Procedure 2410P Exhibit K Graduation Requirements

IEP TEAM REQUEST TO <u>SUBSTITUTE CREDIT FOR STUDENT RECEIVING SPECIAL</u> <u>EDUCATION SERVICES</u> IN THE BELLEVUE SCHOOL DISTRICT

Date:	Case Manager/Requester Name:	
Student Name (PRINT):	BSD Student ID#:	
Address:		
School:	Transcript attached (REQUIRED):	
Year of Graduation:	IEP Course of Study page (REQUIRED):	
Required Course		ow:
Student agreement:YesNo IEP Case Manager signature: This request is: reviewed with no concerns. This request is: reviewed with the following concerns:		
Director of Special Ed	ucation: Date:	

Copy: Student/Family Copy: Registrar Copy: iephelp@bsd405.org

Date: 6/2024 Copy: Counselor Copy: specialedservices@bsd405.org

Procedure 2410P Exhibit K

Graduation Requirements

IEP TEAM REQUEST TO SUBSTITUTE CREDIT FOR STUDENT RECEIVING SPECIAL EDUCATION SERVICES IN THE BELLEVUE SCHOOL DISTRICT

Specific high school course graduation requirements established by the Bellevue School District Policy 2410 (Graduation Requirements) *MAY* be substituted for an individual student provided that:

- 1. The credit substitution is determined to be necessary by the student's individualized education program team due to the unique needs resulting from the student's disability.
- 2. The graduation credit and subject area requirement proposed substitution is comparable content course work as identified in the individualized education plan (IEP).
- 3. The credit substitution is aligned with the student's High School and Beyond Plan.

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Process:

- 1. IEP Team follows Extraordinary Needs Request Procedure
- 2. IEP Team completes the Substitute Credit for Student Receiving Special Education Services Form.
- 3. IEP Case Manager emails this form, Course of Study, and copy of transcript to: School Registrar, School Counselor, School Special Education Lead, specialedservices@bsd405.org, and IEPHelp@bsd405.org.
- 4. Special Education Director will follow up with IEP team as needed.
- 5. The form will be uploaded to the student's *Synergy document folder*.

Copy: Student/Family Copy: Registrar Copy: iephelp@bsd405.org

Date: 6.2024 Copy: Counselor Copy: specialedservices@bsd405.org