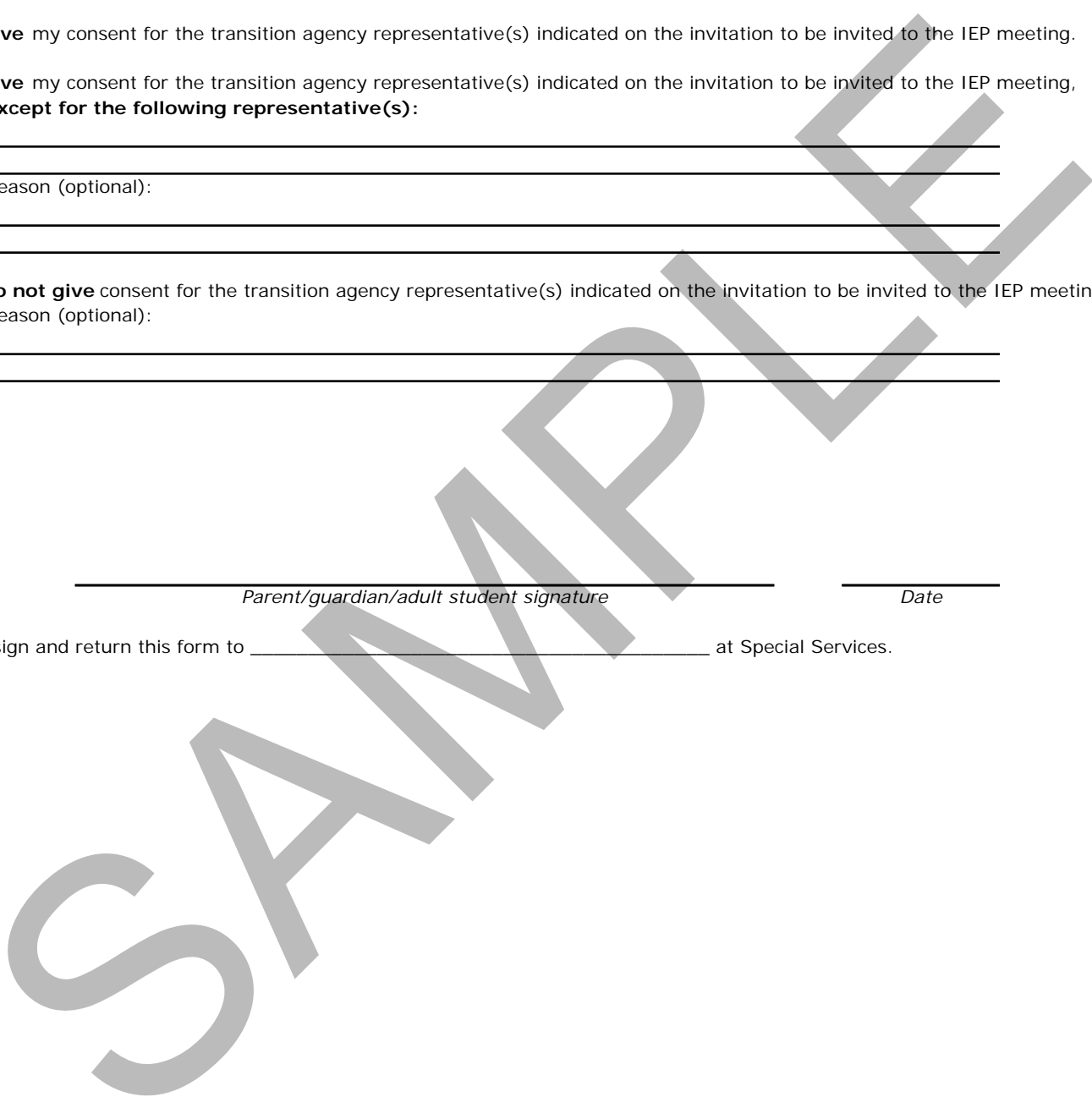
\_\_\_\_\_

*Parent/guardian/adult student signature*

\_\_\_\_\_

*Date*

Please sign and return this form to \_\_\_\_\_ at Special Services.



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West Richland, WA 99353  
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**Contact Attempt Report**

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Notification Area: Plan  
Meeting Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Location: \_\_\_\_\_

---

SAMPLE

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

Student's Name: \_\_\_\_\_  
Grade: \_\_\_\_\_ Age\*: \_\_\_\_\_ Disability (if identified): \_\_\_\_\_ Home Language: \_\_\_\_\_  
Parent/Guardian/Adult Student: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
Parent interpreter needed?  Yes  No Surrogate parent:  Yes  No If yes, name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone # (H): \_\_\_\_\_ Phone # (W): \_\_\_\_\_  
Attending School: \_\_\_\_\_ Is this student's neighborhood school?  Yes  No

Most Recent Evaluation Date \_\_\_\_\_  
Next re-evaluation must occur before \_\_\_\_\_

IEP Start Date \_\_\_\_\_  
Next IEP Start Date must occur on or before \_\_\_\_\_

IEP Meeting Date \_\_\_\_\_  
Next IEP Meeting must occur before \_\_\_\_\_

Date parent notified of meeting \_\_\_\_\_  
Date student notified of meeting (if transition will be discussed) \_\_\_\_\_

Primary Staff Contact: \_\_\_\_\_  
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"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____

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

Date informed: \_\_\_\_\_ Projected Graduation/Exit Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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

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### Excused Team Members

There is a meeting in reference to your child to be held on(date) \_\_\_\_\_ at (time) \_\_\_\_\_  
at (place) \_\_\_\_\_

**PURPOSE:** A school district member of the IEP team may be excused from attending the IEP meeting if the parent(s) and the district agree in writing that the member's attendance is not necessary because the area of curriculum/services is not being modified or discussed in the meeting. A member whose area of the curriculum/services will be modified or discussed may be excused from the IEP meeting if the district and parent(s) consent, and the member provides written input into the development of the IEP prior to the meeting.

Attending School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian/Surrogate/Adult Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_

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

Excused Participant	Title	Reason
<b>Date of Agreement</b>	<b>Time of Agreement</b>	<b>Method of Prearranged Agreement</b>

Excused Participant	Title	Reason
<b>Date of Agreement</b>	<b>Time of Agreement</b>	<b>Method of Prearranged Agreement</b>

Excused Participant	Title	Reason
<b>Date of Agreement</b>	<b>Time of Agreement</b>	<b>Method of Prearranged Agreement</b>

A required team member may be excused from attending an IEP meeting with the agreement/consent of the parent(s) and the district. Excusing the attendance of a teacher or related service provider at an IEP meeting is optional. Your agreement or consent to excuse the team member(s) above from attending the meeting must be in writing.

We agree to excuse the attendance of the team member(s) above at the IEP meeting specified at the top of this form because this member's area of the curriculum or related services is not being modified or discussed at this IEP meeting.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrator/Designee

\_\_\_\_\_  
Date

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Date of Birth:

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**Excused Team Members**

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We consent to excuse the attendance of the team member(s) above at the IEP meeting specified at the top of this form because, although the IEP meeting involves a modification to or discussion of this staff member's area the curriculum or related services, the staff member will submit in writing, to the parent and IEP team, input into the development of the IEP prior to the meeting.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District Representative

\_\_\_\_\_  
Date

SAMPLE

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WA SSID:  
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6972 Keene Road  
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---

**Excused Team Members**

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I do not agree to excuse the attendance of the team member(s) above from the IEP meeting specified at the top of this form.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult Student

\_\_\_\_\_  
Date

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### Team Considerations

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

**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 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 one's own 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.
- The Student's Recovery Services Needs



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

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

**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.**

- Medical-Physical
- Audiology
- General Education
  - » Adverse Impact Summary
- Social/Emotional
- Adaptive
- Cognitive
- Academic
  - » Math
  - » Reading
  - » Written Expression
- Communication
- Fine Motor
- Gross Motor
- Vision

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

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

**Observation**

**Other**

**Executive Functioning**

**Orientation and Mobility**

**Adaptive PE**

**Assistive Technology**

\_\_\_\_\_

**Needs**

**Strengths**

**Preferences**

**Interests**

SAMPLE

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## Secondary Transition

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

**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:** \_\_\_\_\_

**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.*

### 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.*

### III. Other Transition Details

SAMPLE

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**Secondary Transition**

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**IV. Agency Linkage**

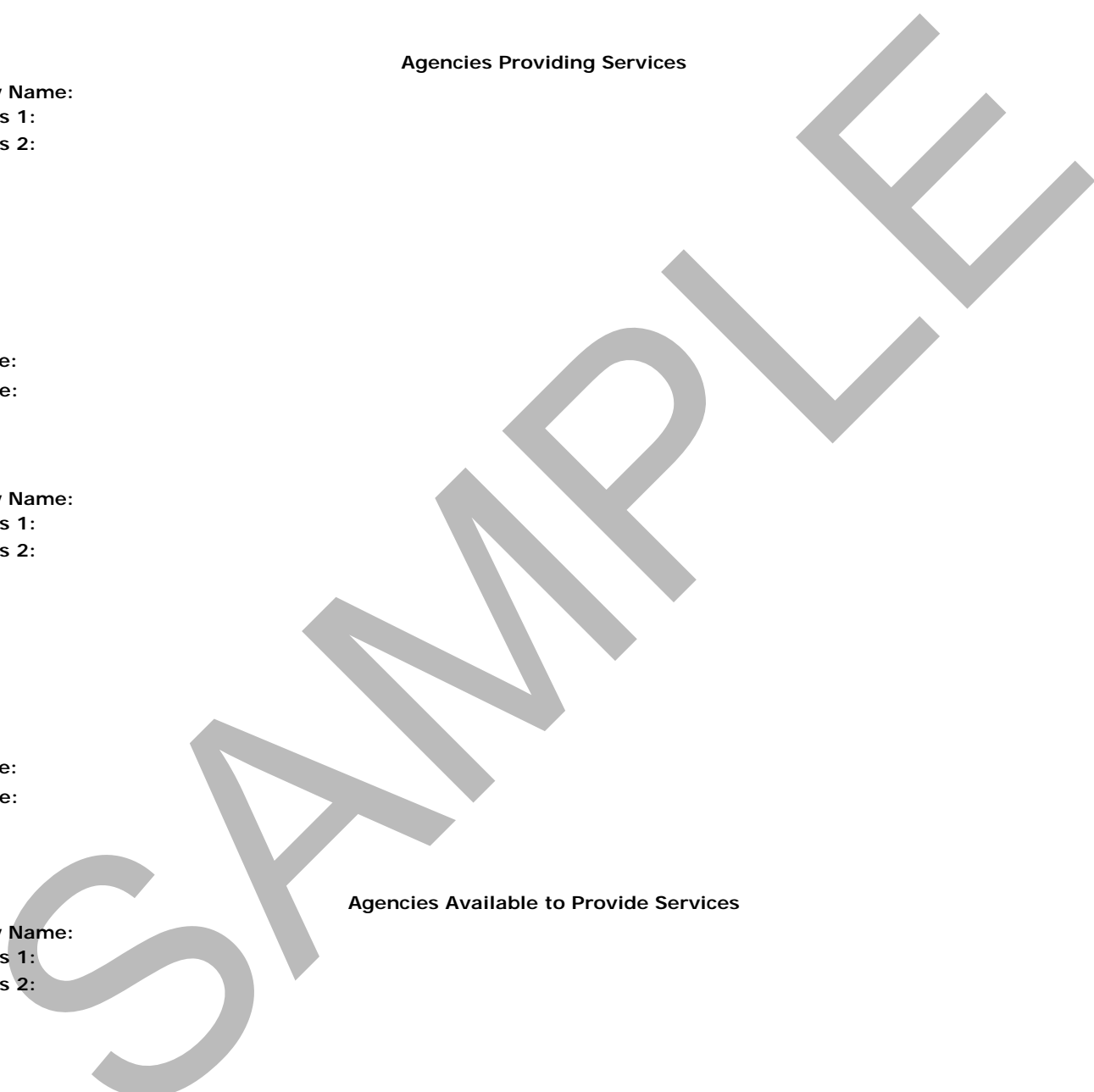
**Agencies Providing Services**

**Agency Name:**  
**Address 1:**  
**Address 2:**  
**City:**  
**State:**  
**Zip 1:**  
**Zip 2:**  
**Phone:**  
**Fax:**  
**Email:**  
**Website:**  
**Purpose:**

**Agency Name:**  
**Address 1:**  
**Address 2:**  
**City:**  
**State:**  
**Zip 1:**  
**Zip 2:**  
**Phone:**  
**Fax:**  
**Email:**  
**Website:**  
**Purpose:**

**Agencies Available to Provide Services**

**Agency Name:**  
**Address 1:**  
**Address 2:**  
**City:**  
**State:**  
**Zip 1:**  
**Zip 2:**  
**Phone:**  
**Fax:**  
**Email:**  
**Website:**  
**Purpose:**



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**Secondary Transition**

---

**Agency Name:**  
**Address 1:**  
**Address 2:**  
**City:**  
**State:**  
**Zip 1:**  
**Zip 2:**  
**Phone:**  
**Fax:**  
**Email:**  
**Website:**  
**Purpose:**

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### Summary of Performance

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**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 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

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Primary Disability: \_\_\_\_\_ Date formally identified: \_\_\_\_\_  
Projected Graduation / Exit Date: \_\_\_\_\_  
Comments: \_\_\_\_\_

Date this Summary was completed: \_\_\_\_\_  
Completed by: \_\_\_\_\_  
Title: \_\_\_\_\_

#### Summary of Academic Achievement

Complete all sections (Reading, Math, Written Language) that are relevant to the student. Attach copies of any assessment/data reports that provide additional or supplementary information, if appropriate.

##### Area: Reading

Present Level of Performance: (i.e. - grade level, standard scores, strengths, preferences, needs, etc.)

Essential accommodations, assistive technology, and/or modifications utilized in high school:

##### Area: Math

Present Level of Performance: (i.e. - grade level, standard scores, strengths, preferences, needs, etc.)

Essential accommodations, assistive technology, and/or modifications utilized in high school:

##### Area: Written Language

Present Level of Performance: (i.e. - grade level, standard scores, strengths, preferences, needs, etc.)

Essential accommodations, assistive technology, and/or modifications utilized in high school:

Student ID:  
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## Summary of Performance

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### Area: 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.)*

Present Level of Performance: *(i.e. - grade level, standard scores, strengths, preferences, needs, etc.)*

Essential accommodations, assistive technology, and/or modifications utilized in high school:

### Recommendations to assist student in meeting postsecondary goals

#### Postsecondary Area: Education / Training

Recommendation:

#### Postsecondary Area: Employment

Recommendation:

#### Postsecondary Area: Independent Living *(if appropriate)*

Recommendation:

#### Postsecondary Area: Other Recommendations

Recommendation:

Student ID:  
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Date of Birth:

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### Early Childhood Outcomes Summary

#### Entry Summary

Date: \_\_\_\_\_  
District: \_\_\_\_\_  
Summary Rating Participants: \_\_\_\_\_

#### Family information on child functioning:

#### Rating Scale:

Not Yet		Nearly		Somewhat		Completely
1	2	3	4	5	6	7

#### 1. Positive Social-Emotional Skills (including social relationships)

In order to answer the question below, the child's functioning in the following areas and closely related areas were considered (as indicated by assessments and based on observations from individuals in close contact with the child):

- i. Relating with adults.
- ii. Relating with other children
- iii. Following rules related to groups or interacting with others (if older than 18 months)

To what extent does this child show age appropriate functioning across a variety of settings and situations, on the positive social-emotional skills outcome?

Entry Rating: \_\_\_\_\_

#### 2. Acquiring and Using Knowledge and Skills

In order to answer the question below, the child's functioning in the following areas and closely related areas were considered (as indicated by assessments and based on observations from individuals in close contact with the child):

- i. Thinking, reasoning, remembering, and problem solving
- ii. Understanding symbols
- iii. Understanding the physical and social worlds

To what extent does this child show age appropriate functioning across a variety of settings and situations, on the acquiring and using knowledge and skills outcome?

Entry Rating: \_\_\_\_\_

#### 3. Taking Appropriate Action to Meet Needs

In order to answer the question below, the child's functioning in the following areas and closely related areas were considered (as indicated by assessments and based on observations from individuals in close contact with the child):

- i. Taking care of basic needs (e.g., showing hunger, dressing, feeding, toileting, etc.)
- ii. Contributing to own health and safety (e.g., follows rules, assists with hand washing, avoids inedible objects) (if older than 24 months)
- iii. Getting from place to place (mobility) and using tools (e.g., forks, strings attached to objects)

To what extent does this child show age appropriate functioning across a variety of settings and situations, on the acquiring and using knowledge and skills outcome?

Entry Rating: \_\_\_\_\_



Student ID:  
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### Early Childhood Outcomes Summary

#### Exit Summary

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

District: \_\_\_\_\_

Summary Rating Participants: \_\_\_\_\_

#### Family information on child functioning:

#### Rating Scale:

Not Yet		Nearly		Somewhat		Completely
1	2	3	4	5	6	7

#### 1. Positive Social-Emotional Skills (including social relationships)

In order to answer the question below, the child's functioning in the following areas and closely related areas were considered (as indicated by assessments and based on observations from individuals in close contact with the child):

- i. Relating with adults.
- ii. Relating with other children
- iii. Following rules related to groups or interacting with others (if older than 18 months)

To what extent does this child show age appropriate functioning across a variety of settings and situations, on the positive social-emotional skills outcome?

Exit Rating: \_\_\_\_\_

#### 2. Acquiring and Using Knowledge and Skills

In order to answer the question below, the child's functioning in the following areas and closely related areas were considered (as indicated by assessments and based on observations from individuals in close contact with the child):

- i. Thinking, reasoning, remembering, and problem solving
- ii. Understanding symbols
- iii. Understanding the physical and social worlds

To what extent does this child show age appropriate functioning across a variety of settings and situations, on the acquiring and using knowledge and skills outcome?

Exit Rating: \_\_\_\_\_

#### 3. Taking Appropriate Action to Meet Needs

In order to answer the question below, the child's functioning in the following areas and closely related areas were considered (as indicated by assessments and based on observations from individuals in close contact with the child):

- i. Taking care of basic needs (e.g., showing hunger, dressing, feeding, toileting, etc.)
- ii. Contributing to own health and safety (e.g., follows rules, assists with hand washing, avoids inedible objects) (if older than 24 months)
- iii. Getting from place to place (mobility) and using tools (e.g., forks, strings attached to objects)

To what extent does this child show age appropriate functioning across a variety of settings and situations, on t...

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**Early Childhood Outcomes Summary**

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Exit Rating: \_\_\_\_\_

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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:**

SAMPLE

Student ID:  
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**Progress Report**

**PURPOSE:** IEPs must include a statement of measurable annual goals, including academic and functional goals, designed to meet each of the student's educational needs that result from the student's disability to enable the student to be involved and make progress in the general education curriculum. In order to be measurable, the goal should include a baseline ("from"), a target ("to"), and a unit of measure.

Progress will be reported using the following codes.

- ES - Emerging Skill demonstrated but may not achieve annual goal within duration of IEP.
- IP - Insufficient Progress demonstrated toward meeting this annual goal.
- M - Mastered this annual goal.
- SP - Sufficient Progress being made to achieve annual goal within duration of IEP.

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

**Annual Goal:** \_\_\_\_\_

By \_\_\_\_\_,

How will progress toward this goal be reported?

**Report of Student Progress:**

<b>Progress of Goals:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Date of Review:</b>								
<b>Progress:</b>								

Comments:

**Short Term Objectives or Benchmarks**

**Objective:**

By \_\_\_\_\_,

Comments:

Final Test: \_\_\_\_\_

**Mastery Criteria (Target):**

**Evaluation method:** \_\_\_\_\_

**Other evaluation method:** \_\_\_\_\_

Student ID:  
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**Progress Report**

**Objective:**

By \_\_\_\_\_,

**Comments:**

Final Test: \_\_\_\_\_

**Mastery Criteria (Target):**

**Evaluation method:** \_\_\_\_\_

**Other evaluation method:** \_\_\_\_\_

**Objective:**

By \_\_\_\_\_,

**Comments:**

Final Test: \_\_\_\_\_

**Mastery Criteria (Target):**

**Evaluation method:** \_\_\_\_\_

**Other evaluation method:** \_\_\_\_\_

**Annual Goal:**

By \_\_\_\_\_,

How will progress toward this goal be reported?

**Report of Student Progress:**

<b>Progress of Goals:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Date of Review:</b>								
<b>Progress:</b>								

**Comments:**

**Short Term Objectives or Benchmarks**

Student ID:  
WA SSID:  
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**Progress Report**

**Objective:**

By \_\_\_\_\_,

**Comments:**

Final Test: \_\_\_\_\_

**Mastery Criteria (Target):**

**Evaluation method:** \_\_\_\_\_

**Other evaluation method:** \_\_\_\_\_

**Objective:**

By \_\_\_\_\_,

**Comments:**

Final Test: \_\_\_\_\_

**Mastery Criteria (Target):**

**Evaluation method:** \_\_\_\_\_

**Other evaluation method:** \_\_\_\_\_

**Objective:**

By \_\_\_\_\_,

**Comments:**

Final Test: \_\_\_\_\_

**Mastery Criteria (Target):**

**Evaluation method:** \_\_\_\_\_

**Other evaluation method:** \_\_\_\_\_

**Annual Goal:**

By \_\_\_\_\_,

How will progress toward this goal be reported?

**Report of Student Progress:**

Student ID:  
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Date of Birth:

**Progress Report**

<b>Progress of Goals:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Date of Review:</b>								
<b>Progress:</b>								

Comments:

**Short Term Objectives or Benchmarks**

**Objective:**

By \_\_\_\_\_,

**Comments:**

Final Test: \_\_\_\_\_

**Mastery Criteria (Target):**

**Evaluation method:** \_\_\_\_\_

**Other evaluation method:** \_\_\_\_\_

**Objective:**

By \_\_\_\_\_,

**Comments:**

Final Test: \_\_\_\_\_

**Mastery Criteria (Target):**

**Evaluation method:** \_\_\_\_\_

**Other evaluation method:** \_\_\_\_\_

**Objective:**

By \_\_\_\_\_,

**Comments:**

Final Test: \_\_\_\_\_

**Mastery Criteria (Target):**

**Evaluation method:** \_\_\_\_\_

Student ID:  
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Date of Birth:

---

**Progress Report**

---

Other evaluation method: \_\_\_\_\_

SAMPLE



Student ID:  
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Date of Birth:

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

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

**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
			to
			to
			to
			to
			to
			to
			to

Modification(s)	Frequency	Location	Duration m/d/y to m/d/y

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

Student ID:  
WA SSID:  
Date of Birth:

**Richland School District**  
6972 Keene Road  
West Richland, WA 99353  
509-967-6050

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

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

SAMPLE

Student ID:  
 WA SSID:  
 Date of Birth:

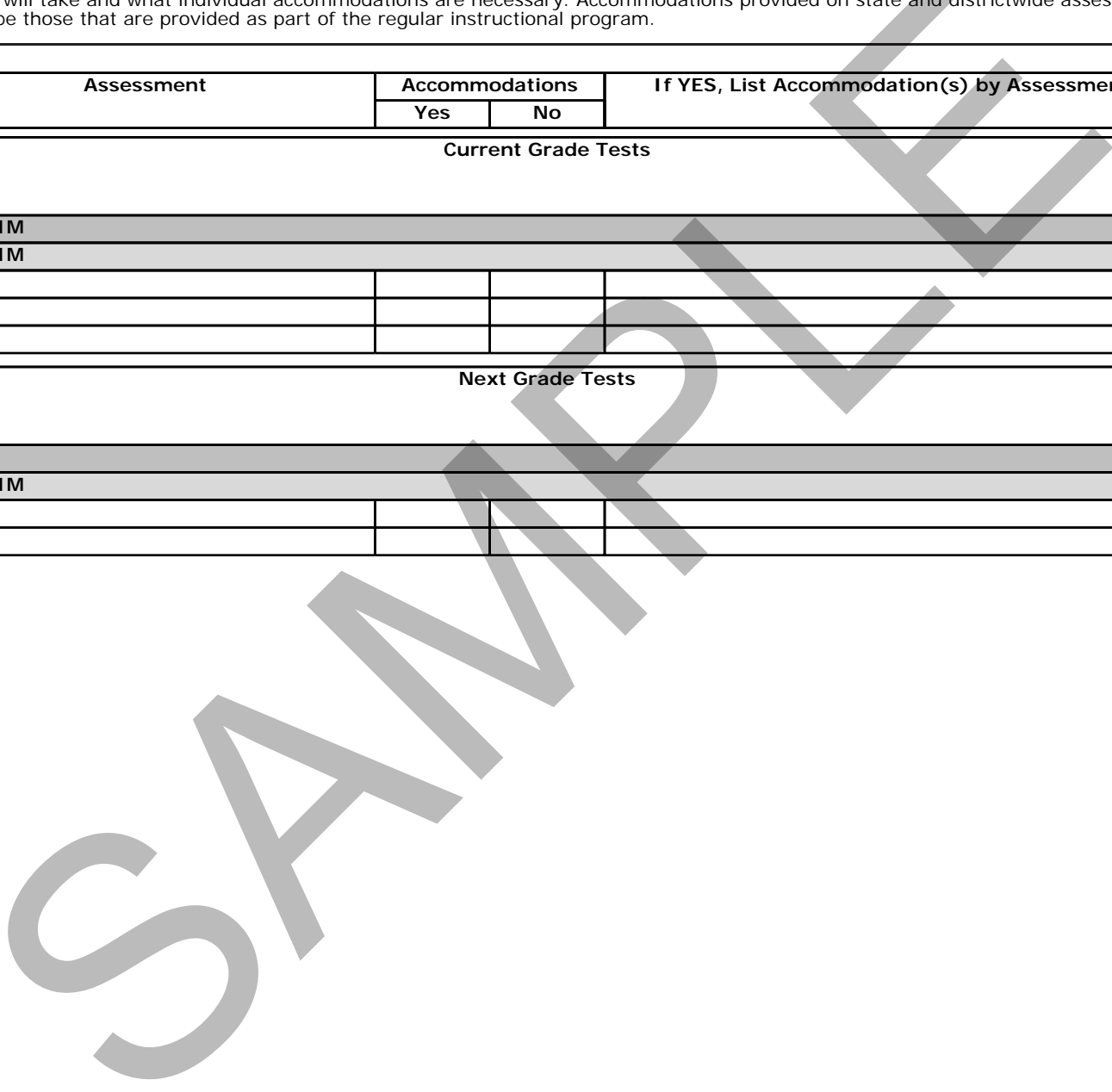
**Richland School District**  
 6972 Keene Road  
 West Richland, WA 99353  
 509-967-6050

**State or Districtwide Assessments of Student Achievement**

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

**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	
<b>Current Grade Tests</b>			
<b>WA-AIM</b>			
<b>WA-AIM</b>			
Math			
ELA			
Science			
<b>Next Grade Tests</b>			
<b>WA-AIM</b>			
Math			
ELA			



Student ID:  
 WA SSID:  
 Date of Birth:

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**Special Education and Related Services**

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

**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 -**

Concurrent	Service(s)	Service Provider for Delivering Service	Monitor	Frequency	Location (setting)	Start Date	End Date
<b>Related</b>							
<b>Special Education</b>							
<b>Transportation</b>							

Total minutes per week of building instructional time available for this student (excluding lunch): \_\_\_\_\_

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

Percent of time in general education setting: \_\_\_\_\_

**Supplementary Aids and Services:**

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

Student ID:  
 WA SSID:  
 Date of Birth:

**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.
- The placement should provide a reasonably high probability of assisting the student in attaining the annual goals.
- Special classes, separate schooling, or other removal of the student from the general educational environment occurs only if the nature or severity of the disability is such that education in general education 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 the student would attend if the student 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 is needed.
- The student with a disability is not removed from education in age-appropriate general education classrooms solely because of needed modifications in the general curriculum.

**Placement Options:**

**Setting 1: -**

Placement Options for LRE	SELECTION		OR...REASONS REJECTED		
	Considered	Selected (only 1)	Academic benefit cannot be satisfactorily achieved	Non-academic benefit cannot be satisfactorily achieved	Effect student will have on teacher and other students
80%-100% in General Education					
40%-79% in General Education					
0%-39% in General Education					
Correctional Facility					
Homebound/Hospital					
Public separate day school					
Private separate day school					
Public Residential Facility					
Private Residential Facility					
Parentally-placed in Private Schools (PPPS)					
Home Schooled/Part-Time Enrolled					
Non-Public Agency Residential					
Non-Public Agency Day School					

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:

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

**Other Considerations:**

Student ID:  
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Date of Birth:

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**Special Education and Related Services**

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**Extended School Year:**  Yes  No If Yes, must complete ESY form.  
**Emergency Response Protocol:**  Yes  No

SAMPLE

Student ID:  
WA SSID:  
Date of Birth:

**Prior Written Notice**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
Re: Student's Name: \_\_\_\_\_

**PURPOSE:** As a parent/guardian of a special education child or child suspected of needing special education services, the school district is required to provide you with prior written notice whenever it proposes or refuses to initiate or change the identification, evaluation, educational placement, or provision of a free appropriate public education to your child. This notice should be given to you after a district makes a decision and before action is taken on the decision. The notice should be given to you in a reasonable amount of time before the district takes action.

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

1.  proposing  refusing to 2.  initiate  change  continue  discontinue a/an  
 (mark one of the above) (mark one of the above)

Mark all items below that apply:

3.  Referral  Initial Evaluation  Eligibility Category  
 Educational Placement  IEP  Reevaluation  
 Disciplinary action that is a change of placement  504 Plan  Other:

Description of the proposed or refused action:

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: \_\_\_\_\_

Your child has procedural protections under IDEA. These protections are explained in the *Notice of Special Education Procedural Safeguards for 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 Special Education Procedural Safeguards for Students and Their Families* is not enclosed and you would like a copy or you would like help in understanding the content, please contact:

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

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

Student ID:  
WA SSID:  
Date of Birth:

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

Richland 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.

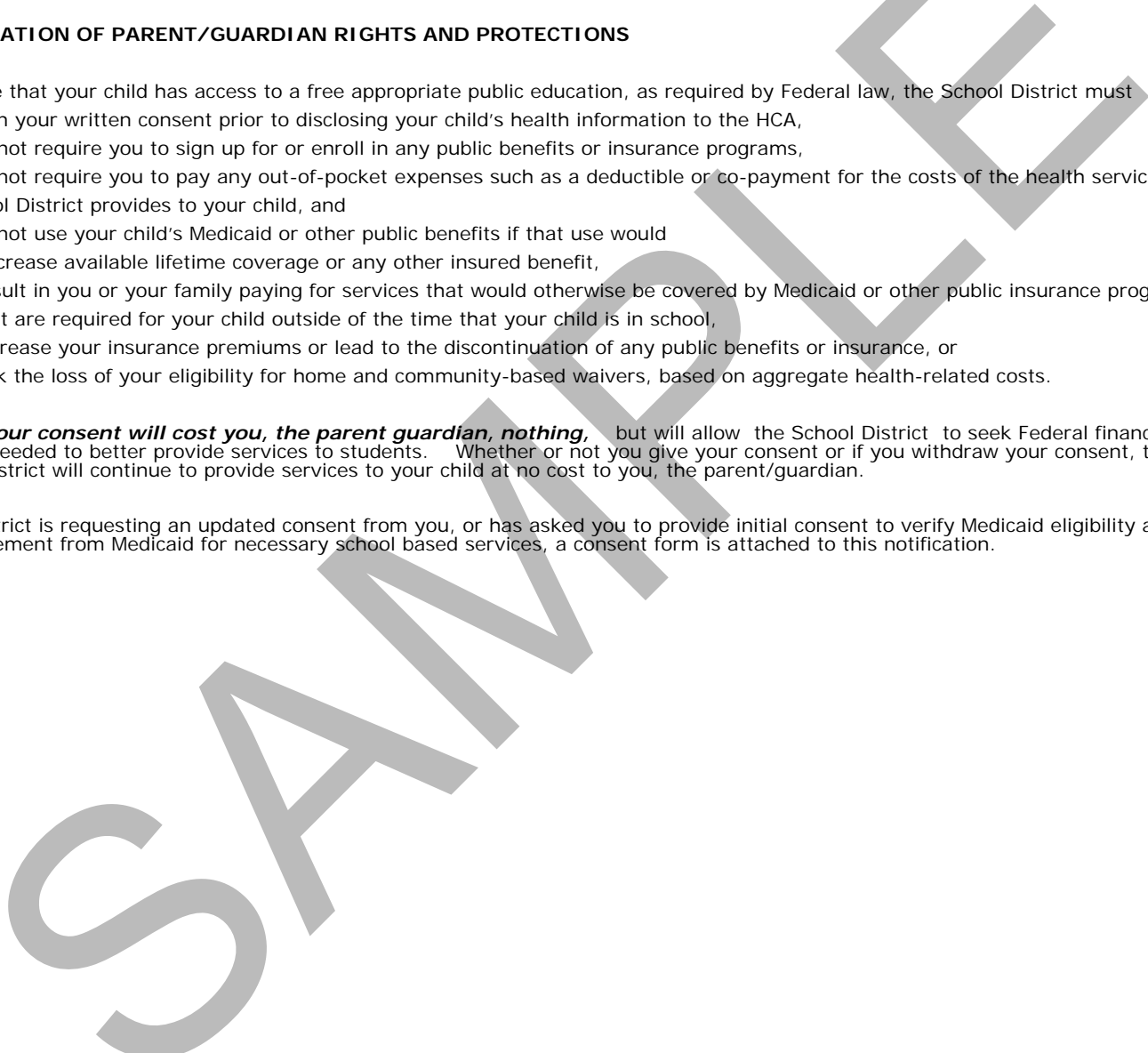
**NOTIFICATION OF PARENT/GUARDIAN RIGHTS AND PROTECTIONS**

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:  
WA SSID:  
Date of Birth:

**Richland School District**  
6972 Keene Road  
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509-967-6050

### Medicaid Consent

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

**PURPOSE:** This form asks for your consent to share the necessary information to verify Medicaid eligibility and bill for school-based Medicaid reimbursement with the Washington State Health Care Authority, Health and Recovery Services Administration. Billing HCA does not affect individual benefits under Medicaid or require a co-pay or deductible. If you have questions regarding this request, call the school district's Director of Special Education or designee for an explanation as to why the request is being made.

Student's Name: \_\_\_\_\_

Student's SSID: \_\_\_\_\_

Current School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

State law requires the school district to submit claims for health-related services provided to special education students or students referred for special education. These services include physical therapy, occupational therapy, speech-language therapy, audiology, nursing, counseling, and psychological evaluation.

With your permission, Richland 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 \_\_\_\_\_

By giving consent, you are acknowledging that (1) you have been fully informed of all information relevant to the activity for which consent is sought; (2) you understand that the granting of consent is voluntary on your part and may be revoked at any time; and (3) if you revoke consent, the revocation is not retroactive; which means that it does not negate any activity that has already taken place.

- I give my consent to verify Medicaid eligibility with HCA and to submit claims for allowable services.
- I do not give my consent to verify Medicaid eligibility with HCA and to submit claims for allowable services. I understand that my refusal does not affect my child's access to services under the Individualized Education Program.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date