

Sheila L. Mews

Rice Lake

Example of a Transition IEP
for a 17 year old female with mild
disabilities who plans to attend
UW-Eau Claire

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact the Rice Lake Area School District at 234-9007.]

Dear <u>Mr. and Mrs. Mews</u>		Date <u>5/20/06</u>
A purpose of your child's upcoming individualized education program (IEP) meeting is to discuss his / her post high school goals and the transition services needed to achieve those goals. We would like to invite individuals or representatives from the following agencies who may assist with the transition planning for your child.		
Name, if known		Agency
Barry Sinde - Disability Coordinator	UW-Eau Claire	

Before we can invite these individuals or representatives the district needs your written consent (permission).

Sincerely,

Nancy Chartier, Director of Pupil Services
715-234-9007, Ext. 3011

(Please check the appropriate box below, sign, date, and return one copy of this request to the school district)

I understand the action proposed by the school district and

- I give my consent for all of the above identified individuals or representatives to be invited to my child's IEP meeting. I understand that my consent is voluntary and may be revoked at any time before the identified individuals or representatives have been invited.
- I give my consent for the following above identified individuals or representatives to be invited to my child's IEP meeting _____
_____.
- I do not give my consent for any of the above identified individuals or representatives to be invited to my child's IEP meeting.

Signature of parent or legal guardian or adult student

Date

Lynette News

5-27-06

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact a parent advocate at CESA #11, 715-986-2020 if you have questions about your rights.

**INVITATION TO A MEETING OF THE
 INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM**

*[If you need this notice in a different language or communicated in a different way,
 or have questions about this notice, please contact the Rice Lake Area School District at 234-
 9007]*

Date: 9/6/06

Dear Mr. and Mrs. Mews and Sheila,

You are a participant on the IEP Team which will meet to address the educational needs of your child, Sheila. IEP team meetings must be held at a mutually agreeable time and place. An IEP team meeting has tentatively been scheduled for the following date 9/22/06, time 3:30 and location Guidance Conference room. If these meeting arrangements are not agreeable to you, please call Marsha Little at 444-4444 ext. 14. You may bring other people who have knowledge or special expertise about your child to the meeting with you. The purpose of this IEP team meeting is (check all that apply):

EVALUATION AND REEVALUATION
<input type="checkbox"/> Determine initial eligibility for special education
<input type="checkbox"/> Determine continuing eligibility for special education
INDIVIDUALIZED EDUCATION PROGRAM (IEP) (if student is eligible)
<input type="checkbox"/> Develop an initial IEP
<input checked="" type="checkbox"/> Develop an annual IEP
<input type="checkbox"/> Review/revise IEP
<input checked="" type="checkbox"/> Transition (required for students beginning at age 14)
PLACEMENT (if student is eligible)
<input type="checkbox"/> Determine initial placement
<input checked="" type="checkbox"/> Determine continuing placement
OTHER
<input type="checkbox"/> Review existing information to determine need for additional assessments or other evaluation materials (meeting optional)
<input type="checkbox"/> Conduct a manifestation determination (check appropriate boxes under IEP and placement if changes in either are contemplated)
<input type="checkbox"/> Determine an interim alternative educational setting (IAES) (must also check appropriate boxes under IEP & placement)
<input type="checkbox"/> Specify:

If transition is checked above as one of the purposes of this meeting, your child will be invited to attend. We are also inviting representatives from the following agencies who may assist in the transition planning for your child: None

**INVITATION TO A MEETING OF THE
INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM**

Agency	Title/Position
<i>UW-Eau Claire</i>	<i>Barry Sinde / Disability Coordinator</i>

If at any point during this meeting you or other IEP team participants believe that additional time is needed to permit your meaningful involvement additional time will be provided. Decisions related to the purpose(s) checked above may be made in one meeting or may require more than one meeting depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team's most recent evaluation report.

THE FOLLOWING IEP TEAM PARTICIPANTS WILL ATTEND THE MEETING:

Name/Reg. Ed. Teacher <i>Mike Hanson/ Coop. teacher</i>	Name & Title
Name/Sp. Ed. Teacher <i>Marsha Little/ Cross Categorical teacher</i>	Name & Title
Name/LEA Representative <i>Elizabeth Whitley / Dean of Students</i>	Name & Title
Name & Title <i>Sheila Mews/Student</i>	Name & Title
Name & Title <i>Mark Young / Counselor</i>	Name & Title

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year.

- You received a copy of your procedural safeguard rights in a brochure about parent and child rights earlier this year. If you would like another copy of this brochure, please contact the district at the telephone number above.
- A copy of the parent and child rights brochure is enclosed with this invitation.

In addition to district staff, you may also contact a parent advocate at CESA #11, 715-986-2040 if you have questions about your rights.

Sincerely,

Nancy Chartier, Director of Pupil Services
715-234-9007, Ext. 3011

IEP COVER SHEET

Student (last, first, middle) <i>Sheila Mews</i>		DOB <i>4/13/89</i>	Grade <i>12</i>	Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Age <i>17</i>
Parent or Legal Guardian <i>Lynette and Marcus Mews</i>		Address (street, city, state, zip) <i>899 3rd Street North Rice Lake, WI 54868</i>		Telephone Area/No. <i>(715) 444-1231</i> ()	
Disability(s) <i>SLD-Specific Learning Disability</i>	District of Residence: <i>Rice Lake</i>	Current District of Placement <i>Rice lake</i>	Race/ethnic (if parent chooses to identify)		
	Special Education Program(s) <i>PCC-Cross-Categorical</i>	Related Service(s):	Program Location <i>180-Rice Lake High School</i>		
FOR STUDENTS TRANSFERRING BETWEEN PUBLIC AGENCIES – <input type="checkbox"/> IEP reviewed & adopted <input type="checkbox"/> IEP not adopted Reviewed by _____ on _____. <input type="checkbox"/> Evaluation report reviewed & adopted <input type="checkbox"/> Evaluation not adopted Reviewed by _____ on _____.					
Additional Information:					
Projected beginning and ending date(s) of IEP services & modifications. Exclusions - normal school schedule <i>10/9/06</i> to <i>6/8/07</i>					

The purpose(s) of this IEP meeting:

- | | |
|--|---|
| <input type="checkbox"/> Evaluation including determination of eligibility | <input checked="" type="checkbox"/> Develop a statement of transition goals and services (<i>required for students age 14 and older, or younger if appropriate</i>) |
| <input type="checkbox"/> IEP review/revision | <input type="checkbox"/> Manifestation determination |
| <input checked="" type="checkbox"/> Placement | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Alternate assessment | |
| <input checked="" type="checkbox"/> Initial or annual IEP development | |

If a purpose of this meeting is IEP development, review, and/or revision related to the academic, developmental and functional needs of the child, the IEP team considered the results of:

- | | | |
|-----------------------------------|---|--|
| Initial or most recent evaluation | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> Not applicable |
| Statewide assessments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Not applicable |
| District-wide assessments | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> Not applicable |

IEP TEAM PARTICIPANTS		Date of Meeting: <i>9/22/06</i>
Parent/Guardian: <i>Marcus Mews / Parent</i>	Regular Education Teacher/title: <i>Mike Hanson / Coop. teacher</i>	Regular Education Teacher/title:
Student (if appropriate) <i>Sheila Mews / Student</i>	Special Education Teacher/title: <i>Marsha Little/ Cross Categorical Teacher</i>	Special Education Teacher/title:
LEA Representative/title: <i>Elizabeth Whitney/ Dean of Students</i>	Other/title:	Other/title:
Other/title: <i>Barry Sinde / Disability Specialist UW-Eau Claire</i>	Other/title:	Other/title:
Other/title: <i>Terry Kirkman / Counselor</i>	Other/title:	Other/title:
Other/title:	Other/title:	Other/title:

If the parent did not attend or participate in the meeting by other means and did not agree to the time and place of the IEP team meeting, document 3 efforts to involve the parents:		
1.	2.	3.

INDIVIDUALIZED EDUCATION PROGRAM

Name of Student (last, first, middle) <i>Mews, Sheila L.</i>	Date of Birth <i>4/13/89</i>	Date of Meeting <i>9/22/06</i>
School <i>High School /</i>	School Year <i>2006/ 2007</i>	Grade <i>12/</i>

I. STUDENT'S VISION STATEMENT

I, Sheila, will attend UW-Eau Claire full-time in the Nursing program to prepare myself to work full-time as a nurse while living in the dorms on campus.

II. PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

A. Describe the student's strengths and the concerns of the parents about the student's education.

Sheila is currently a first term senior who is on-track for graduation. She has experienced success in general education classes with the support of structured study and help from her teachers before or after school. Sheila is a conscientious and hard-working student who uses her class time and structured study time wisely. She has good attendance, although she tends to miss more than one class a month due to illness or to help with the family. She has good organizational skills; she is dependable and responsible. Sheila tends to be quiet in class, and she is afraid to ask questions in large-group settings, but she has improved in her self-advocacy skills. Sheila will go to the Resource Room when she feels she requires extra assistance.

Parent concerns: Sheila's father said that he did not have any concerns about Sheila's progress in school or her post-secondary plans.

B. Describe the student's present level of academic achievement and functional performance including how the student's disability affects his or her involvement and progress in the general curriculum. Be sure to include student's preferences and interests. For preschool students, describe how the disability affects involvement in age-appropriate activities. (Note: Present level of performance must include information that corresponds with each annual goal) *Past evaluations and teacher observations and comments indicate Sheila possesses weaknesses in the area of reading. She has difficulty sounding out and identifying unfamiliar words, which do affect her comprehension. She is able to use preview and skimming skills in order to answer questions from worksheets; however, she often times is not able to explain the meaning of the answer she has written. Higher level, critical thinking questions that are open-ended are quite difficult and frustrating for Sheila. She performs best when she has a clear structure and format to follow. In addition, Sheila is not able to independently comprehend grade level material and benefits greatly from advance organizers and having material orally read and explained to her. She is able to retain the information read and explained to her. In the area of written language, Sheila is able to write a complete sentence with a subject and verb when prompted. Often times, Sheila responds in fragments and run-on sentences, and her writing includes grammar errors, incorrect spelling, and punctuation errors, all of which do not affect the meaning. Sheila requires assistance when writing essays and formal papers. It is helpful for her to have a model to follow and a rubric so she is aware of expectations for her to meet. For in-class writing, Sheila would benefit from use of a computer and to not be penalized for grammar, spelling, and punctuation errors. For formal papers, Sheila may need extended time requirements and one-on-one teacher assistance with revising and editing her own work. In the area of math, Sheila is able to perform basic operations without the use of a calculator, although she does have some difficulty remembering her multiplication and division facts quickly. She did pass Algebra II with a "C" grade, but she accepted a great amount of assistance and often used extended time requirements. Sheila struggled greatly when there were multiple ways to solve a problem; she performs best when she is able to follow the steps of one procedure or way to solve a problem. She benefits from utilizing samples of problems for her to follow and, at times, she may need the use of a calculator to solve problems. Sheila does have difficulty in testing situations in most classes; she spending quality time studying before a test, but she does not often do well. She has benefited from testing in an alternate location with extended time requirements and the ability to make test corrections.*

Sheila and her mother completed the Enderle-Severson Transition Rating Scale in order to assist with transition needs and planning. Sheila's scores are as follows: Post-secondary education-75%; Home Living-100%; Employment-92%; Community Participation-100%; Recreation and Leisure-100%. Sheila has yet to complete an application for UW-Eau Claire and gather information regarding financial aid and scholarships. In addition, she has not yet familiarized herself with the campus or the nursing program at the school. She has made plans to accomplish these tasks this school year.

INDIVIDUALIZED EDUCATION PROGRAM

C. Will the student be involved full-time in the general curriculum or, for preschoolers, in age-appropriate activities?
 Yes No *(If no, describe the extent to which the student will not be involved full-time in the general curriculum or, for preschoolers, in age-appropriate activities)*
Sheila continues to exhibit deficits in the areas of reading comprehension, reading fluency, and areas of written language. She requires specialized instruction and additional modifications and accommodations in order for her to experience academic success.

D. The student will participate in an alternate or replacement curriculum that is aligned with alternate achievement standards in: (check all that apply)

Reading Math Language Arts Science Social Studies Other (specify):

III. TRANSITION

Measurable postsecondary goals and needed transition services must be developed annually for all students who are 14 or will be 14 during the timeframe of this IEP, or who are younger than 14 and in need of transition services.

Is the student aged 14 or over, or will the student turn age 14 during the timeframe of this IEP? Yes No

Is the student younger than age 14 but has transition service needs? Yes No

If the answer is yes for either question, complete the Summary of Transition Services.

SUMMARY OF TRANSITION SERVICES

1. List date and method of inviting student to IEP team meeting: Date: 9/6/06 **Method:** Mutually agreed upon date on 9/5/06. Student invitation sent on 9/6/07. Student was given verbal reminder in person on 9/14 and 9/21.

2. Were other agencies invited? Yes No

Agencies Invited	Date & Method of Invitation	If appropriate, a statement of the interagency responsibilities or any needed linkages
UW-Eau Claire	9/5/06 email	Review admissions requirements and disability services

3. List the student's measurable postsecondary goal(s) based upon age appropriate transition assessments related to the areas below.

Postsecondary Goal Area	Based on Age Appropriate Transition Assessment	Measurable Postsecondary Goal
Training	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See education goal.

INDIVIDUALIZED EDUCATION PROGRAM

Education	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>I, Sheila, will enroll full-time in the nursing program at UW-Eau Claire to prepare myself to work full-time as a nurse while living in the dorms on campus.</i>
Employment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>See above.</i>
Independent Living, (if appropriate)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<i>See above.</i>

INDIVIDUALIZED EDUCATION PROGRAM

Transition

4. Course(s) of study needed to assist the student in reaching the above goals:

8th Grade Course of Study: List classes

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Math | <input type="checkbox"/> Avant Garde |
| <input type="checkbox"/> Science | |
| <input type="checkbox"/> Social Studies | |
| <input type="checkbox"/> Language Arts | |
| <input type="checkbox"/> Study Hall/Band/Choir | |

9th Grade Course of Study: List classes

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Physical Science | <input type="checkbox"/> English |
| <input type="checkbox"/> Physical Science | <input type="checkbox"/> Math |
| <input type="checkbox"/> US History | <input type="checkbox"/> Math |
| <input type="checkbox"/> Physical Education | |
| <input type="checkbox"/> English | |

10th Grade Course of Study: List classes

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> US History | <input type="checkbox"/> Human Growth | <input type="checkbox"/> Drivers' Education |
| <input type="checkbox"/> US History | <input type="checkbox"/> English | <input type="checkbox"/> Study Hall to Drive |
| <input type="checkbox"/> Cell Biology | <input type="checkbox"/> English | |
| <input type="checkbox"/> Zoology or Five Kingdoms | <input type="checkbox"/> Math | |
| <input type="checkbox"/> Physical Education | <input type="checkbox"/> Math | |

11th Grade Course of Study: List classes

- World History
- World History
- English
- English
- Physical Education

12th Grade Course of Study: List classes

- | | | |
|---|------------------------------------|--------------------------|
| <input type="checkbox"/> American Citizenship | <i>Structured study 1</i> | <i>FACE coop. 1</i> |
| <input type="checkbox"/> English <i>Mythology</i> | <i>Structured study 2</i> | <i>FACE coop 2</i> |
| <input type="checkbox"/> English <i>Life Manual</i> | <i>structured study 3</i> | <i>FACE on the job 1</i> |
| <input type="checkbox"/> Physical Education <i>Structured study 2</i> | <i>Anatomy and Physiology</i> | <i>FACE on the job 2</i> |
| | <i>Chemistry 1 and Chemistry 2</i> | <i>FACE on the job 3</i> |
| | | <i>FACE on the job 4</i> |

Total number of credits required for graduation: 26

Anticipated Graduation Date: 2007

Will this student graduate with fewer credits than required of all students by the district? Yes No
If yes, identify graduation adaptations:

INDIVIDUALIZED EDUCATION PROGRAM

Transition

5. In the space below, include the transition services necessary to help the student prepare for and move from school to the adult world. Each of the following areas should be considered when developing transition services: Instruction, Community Experiences, Other Post School Adult Living Objectives, Functional Vocational Evaluation, Related Services, Employment Objectives, Acquisition of Daily Living Skills.

Transition services mean a coordinated set of activities that will assist the student in moving from school to their desired postsecondary goals. The transition services should be based on the student's needs taking into account the student's strengths, preferences and interests. As appropriate, the activities in each area should show coordination of efforts between school, family, the student, and any needed post school services, supports and programs. For each "activity" include the school year in which that activity will be addressed, identify who has primary responsibility for the activity (school, family, student, VR, adult agency, etc.) and an anticipated date when that activity will be accomplished or completed.

Transition Services	N/A	Coordinated Set of Activities/Strategies	Time Line	Who is Responsible?	Date Completed
Instruction		<i>Learn about Section 504 of the Rehabilitation Act and Americans with Disabilities Act</i>	<i>spring 2007</i>	<i>Special Education teacher and student</i>	
		<i>Schedule and complete ACT/SAT</i>	<i>spring 2007</i>	<i>Student and parentss</i>	
		<i>Take a CPR/First Aid Coures through community education</i>	<i>2006/2007</i>	<i>Student</i>	
		<i>Identify disability and how it affects learning</i>	<i>2006/2007</i>	<i>Student and special education teacher</i>	
		<i>Identify when, why and how to disclose disability as an adult</i>	<i>2006/2007</i>	<i>Student and special education teacher</i>	
		<i>Determine availability of Assistive Technology at UW-Eau and learn how to use it (text reader, word processor, calculator).</i>	<i>2006-2007</i>	<i>Student, parents and special education teacher</i>	
Community Experiences	N/A	Coordinated Set of Activities/Strategies	Time Line	Who is Responsible?	Date Completed
		<i>Open up a checking and savings account</i>	<i>2006</i>	<i>Student</i>	
		<i>Develop a plan to address postsecondary housing needs</i>	<i>2006/07</i>	<i>Student</i>	
		<i>Tour Eau Claire and locate grocery store pharmacy, clinic, hospital, bank, post office, police station, etc.</i>	<i>2007</i>	<i>Parents and student</i>	
Employment	N/A	Coordinated Set of Activities/Strategies	Time Line	Who is Responsible?	Date Completed
		<i>Complete a job application and resume</i>	<i>2006/2007</i>	<i>Student</i>	
		<i>Practice interviewing skills</i>	<i>2006/07</i>	<i>Counselor and Sheila</i>	
		<i>Memorize social security number</i>	<i>2006/07</i>	<i>Student</i>	
		<i>Demonstrate understanding of paycheck deductions</i>	<i>2006-07</i>	<i>Student and parents</i>	

INDIVIDUALIZED EDUCATION PROGRAM

Related Services	N/A	Coordinated Set of Activities/Strategies	Time Line	Who is Responsible?	Date Completed
		<i>Explore Eau Claire public transportation options</i>	2006-07	<i>Student and parents</i>	
Adult Living & Post School	N/A	Coordinated Set of Activities/Strategies	Time Line	Who is Responsible?	Date Completed
		<i>Develop budgeting and personal finance skills</i>	2006/2007	<i>Special education teacher and student</i>	
		<i>Perform simple repairs at home</i>	2006/07	<i>Student and parents</i>	
		<i>Read "On Being 18" booklet</i>	2007	<i>Student</i>	
Daily Living	N/A	Coordinated Set of Activities/Strategies	Time Line	Who is Responsible?	Date Completed
		<i>Schedule own appointments (doctor, dentist, haircuts, etc.)</i>	2006/07	<i>Student</i>	
		<i>Do own laundry (wash, dry, iron/fold, put away)</i>	2007	<i>Student</i>	
Functional Vocational Assessment	N/A	Coordinated Set of Activities/Strategies	Time Line	Who is Responsible?	Date Completed
		<i>Complete a career test on careerclusters.org</i>	2006/2007	<i>Student</i>	

Transfer of Rights

Will the student reach his/her 17th birthday during the timeframe of the IEP or has the student reached the age of 18?

Yes No If yes, specify how the student and parents have been informed of the rights which will transfer or have transferred to the student at age 18 if no legal guardian has been appointed: *Sheila will receive the "On Being 18" booklet that informs her of her rights and responsibilities when she turns 18.*

INDIVIDUALIZED EDUCATION PROGRAM

IV. CONSIDERATION OF SPECIAL FACTORS:

- A. Does the student's behavior impede his/her learning or that of others? Yes No
If yes, a **functional behavior assessment** must be on file. List below positive behavioral interventions, strategies, and supports to address specific behaviors that were considered:

- B. Is the student an English language learner? Yes No
If yes, describe the language needs that relate to this IEP that were considered:

- C. If visually impaired, does the student need instruction in Braille or the use of Braille?
 Yes No Cannot be determined at this time (If yes, answer the following questions)
1. Evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media:
 2. Does this student demonstrate a current need for instruction in Braille or the use of Braille? Yes No
(If no, why not?)
 3. Does this student demonstrate a future need for instruction in Braille or the use of Braille? Yes No
 Cannot be determined at this time (If cannot be determined, explain) (If no, why not?)

- D. Does the student have communication needs that could impede his or her learning? Yes No
1. (If yes, include communication needs)
 2. (If yes, and the student is deaf or hard of hearing, identify the communication needs including (a) the student's language; (b) opportunities for direct communication with peers and professional personnel in the student's language and communication mode; and, (c) academic level and full range of needs including opportunities for direct instruction in the student's language and communicative mode):

- E. Does the student need assistive technology services or devices? Yes No
If yes, specify particular device(s) or services: *When given assignments that require responses longer than 3 sentences, Sheila needs access to a word processor with spell check. When given texts at grade level, Sheila needs access to a text reader to understand the materia. When given math calculation problems, Sheila needs access to a calculator.*

INDIVIDUALIZED EDUCATION PROGRAM

V. MEASURABLE ANNUAL GOAL

GOAL # 1 : To enable the student to be involved in and progress in the general curriculum and meet other educational needs that result from the student's disability. Include procedures for measuring progress toward measurable annual goal. (Note: present levels of academic achievement and functional performance must include information that corresponds with each annual goal)

Upon review: Goal met Goal not met

-Goal- When given a writing prompt, Sheila will structure a multi-paragraph response with no more than two errors in spelling, punctuation, or word usage.

Procedures for measuring the student's progress toward meeting the annual goal.

Sheila's parents will be notified of her progress through phone calls, IEP meetings, parent-teacher conferences, mid-term reports, and report card grades.

Will the student participate in an alternate assessment aligned with alternate achievement standards for students with disabilities in any subject are? Yes No

GOAL # 2 : To enable the student to be involved in and progress in the general curriculum and meet other educational needs that result from the student's disability. Include procedures for measuring progress toward measurable annual goal. (Note: present levels of academic achievement and functional performance must include information that corresponds with each annual goal)

Upon review: Goal met Goal not met

-Goal- Sheila will develop two sample monthly budgets which includes income and living expenses, one for college and the other based on a nurse's average salary.

Procedures for measuring the student's progress toward meeting the annual goal.

Sheila's parents will be notified of her progress through phone calls, IEP meetings, parent-teacher conferences, mid-term reports, and report card grades.

Will the student participate in an alternate assessment aligned with alternate achievement standards for students with disabilities in any subject are? Yes No

INDIVIDUALIZED EDUCATION PROGRAM

GOAL # 3 : To enable the student to be involved in and progress in the general curriculum and meet other educational needs that result from the student's disability. Include procedures for measuring progress toward measurable annual goal. (Note: present levels of academic achievement and functional performance must include information that corresponds with each annual goal)

Upon review: Goal met Goal not met

-Goal- In 36 weeks, when given content area reading assignments, Sheila will read and identify unfamiliar words, and answer comprehension questions at a higher, critical thinking level by orally explaining the meanings of her responses at a rate of 90% accuracy on 9 out of 10 samples.

Procedures for measuring the student's progress toward meeting the annual goal.

Sheila's parents will be notified of her progress through phone calls, IEP meetings, parent-teacher conferences, mid-term reports, and report card grades.

Will the student participate in an alternate assessment aligned with alternate achievement standards for students with disabilities in any subject are? Yes No

INDIVIDUALIZED EDUCATION PROGRAM

To be completed for students participating in statewide or district-wide assessments

VI. PARTICIPATION IN STATEWIDE ASSESSMENTS

The student will be in 3rd , or 4th , or 5th , or 6th , or 7th , or 8th , or 10th grade when the Wisconsin Knowledge and Concepts Examination(WKCE) & Wisconsin Knowledge and Concepts Examination-Criteria Reference Test(WKCE-CRT) are given.

Complete the grid below. Check each of the WKCE content areas and need for accommodations, if any, or the alternate assessment. If the IEP team is unsure about the student's participation in the WKCE with accommodations, complete the Wisconsin Alternate Assessment (WAA) checklist.

Student will participate in the:	WKCE <u>without</u> accommodations in the content areas of:	WKCE <u>with</u> accommodations (list accommodations for each content area)	WAA (for students with disabilities) Complete the WAA Checklist*	WAA-ELL (for students who are English Language Learners) Include ELL Proficiency Level**
Reading	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Prof. Level
Math	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Prof. Level
Language Arts	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Prof. Level
Science	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Prof. Level
Social Studies	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Prof. Level

*The WAA participation checklist describes why the student cannot participate in the regular assessment and why the alternate assessment is appropriate.

** Students with a disability with an English Language Level Proficiency of 1 or 2 who have cognitive abilities similar to same age peers must take the WAA-English Language Learner (ELL). Students with a disability who have an English Language Proficiency Level of 3, 4, or 5 may utilize accommodations as determined by the IEP team unless they have a cognitive level significantly different than same age peers. In this situation, utilize the WAA checklist.

PARTICIPATION IN DISTRICT-WIDE ASSESSMENTS

District-wide assessments given District-wide assessments not given

Student will not be in the grade when assessment is given

List district-wide assessment(s) student will take:

Describe appropriate testing accommodations, if any:

Alternate Assessment – If student does not take regular district-wide assessment, describe why the student cannot participate in the regular assessment, and why the alternate assessment is appropriate.

INDIVIDUALIZED EDUCATION PROGRAM

WAA PARTICIPATION CHECKLIST

IEP teams are responsible for deciding whether students with disabilities will participate in the Wisconsin Knowledge and Concepts Examinations, with or without testing accommodations, or in the Wisconsin Alternate Assessment. To facilitate informed and equitable decision making, IEP teams should address each of the following statements **for each of the content areas**, when considering an alternate assessment. Check all that apply.

When the IEP team concurs that **all four of the statements** below accurately characterize a student’s current educational situation in a given content area, then an **alternate assessment** should be used to provide a meaningful evaluation of the student’s current academic achievement in that content area. Content areas without four checks should be assessed using the regular assessment, with or without accommodations.

Participation Criteria Checklist	Reading	Language Arts	Math	Science	Social Studies
1. Student’s curriculum and daily instruction focuses on knowledge and skills <u>significantly different</u> from those represented by the state’s content standards for students of the same chronological age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Student’s present level of academic and functional performance significantly impedes participation and completion of the general education curriculum even with significant program modifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Student requires extensive direct instruction to accomplish the acquisition, application, and transfer of knowledge and skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Student’s difficulty with the regular curriculum demands is primarily due to his/her disability, and not to excessive absences unrelated to the disability, or social, cultural, or environmental factors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assumptions

- The IEP team has knowledge of the student’s present level of academic achievement and functional performance in reference to the Wisconsin Model Academic Standards.
- The IEP team has working knowledge of the test format and what skills and knowledge are being measured by the statewide assessments.
- The IEP team is knowledgeable of state testing guidelines and the use of appropriate testing accommodations.

INDIVIDUALIZED EDUCATION PROGRAM

VII. PROGRAM SUMMARY

Projected beginning and ending date(s) of IEP services & modifications 9/22/06 to 6/8/07.

Physical education: Regular Specially designed

Vocational education: Regular Specially designed (*Student placed in community based worksite*)

Include a statement for each of A, B, C, and D below to allow the student (1) to advance appropriately toward attaining the annual goals; (2) to be involved and progress in the general curriculum; (3) to be educated and participate with other students with and without disabilities to the extent appropriate, and (4) to participate in extracurricular and other nonacademic activities. Include frequency, location, & duration (if different from IEP beginning and ending dates).

A. SPECIAL EDUCATION	Frequency/ Amount	Location	Duration
<i>Writing strategy and study skill instruction; assistance with personal finance and budgeting skills.</i>	<i>One period every day for three terms</i>	<i>Special education classroom</i>	<i>IEP term</i>

INDIVIDUALIZED EDUCATION PROGRAM

B. RELATED SERVICES

Related services needed to benefit from special education including frequency, location, and duration (*if different from IEP beginning and ending dates*).

<input type="checkbox"/> None needed to benefit from special education	Frequency/ Amount	Location	Duration
<input checked="" type="checkbox"/> Assistive Technology	<p><i>Word Processor: When given assignments requiring a written response longer than three sentences</i></p> <p><i>Text Reader: When given grade level materials to read</i></p> <p><i>Calculator: When given tasks that require multiplication and division</i></p>		
<input type="checkbox"/> Audiology			
<input type="checkbox"/> Counseling			
<input type="checkbox"/> Educational Interpreting			
<input type="checkbox"/> Medical Services for Diagnosis and Evaluation			
<input type="checkbox"/> Occupational Therapy			
<input type="checkbox"/> Orientation and Mobility (VI only)			
<input type="checkbox"/> Physical Therapy			
<input type="checkbox"/> Psychological Services			
<input type="checkbox"/> Recreation			
<input type="checkbox"/> Rehabilitation Counseling Services			
<input type="checkbox"/> School Health Services			
<input type="checkbox"/> School Nurse Services			
<input type="checkbox"/> School Social Work Services			
<input type="checkbox"/> Speech / Language			
<input type="checkbox"/> Transportation			
<input type="checkbox"/> Other: specify			

INDIVIDUALIZED EDUCATION PROGRAM

C. SUPPLEMENTARY AIDS AND SERVICES:

Aids, services, and other supports provided to or on behalf of the student in regular education or other educational settings.

Yes **No** (*If yes, describe*)

**Frequency/
Amount**

Location

Duration

<p><i>Daily work:</i> -extended time requirements</p> <p>-allow for misspellings and sent. structure errors for in-class writing</p> <p>-use of spelling/grammar check</p> <p>-directions restated</p> <p>-oral reading of material</p> <p>-use of Resource Room</p>	<p><i>When Sheila requests additional time (prior to the deadline)</i></p> <p><i>When written responses are required</i></p> <p><i>When Sheila needs to provide a 3 sentence or more response in writing</i></p> <p><i>When Sheila requests</i></p> <p><i>When Sheila requests</i></p> <p><i>When Sheila requests</i></p>	<p><i>general education and special education classrooms</i></p>	<p><i>IEP term</i></p>
<p><i>Tests"</i> -alternate location -orally read -extended time</p>	<p><i>When Sheila requests to have them read orally, taken in a quiet environment or more time</i></p>	<p><i>general education and special education classrooms</i></p>	<p><i>IEP term</i></p>

INDIVIDUALIZED EDUCATION PROGRAM

D. PROGRAM MODIFICATIONS OR SUPPORTS for school personnel that will be provided. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, describe)</i>	Frequency/ Amount	Location	Duration
<i>General education teachers will need review of how to use the text reader and scanner.</i>	<i>One brief training will be offered to general education teachers at the beginning of each year.</i>	<i>General education or special education classroom</i>	<i>IEP term</i>

E. ENVIRONMENT

The student will participate full-time with non-disabled peers in regular education environment, or for preschoolers, in age-appropriate settings.

The student will not participate full-time with non-disabled peers in regular education environment, or for preschoolers, in age-appropriate settings. *(If you have indicated a location other than the regular education environment in A, B, or C above, you must check this box and explain why full-time participation with non-disabled peers is not appropriate. Sheila continues to exhibit deficits in the areas of reading comprehension, written language, and math. She requires additional monitoring and accommodations offered through the special education program in order for her to experience academic success.*

F. EXTRACURRICULAR AND NONACADEMIC ACTIVITIES

Will the student be able to participate in extracurricular and nonacademic activities with nondisabled students?

Yes No *(If no, describe the extent to which the student will not be involved in extracurricular and nonacademic activities with nondisabled students)*

INDIVIDUALIZED EDUCATION PROGRAM

VIII. DETERMINATION AND NOTICE OF PLACEMENT
<i>If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact the Rice Lake Area School District.</i>
Date of the placement determination: <u>09/22/06</u>
Date parent provided with notice of placement <u>09/22/06</u>
The IEP developed on <u>9/22/06</u> will be implemented at <u>Rice Lake High School</u> in the Rice Lake Area School District with a projected date of implementation on <u>10/9/06</u>.
A. Will the student attend the school he/she would attend if nondisabled?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, explain)</i>
B. List other options considered, if any, related to the placement site (school building or school district), frequency, location, and duration of the special education and related services, supplementary aids and services, program modifications and supports, and the place of those services. List the reason(s) rejected, and description of any other factors relevant to the proposed action: <input checked="" type="checkbox"/> None
<input checked="" type="checkbox"/> You previously received a copy of your child's evaluation report and a copy of his/her IEP is enclosed.
<input type="checkbox"/> A copy of your child's evaluation report and IEP are enclosed.
You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number below. In addition to district staff, you may also contact a parent advocate at CESA #11, 715-986-2040 if you have questions about your rights.
District Contact: Nancy Chartier, Director of Pupil Services 715-234-9007

Annual IEP Meeting Agenda

For

Sheila Mews

9/22/06 at 3:30p.m. in the Guidance Conference Room

3:30-3:35	Introductions (Explain purpose of meeting, provide parent rights, etc.)	Ms. Little Ms. Whitley
3:35	Sheila's post high school goal "I will enroll fulltime at UW-Eau Claire to prepare myself to work full time as a nurse while living in the dorms on campus."	Sheila Mews
3:40	Discussion of Sheila's strengths (Present level of academic and functional achievement). Determine if previous IEP goals have been met.	Parents and Sheila Mrs. Little Mr. Hanson Mr. Young
3:50	Discussion of Sheila's needs to meet measurable postsecondary goals. (Present level of academic and functional achievement). Discuss UW-Eau Claire transition needs as well.	Parents and Sheila Mrs. Little Mr. Hanson Mr. Young Barry Sinde
4:00	Prioritize needs and develop annual goals	All IEP team members
4:10	Finalize long range course of study based on measurable postsecondary goals	All IEP team members
4:15	Finalize coordinated set of activities based on measurable postsecondary goals	All IEP team members
4:20	Review other pertinent IEP information	Ms. Little
4:25	Establish next meeting date (if needed).	All IEP team members