



Students

[BACK TO STUDENT DETAIL VIEW](#)

EDIT FORM

A-1 - Referral Form

Created: **07/18/2011 04:36 PM**

* indicates required field

Purple Knight - SAVE

Street Address	City	State	Zip Code		
1225 Fourth Street	Beloit	WI	53511		
Birth Date	Grade	District of Residence	District of Placement	Current School	
03/12/1995 (18)	Grade 12				

PARENT/GUARDIAN

Mom Knight (Mother)

Street Address	City	State	Zip Code	Phone(s)
100 BMHS Street	Beloit	WI	53511	Home: (608) 361-3000

* Referral Made By



* Title of Person Making Referral
Classroom Teacher

* Parent Notification Date



* Notification Method
Phone Call

* Primary Home Language
English Other - Specify

* Interpreter Needed?
Yes No

I. STATE THE REASON YOU BELIEVE THE CHILD HAS A DISABILITY:

Source

For 3 year Re-evaluations, state the child's disability (label) and that the child benefits from special ed services to address specific deficits. List some of those deficits.

Purple Knight has a specific learning disability. He shows improved progress in academic achievement when he participates in English class with supported instruction from a special education teacher which includes pre-teaching of vocabulary, guided notes and extra supports in guided reading therapy.

Do not simply state that "Purple Knight as a specific learning disability." State the reasons why you believe the child has a disability. Be detailed and specific.

II. PERCEPTION OF CHILD'S ABILITY/PERFORMANCE:

A) Summarize child's strengths (academic, behavioral):

Source

List both academic and behavioral strengths. This section includes all positive comments.

B) Summarize child's areas of concern (academic, behavioral):

Source [icons] [Font] [Size]

List areas of concerns in the areas of academics and behavior. This section includes concerns directly related to the deficits listed in section #1 as well as other known deficits that prohibit the child from participating fully in the general ed core curriculum.

Purple Knight is currently reading at the 3rd grade level, which is five grades below his same age peers. He also exhibits disruptive behavior during reading instruction and can only concentrate when he is in a one on one instructional setting. Purple Knight's behavior has not improved greatly in the last three years. He must be managed by a specific and detailed behavior intervention plan that include positive supports like a token economy system, incentives and time to de-escalate during increased behaviors.

C) Provide pertinent assessment data, functional levels, and related medical information:

Source [icons] [Font] [Size]

List the child's current assessment data (WKCE, MAP, Running Records, etc), functional data and other related medical information (new medication or diagnosis).

D) List previous interventions and programs provided to the child and the effects of those interventions and those programs. Please provide adequate details:

Source [icons] [Font] [Size]

List previous interventions as well as current interventions and the relevant supporting data. Make sure to indicate if previous interventions were successful and the data supporting that as well.

Purple Knight was benefited from a Tier 3 Reading Intervention when it is instructed individually to Purple Knight. The data indicates that he is progressing well. Purple Knight has increased two reading levels and continues to show improvement during each progress monitoring period.

III. RECENT SCREENINGS:

Vision Pass Fail

Details


Hearing Pass Fail

Details

*** IV. THE CHILD IS TRANSITIONING FROM BIRTH TO 3 EARLY INTERVENTION PROGRAM:**

Yes No

Parent
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. A copy of your procedural safeguards rights is provided with this form in a brochure about Special Education Rights for Parents and Children. If you would like another copy of this brochure, you may contact the School District at the telephone number below. You may also contact the organizations listed on the Special Education Rights for Parents and Children brochure if you have questions about your rights.


Initials **Date** 

NAME AND TITLE OF DISTRICT CONTACT

* Contact Name/Title

* Phone

Email

Date Received 
School District Representative Receiving Referral

[Back to Top](#)

After saving, open **Print Preview**



Students

[BACK TO STUDENT DETAIL VIEW](#)

EDIT FORM

A-2 - Notice of Receipt of Referral or Notice of Reevaluation

Created: **08/09/2011 11:08 AM**

* indicates required field

Purple Knight - SAVE

Birth Date	Grade	District of Residence	District of Placement	Current School
03/12/1995 (18)	Grade 12			

* **Date**

A copy of this form will be printed for each name indicated.

* **Dear** Mom Knight (Mother) Other (separate multiples with a semi-colon)

* The purpose of this communication is to notify you of the items indicated below relative to determining if your child is, or continues to be, a child with a disability (impairment and in need of special education).

Notice of your child's initial referral for special education. A referral to evaluate was received on

Notice of re-evaluation (required once every 3 years, or if conditions warrant, or re-evaluation if a teacher or parent requests it).

- 1- The school district received a request for re-evaluation on
- 2- The last evaluation was completed on
- * and a re-evaluation is due.

- 3- The school district determined conditions warrant a re-evaluation because:
- 4- Other reason for re-evaluation, including a description of relevant factors:

This process will be undertaken by the Individualized Education Program (IEP) Team. You are a participant on the IEP team. You may include others on the team who have knowledge or special expertise about your child. The IEP team will first review existing information available on your child, including information provided by you. The IEP team will then determine what, if any, further evaluation is necessary to assist in making a determination of whether your child has or continues to have a disability and his or her educational needs. If the IEP team determines that additional assessments and other evaluation materials are not necessary, you will be notified of that determination. Similarly, if the IEP team determines that additional assessments and other evaluation materials are necessary, you will be notified of that determination. You will be sent a notification of this determination within 15 business days of the date the school district received the referral to evaluate your child (if a referral is completed) or the date of this notice (if no referral is completed).

The school district needs your written consent (permission) before administering any assessments or other evaluation materials to obtain further information about your child. Within 60 calendar days of the date the school receives your consent for an initial evaluation, a determination will be made whether your child is a child with a disability and to identify his or her educational needs. The sixty day timeline does not apply if your child transfers to another school district after you provide consent and the school and parent agree to a new timeline, or if you repeatedly fail or refuse to produce your child for the initial evaluation. In the case of a transfer, a new timeline for completion of the evaluation will be established between the parent and the new school district. You will be informed about what assessments or other evaluation materials will be given before those materials are administered. You will also be informed of the names of the individuals who will conduct those evaluations, if known at the time of the notice. Upon completion of the evaluation, the IEP team will prepare an evaluation report that will include documentation of your child's eligibility or continued eligibility for special education. You will be provided with a copy of the IEP Team Evaluation Report.

If following the IEP team's evaluation, the IEP Team determines that your child is or continues to be a child with a disability; the team will meet to develop an IEP to address your child's needs and will determine a placement to carry out the IEP within 30 calendar days. The school district needs your written consent (permission) before it may initially place your child in special education. Your consent will allow the school district to provide special education to your child. If the IEP team determines your child is a child with a disability, you will be provided a notice of and consent for placement and a copy of the IEP within 30 calendar days of determination of eligibility. If the IEP team determines that your child is not a child with an impairment or does not need special education, you will receive a notice that finding in your copy of the IEP Evaluation Report within 30 calendar days of the meeting date. If this is a reevaluation, you will be sent a notice of the IEP team's determination regarding whether your child continues to have a disability, and if your child does continue to have a disability, you will be provided a notice of placement.

IEP PARTICIPANTS

You or your child (if appropriate) are IEP team participants. In addition, the following people are being appointed to the IEP team by the school district:

Role	Name (if known)
* Representative of local educational agency (LEA) authorized to commit the resources of the LEA.	
Special Education Teacher	
Special Education Teacher	
Regular Education Teacher	
Regular Education Teacher	
Related Services Personnel	
Related Services Personnel	
Data Analyst	
Interventionist	
Diagnostician	
Others	
Others	
Others	
Others	

Other options, if any, related to the selection of IEP team participants, which were considered, and the reason(s) they were rejected and a description of any other factors relevant to the proposed action:

None

Other

If at any point during the IEP meeting process to determine your child's eligibility for special education, develop an IEP, or determine a placement, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided subject to the time limitations described above. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances.

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 procedure safeguards once a year. Previously you received a copy of your procedural safeguards rights in a brochure about Special Education Rights for Parents and Children. If you would like another copy of this brochure, please contact the school district at the telephone number below. In addition to the district staff, you may also contact the organizations listed on the Special Education Rights

for Parents and Children brochure if you have questions about your rights.

If you (parent) initiated this evaluation a copy of the Special Education Rights for Parents and Children brochure is enclosed with this notice.

Initials

Date

T

NAME AND TITLE OF DISTRICT CONTACT

* Contact Name/Title

* Phone

Email

[Back to Top](#)

After saving, open Print Preview

Save as Final

Save in Progress

Cancel

Print Preview

Students

[BACK TO STUDENT DETAIL VIEW](#)

EDIT FORM

A-3 - Notice and Consent Regarding Need to Conduct Additional Assessments

Created: **08/08/2011 01:21 PM**

* indicates required field

Purple Knight - SAVE

Birth Date Grade District of Residence District of Placement Current School
03/12/1995 (18) **Grade 12**

* Date Amended




* Dear Mom Knight (Mother) Other: (separate multiples with a semi-colon)

Previously you were notified of the school district's intent to conduct * an Initial evaluation of your child to determine whether s/he has a disability (impairment and need for special education). The Individualized Education Program (IEP) team is responsible for this evaluation. You are a participant on the team. The IEP team* considered a number of factors to determine whether additional assessments or evaluation materials are needed. These factors were:

(* If a formal IEP meeting is held to review existing data, an invitation and cover sheet is required.)


I. List of information reviewed (including each evaluation procedure, assessment, record, or report the agency used as a basis for the proposed or refused action):

Source 

B *I* U ab± x₂ x² 1/3 ≡ ≡ ≡ ≡ ≡ ≡ ≡ ≡ ≡ Font Size A

Special education records, assessment data, report cards and progress reports.

II. Documentation of **parent involvement** (including dates and method) and their input:


Date	Method	Input
 		
		Remove

[Add Another](#)


* List all involved on A-2 and their input (including dates):


III.

Date	Person Involved	Input



T





Remove

[Add Another](#)

* The IEP team has determined that additional assessments or other evaluation materials are needed to determine whether your child has or in the case of a reevaluation, continues to have a disability.

You participated in making this determination as documented in number 2 above.

You did not participate in making this determination and the school district made 3 attempts to involve you as follows:

Date	Method
<p style="color: green; font-weight: bold; margin: 0;">T</p>	<div style="border: 1px solid gray; width: 100%; height: 40px;"></div> <p style="color: green; font-weight: bold; margin: 0;">Remove</p>

[Add Another](#)

The school district needs your written consent (permission) before it can administer assessments or other evaluation materials to your child. With your consent the following assessments or other evaluation materials will be administered.

Name of individual administering assessment or other evaluation material, if known	Areas to be assessed	Description of assessments and other evaluation materials and titles, if known
Create New A-5	<div style="border: 1px solid gray; width: 100%; height: 40px;"></div>	<div style="border: 1px solid gray; width: 100%; height: 40px;"></div> <p style="color: green; font-weight: bold; margin: 0;">Remove</p>
Create New A-5	<div style="border: 1px solid gray; width: 100%; height: 40px;"></div>	<div style="border: 1px solid gray; width: 100%; height: 40px;"></div> <p style="color: green; font-weight: bold; margin: 0;">Remove</p>
Create New A-5	<div style="border: 1px solid gray; width: 100%; height: 40px;"></div>	<div style="border: 1px solid gray; width: 100%; height: 40px;"></div> <p style="color: green; font-weight: bold; margin: 0;">Remove</p>

[Add Another](#)

* Other evaluation options considered, if any, reasons these options were rejected, and a description of any other factors relevant to the proposed evaluation of this child

None

Other

Following the administration of these assessments or other evaluation materials the IEP team will meet to review the results of these assessments and other evaluation materials as well as other existing information available on your child, including information provided by you. Using the results of these assessments or other evaluation materials along with other available information, the IEP team will make a determination of whether your child has a disability including his or her educational needs . As a participant on the IEP team, you will be involved in this determination. Upon completion of the evaluation, the IEP team will prepare an evaluation report, which will include documentation of your child's eligibility for special education. If the IEP team determines that your child is a child with a disability, the team will develop an IEP to meet your child's needs and determine a placement to carry out the IEP.

If at any point during an IEP team meeting to determine your child's eligibility for special education, develop an IEP, or determine a placement, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided, subject to the time limitations for eligibility determinations, and IEP/placement development. This IEP team process including eligibility determination, IEP development, and placement determination may be concluded in one meeting or may require more than one meeting depending on individual circumstances.

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 procedure safeguards once a year. Previously you received a copy of your procedural safeguard rights in a brochure about Special Education Rights for Parents and Children. If you would like another copy of this brochure, please contact the school district at the telephone number below. In addition to the district staff, you may also contact the organizations listed on the Special Education Rights for Parents and Children brochure if you have questions about your rights.

NAME AND TITLE OF DISTRICT CONTACT

* Contact Name/Title

* Phone

Email

PARENT CONSENT/PERMISSION TO ADMINISTER ASSESSMENTS AND OTHER EVALUATION MATERIALS AS PART OF AN INITIAL EVALUATION

I understand the action proposed by the school district and
(please check appropriate box below, sign and date, and return one copy to the school district)

I give my consent for the school district to administer these assessments or other evaluation materials described in this notice to Purple Knight - SAVE as part of an initial evaluation. I understand my consent is voluntary and may be revoked at any time before the administration of assessments or other evaluation materials.

I do not give my consent for the school district to administer these assessments or other evaluation materials described in this notice to Purple Knight - SAVE as part of an initial evaluation. I understand that if I do not consent for the school district to administer these assessments or other evaluation materials, the school district may request mediation or initiate a due process hearing regarding whether those assessments or other evaluation materials should be administered.

(Signature of parent or legal guardian)

(Date)

PARENT, PLEASE CHECK APPROPRIATE BOX ABOVE, SIGN, DATE, AND RETURN A COPY OF THIS FORM TO THE DISTRICT CONTACT PERSON

FOR SCHOOL DISTRICT USE ONLY:

Date Consent Signed



Consent granted

Consent denied

Initials

Date Signed Consent

Received



Initials

[Back to Top](#)

After saving, open **Print Preview**

Save as Final

Save in Progress

Cancel

Print Preview

If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact the school district at the telephone number at the bottom of this form.

A-4 - NOTICE THAT NO ADDITIONAL ASSESSMENTS ARE NEEDED

Purple Knight - SAVE

Birth Date

03/12/1995 (18)

District of Residence	District of Placement	Current School	Grade
Testing District	Beloit School District		Grade 12

Date

11/18/2013

Dear: Mom Knight

Previously you were notified of the school district's intent to evaluate or reevaluate your child to determine whether s/he has or continues to have a disability (impairment and need for special education). The Individualized Education Program (IEP) team is responsible for this evaluation. You are a participant on the team. The IEP team * considered a number of factors to determine whether additional assessments or evaluation materials are needed. These factors were:

(If a formal IEP meeting is held to review existing data, an invitation and cover sheet is required.)

I. List of information reviewed (including each evaluation procedure, assessment, record, or report the agency used as a basis for the proposed or refused action):

Special education records, assessment data, report cards and progress reports.

II. Documentation of parent involvement (including dates and method) and their input:

Date	Method	Input
11/18/2013	Phone call	Mom agreed that testing was not needed for this re-evaluation. She feels that the most recent test scores are sufficient for this event.

III. List of others involved and their input (including dates):

Date	Person Involved	Input
11/18/2013	LEA Rep (Program Manager) (Name)	Agreed that testing is not needed.
11/18/2013	Special Education Teacher (Case Manager) (Name)	Agreed that testing is not needed.
11/18/2013	Regular Education Teacher (Reading Teacher) (Name)	Agreed that testing is not needed.
11/18/2013	Related Services Personnel (Speech Therapist) (Name)	Agreed that testing is not needed.
11/18/2013	Diagnostician(School Psychologist) (Name)	Agreed that testing is not needed.

The IEP team has determined that additional assessments or other evaluation materials do not need to be administered to your child to determine whether s/he has a disability and his or her educational needs.

You participated in making this determination as documented in number 2 above.

You did not participate and the school district made 3 attempts to involve you as follows:

The reason(s) for this determination (including a description of any other options considered and reasons rejected, and other relevant factors) are:

none

The IEP team's next step will be to determine whether your child has a disability based upon its review of the existing information available on your child, including information provided by you. As a participant on the team, you will be involved in this determination. Upon completion of the evaluation or re-evaluation, the IEP team will prepare an evaluation report. The report will include documentation of your child's eligibility for special education. If the IEP team determines that your child is a child with a disability, the team will develop an IEP to address your child's needs and will determine a placement to carry out the IEP. Upon request you and the other IEP team participants may receive a copy of the team's evaluation report prior to continuing with the development of your child's IEP and placement. If you have not requested a copy of the team's evaluation report, the school district will give you a copy of the IEP team evaluation report when you receive a notice of your child's placement or notice that your child is not a child with a disability. In addition, upon request, you may receive a copy of the prior IEP's team's evaluation report.

You have the right to request additional assessment or other evaluation materials if you disagree with the IEP team's decision. Upon your request and with your written consent, the school district will administer additional assessments or other evaluation materials related to determining your child's continuing eligibility for special education and his or her educational needs at no cost to you.

If at any point during an IEP team meeting to determine your child's eligibility for special education, develop an IEP, or determine a placement you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances.

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 procedure safeguards once a year. Previously you received a copy of your procedural safeguards rights in a brochure about Special Education Rights for Parents and Children. If you would like another copy of this brochure, please contact the school district at the telephone number below. In addition to the district staff, you may also contact the organizations listed on the Special Education Rights for Parents and Children brochure if you have questions about your rights.

NAME AND TITLE OF DISTRICT CONTACT

Contact Name/Title

Case Manager

Phone

608-361-XXXX

Email

A-5 - SUMMARY OF INDIVIDUAL REPORT OF ASSESSMENT

Purple Knight - SAVE

Birth Date

03/12/1995 (18)

PARENT/GUARDIAN 1

Full Name	Street Address	City	State	Zip Code	Phone(s)
Mom Knight (Mother)	100 BMHS Street	Beloit	WI	53511	Home: (608) 361-3000

District of Residence	District of Placement	Current School	Grade
Testing District	Beloit School District		Grade 12

Report Date

12/16/2013

Specialist Completing Report:

School Psychologist Name

Title:

School Psychologist

The report must include:

I. Assessment results including area(s) assessed, instruments used, date administered.

II. Educational implications for planning.

III. Were assessments or other evaluation materials administered in accordance with the instructions provided by the publisher of the assessment?

Yes

If no, describe below the extent to which there were variations from standard conditions.

IV. If assessing is for a visual impairment, this report must include reference to the child's reading and writing skills, need and appropriate reading and writing media, including an evaluation of the child's future need for instruction in Braille or the use of Braille.

N/A

Summary:

Each evaluation team member that gave a formal assessment must provide a summary on this form.

Summary should include the following information:

- Student information
- Testing dates
- Brief paragraph describing the student's behavior during testing
- Test name, area (Academic: reading, math...)
- Scores listed in a chart with comparison to percentile rank scores (information is listed in computerized score sheet), make sure that the chart has a key explaining standard scores and the mean
- Brief paragraph summarizing your findings. Parents understand the findings better if test question examples are given. During math calculation, Purple Knight scored a 65%. He struggled with math problems the involved 3 digits or more. He also could not correctly answer problems involving division.
- At the end of your findings, give your conclusion. Your conclusion should state that your findings are based on the test data and your student observation. Make sure to write that ultimately, the IEP team decides whether the child continues to qualify for special education.

Do not attach the computerized scoring sheet from the testing software.

Signature of Specialist Completing Report
Name

NAME AND TITLE OF DISTRICT CONTACT:

Contact Name

Case Manager

Phone

608-361-XXXX

A-6 - IEP TEAM EVALUATION REPORT INCLUDING ELIGIBILITY DETERMINATION

Purple Knight - SAVE

Birth Date

03/12/1995 (18)

PARENT/GUARDIAN 1

Full Name	Street Address	City	State	Zip Code	Phone(s)
Mom Knight (Mother)	100 BMHS Street	Beloit	WI	53511	Home: (608) 361-3000

District of Residence	District of Placement	Current School	Grade
Testing District	Testing District	Test High School	Grade 12

Evaluation Team Meeting Date

12/19/2013

Type of Evaluation

 Re-Evaluation Initial

I. REVIEW OF EXISTING DATA

A. Summary of previous evaluations:

According to the child's previous evaluations, summarize previous findings.

Purple Knight has shown deficits in reading since the 2nd grade. He last evaluation showed that he was reading three grade levels below his same age peers.

B. Summary of evaluations and information provided by parent(s):

List the information that parents have provided for this evaluation.

Mom continues to have concerns regarding Purple Knight's reading level. She would like special education instruction to continue so that he shows improvement in order to be admitted into a technical college.

C. Previous interventions and their effects:

Restate information regarding previous interventions and the data related to those interventions. You can use the information you listed on the A-1 section 2D

D. Summary of current classroom-based, local, and/or state assessment:

List curriculum based assessment data, which are formative and summative scores. List MAP and WKCE scores.

E. Summary of observations by teachers and related service providers in classrooms and other settings:

Summarize teachers' and related service providers' comments regarding the child's academic achievement and behavior that is observed in the classroom and other settings (lunchroom, hallways).

F. Relevant information about the child's physical condition, social or cultural background, and adaptive behavior:

This information should have a direct link to those deficits described regarding lack of progress in academic achievement or behavior.

Purple Knight continues to wear eye glasses to correct his dyslexia. Staff has indicated that he needs to be reminded to wear them and at times does not bring them to school.

Purple Knight continues to have difficulty going to the bathroom independently and benefits from toileting assistance with his pull-up.

II. SUMMARY OF CURRENT EVALUATION

A. This is a visual impairment evaluation?

 Yes No

B. Were formal assessments administered as part of the evaluation?

 Yes No

If yes, were the assessment materials administered in accordance with the instructions provided by the publisher of the assessment?

 Yes No

C. Summary of current evaluation data:

Summarize the current formal assessment data. List scores in comparison to percentile rank. Parents have a difficulty understanding standard scores, without a key comparison, so it's best practice to list the key or compare the scores to percent of same age peers.

D. This is a Specific Learning Disabilities Evaluation?

 Yes No

Is this student currently eligible as a student with a specific learning disability?

 Yes No**III. SUMMARY OF SPECIFIC LEARNING DISABILITIES EVALUATION**

A. Review existing classroom achievement and IEP progress data:

B. Effects of environment, cultural factors or economic disadvantage, a visual, hearing or motor disability, cognitive disability or emotional disturbance, or limited English proficiency on the student's achievement level:

If the child has any of the factors listed above, these may have an impact on whether the child qualifies for a disability area. Being economically disadvantaged or poor does not mean you have a learning disability.

C. Summary of relevant behavior noted during observation of child in his or her learning environment including the regular classroom and relationship of that behavior to the child's academic functioning:

List the child's behavior that you observed in a general ed setting and how that relates to his academic performance.

Purple Knight is easily distracted in reading class. When whole class instruction occurs, Purple Knight fidgets in his seat and escalates other students' behavior.

D. Educationally relevant medical findings:

 N/A

E. For SLD ONLY: The IEP team assures that the decision of whether the child has a specific learning disability was based on information from a variety of sources and not on any single measure or assessment as the sole criterion. Each IEP team participant must sign below and indicate whether he/she agrees with the conclusions regarding whether or not the child is a child with a specific learning disability. If this does not reflect his/her conclusions, then that IEP team participant must also attach a statement with his/her conclusions.

Name & Title	Signature	Agree or Disagree
Mom Knight - Mother		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
LEA		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Special Ed Teacher		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Regular Ed Teacher		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
School Psychologist		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

Student Name	Birth Date	Grade	Evaluation Team Meeting Date
Purple Knight - SAVE	03/12/1995 (18)	Grade 12	12/19/2013

IV. IEP TEAM DETERMINATION

(THE CHILD MUST HAVE AN IMPAIRMENT AND NEED FOR SPECIAL EDUCATION DUE TO THE IMPAIRMENT TO BE CONSIDERED A CHILD WITH A DISABILITY.)

A. This child meets the criteria for one or more of the following impairments:

1. The impairment is:

- Autism
- Cognitive Disability
- Emotional Behavioral Disability
- Hearing Impairment
- Orthopedic Impairment
- Other Health Impairment
- Significant Developmental Delay
- Specific Learning Disability**
- Speech or Language Impairment
- Traumatic Brain Injury
- Visual Impairment
- None

2. Documentation of eligibility criteria for each impairment. (Document how child meets criteria. If documentation is not provided below, see eligibility criteria checklist and Section II C. or Section III of this report.)

Specific Learning Disability:

3. Were other impairments considered and rejected?

Yes No

(If Yes, document which one(s) and how child did not meet criteria.)

List other impairments considered and rejected. For each impairment explain why the child did not meet the criteria. Make sure that the checklists are attached.

B. If the child met criteria for one or more of the above impairment areas, does the student have needs that cannot be met in general education?

Yes No N/A

If Yes, describe the specially designed instruction required.

List the instruction that the child benefits from that can only supported by special education services.

Purple Knight shows considerable progress when he is participating in a Tier 3 reading intervention and it is being instructed individually for Purple Knight.

NAME AND TITLE OF DISTRICT CONTACT PERSON

Contact Name/Title

Case Manager

Phone

608-361-XXXX

Email

A6-EBD - EVALUATION - EMOTIONAL BEHAVIORAL DISABILITY CRITERIA (DRAFT)

Purple Knight - SAVE

Birth Date

03/12/1995 (18)

District of Residence

Beloit School District

District of Placement

Beloit School District

Current School

Grade

Grade 12

Meeting Date

12/19/2013

Emotional Behavioral Disability PI 11.36(7)

Social, emotional, or behavioral functioning that so departs from generally accepted, age appropriate ethnic or cultural norms that it adversely affects a child's academic progress, social relationships, personal adjustment, classroom adjustment, self-care, and vocational skills. Criteria for an impairment in the area of emotional behavioral disability can be documented as follows:

SECTION I - All must be checked yes to meet criteria.

A. The child exhibits social, emotional, behavioral functioning that so departs from generally accepted age appropriate, ethnic or cultural norms that it adversely affects the child in at least one (1) of the following areas.

Yes No

Check all that apply.

- Academic progress
- Personal adjustment
- Self-care
- Social relationships
- Classroom adjustment
- Vocational skills

Documentation:

B. Behaviors are severe, chronic, and frequent.

Yes No

Documentation:

C. Behaviors occur at school and at least one (1) other setting.

Yes No

Check all that apply.

- Yes No Home
- Yes No Community

Documentation:

D. The child displays any of the following:

Yes No

(Check all that apply, but at least one must be checked to meet criteria)

- Yes No - Inability to develop or maintain satisfactory interpersonal relationships;
- Yes No - Inappropriate affective or behavior response to a normal situation;
- Yes No - Pervasive unhappiness, depression, or anxiety;
- Yes No - Physical symptoms, fears, or pains associated with personal or school problems;
- Yes No - Inability to learn that cannot be explained by intellectual, sensory, or health factors;
- Yes No - Extreme withdrawal from social situations;
- Yes No - Extreme aggressiveness for a long period of time;
- Yes No - Other inappropriate behaviors that are so different from children of similar age, ability, educational experiences, and opportunities that the child or other children in a regular or special education program are negatively affected.

Documentation:

E. The IEP team has done a full and individual evaluation, including using a variety of sources of information, systematic observations in a variety of educational settings, reviewing prior documented interventions, and including the cause of the disability if it is known.

Yes No

F. The IEP team did not identify or refuse to identify the child as EBD solely on the basis of another disability, social maladjustment, adjudged delinquent, a dropout, chemically dependent, or a child whose behavior is primarily due to cultural deprivation, familial instability, suspected child abuse or socio-economic circumstances, or when medical or psychiatric diagnostic statements have been used to describe the child's behavior.

Yes No

SECTION II - Must be checked yes to meet criteria.

A. This child meets the criteria for an impairment in the area of emotional behavioral disability as defined above.

Yes No

A6-SL - EVALUATION - SPEECH OR LANGUAGE IMPAIRMENT CRITERIA (DRAFT)

Purple Knight - SAVE

Birth Date

03/12/1995 (18)

District of Residence

Beloit School District

District of Placement

Beloit School District

Current School

Grade

Grade 12

Meeting Date

12/19/2013

Speech or Language Impairment 11.36(5)

An impairment of speech or sound production, voice, fluency, or language that significantly affects educational performance or social, emotional, or vocational development.

For Eligibility, THE IEP TEAM MUST DOCUMENT AN IMPAIRMENT IN AT LEAST ONE OF THE FOLLOWING FOUR AREAS:

SECTION I - LANGUAGE.

A. Are language concerns addressed?

Yes No

SECTION II - SPEECH OR SOUND PRODUCTION

A. Are speech or sound production concerns addressed?

Yes No

SECTION III - VOICE

A. Are voice concerns addressed?

Yes No

SECTION IV - FLUENCY

A. Are voice fluency concerns addressed?

Yes No

SECTION V - EXCLUSIONS

A. The six exclusions listed below are all checked no.

Yes No

Yes No - Speech or language skills are mild, transitory, or developmentally appropriate.

Yes No - Speech or language performance is consistent with developmental levels unless the child requires speech or language services to benefit from the educational program(s).

Yes No - Speech or language skills are a result of a dialectical difference or learning English as a second language.

- Yes No - Auditory processing (unless the IEP team is able to document that the auditory processing results in an impairment of oral communication skills.)
- Yes No - A tongue thrust (unless the IEP team can document that the child has an impairment in speech or sound production.)
- Yes No - A child with elective or selective mutism or school phobia (unless the IEP team can document a delay in oral communication skills.)
-

SECTION VI - DOCUMENTATION OF PARTICIPATION OF S/L PATHOLOGIST

A. THE IEP TEAM INCLUDED A SPEECH AND LANGUAGE PATHOLOGIST AND INFORMATION FROM THE MOST RECENT ASSESSMENT WHEN DOCUMENTING A SPEECH OR LANGUAGE IMPAIRMENT OR WHEN DISCUSSING THE NEED FOR SPEECH OR LANGUAGE SERVICES.

- Yes No
-

SECTION VII - Must be checked yes to meet criteria

A. This child meets the criteria for an impairment in the area of speech and language disability as defined above.

- Yes No

If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact the school district at the telephone number at the bottom of this form.

I-1 - INVITATION TO IEP MEETING (DRAFT)

Purple Knight - SAVE

Birth Date

03/12/1995 (18)

District of Residence	District of Placement	Current School	Grade
Beloit School District	Beloit School District		Grade 12

Date	Amended
-------------	----------------

Dear:

We would like to meet with you to discuss the educational needs of your child: **Purple Knight - SAVE**

The meeting has been scheduled for on at

The purpose(s) of this IEP team meeting is to (all checked apply):

- Determine initial eligibility for special education
- Develop an initial IEP
- Determine initial placement
- Determine continuing placement
- Determine continued eligibility for special education
- Transfer IEP
- Develop annual IEP
- Review existing information & determine need for additional assessments
- Manifestation determination (Review/revise IEP & Placement)
- Determine setting for services during disciplinary change in placement. This includes all Interim Alternative Educational Settings (IAES)
- Review/Revise/Update IEP: ()
- Develop a statement of transition (post-secondary) goals and services, required for child 14 and older or younger if appropriate. If transition planning is being considered we must invite your child to the meeting. If applicable, we must invite a representative of any participating agency that is likely to be responsible for providing or paying for transition services.

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. You are a participant of the team and encouraged to attend this meeting, which must be at a mutually agreeable time and place. You may bring a friend or advisor who, you believe, has knowledge or special expertise about your child to the meeting with you if you wish. If your child is transferring from a Birth to 3 Early Intervention Program we will, at your request, send to the Birth to 3 coordinator or other representative an invitation to the IEP meeting. If a purpose of this meeting is to determine eligibility for special education, an IEP will be developed only if your child is determined to be eligible for special education. Upon request, you may receive a copy of the IEP team's most recent evaluation report at any meeting of the IEP team.

Student Name	Birth Date	Grade	Date
Purple Knight - SAVE	03/12/1995 (18)	Grade 12	

The following individuals have been appointed as IEP participants and will attend the meeting:

Role	Name/Title
Regular Education Teacher	
Special Education Teacher	
LEA Representative	

Other options related to the scheduling, participants, or purpose of the meeting considered, reason(s) these options were rejected, and other relevant factors:

None

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 and when the school is seeking a disciplinary change in placement and/or when responding to a request for due process hearing or IDEA complaint. Previously you received a copy of your procedural safeguards rights in a brochure about Special Education Rights for Parents and Children. If you would like another copy of this brochure, please contact the school district at the telephone number below. In addition to the district staff, you may also contact the organizations listed on the Special Education Rights for Parents and Children brochure if you have questions about your rights.

If you have any questions about this meeting or understanding your rights, I can be reached at:

NAME, TITLE, AND SCHOOL ADDRESS OF DISTRICT CONTACT PERSON:

Contact Name

Contact Title

Address

Student Name	Birth Date	Grade	Date
Purple Knight - SAVE	03/12/1995 (18)	Grade 12	

- 1. I/We **will** attend the meeting for **Purple Knight - SAVE** as scheduled on , at .
- 2. I / We **cannot** attend a meeting as scheduled for **Purple Knight - SAVE** as scheduled on , at .
 - Alternate meeting date/time I/we can attend_____.
 - Involve me on the scheduled date by phone at this number_____.

 (Signature of parent or legal guardian)

 (Date)

Parent, please check the appropriate box, sign, date, and return a copy of this form to the District Contact Person.

FOR SCHOOL DISTRICT USE ONLY:

Signed By Date Signed Initials

DRAFT

If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact the school district at the telephone number at the bottom of this form.

I-2 - IEP MEETING PARTICIPANTS PRESENT DOCUMENTATION - COVER SHEET

Purple Knight - SAVE

Birth Date

03/12/1995 (18)

PARENT/GUARDIAN 1

Full Name	Street Address	City	State	Zip Code	Phone(s)
Mom Knight (Mother)	100 BMHS Street	Beloit	WI	53511	Home: (608) 361-3000

District of Residence	District of Placement	Current School	Grade
Testing District	Testing District	Test High School	Grade 12

Meeting Date

12/19/2013

Projected beginning and ending date(s) of IEP services & modifications

(Includes only scheduled school days during the regular school term, unless otherwise specified.)

Begin Date	End Date
1/10/2013	12/18/2014

Does this child attend through open enrollment?

Yes No

The purpose(s) of this IEP team meeting is to:

- Determine initial eligibility for special education
- Develop an initial IEP
- Determine initial placement
- Determine continuing placement**
- Determine continued eligibility for special education**
- Transfer IEP
- Develop annual IEP**
- Review existing information & determine need for additional assessments
- Manifestation determination (Review/revise IEP & Placement)
- Determine setting for services during disciplinary change in placement. This includes all Interim Alternative Educational Settings (IAES)
- Review/Revise/Update IEP for the following reason: ()
- Develop a statement of transition (post-secondary) goals and services, required for child 14 and older or younger if appropriate.**

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 the initial or most recent evaluation and results of statewide or district wide assessments.

Yes N/A

IEP meeting participants:

Role	Name/Title
Mother	Mom Knight
Case Manager	Name
School Psychologist	Name
LEA	Name
Regular Education	Name

Did the parent(s)/adult student attend or did they participate in the meeting by other means?

Yes No

NAME AND TITLE OF DISTRICT CONTACT PERSON:

Contact Name/Title Phone

I-4 - PARENT CONSENT FOR PLACEMENT (DRAFT)
Purple Knight - SAVE

Birth Date

03/12/1995 (18)

District of Residence	District of Placement	Current School	Grade
Beloit School District	Beloit School District		Grade 12

Date

Dear:

On the IEP team determined that your child has a disability and is eligible to receive special education and related services.

Before the school district can provide special education to your child as described in his/her IEP, your written consent (permission) is needed. Your consent is voluntary and can be revoked prior to the initial provision of special education. You can also revoke consent in writing for your child's receipt of special education services after the child is initially provided special education and related services.

I understand the action proposed above and:

- I give my consent for my child **Purple Knight - SAVE** to receive special education services.
- I do not give my consent for my child **Purple Knight - SAVE** to receive special education services.

I understand that if I refuse to give my consent (permission) for my child to receive special education services the school district is not required to convene an IEP meeting or develop an IEP for my child. I further understand that the district will not be in violation of the requirement, under federal Individuals with Disabilities Education Act (IDEA) and Sub. V, Chapter 113, Wis. Stats., the state special education law, to make available a free appropriate public education (special education and related services) for my child and that I may not invoke protections of IDEA in subsequent discipline issues.

 (Signature of parent or legal guardian)

 (Date)

Please check appropriate box above, sign, date, and return a copy of this form to the school district.

Parent: 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. Previously you received a copy of your procedural safeguard rights in a brochure about Special Education Rights for Parents and Children, which specifically offered an opportunity to use the mediation procedure if you disagreed with this proposed placement. If you would like another copy of this brochure, please contact the school district at the telephone number below. In addition to the district staff, you may also contact the organizations listed on the Special Education Rights for Parents and Children brochure if you have questions about your rights.

NAME AND TITLE OF DISTRICT CONTACT:

Contact Name

Phone

FOR SCHOOL DISTRICT USE ONLY:

Date Signed:

Initials