

Text After Signatures

If any mandatory IEP members were legally excused from the IEP team meeting, please complete Excusal from Attendance Form. This form can be found in the Procedural Handbook.

(In the case of a non-intact family) If one Parent did not attend, you must document that they were mailed a copy of the IEP and that notification and rights were provided to them.)

INITIALS INDICATE THAT THE FOLLOWING HAVE BEEN PROVIDED.

The parents were each given a copy of the Parent Rights. _____

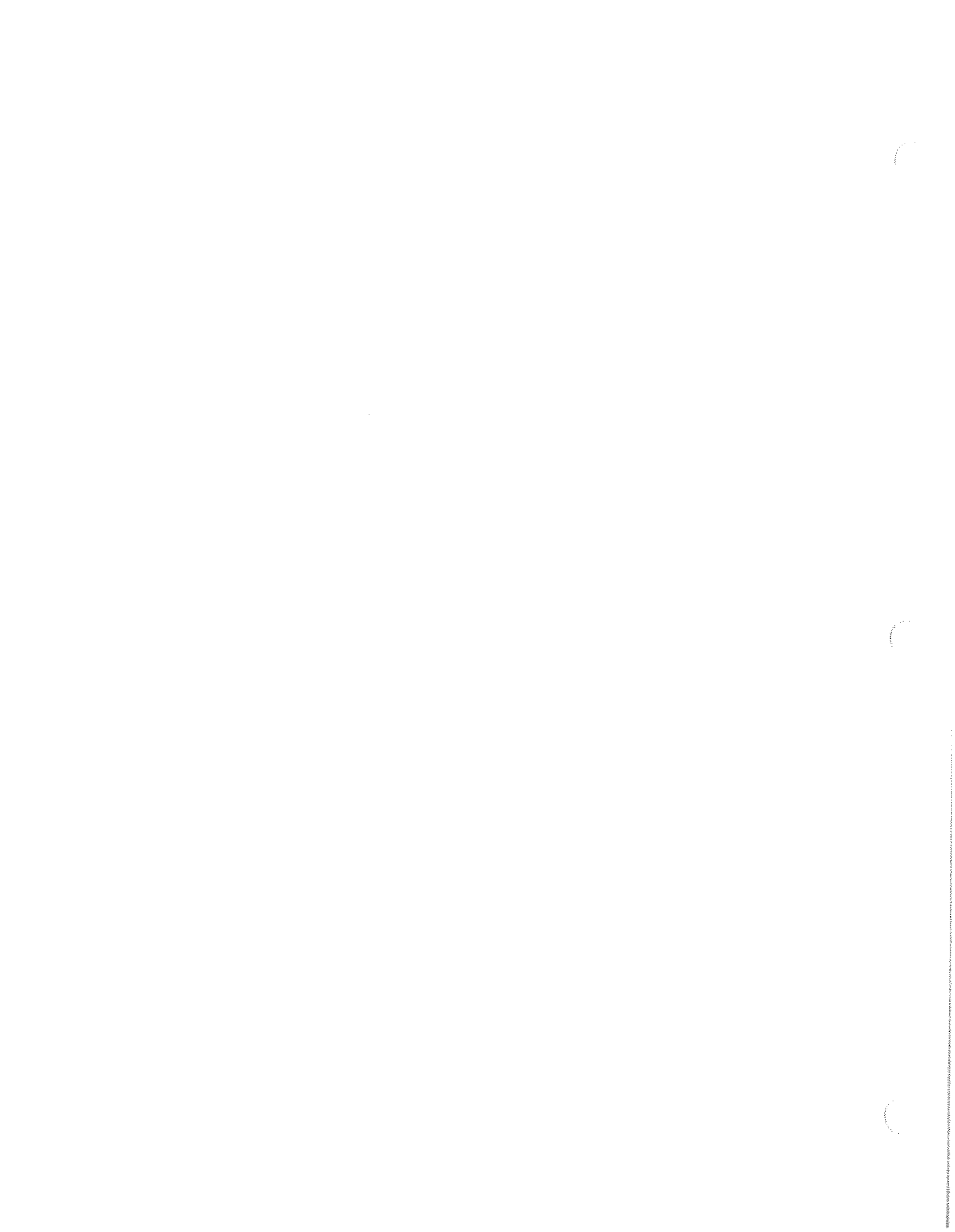
If the student is 18 years old, they were given a copy of the Parent's Rights. _____

The parents were each given a copy of the IEP. _____

Present Levels of Academic and Functional Performance

Health/Physical

- Health:
- Vision:
- Hearing:
- Motor Abilities:
- Strengths:
- Parental Concerns:



Social/Emotional

Strengths:

Parental Concerns:

General Intelligence

Strengths:

Parental Concerns:

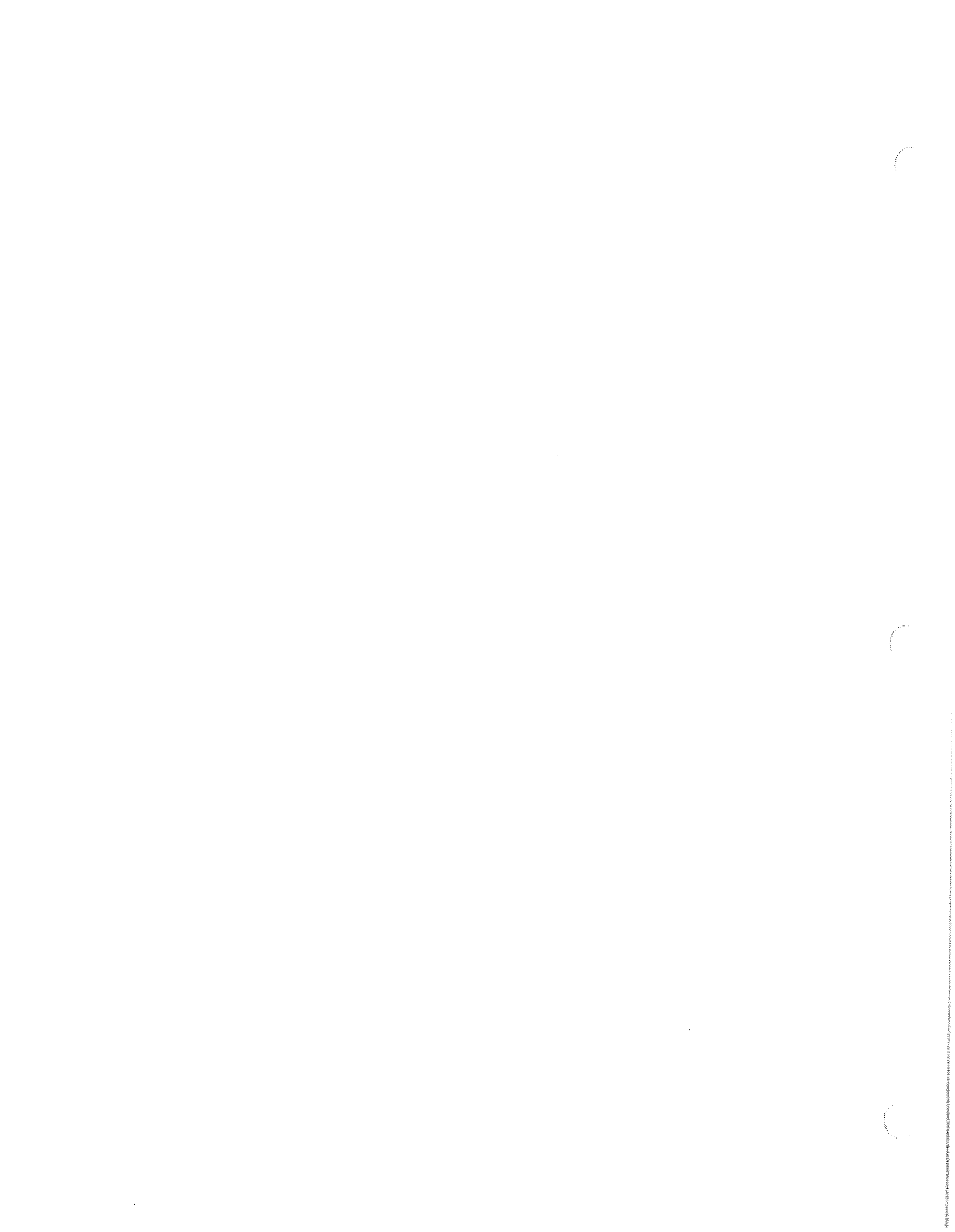
Academic Performance

Strengths:

Parental Concerns:

Communication

Strengths:



Parental Concerns:

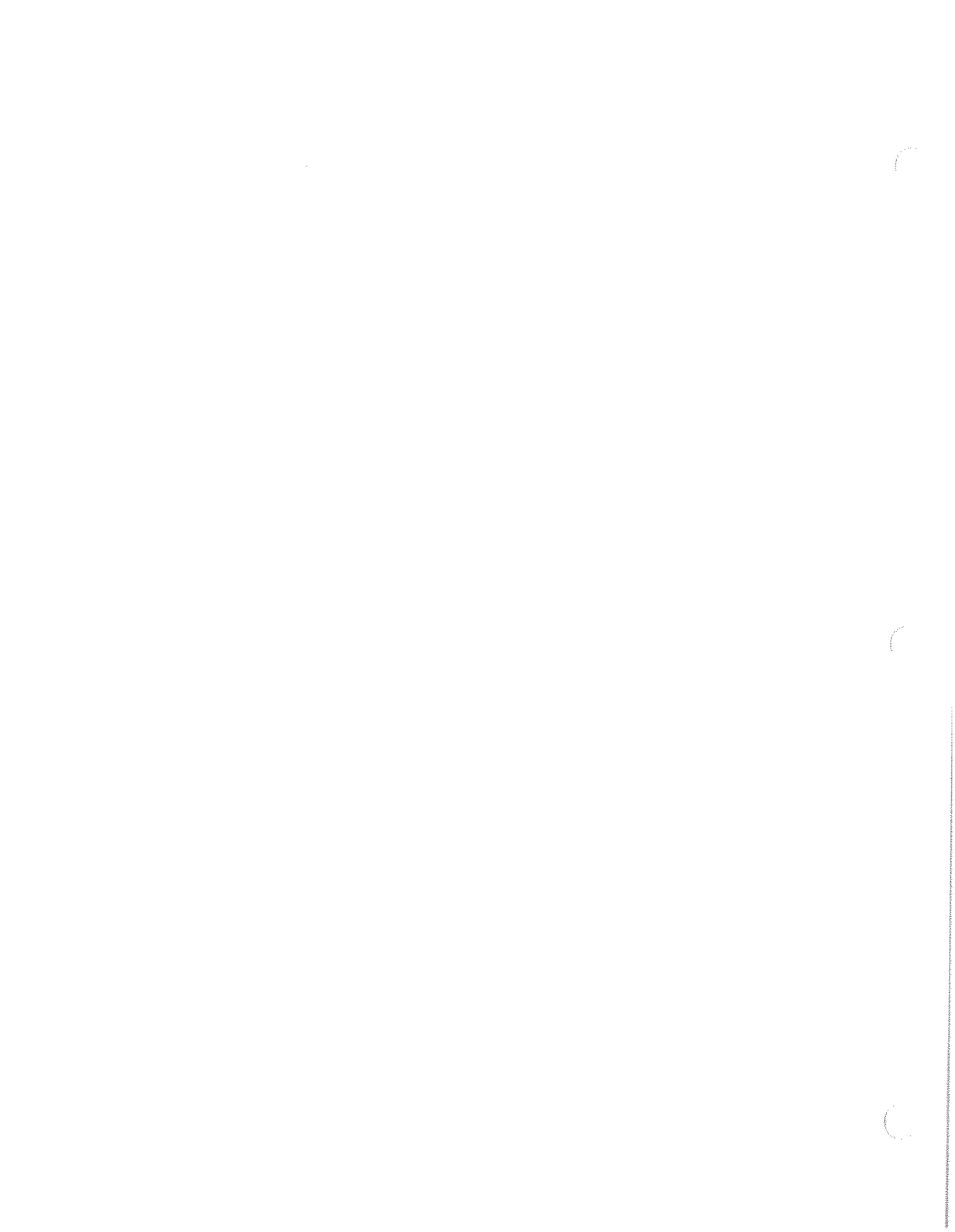
Other

Transition Services

Instruction

Transition Related Services

Community Experiences



Employment&Other Post-School/Adult Living Outcomes

Post Secondary Goal:

Annual Goal:

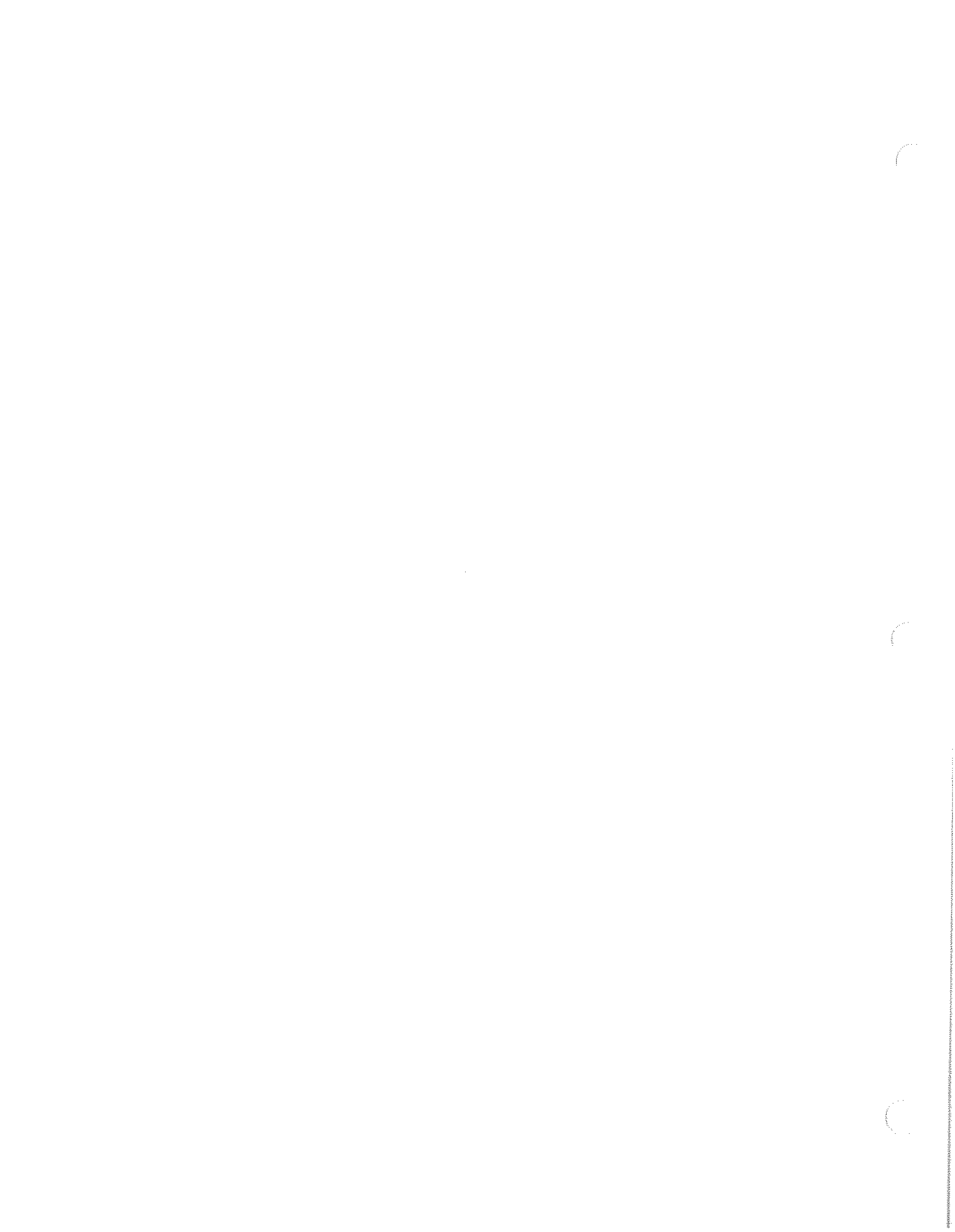
Current and Future Daily Living Skills

Functional Vocational Evaluation

Vocational Rehabilitation and Other Agencies

If the student will turn 17 during the term of this IEP, the transfer of ri
were explained. Y/N

Did the IEP Team determine that the student, if age 16 or older, may benefi
Kansas Rehabilitation Services (KRS) assistance?



Yes No

If Yes, was consent to release confidential information obtained prior to K notification?

Yes No Date Signed ___/___/___

If No, and KRS notification is not necessary, please explain:

Action Statements

Graduation Plan

8th:
Courses Enrolled In:

9th:
Credits Earned:

10th:
Credits Earned:

11th:
Credits Earned:

12th:
Credits Earned:

Ages 18-21:
Credits Earned:



Total number of credits required by this district for graduation: _____

It is anticipated that this student will:

Graduate with a High School Diploma

Complete their Educational Program or exit at the end of the school year during which the student becomes 21 years of age.

Anticipated month and year of graduation/completion of program: _____

Goals/Benchmarks

Goal No. _____

Goal Text:

State Standard:

Baseline:

Evaluation Procedure:

Benchmark # 1 Text:

Benchmark # 2 Text:

Benchmark # 3 Text:



Benchmark # 4 Text:

Benchmark # 5 Text:

Benchmark # 6 Text:

Benchmark # 7 Text:

Anticipated Services to be Provided

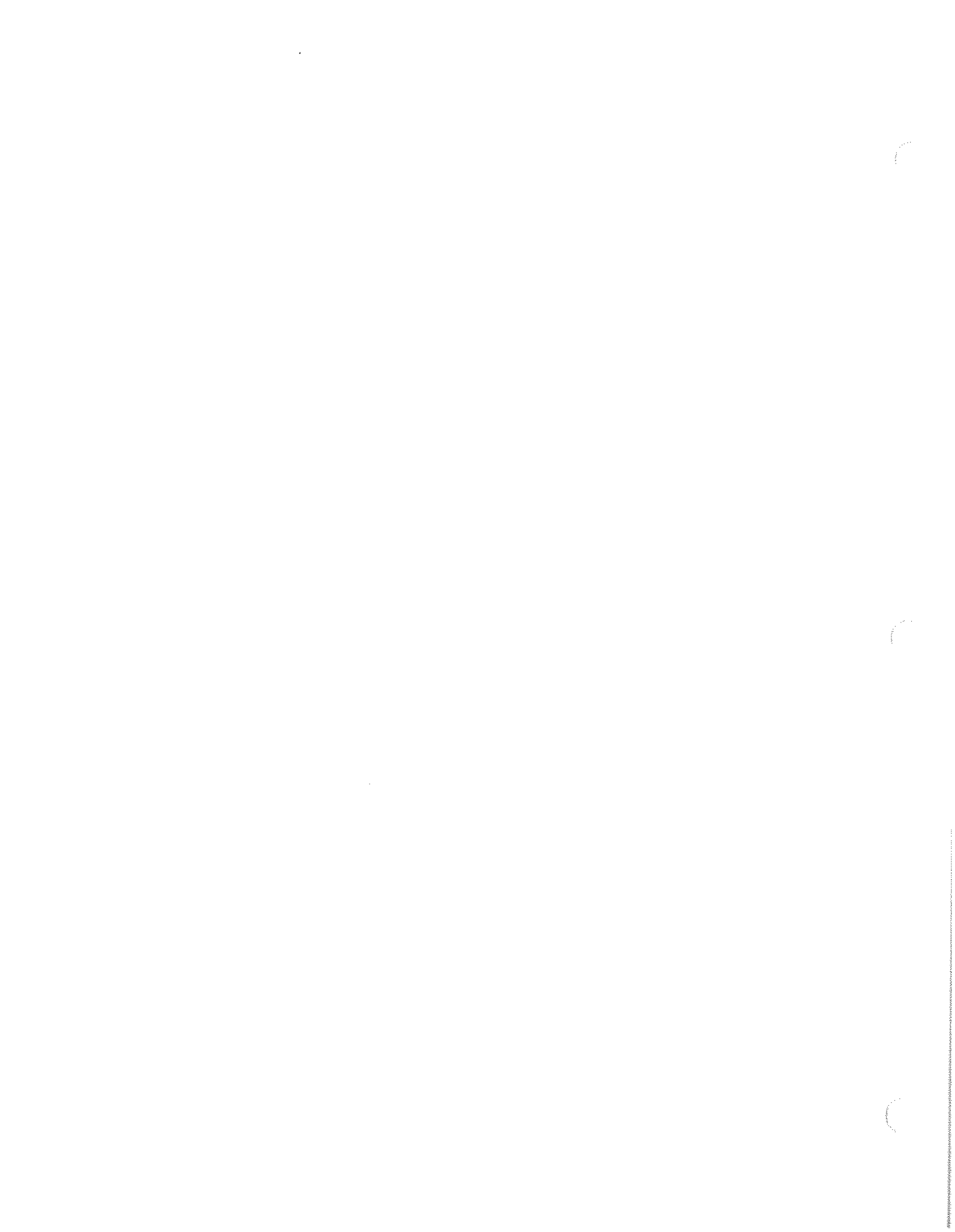
Special Education Services

Related Services

Anticipated frequency:

Duration:

Location:



Supplementary Aids and Services

Supports for School Personnel

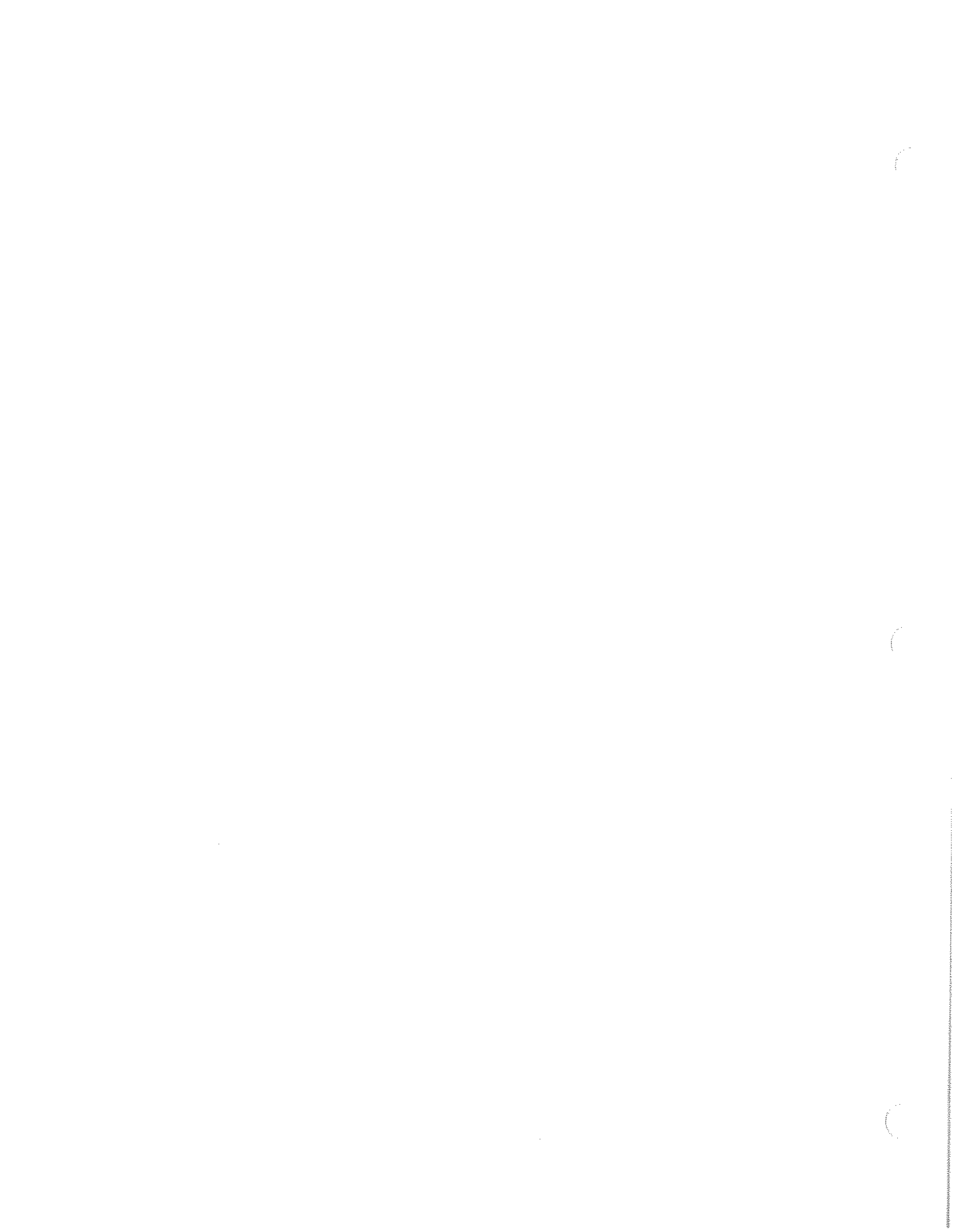
(Special training for a child's teacher that is directly targeted to assist teacher to meet a unique and specific need of the child, not an in-service program that is generally available within a public agency)

YES _____ (Please describe)

Program Modifications

Participation with Non-Disabled Students in the Regular Education Environment

The team considered less/more services and time and then determined that the current program reflects the least restrictive environment for the student



time. The team considered the potentially harmful affects of travel time, educational and social consequences that placement in a special educational classroom could have for the student. It was determined that the agreed up placement is appropriate for the student and out weighs any harmful affects indeed any are present.

The IEP team has determined that for the student to have opportunities to participate with non-identified peers in extracurricular and nonacademic activities, regularly-scheduled special education and related services may occur when their delivery would prevent the child from participating in fie trips, assemblies, special events for the general education classroom or sc state or district-wide assessments, and other such activities including

The provision of the regularly-scheduled special education and related servi not possible due to events that are beyond the control of the school such a closure due to weather or other emergencies, emergency drills, or when the absent from school (this does not include suspension or expulsion of the st

Yes No

Further Clarification (if necessary):

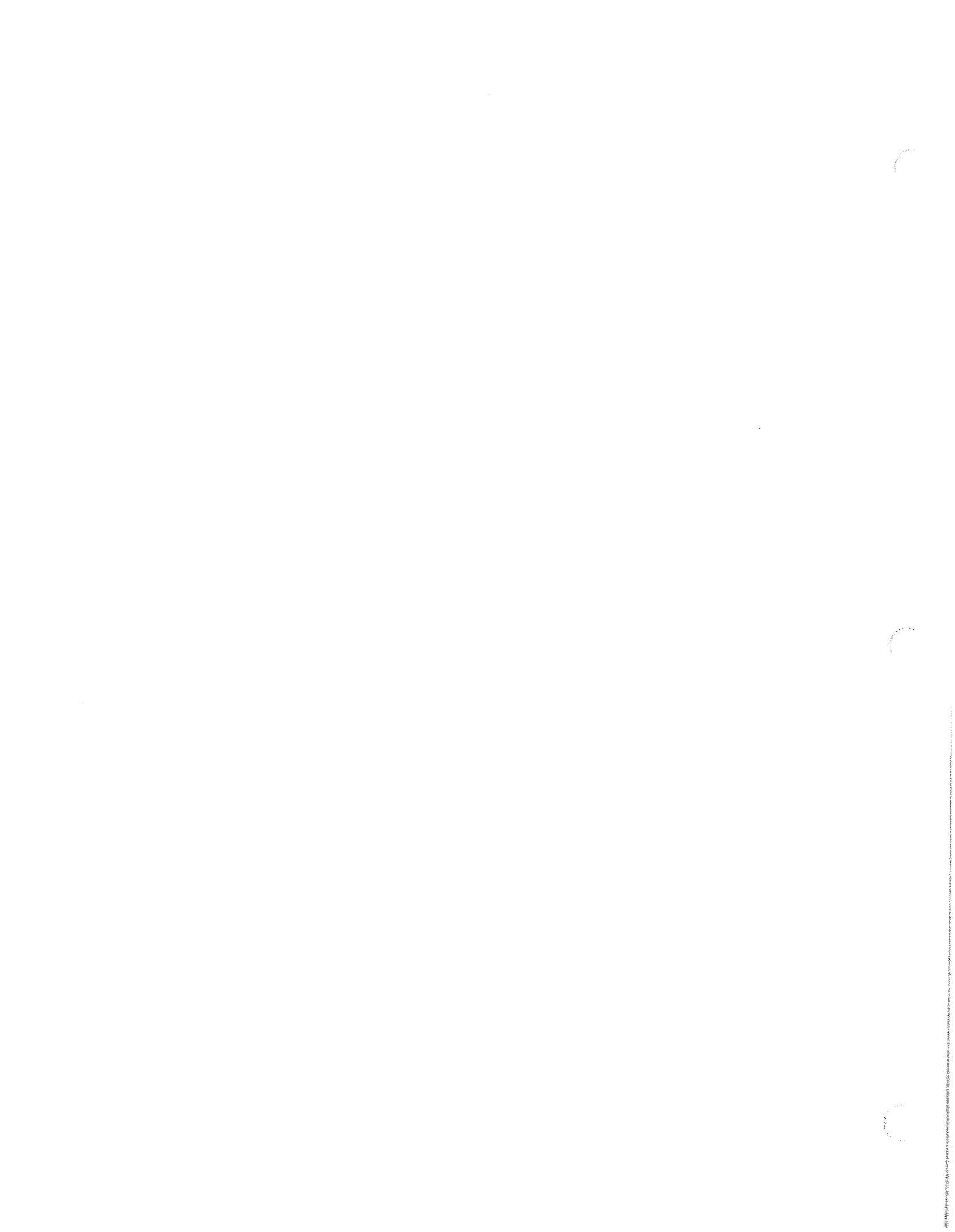
Participation in District-wide Assessments

TYPE OF ASSESSMENT

REGULAR *ACCOMMODATIONS **MODIFICATION** ***ALTERNATE
(HAS TO MEET
KAMM CRITERIA)

SUBJECT AREA:

READING	_____	_____	_____	_____
WRITING	_____	_____	_____	_____
SCIENCE	_____	_____	_____	_____
MATH	_____	_____	_____	_____
SOCIAL ST.	_____	_____	_____	_____



READING:

WRITING:

SCIENCE:

MATH:

SOCIAL STUDIES:

Participation in State Assessments

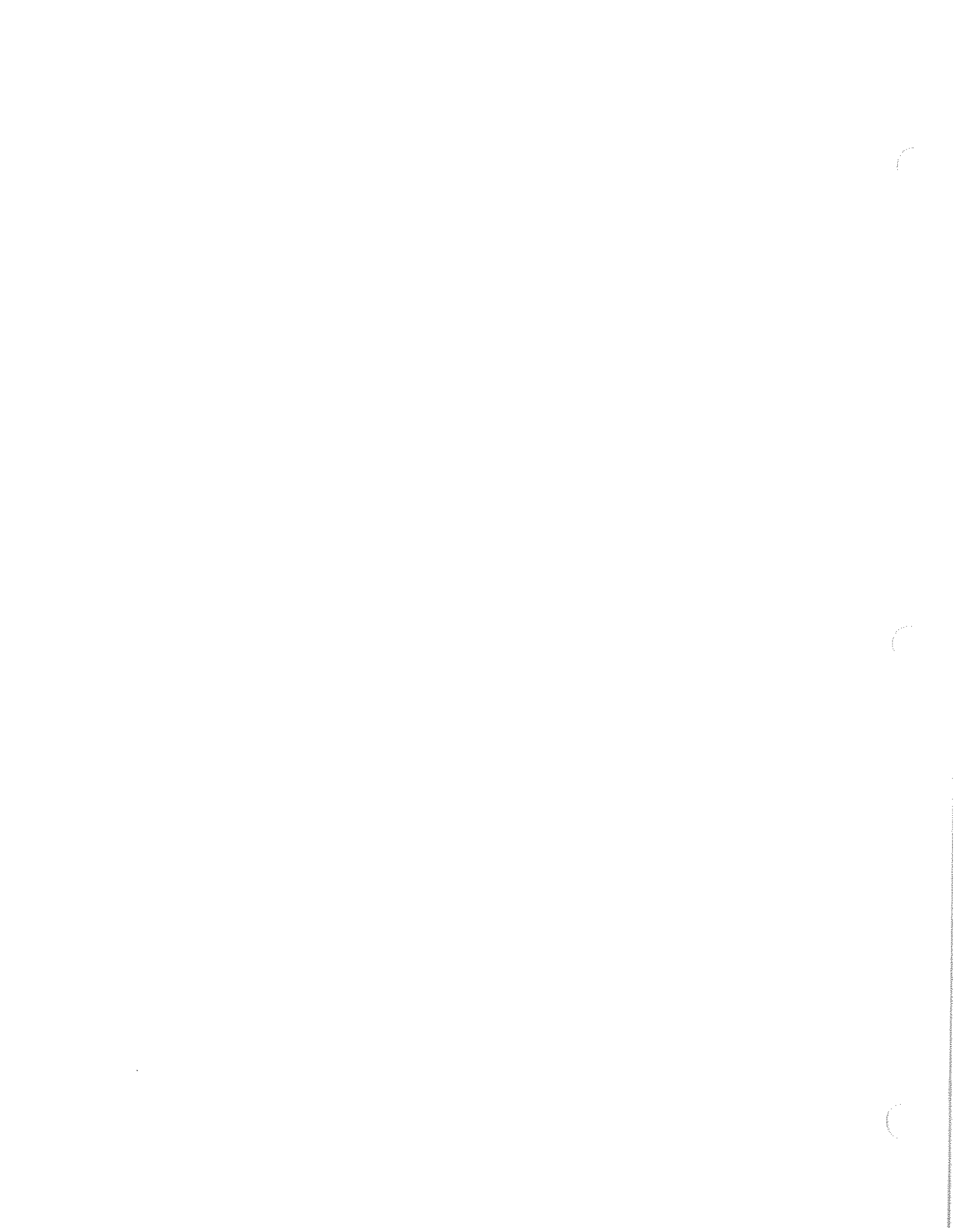
SAME AS PREVIOUS PAGE _____

TYPE OF ASSESSMENT

			(KAMM)	
REGULAR	*ACCOMMODATIONS	***MODIFICATION	***ALTERNATE	

SUBJECT AREA:

READING	_____	_____	_____	_____
WRITING	_____	_____	_____	_____
SCIENCE	_____	_____	_____	_____
MATH	_____	_____	_____	_____
SOCIAL ST.	_____	_____	_____	_____



READING:

WRITING:

SCIENCE;

MATH:

SOCIAL STUDIES:

** KAMM :

1. Y/N DOES THE STUDENT HAVE A CURRENT IEP?
2. Y/N DOES THE STUDENT REQUIRE INTENSIVE INDIVIDUALIZED INSTRUCTION?
3. Y/N ARE CLASSROOM ASSESSMENTS DEVELOPED IN A UNIQUE MANNER TO MET INDIVI
NEEDS OF THE STUDENT?
4. Y/N IS THE STUDENT PERFORMING SIGNIFICANTLY BELOW GRADE LEVEL PEERS?
5. Y/N IS INSTRUCTION IN THE CONTENT AREA BEING CONSIDERED BASED PRIMARILY
THE GENERAL STANDARDS AND NOT THE EXTENDED STANDARDS?

***ALTERNATE ASSESSMENT: PLEASE JUSTIFY WHY THE STUDENT CANNOT PARTICIPATE
REGULAR ASSESSMENTS EVEN WITH ACCOMMODATIONS OR MODIFICATIONS. ONLY 2% OF D
ENTOLLED STUDENTS CAN TAKE THE KAMM AND ONLY 1% CAN TAKE THE ALTERNATE ASSE

Extended School Term

Are Extended School Term services necessary for this student with a disabil

Yes No

If the above answer is Yes:

The IEP Team currently has enough information to determine necessary E
services and they are contained in this IEP.

The IEP Team does not have enough information to determine necessary E
services at this time. The team will reconvene on this



date: _____ to determine services and add them to the IEP.

Behavior Intervention Plan

Assistive Technology Plan

Special Considerations

Notification of Transfer of Rights

Beginning on the date you turn eighteen years of age, we will provide both you and your parents with all notices required by special education laws and regulations. All other rights accorded to parents under special education laws and regulations will be transferred to you, or, if you have a legal guardian, to the legal guardian.





NAME OF SCHOOL STUDENT ATTENDS: _____

PARENT/GUARDIAN NAME: _____

RELEASE OF INFORMATION AUTHORIZATION SPECTRA PROJECT

MY SIGNATURE BELOW AUTHORIZES THE SCHOOL DISTRICT INDICATED ABOVE AND THE K STATE DEPARTMENT OF EDUCATION TO SHARE WITH THE KANSAS MEDICAID AGENCY MY C IDENTIFICATION AND IEP INFORMATION. THIS INFORMATION IS TO BE USED TO ALLO SCHOOL DISTRICT TO CLAIM MEDICAID FUNDS FOR HEALTH RELATED SERVICES DELIVER CHILD.

I AM AWARE THAT THE LOCAL EDUCATION AGENCY IS RESPONSIBLE FOR PROVIDING SPE EDUCATION AND RELATED SERVICES AS LISTED ON MY CHILD'S IEP AT NO ADDITIONAL ME. MY SIGNATURE OR FAILURE TO SIGN THIS FORM WILL NOT CHANGE THE SPECIAL EDUCATION OR RELATED SERVICES PROVIDED TO MY CHILD. I HAVE READ AND UNDERS THIS INFORMATION.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

Destruction of Records

NOTICE OF DESTRUCTION OF EDUCATIONAL RECORDS:

SPECIAL EDUCATION RECORDS FOR EACH CHILD WITH AN EXCEPTIONALITY ARE MAINTAI THE SCHOOL DISTRICT UNTIL NO LONGER NEEDED TO PROVIDE EDUCATIONAL SERVICES CHILD. THIS NOTICE IS TO INFORM YOU THAT THE SPECIAL EDUCATION RECORDS FOR STUDENT MAY BE DESTROYED AFTER 5 YEARS FOLLOWING PROGRAM COMPLETION OR GRAD FROM HIGH SCHOOL UNLESS THE STUDENT (OR THE STUDENT'S LEGAL GUARDIAN) HAS POSSESSION OF THE RECORDS PRIOR TO THAT TIME. IF YOU OR THE STUDENT WISH T ARRANGEMENTS TO ACQUIRE RECORDS AFTER THE STUDENT'S DATE OF PROGRAM COMPLET GRADUATION FROM HIGH SCHOOL PLEASE CONTACT: THE SPECIAL SERVICES COOPERATIV 510 E. HIGHWAY 24, WAMEGO KS 66547 785-456-9195

MY INITIALS INDICATE THAT I AM AWARE OF THIS DESTRUCTION POLICY. _____

Anticipated Services to be Provided

Ln#	Serv	Set	Provider	Attend Bldg	Min	Da	Wk	Start Date	End Date

