



**Present Levels of Academic and Functional Performance**

**Health/Physical**

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

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**Social/Emotional**

Strengths:  
Parental Concerns:

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**General Intelligence**

Strengths:  
Parental Concerns:

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**Academic Performance**

Strengths:  
Parental Concerns:

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**Communication**

Strengths:  
Parental Concerns:

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**Other**

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**Transition Services**

**Instruction**

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**Transition Related Services**

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**Community Experiences**

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**Employment&Other Post-School/Adult Living Outcomes**

Post Secondary Goal:

Annual Goal:

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**Current and Future Daily Living Skills**

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**Functional Vocational Evaluation**

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**Vocational Rehabilitation and Other Agencies**

If the student will turn 17 during the term of this IEP, the transfer of rights

were explained. Y/N

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

Yes  No

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

Yes  No Date Signed \_\_\_/\_\_\_/\_\_\_

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

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**Action Statements**

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**Graduation Plan**

Include School Year, Grade Level and Courses to be taken each year.

8th:  
Credits Earned:

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: \_\_\_/\_\_\_  
(Month/Year)

I agree with the graduation plan above. \_\_\_\_\_

Parent Signature / Date

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**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:

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**Anticipated Services to be Provided**

**Special Education Services**

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**Related Services**

Anticipated frequency:

Duration:

Location:

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Supplementary Aids and Services

Supports for School Personnel

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

YES \_\_\_\_\_ (Please describe)

Accommodations

AREAS OF NEED ADDRESSED ON IEP:

<b>READING</b>	<b>WRITTEN LANGUAGE</b>	<b>MATH</b>	<b>SCIENCE</b>	<b>SOCIAL STUDIES</b>
<input type="checkbox"/> MILD	<input type="checkbox"/> MILD	<input type="checkbox"/> MILD	<input type="checkbox"/> MILD	<input type="checkbox"/> MILD
<input type="checkbox"/> MODERATE	<input type="checkbox"/> MODERATE	<input type="checkbox"/> MODERATE	<input type="checkbox"/> MODERATE	<input type="checkbox"/> MODERATE
<input type="checkbox"/> SIGNIFICANT	<input type="checkbox"/> SIGNIFICANT	<input type="checkbox"/> SIGNIFICANT	<input type="checkbox"/> SIGNIFICANT	<input type="checkbox"/> SIGNIFICANT

(MILD 1 YR., MODERATE 2-4 YRS. SIGNIFICANT + 5 YRS BELOW GRADE LEVEL)  
 LOCATION: GENERAL ED = G SPECIAL ED = S BOTH = B

PACING	R	W	M	S	SS
<input type="checkbox"/> avoid times situations					
<input type="checkbox"/> vary activities					
<input type="checkbox"/> extended time*					
Describe:					

CLASSROOM	R	W	M	S	SS
<input type="checkbox"/> alter seating					
<input type="checkbox"/> change room					
<input type="checkbox"/> limit distractions					
<input type="checkbox"/> *other					
*other:					

ASSIGNMENTS	R	W	M	S	SS
<input type="checkbox"/> lower reading level					
<input type="checkbox"/> direction in small group					
<input type="checkbox"/> written directions					
<input type="checkbox"/> alternative assignments					
<input type="checkbox"/> lower difficulty leave					
<input type="checkbox"/> shorter assignments					
<input type="checkbox"/> fewer paper/pencil tasks					
<input type="checkbox"/> read directions					
<input type="checkbox"/> oral cues and prompts					
<input type="checkbox"/> student tapes/types work					
<input type="checkbox"/> alternative setting					
<input type="checkbox"/> extended time*					
*Describe:					

TEACHING	R	W	M	S	SS
<input type="checkbox"/> individual instruction					
<input type="checkbox"/> group instruction					

TESTING	R	W	M	S	SS
<input type="checkbox"/> read test/tape test					
<input type="checkbox"/> oral responses					

<input type="checkbox"/> auditory/visual					
<input type="checkbox"/> multisensory					
<input type="checkbox"/> taped lecture					
<input type="checkbox"/> hands on activities					
<input type="checkbox"/> demonstrations					
<input type="checkbox"/> preteach					
<input type="checkbox"/> note taking assistance					
<input type="checkbox"/> provide guided outlines					
<input type="checkbox"/> *other					
*Other:					

<input type="checkbox"/> shorten test					
<input type="checkbox"/> modify test format					
<input type="checkbox"/> different types of tests					
<input type="checkbox"/> shortened answers					
<input type="checkbox"/> multiple choice					
<input type="checkbox"/> dictate essay answers					
<input type="checkbox"/> alternative setting					
<input type="checkbox"/> extended time*					
*Describe:					

MATERIALS	R	W	M	S	SS
<input type="checkbox"/> taped textbooks					
<input type="checkbox"/> highlighted textbooks					
<input type="checkbox"/> modified curriculum					
<input type="checkbox"/> bold or large print					
<input type="checkbox"/> modified text					
<input type="checkbox"/> calculator, computer					
<input type="checkbox"/> word banks, vocab lists					
*Other:					

STUDENT SUPPORT	R	W	M	S	SS
<input type="checkbox"/> immediate feedback					
<input type="checkbox"/> positive feedback					
<input type="checkbox"/> check for understanding					
<input type="checkbox"/> cooperative learning					
<input type="checkbox"/> peer help					
<input type="checkbox"/> student repeats directions					
<input type="checkbox"/> help w/ organization					
<input type="checkbox"/> *other					
*Other:					

**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 at this 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 upon placement is appropriate for the student and out weighs any harmful affects if 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 not occur when their delivery would prevent the child from participating in field trips, assemblies, special events for the general education classroom or school, state or district-wide assessments, and other such activities including

The provision of the regularly-scheduled special education and related services is not possible due to events that are beyond the control of the school such as school closure due to weather or other emergencies, emergency drills, or when the child is absent from school (this does not include suspension or expulsion of the student).

Yes     No

Further Clarification (if necessary):

**Participation in District-wide Assessments**

TYPE OF ASSESSMENT	REGULAR	*ACCOMMODATIONS	**MODIFICATION** (HAS TO MEET KAMM CRITERIA)	***ALTERNATE
SUBJECT AREA:				
READING	_____	_____	_____	_____
WRITING	_____	_____	_____	_____
SCIENCE	_____	_____	_____	_____
MATH	_____	_____	_____	_____
SOCIAL ST.	_____	_____	_____	_____

READING:

WRITING:

SCIENCE:

MATH:

SOCIAL STUDIES:

**Kamm Eligibility Criteria**

KAMM Eligibility Questions:

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 individual 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 on general standards and not the extended standards?

**State Assessments**

**THE IEP TEAM HAS DETERMINED THIS STUDENT WILL BE ASSESSED AS FOLLOWS:**

Area	Type of Assessment
Reading	
Math	
Writing	
Social Studies	

Science

**ACCOMODATIONS**

To select multiple accommodations, hold down the Command Key (Mac) or the CRTL Key (Windows) while clicking on the list items.

**Reading**

- No accommodations are necessary
- 0 - Separate, quiet, or individual setting provided
- 1 - Frequent breaks during the assessment
- 2 - Braille edition provided
- 3 - Large print edition of the assessment provided
- 4 - Visual magnification is used by the student
- 5 - Answers dictated to scribe
- 6 - Assessment read or CD used
- 7 - Communication device used
- 8 - CDs used
- 9 - Other accommodations used: (note below)
- 10 - Directions were signed
- 11 - Responses were signed
- 12 - Braille writer or slate and stylus
- 13 - Additional time allowed
- 14 - Calculator was used
- 15 - Translation dictionary used

Please list the Frequency, Duration and Location of each of the items listed above. If 9 - Other accommodation used is selected, list the other accommodation here.

**Math**

- No accommodations are necessary
- 0 - Separate, quiet, or individual setting provided
- 1 - Frequent breaks during the assessment
- 2 - Braille edition provided
- 3 - Large print edition of the assessment provided
- 4 - Visual magnification is used by the student
- 5 - Answers dictated to scribe
- 6 - Assessment read or CD used
- 7 - Communication device used
- 8 - CDs used
- 9 - Other accommodations used: (note below)
- 10 - Directions were signed
- 11 - Responses were signed
- 12 - Braille writer or slate and stylus
- 13 - Additional time allowed
- 14 - Calculator was used
- 15 - Translation dictionary used

Please list the Frequency, Duration and Location of each of the items listed above. If 9 - Other accommodation used is selected, list the other accommodation here.

**Writing**

- No accommodations are necessary
- 0 - Separate, quiet, or individual setting provided
- 1 - Frequent breaks during the assessment
- 2 - Braille edition provided
- 3 - Large print edition of the assessment provided
- 4 - Visual magnification is used by the student
- 5 - Answers dictated to scribe
- 6 - Assessment read or CD used
- 7 - Communication device used
- 8 - CDs used
- 9 - Other accommodations used: (note below)
- 10 - Directions were signed
- 11 - Responses were signed
- 12 - Braille writer or slate and stylus
- 13 - Additional time allowed
- 14 - Calculator was used
- 15 - Translation dictionary used

Please list the Frequency, Duration and Location of each of the items listed above. If 9 - Other accommodation used is selected, list the other accommodation here.

**Social Studies**

- No accommodations are necessary
- 0 - Separate, quiet, or individual setting provided
- 1 - Frequent breaks during the assessment
- 2 - Braille edition provided
- 3 - Large print edition of the assessment provided
- 4 - Visual magnification is used by the student
- 5 - Answers dictated to scribe
- 6 - Assessment read or CD used
- 7 - Communication device used
- 8 - CDs used
- 9 - Other accommodations used: (note below)
- 10 - Directions were signed
- 11 - Responses were signed
- 12 - Braille writer or slate and stylus
- 13 - Additional time allowed
- 14 - Calculator was used
- 15 - Translation dictionary used

Please list the Frequency, Duration and Location of each of the items listed above. If 9 - Other accommodation used is selected, list the other accommodation here.

Science

- No accommodations are necessary
- 0 - Separate, quiet, or individual setting provided
- 1 - Frequent breaks during the assessment
- 2 - Braille edition provided
- 3 - Large print edition of the assessment provided
- 4 - Visual magnification is used by the student
- 5 - Answers dictated to scribe
- 6 - Assessment read or CD used
- 7 - Communication device used
- 8 - CDs used
- 9 - Other accommodations used: (note below)
- 10 - Directions were signed
- 11 - Responses were signed
- 12 - Braille writer or slate and stylus
- 13 - Additional time allowed
- 14 - Calculator was used
- 15 - Translation dictionary used

Please list the Frequency, Duration and Location of each of the items listed above. If 9 - Other accommodation used is selected, list the other accommodation here.

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R=Reading, M=Math, W=Writing, SS=Social Studies, S=Science

If KAMM or Alternate is selected, explain why the general assessment is not appropriate:

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**ALTERNATE ASSESSMENT** *Grades 3 through 11*

**READING**  
(Select Five)

**MATH**  
(Select Five)

Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>	Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>
Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>	Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>
Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>	Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>
Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>	Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>
Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>	Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>

**WRITING**  
(Select Five)

**SOCIAL STUDIES**  
(Select Five)

Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>	Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>
Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>	Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>
Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>	Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>
Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>	Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>
Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>	Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>

**SCIENCE**  
(Select Five)

Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>	
Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>	
Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>	
Standard <input type="checkbox"/> Benchmark <input type="checkbox"/> Indicator <input type="checkbox"/>	

Standard [ ] Benchmark [ ] Indicator [ ]

Team Leader [ ]

Examiner [ ]

Respondents  
1. [ ] 2. [ ] 3. [ ]

**Extended School Term**

Are Extended School Term services necessary for this student with a disability?

Yes  No

If the above answer is Yes:

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

The IEP Team does not have enough information to determine necessary ESY services at this time. The team will reconvene on this date: \_\_\_\_\_ to determine services and add them to the IEP.

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**Behavior Intervention Plan**

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**Assistive Technology Plan**

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**Special Considerations**

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**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.

Notice provided to: \_\_\_ Parents \_\_\_\_\_  
(Date)  
\_\_\_ Student \_\_\_\_\_  
(Date)

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Progress Report

The Parent(s)/Legal Decision Maker will be informed of the student's progress at least one time every

\_\_\_\_\_ trimester by written report. (For Rock Creek Elementary students)

\_\_\_\_\_ quarter by written report.

Medicaid/Spectra Form

Parent Release of Information

Student Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Permission is given for the Special Services Cooperative LEA to share appropriate information concerning the above listed student with the Kansas Health Policy Authority so the LEA, can, if applicable, seek reimbursement for any health-related services that are claimable under the Title XIX Medicaid Program or the Title XXI State Child health Insurance Program.

In conjunction with the above, I understand that the LEA may also need to obtain a Physician's Prescription for some/all of the health-related services that is provided to the student. In this regard, I hereby give permission for the LEA, if applicable, to share portions of the student's Individual Education Plan (IEP) with a qualified health care professional in order to obtain such Physician's Prescriptions.

Physicians Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

I understand that the LEA is required to provide certain health-related services to any student who has an IEP at no additional cost to the student's parent(s)/guardian(s). I also understand that my signature- or failure to sign this form- will not affect whether such services are provided to the student.

I understand all of the statements set forth above \* and I hereby grant all of the above \* referenced permissions for the period from July 1, 2008 through June 30, 2010.

PARENT(S)/GUARDIAN(S) SIGNATURE(S) \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

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PHYSICIAN AUTHORIZATION

Dear Health Care Provider:

As specified in the student's, Individual Education Plan (IEP), the student qualifies to receive one or more of the following services during the time period that is specified in that IEP.

- |                  |                         |                         |
|------------------|-------------------------|-------------------------|
| Audiology        | Occupational Therapy    | Physical Therapy        |
| Nursing Services | Speech/Language Therapy | Attendant Care Services |

If/as appropriate, the LEA may seek reimbursement from the Kansas Health Policy Authority for some/all of the above-listed services. In order to do that, however, the LEA must obtain the signature of a qualified health care provider.

Your signature certifies that the student qualifies to receive all of the above-listed service that are specified in the student's IEP. In this regard, this document will serve as the required Physician's Prescription with respect to those services.

PHYSICIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For the period from July 1, 2008 through June 30, 2010

NOTICE OF DESTRUCTION OF EDUCATIONAL RECORDS:

SPECIAL EDUCATION RECORDS FOR EACH CHILD WITH AN EXCEPTIONALITY ARE MAINTAINED BY THE SCHOOL DISTRICT UNTIL NO LONGER NEEDED TO PROVIDE EDUCATIONAL SERVICES TO THE CHILD. THIS NOTICE IS TO INFORM YOU THAT THE SPECIAL EDUCATION RECORDS FOR THIS STUDENT MAY BE DESTROYED AFTER 5 YEARS FOLLOWING PROGRAM COMPLETION OR GRADUATION FROM HIGH SCHOOL UNLESS THE STUDENT (OR THE STUDENT'S LEGAL GUARDIAN) HAS TAKEN POSSESSION OF THE RECORDS PRIOR TO THAT TIME. IF YOU OR THE STUDENT WISH TO MAKE ARRANGEMENTS TO ACQUIRE RECORDS AFTER THE STUDENT'S DATE OF PROGRAM COMPLETION OR GRADUATION FROM HIGH SCHOOL PLEASE CONTACT: THE SPECIAL SERVICES COOPERATIVE, 510 E. HIGHWAY 24, WAMEGO KS 66547 785-456-9195

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

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