



## Apple Grove Unified School District

99 Hollywood Drive, Central Valley, Washington, 12345, 454-222-2222

### Individualized Education Program

**PURPOSE:** The IEP is designed to clearly communicate to the parents, the student, and providers the type and amount of special education and any necessary related services or supports that will be made available to the student. The most recent evaluation report is used to develop the IEP. The IEP is individualized to reflect the unique needs of the student and how these needs will be addressed to permit the student to be included and progress in the general education curriculum. A meeting to review and revise the IEP must occur, at a minimum, on an annual basis.

#### Student Information

**Student Name:** Jessie D Clayton

**Student ID:** 7040

**Birthdate:** 02/06/2012

**Grade:** First Grade

**Primary Language:** Turkish

**Eligibility Category:** Visual Impairment

**School District:** Apple Grove Unified School District

**Resident School:**

**State ID:**

**Age:** 9

**School:** Apple Grove High School

**Date of IEP Meeting:** 09/01/2021

**IEP Annual Review Date:** 08/31/2022

**Date of Most Recent Eval:**

**Reevaluation Due Date:**

**Case Manager:** Test Test, test

**Procedural Safeguards Offered:**  Offered and accepted  Offered and declined

**Effect of the disability on the student's involvement and progress in the general education curriculum:**

training

**Present Levels of Academic Achievement and Functional Performance with Goals**

**PURPOSE:** IEPs must include a statement of measurable annual goals, including academic and functional goals, designed to meet each of the student's educational needs that result from the student's disability to enable the student to be involved and make progress in the general education curriculum. In order to be measurable, the goal should include **a baseline, a target, and a unit of measure**. For students using an alternate assessment aligned to alternate achievement standards, benchmarks or short-term objectives in the areas being assessed must also be included.

**POINTS THAT MUST BE CONSIDERED IN DEVELOPING THE IEP (refer to WAC 392-172A-03110):**

- Strengths of the student.
- Concerns of the parents for enhancing the education of their student.
- Results of the most current evaluation, and the academic, developmental, and functional needs of the student.
- Other special factors, including the use of positive behavioral supports/interventions; language needs of students with limited English proficiency; supports for students with visual impairments; the communication needs of the student; assistive technology devices and services; and supplementary aids/services, program modifications, and support for school personnel.
- Measurable annual goals stem from the recommendations for specially designed instruction in the evaluation report.
- Measurable annual goals must relate to the general education curriculum or, for preschool students, participation in appropriate activities.
- Measurable annual goals must also address other educational needs that result from the student's disability. The IEP must include a description of how the district will measure the student's progress and when progress will be reported to parents.

**Goal Area:**

**Present Levels of Academic Achievement/Functional Performance:**

**Measurable Annual Goal**

**Report of Student Progress**

**PURPOSE:** The purpose of the report of student progress is to inform the parents and the student of the student's progress toward meeting the measurable annual goal(s) and to specify how and when parents will be informed (WAC 392-172A-03090(1)(c)).

**POINTS TO CONSIDER:**

- Parents should be provided periodic reports on the student's progress (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards).

**State how and when the parents will be periodically informed of the student's progress toward meeting the annual goal(s):**

**Report of Student Progress**

Progress Reporting (Text)

### Consideration of Special Factors

**POINTS THAT MUST BE CONSIDERED IN DEVELOPING THE IEP (refer to WAC 392-172A-03110):**

- Results of the most current evaluation, and the academic, developmental, and functional needs of the student.
- Positive behavioral supports and interventions, if the student's behavior impedes the student's learning or that of others.
- Language needs of students with limited English proficiency as they relate to the child's IEP.
- Supports for blind/visually impaired students, include Braille instruction.
- Assistive technology devices and services.
- Communication needs of the student, including the needs for deaf and hard of hearing students.
- Supplementary aids/services, program modifications, and support for school personnel.

1. Does this student require special transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does this student require Extended School Year (ESY) services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> will be determined by the IEP team by:
3. Does the student's behavior negatively impact his/her learning or the learning of others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. For a student with limited English proficiency, does the student have language needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the student have a visual impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the student have communication needs? (Consider the communication needs of the student, and in the case of a student that is deaf or hard of hearing, consider the language and communication needs, opportunities for direct communication with peers/ professional personnel in the child's language and communication mode.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the student need assistive technology devices and/or services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are there any other factors not already addressed (such as medical concerns or other issues) or other adaptations needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/>	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 restraint device according to district policy. <i>If yes, Refer to the Emergency Response Protocol Addendum to this IEP</i>
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## Accommodations And Modifications

**PURPOSE:** The purpose of this page is to document the modifications and/or accommodations that the student requires, based on the student's assessed needs, in order to advance appropriately toward attaining the identified annual goals, to be involved and make progress in the general education curriculum, and to be educated with non-disabled peers to the maximum extent appropriate.

**POINTS TO CONSIDER:**

- The IEP team makes the determination of what modifications and individual accommodations are necessary for the student.
- Copies of this page should be provided to the general education teacher(s) or other staff who will be responsible for making these accommodations.
- Accommodations provided on state and districtwide assessments (as noted on previous page) should be those that are provided as part of the regular instructional program.

**Areas of Difficulty:**

- |   |  |   |   |  |
|---|--|---|---|--|
| <input type="checkbox"/> Cognitive Functioning    | <input type="checkbox"/> Reading         | <input type="checkbox"/> Written Expression | <input type="checkbox"/> Math             | <input type="checkbox"/> Pre-Vocational/Vocational |
| <input type="checkbox"/> Personal Social Behavior | <input type="checkbox"/> Adaptive Skills | <input type="checkbox"/> Communication      | <input type="checkbox"/> Fine/Gross Motor |  |
| <input type="checkbox"/> Other:                   |  |   |   |  |

Accommodations/Modifications Needed	Accommodations/Modifications Needed
Presentation	Setting
<input type="checkbox"/> Use large print/Braille/recorded books	<input type="checkbox"/> Provide individualized/small group instruction
<input type="checkbox"/> Audio Digital Books	<input type="checkbox"/> Preferential seating
<input type="checkbox"/> Alter format of materials ( <i>highlight, type, spacing, color-code etc.</i> )	<input type="checkbox"/> Reduce environmental distractions (test/study in separate location, noise buffers, etc.)
<input type="checkbox"/> Provide study outlines/guides/graphic organizers	<input type="checkbox"/> Other:
<input type="checkbox"/> Cloze Reading Strategy	Response
<input type="checkbox"/> Low-vision devices ( <i>magnifiers, Closed Circuit TV, etc.</i> )	<input type="checkbox"/> Speech to Text
<input type="checkbox"/> Sign Language – ASL or SEE	<input type="checkbox"/> Text-to-Speech
<input type="checkbox"/> Shortened assignments	<input type="checkbox"/> Allow dictation to a scribe
<input type="checkbox"/> Preview test procedures	<input type="checkbox"/> Allow use of a calculator
<input type="checkbox"/> Limited multiple choice	<input type="checkbox"/> Allow use of a digital recordings
<input type="checkbox"/> Modify/repeat/model directions	<input type="checkbox"/> Utilize oral responses to assignments/assessments
<input type="checkbox"/> Rephrase test questions and/or directions	<input type="checkbox"/> Spelling and grammar devices
<input type="checkbox"/> Provide test/assessment study guide	<input type="checkbox"/> Hands – on assignments
<input type="checkbox"/> Provide extra credit options	<input type="checkbox"/> Other:

<input type="checkbox"/> Simplify test wording/language	<b>Other</b>
<input type="checkbox"/> Read class materials orally	<input type="checkbox"/> Provide desktop list of tasks
<input type="checkbox"/> Assign peer tutor/note taker	<input type="checkbox"/> Provide homework lists
<input type="checkbox"/> Other:	<input type="checkbox"/> Behavior plan/contract
<b>Timing/Scheduling</b>	<input type="checkbox"/> Provide daily assignment list
<input type="checkbox"/> Prior notice of tests/quizzes	<input type="checkbox"/> Modify grading
<input type="checkbox"/> Extra time to complete assignments	<input type="checkbox"/> Other:
<input type="checkbox"/> Modify student's schedule ( <i>describe below</i> ):	<input type="checkbox"/> Other:
<input type="checkbox"/> Extra time on tests/quizzes	<input type="checkbox"/> Other:
<input type="checkbox"/> Allow breaks ( <i>during work, between tasks, during testing, etc.</i> )	<input type="checkbox"/> Other:
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

## Participation in State and Districtwide Assessments of Student Achievement

**POINTS TO CONSIDER:**

- The IEP team makes the determination of what type of assessment the student will take and what administrative modifications and individual accommodations are necessary.
- Accommodations provided on state and districtwide assessments should be those that are provided as part of the regular instructional program.
- For further information regarding the state assessment system, including WaKIDS, English language proficiency assessments, allowable accommodations, and graduation requirements, please refer to OSPI's website ([www.k12.wa.us/assessment](http://www.k12.wa.us/assessment)).
- Other assessment options are available to students if required to meet graduation requirements.

**State Assessments:**

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

English/Lang. Arts	Math	Science	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular State Assessment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regular State Assessment with Accommodations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alternate Assessment

**Other statewide assessments (e.g. Washington Kindergarten Inventory of Developing Skills (WAKIDS), English language proficiency assessment):**

**Districtwide Assessment:** The student will participate in the following districtwide assessment(s) during this IEP year:

**Accommodations:** List any individual accommodations in the administration of state or districtwide assessments necessary for the student to participate:

If the student: (a) will not participate in the regular state assessment (with or without accommodations) or (b) is unable to participate in a regular districtwide assessment, explain why the student cannot participate in the regular assessment and why the selected assessment option is appropriate:

**GRADUATION POINTS TO CONSIDER:**

- Parents and students should be informed that any assessment other than the regular state assessment (with or without accommodations) leads to a Certificate of Individual Achievement (CIA), rather than a Certificate of Academic Achievement (CAA).

**Graduation** - If the student requires other assessments in order to meet graduation requirements, describe here (specify assessment and grade level as appropriate):

### Summary of Services Matrix

**PURPOSE:** The information on this page is a summary of the student's program/services, including when services will begin, where they will be provided, who will be responsible for providing them, and when they will end.

**POINTS TO CONSIDER:**

- If the position responsible for delivering the specially designed instruction is anyone other than a certificated special education teacher or related service provider, then the certificated special education teacher/related service provider must design and supervise the instruction, and monitor and evaluate the student's progress.
- For definitions of special education, related services, and supplementary aids and services, refer to WAC 392-172A-01020 through -01200.

**Special Education** (*specially designed instruction*):

Service	Initiation Date	Frequency <i>(e.g. minutes per week)</i>	Location <i>(setting)</i>	Duration <i>(End Date)</i>	Staff Responsible for Delivering Service
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**Related Services** (*i.e. - speech, motor, counseling, vision/hearing, transportation, interpreting services, orientation/mobility, parent training, etc.*):

Service	Initiation Date	Frequency <i>(e.g. minutes per week)</i>	Location <i>(setting)</i>	Duration <i>(End Date)</i>	Staff Responsible for Delivering Service
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**Supplementary Aids and Services** (*allows student to be educated with non-disabled peers to the maximum extent in general education or other educational setting*):

Service	Initiation Date	Frequency <i>(e.g. minutes per week)</i>	Location <i>(setting)</i>	Duration <i>(End Date)</i>	Staff Responsible for Delivering Service
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**Program Modifications or Support for School Personnel** (*i.e. - staff development/training, technical assistance, etc.*):

Service	Initiation Date	Frequency <i>(e.g. minutes per week)</i>	Location <i>(setting)</i>	Duration <i>(End Date)</i>	Staff Responsible for Delivering Service
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**LEAST RESTRICTIVE ENVIRONMENT**

**PURPOSE:** The purpose of this page is to document the extent to which the student will be involved and progress in the general curriculum, participate in extracurricular and nonacademic activities and be educated and participate with other special education students and non-disabled students. Other education-related factors that may impact the student should also be considered.

**POINTS TO CONSIDER:**

- Children should be educated with non-disabled peers to the maximum extent appropriate.
- The IEP Team, including the parent(s), is responsible for determining the educational placement of the child.
- The placement should provide a reasonably high probability of assisting the student in attaining the annual goals.
- The IEP team should consider any potential harmful effect of the placement on the student or on the quality of services received.
- Job placements and community-based instruction are considered to be general education settings, unless only disabled individuals are present (such as in a sheltered workshop).
- For additional information on LRE for students ages 3 to 5 and ages 6 and above, refer to the LRE Calculator

**Participation in Nonacademic and Extracurricular Activities**

An explanation of the extent, if any, to which the student will not participate with nondisabled students in the general education class, and in nonacademic and extracurricular activities:

**Name:** Jessie D Clayton

**Student ID:** 7040

**Meeting Date:** 09/01/2021

<b>IEP Meeting Minutes</b>
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IEP

August 2008 (*revised January 2016*)

Draft

### IEP Meeting Participants

*(Signatures are used to document participation in the meeting and do not constitute agreement or disagreement):*

**POINTS TO CONSIDER:**

- IEP team membership is described in WAC 392-172A-03095.
- School district must give prior written notice when proposing or refusing to initiate or change the identification, evaluation, education placement, or provision of FAPE.
- A required team member may be excused from attending an IEP meeting with the agreement/consent of the parent(s) and the district, depending upon whether that member's area is being discussed or modified at the meeting. See WAC 392-172A-03095 (5) for additional related requirements.
- The IEP must include the district's procedures for notifying parents regarding the use of restraint or isolation. Districts must also provide parents with a copy of the district's policy on the use of isolation and restraint.

Case Manager/Special Education Teacher	Michael Abram	
General Education Teacher	Juliee Abbot	
District Representative	Victor Sand	

Other Individuals who should be informed of his/her responsibilities in implementing this IEP (bus driver, librarian, etc.):

IEP

August 2008 (revised January 2016)



**Apple Grove Unified School District**

99 Hollywood Drive, Central Valley, Washington, 12345, 454-222-2222

**IEP at a Glance**

**Student Information**

<b>Student Name:</b> Jessie D Clayton	<b>Date of IEP Meeting:</b> 09/01/2021
<b>Student ID:</b> 7040	<b>IEP Annual Review Date:</b> 08/31/2022
<b>Birthdate:</b> 02/06/2012	<b>Date of Most Recent Eval:</b>
<b>Age:</b> 9	<b>Reevaluation Due Date:</b>
<b>Grade:</b> First Grade	<b>Graduation Year:</b>
<b>Eligibility Category:</b> Visual Impairment	
<b>School:</b> Apple Grove High School	
<b>Primary Language:</b> Turkish	
<b>District:</b> Apple Grove Unified School District	
<b>Resident School:</b>	

**Special Transportation:**  Yes  No

**Extended School Year:**  Yes  No

**Behavior Intervention Plan:**

**Emergency Response Protocol:**

**Measurable Annual Goal(s):**

**Instructional Accommodations and Assistive Technology:**

**Participation in State and Districtwide Assessments of Student Achievement:**

**State Assessments:**

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

English/Lang. Arts      Math      Science

**Summary of Service Matrix:**

**Special Education** (*specially designed instruction*):

Service	Initiation Date	Frequency	Location of Service	Duration	Staff Responsible for Delivering Service
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**Related Services** (*i.e. – speech, motor, counseling, vision/hearing, transportation, interpreting services, orientation/mobility, parent training, etc.*):

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Service	Initiation Date	Frequency	Location of Service	Duration	Staff Responsible for Delivering Service
<b>Supplementary Aids and Services</b> <i>(allows student to be educated with non-disabled peers to the maximum extent in general education or other educational setting):</i>					
Service	Initiation Date	Frequency	Location of Service	Duration	Staff Responsible for Delivering Service
<b>Program Modifications or Support for School Personnel</b> <i>(i.e. - staff development/training, technical assistance, etc.):</i>					
Service	Initiation Date	Frequency	Location of Service	Duration	Staff Responsible for Delivering Service
<b>Least Restrictive Environment:</b>					