



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

FAMILY INFORMATION NIGHT

MARCH 16TH, 2023

Goals for tonight

- Provide and overview of Referral to IEP timelines.
- Identify required members of the IEP team.
- Review each component of the IEP to identify:
 - What is the purpose
 - Small print vs student specific information
 - What questions might you ask
 - Progress reports
- Review highlights of Procedural Rights and Safeguards.
- Define common terms:
 - Annual IEPs
 - Re-Evaluations
 - Amendments
 - Functional Behavior Analysis (FBA)
 - Behavior Intervention Plans (BIP)
 - Emergency Response Protocol (ERP)
 - Isolation or Restraint

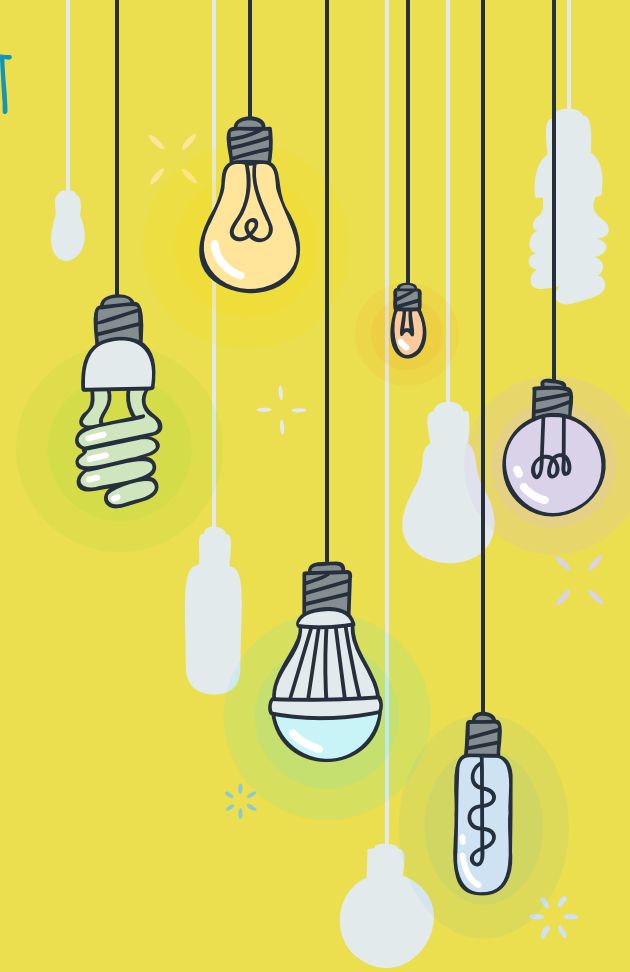


INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

Legislation that ensures students with disabilities receive a Free Appropriate Public Education.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

A plan that is specific to the needs of an individual student. Plans will include present levels of performance, goals, accommodations, service times and service areas.



REFERRAL TO IEP ROADMAP...

Student is referred for a special education evaluation based on academic, behavioral or related service concerns.



35 school days from parental consent to complete the evaluation



- **IEPs** are developed annually.
- **Re-evaluations** are conducted every 3 years.



25 school days to determine whether or not to conduct an evaluation



30 calendar days to develop IEP if student qualifies for services.

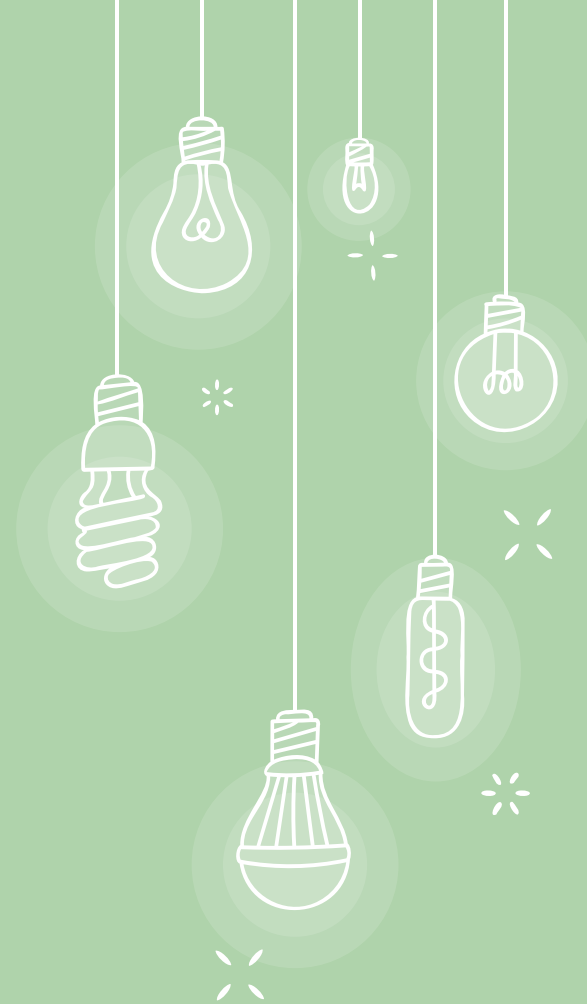


THE IEP TEAM

[WAC 392-172A-03095](#)

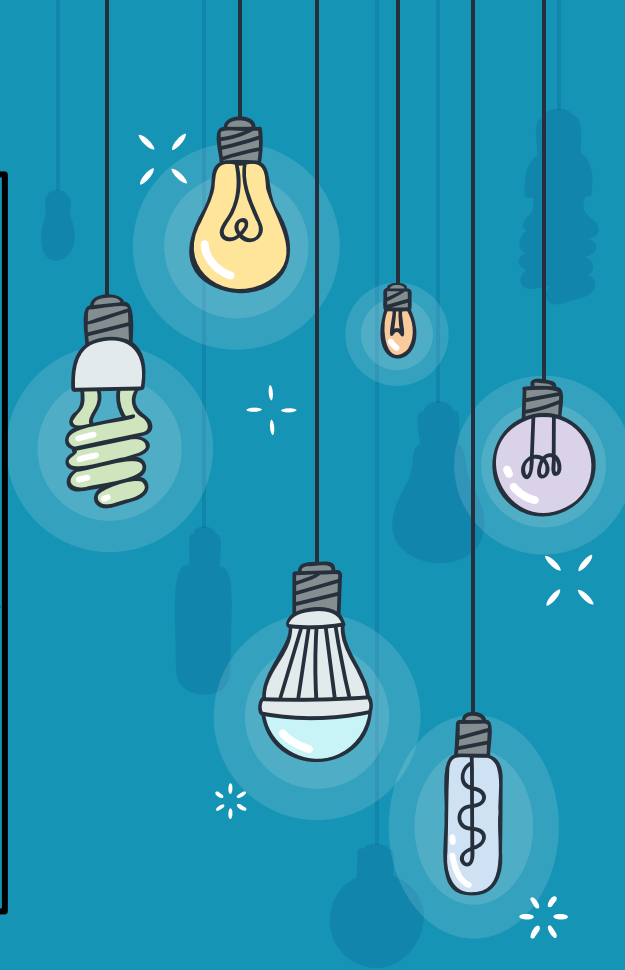
IEP teams meet at least one time per year to discuss each student's progress and to make needed updates. Required members of the IEP team include:

- Parents/guardians
- At least one general education teacher if the student is accessing or might access the general education setting
- At least one special education teacher
- A representative of the school district who is qualified to oversee the provision of special education services, is knowledgeable about the general education curriculum, and who is knowledgeable about the availability of resources.
- A person who can interpret evaluation results and related instructional implications.
- Student if appropriate
- Any other person that the parent/guardian or District believes can provide input regarding the students needs.



Common IEP Terms and Acronyms

- | | |
|--|---|
| ✦ ABA- Applied Behavior Analysis | ✦ OT-Occupational Therapist |
| ✦ AT-Assistive Technology | ✦ PT-Physical Therapist |
| ✦ BCBA-Board Certified Behavior Analyst | ✦ SLP-Speech Language Pathologist |
| ✦ BIP-Behavior Intervention Plan | ✦ ADHD-Attention Deficit Hyperactivity Disorder |
| ✦ ERP-Emergency Response Protocol | ✦ ASD-Autism Spectrum Disorder |
| ✦ ESY-Extended School Year | ✦ D/ HH-Deaf/ Hard of Hearing |
| ✦ FAPE-Free and Appropriate Public Education | ✦ DD-Developmental Delay |
| ✦ FBA-Functional Behavior Assessment | ✦ EBD-Emotional Behavior Disorder |
| ✦ IDEA-Individuals with Disabilities Education Act | ✦ ID-Intellectual Disability |
| ✦ IEP-Individualized Education Program | ✦ MD-Multiple Disabilities |
| ✦ LRE-Least Restrictive Environment | ✦ ODD-Oppositional Defiant Disorder |
| ✦ PWN-Prior Written Notice | ✦ OHI-Other Health Impairments |
| ✦ Sped. Ed.-Special Education | ✦ OI-Orthopedic Impairment |
| | ✦ SLD-Specific Learning Disability |
| | ✦ SLP-Speech or Language Impairment |
| | ✦ TBI-Traumatic Brain Injury |
| | ✦ VI-Vision Impairment |



PROCEDURAL RIGHT & SAFEGUARDS

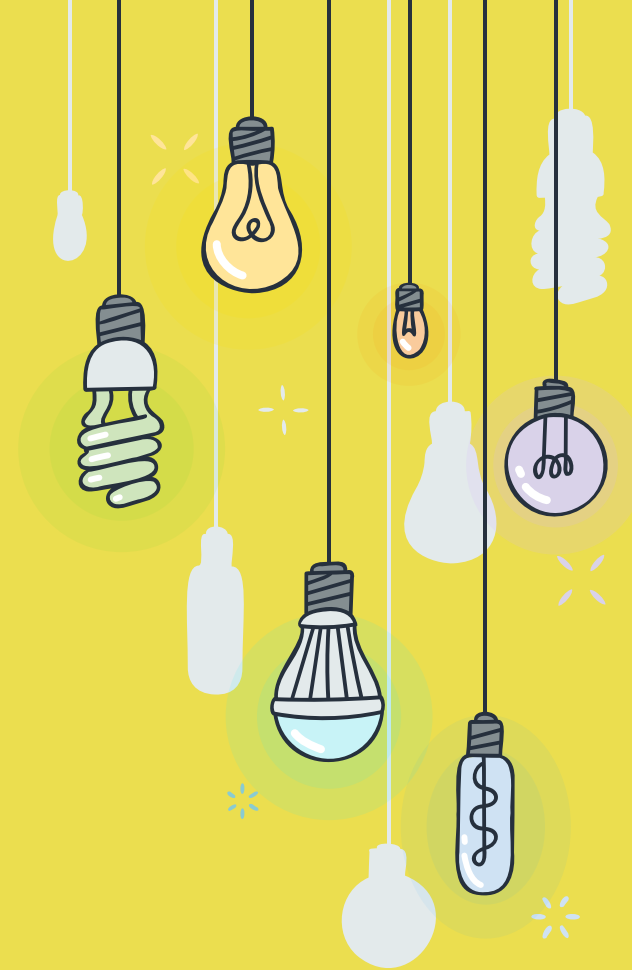
OSPI LINK

- **Pg. 8** Consent for Initial Evaluation
- **Pg. 9** Consent for Initial Placement and Revocation of Services
- **Pgs. 16-17** Dispute Resolution and Mediation
- **Pgs 20-21** Due process hearing procedures
- **Pgs 29-32** Discipline Procedures and Rights



* INDIVIDUALIZED EDUCATION PROGRAM (IEP) REVIEW

- ✦ Blank IEP
- ✦ Mead IEP forms
- ✦ Requirements
- ✦ Legal language embedded in IEP
- ✦ Look fors



IEP INVITE

- Families must be afforded the opportunity to attend each meeting.
- Notify families early enough to ensure that families have the ability to attend.
- Agreed upon time and place.
- Includes, but is not limited to who, will attend the meeting.
- IEP Invite is sent prior to the meeting date via email, mail, or in-person.

Student ID:
WA SSID:
Date of Birth:

Mead School District
2323 E. Farwell Road
Mead, WA 99021
509-465-7600

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.

Includes agreed upon date, time, and location. Location could be Zoom if agreed upon.

Includes parent/guardian and student (16 years or older)

Date sent out to family either by mail, email, or in person.

Indicates the intent of the meeting. Each IEP may have different or more than one selection depending on the reason of the meeting and the student's individual needs.

Participants that have been invited thus far to the meeting. **Requirements are:** student's guardian, at least one general education teacher (if they participate in general education), at least one special education teacher, Administrator or Administrator Designee, School Psychologist (interpreting evaluation results), Related Service providers (if applicable), and student if appropriate. Other participants may include individuals, at the discretion of the parent or district, that has knowledge in special education or student's needs.

Procedural Rights and Safeguards are offered and provided at or prior to each IEP meeting

Student ID:
WA SSID:
Date of Birth:

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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):

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

The following are invited to attend and participate in the 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.

CONTACT ATTEMPT REPORT

- Will document any contact attempts with student guardian in regards to IEP meeting.
 - Includes and phone call, email, mail, and/or in-person.
- Staff must attempt to contact guardian at least three different times with at least two different modalities (email, phone, in-person, or mail) to schedule an IEP meeting.
 - Contact attempts are spaced out far enough to provide enough response for families to ensure that families have the ability to attend.

Student ID:
WA SSID:
Date of Birth:

Mead School District
2323 E. Farwell Road
Mead, WA 99021
509-465-7600

Contact Attempt Report

Notification Area: Plan
Meeting Date: _____
Time: _____
Location: _____

IEP COVER PAGE

- Overview of student demographic, IEP members, and timelines

Student ID: _____
 WA SSID: _____
 Date of Birth: _____

Mead School District
 2323 E. Farwell Road
 Mead, WA 99021
 509-465-7600

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 _____	IEP Start Date _____
Next re-evaluation must occur before _____	Next IEP Start Date must occur on or before _____
IEP Meeting Date _____	Date parent notified of meeting _____
Next IEP Meeting must occur before _____	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:

Student ID:
WA SSID:
Date of Birth:

Mead School District
2323 E. Farwell Road
Mead, WA 99021
509-465-7600

Individualized Education Program (IEP) Cover Page (Review)

Student's Name: _____
Grade: _____ Age*: _____ Disability (if identified): _____ Home Language: _____
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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:

Student demographics section

Student ID:
WA SSID:
Date of Birth:

Mead School District
2323 E. Farwell Road
Mead, WA 99021
509-465-7600

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 _____	IEP Start Date _____
Next re-evaluation must occur before _____	Next IEP Start Date must occur on or before _____
IEP Meeting Date _____	Date parent notified of meeting _____
Next IEP Meeting must occur before _____	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:

IEP and Evaluation Timelines



Student ID:
WA SSID:
Date of Birth:

Mead School District
2323 E. Farwell Road
Mead, WA 99021
509-465-7600

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:

School staff contact information

Student ID:
WA SSID:
Date of Birth:

Mead School District
2323 E. Farwell Road
Mead, WA 99021
509-465-7600

Individualized Education Program (IEP) Cover Page (Review)

Student's Name: _____
Grade: _____ Age*: _____ Disability (if identified): _____ Home Language: _____
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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:

Participants in attendance. List of required members will show here. Signatures will be collected at the IEP meeting.

Any required member or member listed on the IEP invite that is unable to attend must be approved by the guardian to be excused. An excusal will be conducted **prior** to meeting starting.

Signatures are used to show participation not a constitute of agreement or disagreement.

Student ID:
WA SSID:
Date of Birth:

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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:

If student is turning 18 years old within a year, Age of Majority Rights must notified to that student. Indication of date notified will be here along with projected graduation date.

Student ID:
WA SSID:
Date of Birth:

Mead School District
2323 E. Farwell Road
Mead, WA 99021
509-465-7600

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:

Indication of guardian participation if they are unable to attend. Examples include: phone conference, guardian requested mailout, provided via email with follow-up, and guardian no-show with documentation provided.

EXCUSED TEAM MEMBERS

- Any required member or member listed on the IEP invite that is unable to attend must be approved by the guardian to be excused. An excusal will be conducted **prior** to meeting starting.
- If guardian does not excuse the unavailable member, the IEP meeting will be stopped and rescheduled.

Student ID:
WA SSID:
Date of Birth:

Mead School District
2323 E. Farwell Road
Mead, WA 99021
509-465-7600

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 in writing that the member's attendance is not necessary based on the member's area of the curriculum/related services if the district and parent(s) consent, and the member provides written notice to the IEP team prior to the meeting.

Attending School: _____
Parent/Guardian/Surrogate/Adult Student Name: _____
Address: _____
Home #: _____

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

Excused Participant	Title
Date of Agreement	Time of Agreement

Excused Participant	Title
Date of Agreement	Time of Agreement

Excused Participant	Title
Date of Agreement	Time of Agreement

A required team member may be excused from attending an IEP meeting if the member's area of the curriculum/related services is not being provided. Excusing the attendance of a teacher or related service provider is not an excusal. Excusing the attendance of a teacher or related service provider to excuse the team member(s) above from attending the meeting must be approved by the guardian.

We agree to excuse the attendance of the team member(s) above from attending the meeting if the member's area of the curriculum or related services is not being provided.

Signature of Parent _____

Signature of Adult Student _____

Signature of Administrator/Designee _____

Excused Team Members

Mead School District

Excused Team Members

Excused Team Members

Mead School District

2323 E. Farwell Road
Mead, WA 99021
509-465-7600

Student ID:
WA SSID:
Date of Birth:

Excused Team Members

We consent to excuse the attendance of the team member(s) above from attending the meeting if the member's area of the curriculum or related services is not being provided.

Student ID:
WA SSID:
Date of Birth:

Mead School District
2323 E. Farwell Road
Mead, WA 99021
509-465-7600

Signature _____

Excused Team Members

Signature _____

Signature _____

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 _____

Student ID:
WA SSID:
Date of Birth:

Mead School District
2323 E. Farwell Road
Mead, WA 99021
509-465-7600

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
Date of Agreement	Time of Agreement	Method of Prearranged Agreement

Excused Participant	Title	Reason
Date of Agreement	Time of Agreement	Method of Prearranged Agreement

Excused Participant	Title	Reason
Date of Agreement	Time of Agreement	Method of Prearranged Agreement

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

Student demographics section

Student ID:
WA SSID:
Date of Birth:

Mead School District
2323 E. Farwell Road
Mead, WA 99021
509-465-7600

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: _____

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

Excused Participant	Title	Reason
Date of Agreement	Time of Agreement	Method of Prearranged Agreement
Excused Participant	Title	Reason
Date of Agreement	Time of Agreement	Method of Prearranged Agreement
Excused Participant	Title	Reason
Date of Agreement	Time of Agreement	Method of Prearranged Agreement

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

Agreed upon excusal of team member.

Student ID:
WA SSID:
Date of Birth:

Mead School District
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Mead, WA 99021
509-465-7600

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
Date of Agreement	Time of Agreement	Method of Prearranged Agreement

Excused Participant	Title	Reason
Date of Agreement	Time of Agreement	Method of Prearranged Agreement

Excused Participant	Title	Reason
Date of Agreement	Time of Agreement	Method of Prearranged Agreement

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

If agreed to excuse and the team member's area is not being modified or discussed, then sign and date.

Student ID:
WA SSID:
Date of Birth:

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Excused Team Members

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

If agreed to excuse and the team member's area is being modified or discussed, then sign and date.

Note: Updates to the team member's area that is being modified or discussed must be submitted in writing (i.e. Present levels) prior to the meeting.

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Excused Team Members

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

If do not agree to excuse and the team member.

Note: This is completed PRIOR to starting the meeting and requires a reschedule.

TEAM CONSIDERATIONS

- Reviews strengths, needs, concerns, and student performance on district assessments. These include:
 - Communication needs
 - Assistive technology above what is provided across the district
 - Behavior needs
 - English Language needs
 - Blind or visual impairments
- Some students may have “does not apply” or “none needed” in these sections if does not relate to them.

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Team Considerations

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.

PRESENT LEVELS OF PERFORMANCE AND GOALS

- Explains how the student is currently doing in their respective goal area(s) and the impact of their disability to progress and be involved in general education.
- Present levels should include:
 - Date(s) of assessments or observations
 - Measurable data that supports the goal
- Present levels can include:
 - Observations of performance or skills
 - Strengths and areas of growth
 - Additional data and information in that area besides data related to the goal.
- Present levels can be gathered from recent evaluation results, district assessments, observations, and classroom data.

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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.**

General Education

» Adverse Impact Summary

Medical-Physical

Social/Emotional/Behavior

Audiology

Adaptive

Cognitive

Academic

» Math

» Reading

» Writing

Communication

Assistive Technology

Fine Motor

Gross Motor

PRESENT LEVELS OF PERFORMANCE AND GOALS

- Areas that may have present level information:
 - Medical- Physical
 - Social/Emotional/ Behavioral
 - Audiology (hearing)
 - Adaptive
 - Cognitive
 - Academic (reading, writing, math, functional academics)
 - Communication
 - Assistive Technology
 - Fine Motor
 - Vision and Mobility
 - Vocational
 - Other: anything relevant to the student that has been evaluated.

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Date of Birth:

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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.**

General Education

» Adverse Impact Summary

Medical-Physical

Social/Emotional/Behavior

Audiology

Adaptive

Cognitive

Academic

» Math

» Reading

» Writing

Communication

Assistive Technology

Fine Motor

Gross Motor

PRESENT LEVELS OF PERFORMANCE AND GOALS

- General Education and Adverse Impact Summary:
 - List of area(s) that have delays and the impact in the general education setting
 - The need for specially designed instruction
- Goals are tied to PLEP and will reflect under that specific area (i.e. writing, gross motor, etc.).
 - If indirect related services (fine motor, gross motor, communication, etc.), PLEPs will show under another area (i.e. indirect communication PLEPs under Reading PLEP)
- Goals should be measurable and appropriate for a year's growth for that student.

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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.**

General Education

» Adverse Impact Summary

Medical-Physical

Social/Emotional/Behavior

Audiology

Adaptive

Cognitive

Academic

» Math

» Reading

» Writing

Communication

Assistive Technology

Fine Motor

Gross Motor

SECONDARY TRANSITION

- Transition services are required for all IEPs beginning no later than the first IEP to be in effect when student turns 16 years old
- Includes:
 - Student's interests, strengths, preferences, and needs
 - Appropriate measurable postsecondary goals related to training, education, employment, and, where appropriate, independent living skills
 - Transition services and courses of study needed to assist the student reach their postsecondary goals

Needs

Strengths

Preferences

Interests

Present Levels of Educational Performance and Measurable Annual Goals
Mead School District Special Services

Student ID:
WA SSID:
Date of Birth:

Secondary Transition

Meeting Date: _____

PURPOSE: The purpose of transition planning is to develop a coordinated set of that is focused on improving the academic achievement and functional performance movements from school to post-school activities, including postsecondary education, 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, pa Transition Services may be special education, if provided as specifically designed it 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 second anticipated exit year.

III. Other Transition Details

Mead School District
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Secondary Transition

IV. Agency Linkage

Agencies Providing Services

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:

Secondary Transition

Mead School District Special Services

Page 12

ACCOMMODATIONS AND MODIFICATIONS

- Assists in accessing and demonstrating their skills
- Based upon individual student need
- Modifications and Accommodations are usually made in the areas of:
 - Scheduling
 - Environment
 - Materials
 - Instruction
 - Student Response
- Each accommodation and modification requires the frequency of support, location support is provided, and duration of support

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

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

ACCOMMODATIONS AND MODIFICATIONS

- Supports for School Personnel can support student progress towards goals and participate in extracurricular and nonacademic activities
- Can include staff training (i.e. behavior support, medial needs, etc.)

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Date of Birth:

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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
			to

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

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

STATE / DISTRICT ASSESSMENTS

- Indicates what assessments the student will take in the current year as well as the next year.
- Provides list of accommodations and modifications that student can use while taking each state/district assessment
- It's also possible that a specific state or district general assessment may not be appropriate for your child, even with accommodations and modifications and may need to be assessed using an alternate assessment. why your child cannot participate in the regular assessment

Student ID:
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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	
Current Grade Tests			
Next Grade Tests			

SPECIAL EDUCATION SERVICES

- Only in required service areas and/or supplementary aids.
- Indicates the following for each area listed:
 - Type of service (i.e. reading, adaptive, fine motor, etc.)
 - How long the service is being provided
 - Location in which service is being delivered (general education/special education)
 - Monitor and provider delivering service
 - Start and end date
- Service Matrix can help drive the Least Restrictive Environment (LRE)
- Indicates how much time the student spends in general education throughout their day.

Student ID:
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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
Related							
Special Education							
Transportation							

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

SPECIAL EDUCATION SERVICES- LRE

- Least Restrictive environment is defined as:
 - “To the maximum extent appropriate, children with disabilities are educated with children who are nondisabled; and special classes, separate schooling, or other removal of children with disabilities 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”- IDEA
- LRE Placement must be accepted.
- Other placements can be rejected, but must select reason for rejection
- Statement of LRE as it relates to their participate with nondisabled students.

Student ID:
WA SSID:
Date of Birth:

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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.
- 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

Parent Notification Procedures:

The district has a procedure for notifying parents regarding the use of restraint or isolation. A copy of the district's procedure is attached to this IEP.

SPECIAL EDUCATION SERVICES - CONSIDERATIONS

- Transportation
 - Special Transportation is selected as an IEP team decision.
 - Student may require special transportation for a variety of reasons (including but not limited to: mobility, behavior, health, etc.)

- General PE
 - Any PE that has access to general education peers is considered General PE.
 - Mead SD: Adaptive PE is considered general PE since any student can participate in class if needed.

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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.
 - 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

Parent Notification Procedures:

The district has a procedure for notifying parents regarding the use of restraint or isolation. A copy of the district's procedure is attached to this IEP.

SPECIAL EDUCATION

SERVICES- CONSIDERATIONS

- Extended School Year (ESY)
 - Student goes through data collecting and monitoring process by certified staff members on their team.
 - Evaluates if there is a significant decrease in skills for the student over large breaks (i.e. summer and winter) in which that student has significantly hard time recouping those skills.
- Emergency Response Protocol (ERP)
 - An addendum to the IEP that documents the advanced planning, conditions, and precautions needed in the case that isolation or restrain may be used.
 - Signed by a Parent/Guardian, documenting their prior consent.
 - The District must also provide Parents/Guardians with their policy on use of restraint and isolation. ERP's must be incorporated into a student's IEP and reviewed annually.

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Special Education and Related Services

Other Considerations:

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

PRIOR WRITTEN NOTICE (PWN)

- Document outlining decisions about student's special education program.
- Must provide you with prior written notice **after** (within a reasonable amount of time) a decision has been made regarding matters affecting student's IEP or eligibility for special education
- Provided **before** any decision is implemented or changes to your student's program take place.
- Prior written notice must be provided in native language of student/guardian or other mode of communication that they understand.
- PWN Includes:
 - Options the district considered with description
 - Explanation of reasons for accepting or rejecting those options.
 - Description of what was used to make those decisions
 - Any other factors
- OSPI- Understanding PWNs

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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
 Educational Placement IEP
 Disciplinary action that is a change of placement 504 Plan
 Eligibility Category
 Reevaluation
 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: _____

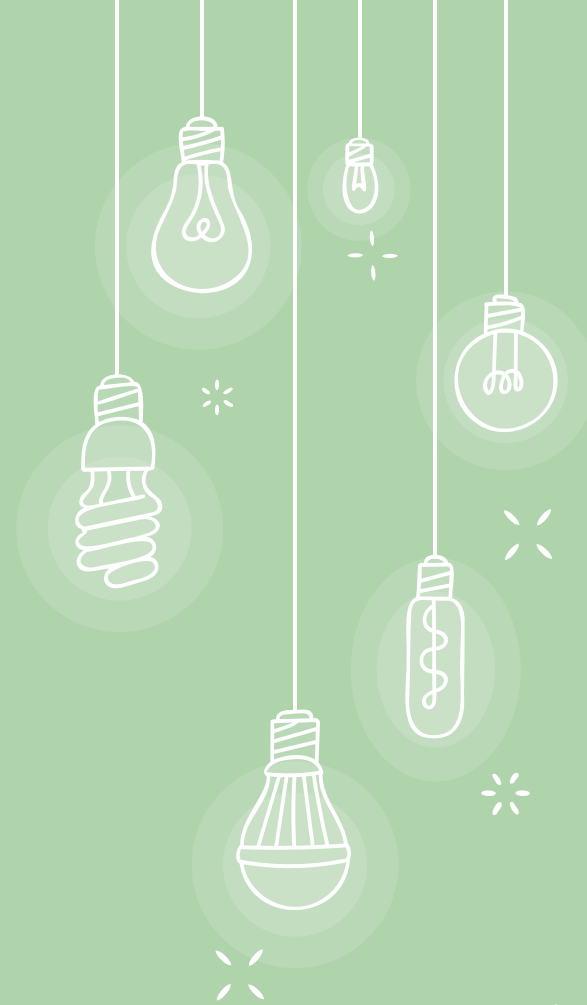
Your child has procedural protections under IDEA. These protections are explained in the *Notice of Special Education Procedural Safeguards for Students and Their Families*. If this prior written notice is given to you (1) as part of your child's initial referral for evaluation, (2) as part of a request 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.

QUESTIONS?





THANK YOU!

OSPI - IEPs