

Meeting Invitation



Note for Families

- A formal meeting invitation must be sent to you in advance of the meeting.
- Meetings must take place at a time and place during the school week that is mutually agreeable to your family.



To the parent(s)/guardian(s) of _____ Date: _____

You are invited to a meeting to:

The meeting is scheduled as follows:

_____ Time: _____ Location: _____

Participants we expect to be in attendance, who will be invited by school personnel:

LEA Representative	_____
Special Education Provider	_____
General Education Teacher	_____
Student (as appropriate)	_____
_____	_____

If any IEP team member will not be attending the IEP meeting, complete and attach the form "Team Member Excusal" prior to the meeting.

You may bring other individuals who have knowledge or special expertise regarding your student. Please notify the person listed below and he/she will extend the invitation. If you plan to do so, or if this is not a convenient time and place, please contact:



_____ at: _____

Note for Families

- Required team members must stay for the entire IEP meeting and can only be excused with your advance agreement and consent.
- You are *not* obligated to "dismiss" members of the IEP team during the meeting. We encourage you to insist on their participation.



Present Levels

Describes current levels and needs - and, their impact on participation in general education

Strengths and Adverse Educational Impact

Student Name: _____ Grade: _____ Date: _____ DOB: _____

Primary Eligibility: _____

Complete for initial IEPs and annual reviews.

When completing this page, include all areas from the following list that are impacted by the student's disability: **academic performance, social/emotional status, independent functioning, vocational, motor skills, and speech and language/communication.** This may include strengths/weaknesses identified in the most recent evaluation.

STUDENT STRENGTHS:



PARENTAL EDUCATIONAL CONCERNS/INPUT:



Note for Families

Although this part of the IEP is designated to record your input and concerns, your voice is valued in *all* components of the IEP and should be included.



HEALTH INFORMATION/CONCERNS:

- ☐ has an Individualized Health plan.
- ☐ does not have an Individualized Health plan.

RECOMMENDED INSTRUCTIONAL/CURRICULAR PRACTICES AND STUDENT MANAGEMENT STRATEGIES:

ADVERSE EFFECTS

Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills.

- For preschool child, describe the effect of this individual's disability on involvement in appropriate activities.
- By age 15 1/2, describe the effect of this individual's disability on the pursuit of post-secondary expectations (living, learning, working).



Present Levels

Describes current levels and needs - and, their impact on participation in general education

Individualized Transition Plan

Student Name: _____ **Grade:** _____ **Date:** _____ **DOB:** _____

☐ Yes ☐ No Student Participated in IEP meeting?

Age Appropriate Transition Assessment

(For students turning 16 years old for the duration of this IEP or younger if determined by the IEP Team.)

☐ Surveys/questionnaire

☐ Portfolio

☐ Vocational

☐ Interviews

☐ Assessment

☐ Other _____

Strengths:

Preferences:

Interests:

Needs:



Note for Families

The student's voice is the most important component of the Individualized Transition Plan!

1. Measurable Post Secondary Goals - Education

Education/Training Goal Statement:

Transition Services and Coordinated Set of Activities

Instruction:

2. Measurable Post Secondary Goals - Employment

Employment Goal Statement:

Transition Services and Coordinated Set of Activities

Development of Employment Opportunities:

3. Measurable Post Secondary Goals - Independent Living Skills

☐ Not applicable

Independent Living Skills Goal Statement:

Transition Services and Coordinated Set of Activities

☐ The High School and Beyond Plan has been reviewed. Additional Comments:

**Present Levels**

Describes current levels and needs - and, their impact on participation in general education

Individualized Transition Plan

Course of Study

Explain in this section how this course of study will contribute to the measurable post-secondary goals.

9th Grade:

10th Grade:

11th Grade:

12th Grade:

Graduation Plan: ☐ IEP Determined
☐ Standard Credit Format

Graduation requirement based on month/year student entered 9th grade: _____

Expected year of graduation extended? ☐ Yes ☐ No

Expected date student will complete IEP/Graduation requirements: _____

This is to inform you that when the student has her/his eighteen birthday, s/he will be of age to begin making decisions about his/her educational careers. This is formally called the "transfer of rights." It is important to maintain ongoing communication with your child so that s/he makes the best choices.

Age of Majority? ☐ Yes, the family have been informed of the age of majority transfer of rights.
☐ No, the family have not been informed of the age of majority transfer of rights.

Developmental Disability Administration (DDA) Eligibility?

- ☐ Yes, the student has been found *eligible* through DDA.
☐ No, the student has been found *ineligible* through DDA.
☐ The student/family is currently in the process of applying for eligibility with DDA.
☐ The student/family has not yet applied for eligibility with DDA. They will be provided with information to start this process.
☐ Not applicable for this student.
☐ Other

Note for Families

Need help applying for DDA? Your student's case manager can help!

Interagency Linkages and/or Responsibilities

Will the student turn 16 in the course of this IEP? ☐ Yes ☐ No

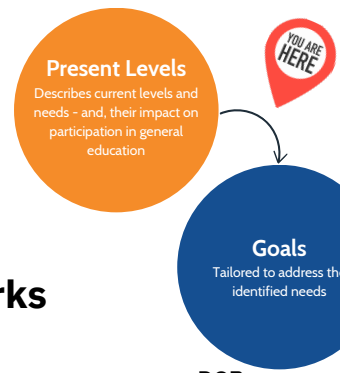
- ☐ Outside agencies were invited to participate in the development of this IEP.
☐ No outside agencies were invited to participate in the development of this IEP.

Reason for not inviting
outside agency: _____

Agency 1:

Purpose:

Responsible Person(s):



Goals and Objectives/Benchmarks

Student Name: _____ Grade: _____ Date: _____ DOB: _____

Goal #: _____ Goal Type: _____

Goal Area: _____

Method of Parent Notification: _____

Schedule for Reporting Progress: _____

Title(s) of Goal Implementor(s): _____

Present Level of Academic and/or Functional Performance in Special Education:

Note for Families

Expect to see the previous goal, progress toward that goal, and current strengths and needs in this specific area

Present Level of Academic and/or Functional Performance related to this goal in General Education:

Expect to see feedback from general education teacher(s) regarding strengths and needs in this specific area in the general education classroom.

Core Standards: _____ State Standards: _____

For all K-12 students, it is required to select the core or state standard to which this IEP goal is aligned.

Goal Statement: _____

Scoring Method: _____

Baseline: _____ % Accuracy

Begin Date: _____

Target: _____ % Accuracy

Completed By: _____

Evaluation Procedure: _____

Progress will be monitored: _____

Note for Families

IEP Goal = SMART Goal

Specific

Measurable

Achievable

Relevant

Time-bound



Special Factors and Accommodations

Student Name: _____ **Grade:** _____ **Date:** _____ **DOB:** _____

Complete for initial IEPs and annual reviews. (Anyone responsible for implementing the educational accommodations must be notified of her/his specific responsibilities).

Consideration of Special Factors

Check the boxes to indicate if the student requires any supplementary aids and/or services due to the following factors. **For any box checked "yes", specify the special factors in the "Supplementary Aids, Accommodations and Modifications" section and/or the Linguistic and Cultural Accommodations section listed below.**

- | | | |
|------------------------------|-----------------------------|--|
| ☐ Yes | ☐ No | Assistive technology devices and services
Devices, apps, or resources to increase communication & tech tools to increase accessibility |
| ☐ Yes | ☐ No | Communication and/or language needs
Provided by a Speech Therapist |
| ☐ Yes | ☐ No | Limited English Proficiency - language needs
Provided by a Multi-Lingual Specialist |
| ☐ Yes | ☐ No | Blind/visually impaired - provision of Braille instruction
Provided by a Teacher for the Visually Impaired |
| ☐ Yes | ☐ No | Deaf/Hard of Hearing; If student is DHH, complete linguistic and cultural accommodations section below.
Provided by a Teacher of the Deaf and/or Audiologist |
| ☐ Yes | ☐ No | Behavior impedes student's learning or that of others. If yes, the team must consider strategies, including positive behavioral interventions and supports to address behavior. This may include a Functional Behavioral Assessment and/or a Behavioral Intervention Plan. If so, attach any completed forms. |
| ☐ Yes | ☐ No | Is a Behavioral Intervention Plan required? |
| ☐ Yes | ☐ No | The parent and the school district have agreed that this student requires advanced educational planning that may involve the use of isolation, restraint, or a restrain device. Refer to the Emergency Response Protocol addendum to this IEP. |

Linguistic and Cultural Accommodations

- | | | |
|------------------------------|-----------------------------|---|
| ☐ Yes | ☐ No | The student requires accommodations for the IEP to meet her/his linguistic and cultural needs. This includes students who are deaf/hard of hearing. If yes, specify any needed accommodations: |
|------------------------------|-----------------------------|---|

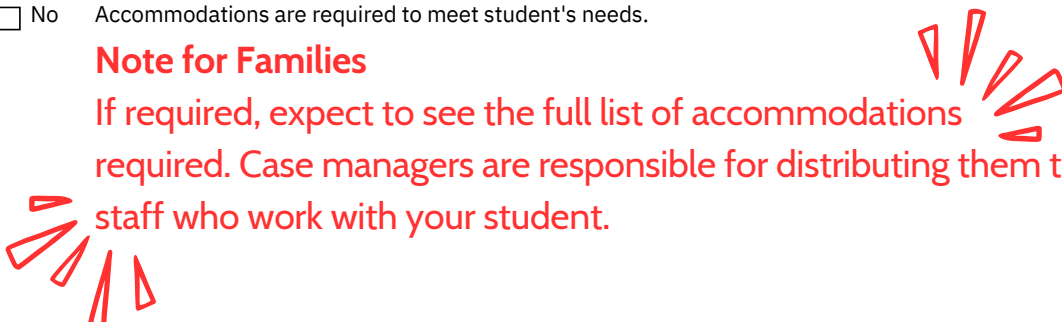
Accommodations and Modifications

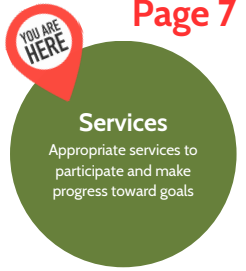
Specify what aids, accommodations, and modifications are needed for the child to make progress toward annual goals, to progress in the general education curriculum, participate in extracurricular and other non-academic activities, and to be educated and participate with other children with disabilities and/or nondisabled children (e.g., accommodations for daily work, environmental accommodations, moving from class to class, etc.). Supplementary aids, accommodations, and modifications must be based upon peer-review research to the extent practicable.

- Standard Grading? ☐ Yes ☐ No
- ☐ Yes ☐ No Accommodations are required to meet student's needs.

Note for Families

If required, expect to see the full list of accommodations required. Case managers are responsible for distributing them to staff who work with your student.





Behavior Intervention Plan



Note for Families

A functional behavioral assessment is typically completed before a BIP is created. Understanding *why* the behavior is occurring helps to shape adult behavior in responding to behaviors and teaching new skills.

BIP Required? ☐ Yes ☐ No
 Student: _____
 Student ID: _____
 SSID/State ID: _____
 Date of Birth: _____

Purpose: A Behavioral Intervention Plan (BIP) is a plan incorporated into the student's IEP if determined necessary by the IEP team for the student to receive FAPE (WAC 392-172A-01031). The IEP team must also develop and implement a BIP if it determines that the student's conduct is a manifestation of the student's disability, unless a BIP is already in place (WAC 392-172A-05145(6)).

Student Strengths

Complete each section below for each pattern of behavior:

Behavior of Concern/Target Behavior (Write an operational definition of what the student is doing using observable, objective, and measurable. Do not choose more than three behaviors.)

Hypothesis (develop a statement that includes:)

1. Setting event/antecedent/consequence
2. Behavior of concern
3. Maintaining Consequence/Function of behavior

Given (antecedent), (Student engages in behavior or concern in order to...)

Function/maintain consequence. This is more likely to happen (Setting Event)...

Instructional and Environmental Conditions or Circumstances (describe the instructional and environmental conditions or circumstances that trigger/contribute to the pattern of behavior(s) being addressed):



Behavior Intervention Plan

Replacement Behavior/ Alternative Behaviors and Skills to be Taught and Monitored *(given the above Behavior of Concern/Target Behavior, what student behavior is ultimately desired? Normally, the Desired Behavior is incompatible with the Target Behavior/Patterns of Behavior. The Desired Behavior should positively serve the same function as the Behavior of Concern/Target Behavior. List the staff responsible for implementing reinforcement.)*

--

Reinforcements of Desired Behavior *(describe how the alternative behaviors will be reinforced and the staff responsible for implementing reinforcement):*

--

Antecedent Strategies *(what antecedent strategies will be used to reduce the future occurrence of problem behavior?)*

--

Response Strategy 1 *(while the student is learning the Desired Behavior(s), what interventions will be used if the Target Behavior(s) occurs?)*

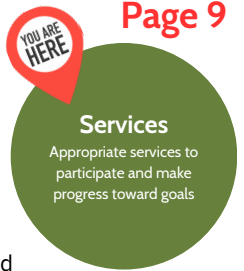
--

Response Strategy 2 *(while the student is learning the Desired Behavior(s), what interventions will be used if the Target Behavior(s) occurs?)*

--

Methods to Ensure Consistency of Implementation *(describe the method(s) that will be used to ensure the consistency of the implementation of the positive behavioral interventions across the student's school-sponsored instruction or activities (e.g. data collection, frequency, assessment of effectiveness of BIP, etc.) and the staff responsible for monitoring the implementation.)*

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Emergency Response Protocol Addendum to IEP

Purpose: The purpose of the Emergency Response Protocol Addendum (WAC 392-172A-02105) is to document that advanced educational planning required in order to provide a free, appropriate education (FAPE), and the consent of the parent, as defined in WAC 392-172A-01040, in advance of the adoption of the emergency response protocols.

Note for Families

ERPs *cannot* be used in place of a Behavior Intervention Plan. They are only required when a student is demonstrating destructive or dangerous behaviors that pose risk of harm to self or others.

Describe the emergency conditions under which isolation, restraint, or a restraint device may be used (*e.g. student-specific settings, environments, or circumstances consistent with an imminent likelihood of serious harm (WAC 392-172A-01109 and -02110)*):

Specify the type isolation, restraint, or restraint device(s) that may be used (*e.g. one person hold, two person escort, locked time-out room, etc.*):

Specify the staff or contracted positions permitted to use isolation, restraint, and/or restraint device(s) with the student and the required training, updated annually, for the staff or contracted positions permitted to use the isolation, restraint, or restraint device(s):

Specify any special precautions that must be taken in connection with the use of the isolation, restraint, or restraint device(s) (*e.g. maximum duration of the isolation, restraint, and/or restraint device(s); steps that will be taken if student is not deescalating within specified time; health/medical/sensory needs of the student; consideration of the unique needs associated with the individual student's disability; etc.*):

The use of isolation, restraint and/or restraint device(s) must be discontinued as soon as the likelihood of serious harm has dissipated.

I consent to the use of isolation, restraint, or a restraint device as described above. I understand that my refusal to provide consent does not relieve the district of its obligation to provide a free and appropriate education to my child and does not prohibit the district from using isolation, restraint, or a restraint device in an emergency situation as defined in RCW 28A.600.485.

*I have the authority to enter into this agreement and acknowledge that my electronic signature below is legally binding. I agree that electronic versions of this document shall be given the same weight and deference as a hard copy.

Parent/guardian/adult student signature

The parent and school district have agreed that this student required advanced educational planning. This emergency response protocol will not be used as a substitute for the systematic behavioral intervention plan that is designed to change, replace, modify, or eliminate a target behavior.

School District Representative Signature

The district has procedures for notifying parents regarding the use of restraint or isolation. A copy of those procedures and policies are attached to this IEP.



Assessment

Student Name: _____ **Grade:** _____ **Date:** _____ **DOB:** _____

The student will participate in the following state assessment(s) during this annual IEP:

ELA	Math	Science
☐ Previously Passed for Graduation _____	☐ Previously Passed for Graduation _____	☐ Previously Passed for Graduation _____
☐ Regular State Assessment	☐ Regular State Assessment	☐ Regular State Assessment
☐ Regular State Assessment with Accommodations	☐ Regular State Assessment with Accommodations	☐ Regular State Assessment with Accommodations
☐ WA-AIM	☐ WA-AIM	☐ WA-AIM
☐ Engagement Rubric	☐ Engagement Rubric	☐ Engagement Rubric
☐ Assessment area not required during this school year	☐ Assessment area not required during this school year	☐ Assessment area not required during this school year

☐ Yes ☐ No English Language Proficiency Assessment ☐ WIDA ☐ WIDA Alternate Access

DISTRICTWIDE ASSESSMENTS

Note for Families

The student will participate in the following districtwide assessment(s) during this annual IEP:

- ☐ Acadience
- ☐ Supplementary Tests of Achievement in Reading (STAR) Reading and/or Math
- ☐ Iowa Math
- ☐ The Cognitive Abilities Test (CogAT) Screener or Math

If required, expect to see the full list of accommodations required.

Case managers are responsible for distributing them to staff who work with your student.

GRADUATION PATHWAY OPTIONS

For grades 9-12 ONLY

Per RCW 28A.655.250 and WAC 180-51-230, All students, including those with disabilities, have the following options for completing a graduation pathway in ELA and Math.

The IEP team determined that the student will engage in the following graduation pathway:

- ☐ State high school assessments (Smarter Balanced OR WA-AIM)
- ☐ Dual credit courses
- ☐ Transition courses
- ☐ Advanced Placement, International Baccalaureate, or Cambridge International
- ☐ SAT or ACT
- ☐ Armed Services Vocational Aptitude Battery (ASVAB)
- ☐ Career and Technical Education course sequence
- ☐ Performance-based
- ☐ Combination of any of the above

Rationale for graduation pathway:



Alternate Assessment Addendum

Student Name: _____ **Grade:** _____ **Date:** _____ **DOB:** _____

☐ The IEP team has determined that this student is eligible to participate in the State Mandated Alternate Assessment.

Supporting Documentation

List the names and dates of documents used to make this determination.

Document Name

Note for Families

Document Date

Current IEP

Less than 1% of students who are assessed in a district require the alternate assessment.

Current Evaluation

Participation is based on the following criteria and exclusionary factors.

Eligibility Criteria

The IEP team must agree that the student is eligible for the State Mandated Alternate Assessment according to all the criteria below. Sufficient documentation must be provided (multiple records and multiple sources of information) to answer ALL of the following questions in the affirmative.

- ☐ Yes ☐ No **Does the student have a documented cognitive disability that affects intellectual potential?**
For the purposes of statewide assessment, students with significant cognitive disabilities refers to the population eligible to participate in the alternate assessment; it is not a new or separate category of disability. If yes, explain.
- ☐ Yes ☐ No **Does the student require extensive, repeated, individualized instruction and support that is not of a temporary or transient nature?**
If yes, explain.
- ☐ Yes ☐ No **Does the student use substantially adapted materials or individualized methods of accessing information in alternative ways to acquire, maintain, generalize, demonstrate and transfer skills across multiple settings, including school, workplace, community and home?**
If yes, explain.
- ☐ Yes ☐ No **Does the student score at least two (2) standard deviations below the mean on standardized norm-referenced assessments for adaptive behavior and intellectual functioning?**
If yes, explain.

Have the following been ruled out as the primary reason why the student cannot be included in the state-mandated assessments? ALL of the following must be answered in the affirmative for a student to be considered for participation in the State Mandated Alternate

- ☐ Yes ☐ No Poor attendance, excessive or extended absence.
- ☐ Yes ☐ No Disability related to visual or auditory disabilities, emotional-behavioral disabilities, specific learning disabilities, or speech and language impairment.
- ☐ Yes ☐ No Lack of access to quality instruction in core standards.
- ☐ Yes ☐ No Social, cultural, linguistic, or economic differences for the State Mandated Alternate Assessment; however cultural and linguistic differences should not be used as sole exclusionary factors for eligibility to participate in the State Mandated Alternate Language Proficiency Assessment.
- ☐ Yes ☐ No Below average reading or achievement levels.
- ☐ Yes ☐ No Displays of behaviors or emotional distress during testing.
- ☐ Yes ☐ No Expectations of poor performance, non-proficiency, or the pre-determined or anticipated impact of the student's performance on the school/district on-grade level assessment scores.
- ☐ Yes ☐ No An administrative decision.
- ☐ Yes ☐ No The student's disability category, educational placement, type of instruction, and/or amount of time receiving special education services.

YOU ARE
HERE

Services
Appropriate services to
participate and make
progress toward goals

Educational Services and Placement

Student Name: _____ **Grade:** _____ **Date:** _____ **DOB:** _____

Anyone responsible for implementing special education services must be notified of her/his specific responsibilities.

Start Date: _____ **Case Manager:** _____

End Date: _____ **School/Program:** _____

Will the student participate in regular physical education? **Weekly Minutes:** _____

☐ Yes ☐ No

SDI recommendations:

Educational Services				
SDI	Provider	Minutes	Frequency	Location
Monitored By: _____				

Note for Families

Specially designed instruction must be created and monitored by a specially trained teacher or provider. It can be provided through push-in (in the general education classroom) or pull-out (in the special education classroom) models.

Weekly Totals

Special Education Inside Gen Ed Classroom Minutes: _____

+ Special Education Outside Gen Ed Classroom Minutes: _____

Total Minutes of Special Education: _____

Total Minutes in General Education: _____

(Weekly Minutes - Special Education Outside General Ed Classroom)

% (LRE) Inside General Education: _____
(Total Minutes of General Education / Weekly Minutes)

LRE: _____

Related Services

Services based on present levels of performance narrative to enhance specialized instruction for duration of this IEP only.

Related Service	Minutes	Frequency	Initiation	Duration
Provider: _____ Monitored By: _____				

Related services are provided to ensure students can benefit from their special education services.

Supplementary Aids & Services

Supplementary aids and services not addressed in goal page(s) or signature page total minutes of IEP services/supports provided to enhance general education.

Supplementary Service	Minutes	Frequency	Initiation	Duration
Provider: _____ Monitored By: _____				

Supplemental Aids & Services are provided to ensure students can benefit from general education settings.

Educational Services and Placement

It is necessary that the district ("the School") obtain your written permission to release information to Medicaid. This permission must be obtained prior to the School ever releasing your child's personal information from educational records for billing purposes to a public benefits or insurance program. Medicaid requires documentation of the services our staff provided prior to making payment to the School. You have the right to withdraw consent at any time. Your child's free appropriate education and related services will continue regardless of consent, refusal of consent, or withdrawal. Please refer to Release of Information/ Consent to Bill Medicaid for further information.

Educational Environment Considerations

To the maximum extent appropriate, all students shall be educated and participate with students who are non-disabled. Provide an explanation of the extent, if any, to which the student will not participate in general education classes and activities.

- ☐ Yes ☐ No Special education classes, separate schooling, or removal from regular education environment is required because the nature or severity of the student's disability is such that education in general classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Explain:

- ☐ Yes ☐ No Student will participate in nonacademic activities with nondisabled peers and have the same opportunity to participate in extracurricular activities as nondisabled peers.

If no, explain:

- ☐ Yes ☐ No Student will attend the school he or she would attend if nondisabled.

If no, explain:

Placement Considerations

When determining the placement, consider any potentially harmful effect either on the student or the quality of services that he/she needs. After determining the student's placement, complete the "Placement" section on this cover sheet.

Placement Options Considered

Consideration for Least Restrictive Environment

Placement *must be* in the Least Restrictive Environment with maximum participation with nondisabled peers.

Accepted

Rejected

Extended School Year

- ☐ Yes, the IEP team has determined that the student is eligible for extended school year services.
☐ No, the IEP team has determined that the student is not eligible for extended school year services.

Justification for ESY Decisions: **Eligibility for ESY is determined by data showing regression in skills with a long recoupment period or emergence of critical skills that may otherwise be lost.**

Transportation

Check all that apply

- ☐ Yes ☐ No Regular district transportation guidelines apply.
☐ Yes ☐ No Special transportation is required to and from schools and/or between schools.
☐ Yes ☐ No Special transportation is required in and around school buildings.
☐ Yes ☐ No Specialized equipment (such as special or adapted buses, lifts, and ramps) is required.

Eligibility for Specialized Transportation is determined by health, safety, and placement needs.



Extended School Year (ESY) Addendum

PURPOSE: The purpose of the Extended School Year (ESY) addendum to the IEP is to identify services that the student requires beyond the normal school year. This decision is made in accordance with the IEP and at no cost to the parents of the student (see WAC 392-172A-02020). The purpose of ESY services is the maintenance of the student's learning skills and behavior, not the teaching of new skills or behaviors

Student Name: _____

Addendum Date: _____

☐ The IEP team has determined that this student is eligible for ESY services

Description of the skills and/or behaviors that require ESY services in order to be maintained:

SDI recommendations:

Educational Services

SDI	Provider	Minutes	Frequency	Location
-----	----------	---------	-----------	----------

Related Services

Related Service	Minutes	Frequency	Initiation	Duration
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Delivery Model: _____

Location/Additional Info

Provider Name: _____

Supplementary Aids & Services

Supplementary Service	Minutes	Frequency	Initiation	Duration
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Note for Families

Expect to see:

1. The goals your student will focus on during ESY;
2. The specific services your student will receive; may not be *all* services provided during the regular year.
3. The location of services.
4. The start & end date of services - including transportation for any student attending.



Specialized Transportation Addendum

Student: _____ **Grade:** _____ **Date:** _____ **DOB:** _____



Note for Families

This form is shared with the SVSD Transportation Department to ensure your student's individualized needs are met to and from school. Case managers are encouraged to provide explicit details that are important for the bus ride.

Case Manager: _____

School/Program: _____

District ID: _____ **Chronological Age:** _____

☐ The IEP team has determined that this student is eligible for Specialized Transportation.

- ☐ Initial Specialized Transportation Addendum
- ☐ Annual Specialized Transportation Addendum
- ☐ Amended Specialized Transportation Addendum

Desired Start Date The desired start date must be no less than FIVE SCHOOL DAYS from the date this form is submitted. <i>Note, regular district transportation or family transport must be maintained prior to confirmation of a start date from the transportation department.</i>	_____
Days of the week specialized transportation is required	Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐
Preschool Students Only	☐ AM Session ☐ PM Session ☐ Full Day Session
Before School Pick-Up Address	_____
School Start Time	_____
After School Drop-off Address	_____
School End Time	_____
Additional notes about specialized transportation List any notes about the student's route needs	_____
Emergency Contact 1 List the name and number of a non-parent emergency contact who can be responsible for the student.	Name: _____ Phone: _____
Emergency Contact 2 List the name and number of a non-parent emergency contact who can be responsible for the student.	Name: _____ Phone: _____



Specialized Transportation Addendum

Special Circumstances

Check all that apply to this student.

- ☐ Requires 1:1 Nurse on bus (must be stated in Individualized Health Plan; IHP must be included in IEP)
- ☐ Heightened medical needs that do not require 1:1 Nurse on bus. If yes, explain.
- ☐ Requires 1:1 Behavior Technician on bus (must be included on Educational Services & Placement form in IEP)
- ☐ Heightened behavioral needs that do not require 1:1 Behavior Technician on bus. If yes, explain.
- ☐ Heightened Safety Needs; If yes, explain.
- ☐ Multi-Language Learner
Primary Language: _____
- ☐ The IEP team has determined that the student's placement/services are not provided at the neighborhood school.

*Note, students whose parents/guardians have chosen for their child to attend their non-neighborhood school **are not eligible for specialized transportation.***

- ☐ Other, if selected, explain.
- ☐ This student does not have special circumstances at this time.

Specialized Equipment

Check all that apply to this student.

- ☐ The student utilizes a wheelchair.
- ☐ The student utilizes a wheelchair with an attached tray.
- ☐ The student utilizes portable medical equipment provided by the family. If yes, list portable medical equipment.
- ☐ The student requires a safety restraint. If yes, describe why the student requires a safety restraint and provide the information below:
- ☐ Other, if selected, explain.
- ☐ The student does not require specialized equipment at this time.

Prior Written Notice

Note for Families

The PWN is a critical component of the IEP because it provides a detailed narrative of the discussion and decisions made during the IEP. It must be thorough and representative of all proposals, whether they are accepted/rejected, and *why*. Although the form is called a “Prior” Written Notice, it is sent *after* the meeting and *before* implementing the IEP.

Student: _____
Birthdate: _____
ID: _____

Dear: _____

The purpose of this letter is to notify you of the district's actions regarding _____'s educational program.

This action will be initiated on: _____

Action Proposed / Option Considered:

Reason for Acceptance or Rejection:

☐ Accept

☐ Reject

Any Other Factors that are Relevant to the Action:

A description of each evaluation procedure, test, record, or report we used or plan to use as the basis for taking this action is as follows (if initial evaluation or reevaluation, include the areas being assessed and the purpose):

Procedural Safeguards:

If you have any questions regarding your rights or about this Notice, please contact _____ at _____.

Sincerely,

Name

Title

 **Note for Families**

Your voice should be captured on the PWN - whether you agree with the decisions or not. If you have questions or concerns, reach out to Kimberly Mackey at mackeyk@svsd410.org.



Consent to Verify Medicaid Eligibility and Bill for Reimbursement

Note for Families

School districts can receive reimbursement for providing eligible school-based health services. Your agreement and consent is required to pursue those claims - if you do not consent, your student's services are not impacted in any way.



PURPOSE: This form asks for your consent to share necessary information to verify Medicaid eligibility and to bill for school-based Medicaid reimbursement with the Washington State Health Care Authority (HCA). When the district verifies Medicaid eligibility or bills HCA for school-based services based on you or your child's eligibility for public benefits, it does not affect either of your individual benefits under Medicaid.

A school district is required to obtain your consent to verify eligibility for Medicaid and submit claims for reimbursable school-based services provided on behalf of your child. The types of services that can be reimbursed by Medicaid include physical therapy, occupation therapy, speech-language therapy, audiology, nursing, counseling, and psychological evaluations. These types of services which may be provided to your child through an individualized education program (IEP), may also be reimbursed by Medicaid if your child is eligible to receive Medicaid benefits. With your permission, Snoqualmie Valley SD 410 will submit your student's name and birth date to the Washington State Health Care Authority (HCA) to verify Medicaid eligibility. The submission of this information will not change the services provided in your child's IEP. With your consent, Snoqualmie Valley SD 410 will also share necessary information from your child's education record to obtain reimbursement from the HCA if the services provided to your child can be reimbursed because of your child's eligibility for Medicaid benefits.

I authorize Snoqualmie Valley SD 410 to share any necessary identifying information from my child's educational record to verify Medicaid eligibility with the HCA, and to access my or my child's public benefits to obtain Medicaid reimbursement for school-based health services from the HCA. If my child is no longer served by this school district, I understand that this consent will not transfer to a new school district. This authorization will begin on the date that I sign and give consent below.

By giving consent, I acknowledge that: (1) I have been fully informed of all information relevant to accessing my or my child's Medicaid benefits and informed of the reasons I have been asked to provide consent to release relevant information from my child's education records to verify eligibility and to obtain reimbursement from HCA; (2) I also understand that the granting of consent is voluntary on my part and I may revoke consent at any time; and (3) if I revoke consent, the revocation is not retroactive; which means that it does not undo any verification or billing through HCA that has already taken place, but it will stop any future verification or billing.

- ☐ I give my consent to verify my child's Medicaid eligibility with HCA and to submit claims for allowable services.
- ☐ I do not give consent. I understand that my refusal to consent means that the district cannot verify eligibility or make a claim for reimbursement for services that might otherwise be covered by HCA. I also understand that my refusal does not affect my child's access to special education services under his or her IEP.

*I have the authority to enter into this agreement and acknowledge that my electronic signature below is legally binding. I agree that electronic versions of this document shall be given the same weight and deference as a hard copy.

Your signature means choice & consent.

Parent/guardian signature



Date

If you have questions about this consent please call or email your school district for an explanation as to why the request is being made at



Parent/Guardian Consent for Initial Provision of Special Education and Related Services

Student Name: _____ Grade: _____ Date: _____ DOB: _____

Dear _____ :

At a recent conference your child was recommended for initial provision of special education and related services and an Individualized Education Program (IEP) was developed. Before a school district can provide the special education services described in your child's IEP, your informed written consent is required. Your consent is voluntary and you may revoke your consent at anytime. If you revoke consent, it does not negate an action that has occurred after the consent was given and before the consent was revoked.

CHECK ONE:

☐ I give consent For the following initial special education and related services of my child as indicated on the Individualized Education Program (IEP). The proposed special education and related service(s) have been fully explained to me and are consistent with the IEP developed for my child.

I understand that my consent is voluntary. I understand that my consent is not required for continued services or change in services/placement. At least annually, I will be given reasonable opportunity for comment on and input into my child's IEP.

☐ I do not give consent For the following special education and related services of my child as indicated in the Individualized Education Program (IEP).

I understand that the school district will not be in violation of the requirement to make available a free appropriate public education for my child if I refuse to give consent.

☐ I have received

- ☐ Copy of IEP Initial Evaluation Report
- ☐ Copy of the Individualized Education Program (IEP)
- ☐ Copy of Special Education Procedural Safeguards for Students and Their Families
- ☐ Other: _____

*I have the authority to enter into this agreement.

Your signature means agreement & consent.

Parent/Guardian Signature _____

Date _____

Date signed consent received from
parent: _____

Note: Initial special education and related services cannot be provided without written parental consent.

If you have any questions concerning this process or require additional information regarding your and your child's rights, please contact:

Name: _____ Title: _____ Phone: _____



Note for Families

Consent to provide services only occurs *one time* - however, you can revoke your consent at any time you choose.

Without your consent, the District cannot implement an IEP.



Meeting Summary and Signatures

Meeting Date: _____

Purpose Of Meeting

- | | | | |
|---|---------------------------------------|--|--------------------------------------|
| ☐ Initial Evaluation | ☐ Reevaluation | ☐ Transfer-In | ☐ Initial IEP |
| ☐ IEP Annual Review | ☐ IEP Revision | ☐ Manifestation Determination | ☐ FBA |
| ☐ BIP | ☐ Transition | ☐ Graduation | |
| ☐ Other: _____ | | | |

Student Identification Information

Student's Last Name: _____	Language/Mode of Communication (Student): _____
First/Middle Name: _____	
Birthdate: _____ Gender: _____	Language/Mode of Communication (Parent): _____
Age: _____	
Student ID: _____	Current Grade Placement: Current School _____
SIS Number: _____	Year: Current Serving School: _____

Note for Families

Signatures can be collected
in person, over zoom, or digitally!

IEP Start Date:	_____
IEP End Date:	_____
Current Eval Start Date:	_____
Current Eval End Date:	_____

Interpreter Services

- ☐ Yes ☒ No Did the parent request, or otherwise indicate, that an interpreter was necessary to ensure meaningful parental involvement for this meeting?

Participants

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

Your signature means attendance & participation - not agreement or consent.

Parent/Guardian _____ Date _____	Parent/Guardian _____ Date _____
Student _____ Date _____	LEA Representative _____ Date _____
General Education Teacher _____ Date _____	Special Education Teacher _____ Date _____
Other (specify name and title) _____ Date _____	

Document the attempts made to arrange a mutually agreeable time to meet.

1.



Request To Excuse An IEP Team Member

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 his/her 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.

Date: _____

To: _____ Re: _____
Parent(s)/guardian(s)/adult student *Student name*

The following team member(s) are unable to attend the IEP meeting scheduled for

_____ at _____ on _____
 at _____

Excused Team member(s):

Name(s)

Role(s)

- ☐ We agree to excuse the attendance of this team member at the IEP meeting specified above because this member's area of the curriculum or related services is not being modified or discussed at the IEP meeting.
- ☐ We consent to excuse the attendance of this team member at the IEP meeting specified above because, although the IEP meeting involves a modification to or discussion of this staff member's area of the curriculum or related services, he/she will submit in writing, to the parent and IEP team, input into the development of the IEP prior to the meeting.
- ☐ We do not agree to excuse the attendance of the IEP team member and request that the meeting be rescheduled.

*I have the authority to enter into this agreement and acknowledge that my electronic signature below is legally binding. I agree that electronic versions of this document shall be given the same weight and deference as a hard copy.

Your signature means agreement & consent.

→ _____
Parent/guardian/adult student signature

Date

School district representative signature

Date

Note for Families

- Required team members must stay for the *entire IEP meeting* and can only be excused with your advance agreement and consent.
- Excusals are completed for the convenience of families' schedules when scheduling conflicts arise such that a specific member cannot attend.
- You are *not* obligated to "dismiss" members of the IEP team during the meeting. We encourage you to insist on their participation for the duration of the meeting.