

Wyoming Department of Education



Early Intervention and Education Program

Individualized Education Program (IEP) Training

Early Intervention & Education Program (EIEP)

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WELCOME & AGENDA

- ✓ Training Format
- ✓ Agenda
- ✓ Questions

FORMS

- Updated forms are dated July 2013. Input from previous forms trainings resulted in minor changes to some forms. Earlier versions should not be used after today.
- Forms are available at http://edu.wyoming.gov/Programs/special_education/special_education_forms.aspx
- All forms have been updated in SEAS and are available for use beginning today (9/20/13)

Forms with Significant Changes

- ❑ E-1: Referral – Special Education
- ❑ E-2: PWN, Consent for Evaluation
- ❑ I-4: Individualized Education Program (IEP), specifically:

- ❑ Page 2, 6 and 7, 8

The screenshot shows a web browser window displaying the Wyoming Department of Education website. The page title is "Special Education Forms". The navigation menu includes Home, Programs, Communications, Resources, State Assessment, Standards, State Board, Employment, Contact Us, and a Facebook link. The main content area is divided into two sections: "Organizational Tools" and "State Model Forms".

Organizational Tools

- Checklist (PDF, MS Word, Spanish)

State Model Forms

Evaluation Forms

- E-1 Referral Form Special Education, (PDF, MS Word, Spanish)
- E-2 Prior Written Notice and Consent for Evaluation, (PDF, MS Word, Spanish)
- E-3 Evaluation Report and Eligibility for Determination, (PDF, MS Word, Spanish)
- E-A Documentation of Eligibility - Autism, (PDF, MS Word, Spanish)
- E-CD Documentation of Eligibility - Cognitive Disability, (PDF, MS Word, Spanish)
- E-DB Documentation of Eligibility - Deaf-blindness, (PDF, MS Word, Spanish)
- E-DD Documentation of Eligibility - Developmental Delay, (PDF, MS Word, Spanish)
- E-ED Documentation of Eligibility - Emotional Disability, (PDF, MS Word, Spanish)
- E-HI Documentation of Eligibility - Hearing Impairment Including Deafness, (PDF, MS Word, Spanish)

Optional Check List



| | | | | | |
|-------------------------------|--------|------------------------------------|--------|-------------------------------|------|
| School District/Public Agency | | Special Education Checklist | | | |
| | | | | | |
| Name of Student | | WISER ID | DOB | Grade | Date |
| | | | | | |
| Name(s) of Parent or Guardian | | Name(s) of Parent or Guardian | | | |
| | | | | | |
| Address (City, State & Zip) | | Address (City, State & Zip) | | | |
| | | | | | |
| Contact Information | | Contact Information | | | |
| H: | C: | H: | C: | | |
| W: | Email: | W: | Email: | | |
| Disability Category: | | Annual IEP Date: | | Three Year Reevaluation Date: | |
| | | | | | |

 REFERRAL

- Referral for Special Education: (Form E-1)
 - Notice of Team Meeting (Form G-1)
 - Prior Written Notice (Form G-2)
 - Procedural Safeguards
- Parent Request for Special Education:
 - Prior Written Notice (Form G-2)
 - Procedural Safeguards

 INITIAL EVALUATION

- Notice and Consent for Evaluation (Form E-2)
- Eligibility Criteria Worksheet(s)
- Notice of Team Meeting (Form G-1)
- Evaluation Report and Eligibility Determination (Form E-3)
 - Prior Written Notice, if ineligible (Form G-2)

 INITIAL SERVICES

- Notice of Team Meeting, if needed to develop an IEP (Form G-1)
- Prior Written Notice and Consent for Initial Services (Form I-3)
- IEP (Forms I-4, I-4a, and I-4b)

 ANNUAL IEP

- Consent for Transition Agency Participation, if needed (I-1)
- Notice of Team Meeting (Form G-1)
 - Excusal of an IEP Team Member, if needed (Form I-2)
- IEP (Forms I-4, I-4a, and I-4b)
- Prior Written Notice (Form G-2)
- Procedural Safeguards

 IEP AMENDMENT

- IEP Amendment, if changes proposed after annual meeting (Form I-5)
- Prior Written Notice (Form G-2)
- Copy of new IEP, if requested.

REEVALUATION

- Notice and Consent for Evaluation (Form E-2)
- Evaluation Report and Eligibility Determination (Form E-3)
 - Prior Written Notice, if any changes are proposed (Form G-2)
- Agreement not to reevaluate per §300.303.
 - Prior Written Notice (Form G-2)

 TRANSFER STUDENTS

- Transfer within state in the same school year:
 - Notice of Team Meeting to review transfer IEP and determine comparable services. (Form G-1)
 - Adopt IEP from previous district, OR
 - Develop and implement a new IEP. (Forms I-4, I-4a, and I-4b)
 - Prior Written Notice (Form G-2)
- Transfer from another state in the same school year:
 - Notice of Team Meeting to review transfer IEP and determine comparable services.(Form G-1)
 - Initial Evaluation (See above.)
 - Initial Services (See above.)

 DISCIPLINE

- Notice of Team Meeting to review behavior (Form G-3)
- Manifestation Determination (Form G-3)
 - FBA Consent for Evaluation, if necessary (Form G-2)
 - IEP Amendment, if necessary (Form I-5)
 - Prior Written Notice (Form G-2)
- Procedural Safeguards

 TERMINATION OF ELIGIBILITY

- See Reevaluation above, or
- Summary of Performance (Form I-6)
- Prior Written Notice (Form G-2)

 REVOCAION OF CONSENT

- Parental Revocation of Consent (Form I-7)
- Prior Written Notice (Form G-2)

Don't forget: this is a **tool**
utilized for all IEPs (ages 3-21)!
Therefore, some of the items
may not apply.

The Multi-Tool



Prior Written Notice

34 C.F.R. §300.503

- ❑ Written notice that meets must be given to the parents of a child with a disability a reasonable time *before* the public agency—
 - ❑ Proposes to initiate or change the identification, evaluation, or educational placement of the child or the provision of FAPE to the child; or
 - ❑ Refuses to initiate or change the identification, evaluation, or educational placement of the child or the provision of FAPE to the child.

PWN Content

- ❑ PWN must include:
 - ❑ Description of the action proposed or refused
 - ❑ Explanation of why action is proposed or refused
 - ❑ **Descriptions** of evaluation procedures, assessments, records, or reports used as a basis for the proposed or refused action;
 - ❑ Procedural safeguards
 - ❑ Sources for parents to contact for assistance
 - ❑ **Description** of other options that the IEP Team considered with reasons for being refused
 - ❑ **Description** of other relevant factors to the proposal or refusal

Must be in *Understandable Language*

- ❑ Understandable language means:
 - ❑ Understandable to the general public
 - ❑ In the native language of the parent or other mode of communication used by the parent
 - ❑ If the native language or other mode of communication of the parent is not a written language, the *public agency must*:
 - ❑ Translate orally or by other means to the parent in his or her native language or other mode of communication **AND**
 - ❑ Ensure that the parent understands the content **AND**
 - ❑ Provide written evidence that the requirements have been met.

PWN's Purpose

- PWN triggers the parent's opportunity to object to what is being proposed or refused.

| | |
|-------------------------------|---|
| School District/Public Agency | Prior Written Notice 34 C.F.R. §300.503 |
| Contact Person and Number | |
| | |

| Name of Student | WISER ID | DOB | Grade | Date |
|-----------------|----------|-----|-------|------|
| | | | | |

The school district must give you a written notice whenever the school district: (1) Proposes to initiate or change the identification, evaluation or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child; or (2) Refuses to initiate or change the identification, evaluation or educational placement of your child or the provision of FAPE to your child. You and your child are entitled to procedural safeguards under the Individuals with Disabilities Education Act (IDEA). A copy of the Notice of Procedural Safeguards can be obtained from your child's school or the WDE website at www.edu.wyoming.gov. It contains a list of resources for parents to obtain assistance in understanding the IDEA.

Written Notice of Special Education Action

Description of the action the school district or public agency proposes or refuses to take:

Explanation of why the school district or public agency is proposing or refusing to take that action:

Description of each evaluation procedure, assessment, record or report the school district or public agency used as a basis for the proposed or refused action:

Description of any other options the team considered and the reasons why those choices were rejected:

Description of other relevant factors:

It All Starts Here



Screening

- ❑ Screening
 - ❑ Developmental
 - ❑ Hearing
 - ❑ Vision

 - ❑ The results of the screenings are used to determine whether or not there is a need for further evaluation.
- * Please note: screenings are not required and shall not interfere with a direct referral for evaluation.

The Referral

34 C.F.R. §300.301 (b)

- ❑ Request for initial evaluation.
- ❑ Consistent with the consent requirements, **either a parent of a child or a public agency** may initiate a request for an initial evaluation to determine if the child is a child with a disability.
- ❑ Important procedural safeguards must attach at the point of the referral.

| | |
|-------------------------------|--|
| School District/Public Agency | Referral - Special Education 34 C.F.R. §300.301(b) |
| | |

| | | | | | |
|-------------------------------|--------|-------------------------------|--------|-------|------|
| Name of Student | | WISER ID | DOB | Grade | Date |
| | | | | | |
| Name(s) of Parent or Guardian | | Name(s) of Parent or Guardian | | | |
| | | | | | |
| Address (City, State & Zip) | | Address (City, State & Zip) | | | |
| | | | | | |
| Contact Information | | Contact Information | | | |
| H: | C: | H: | C: | | |
| W: | Email: | W: | Email: | | |

Reason for Referral

State reason(s) you believe that the child has a disability and needs special education and related services. Explain in detail the child's academic and nonacademic performance. Include any important medical, emotional or other health related information.

Interventions and Effects

Discuss and detail any interventions, services or other programs used to address the child's needs. Include information about the duration of the interventions, services or programs that were attempted and the effects of the interventions on the child's performance, to the extent known.

| | | |
|-----------------|-----|-------|
| Name of Student | DOB | Grade |
|-----------------|-----|-------|

Vision and Hearing Screening

Document the results of vision and hearing screening; any failed portion indicates a failed screening.

Vision Screening
Date Performed: _____

Vision CORRECTED (glasses/contacts) UNCORRECTED

| | | | |
|-----------------|---|---|---|
| | BOTH | LEFT | RIGHT |
| Distance Acuity | 20/ | 20/ | 20/ |
| Near Acuity | 20/ | 20/ | 20/ |
| Tracking | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| Stereo Vision | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| Color Vision | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |

Notes: _____

Hearing Screening
Date Performed: _____

OTOSCOPY:

| | | | |
|---------------------------|---|---|---|
| PURE TONE RESULTS @ 20 dB | 1.0 kHz | 2.0 kHz | 4.0 kHz |
| Right Ear | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| Left Ear | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| TYMPANOMETRY | PRESSURE | COMPLIANCE | |
| Right Ear | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | |
| Left Ear | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | |

Notes: _____

Include this info in MDT

Parent Involvement
Indicate how the concerns have been addressed with parent(s).

Person Making the Referral: _____

Receipt of Referral

Procedural Safeguards Provided to Parent for Initial Referral 34 C.F.R. §300.504(a)(1)

By: _____ Date: _____

Processing the Referral

- ❑ Upon receipt of a referral, it must be processed:
 - ❑ Interventions?
 - ❑ Evaluation?

- ❑ Make sure you thoroughly describe:
 - ❑ PWN declining to conduct an evaluation, or
 - ❑ Plan the evaluation.

Referral Processing

No suspicion

- Issue a PWN declining to conduct the evaluation.
- Thoroughly document* the reasons the team DOES NOT suspect a disability or need for special education.

Suspicion

- Propose an evaluation
- Issue PWN
- Obtain consent
- Evaluate

PWN: Consent for Evaluation

34 C.F.R. §§300.300-300.305

- This form is used for the initial evaluation and for all reevaluations.
- The sequence is important! Follow the form.

| | |
|-------------------------------|---|
| School District/Public Agency | Prior Written Notice Consent for Evaluation 34 C.F.R. §§300.300 - 300.305 |
|-------------------------------|---|

| | | | | |
|-----------------|----------|-----|-------|------|
| Name of Student | WISER ID | DOB | Grade | Date |
|-----------------|----------|-----|-------|------|

Indicate the type of evaluation.

- To evaluate your child for initial special education eligibility. 34 C.F.R. §300.300(a)

B. Based on the review of existing information: Complete section 1 or 2.

1. No additional assessment data are needed. 34 C.F.R. §§300.305(a) and (d)

- No additional assessment data are needed to determine if your child is or continues to be eligible for special education services or to determine your child's educational needs. (If the parent disagrees, the parent may request additional assessment.)

Reasons:

If the team determines no additional data are needed, your informed consent is not necessary.

2. Additional assessment data are needed. 34 C.F.R. §300.305(a)

- The team has determined that additional assessment data are necessary to determine if your child is or continues to be eligible for special education services or to determine your child's educational needs. (If this box is checked, use page 3 to obtain informed consent.)

• Identify the areas the team proposes to assess. 34 C.F.R. §300.304

- | | |
|---|---|
| <input type="checkbox"/> Academic Performance | <input type="checkbox"/> Health |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Vision |
| <input type="checkbox"/> General Intelligence | <input type="checkbox"/> Motor Skills |
| <input type="checkbox"/> Functional Behavior | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Adaptive Behavior | <input type="checkbox"/> Postsecondary Transition Needs |
| <input type="checkbox"/> Social, Emotional | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Assistive Technology | |

• Describe the proposed assessment process.

| | | | | |
|-------------------------------|---|-----|-------|------|
| School District/Public Agency | Prior Written Notice Consent for Evaluation 34 C.F.R. §§300.300 - 300.305 | | | |
| | | | | |
| Name of Student | WISER ID | DOB | Grade | Date |
| | | | | |

A. The team is proposing the following:

B. Based on the review of existing information: Complete section 1 or 2.

1. No additional assessment data are needed. 34 C.F.R. §§300.305(a) and (d)

- No additional assessment data are needed to determine if your child is or continues to be eligible for special education services or to determine your child's educational needs. (If the parent disagrees, the parent may request additional assessment.)

Reasons:

If the team determines no additional data are needed, your informed consent is not necessary.

| | | | | | |
|--|----------|---|-------|------|--|
| School District/Public Agency | | Prior Written Notice Consent for Evaluation 34 C.F.R. §§300.300 - 300.305 | | | |
| | | | | | |
| Name of Student | WISER ID | DOB | Grade | Date | |
| | | | | | |
| A. The team is proposing the following: Indicate the type of evaluation. | | | | | |
| <input type="checkbox"/> To evaluate your child for initial special education eligibility. 34 C.F.R. §300.300(a) <input type="checkbox"/> To reevaluate your child for the continued need for special education and related services. 34 C.F.R. §300.300(c) (An evaluation after the initial evaluation.) | | | | | |

| | |
|--|--|
| 2. Additional assessment data are needed. 34 C.F.R. §300.305(a) | |
| <input type="checkbox"/> The team has determined that additional assessment data are necessary to determine if your child is or continues to be eligible for special education services or to determine your child's educational needs. (If this box is checked, use page 3 to obtain informed consent.) | |
| Identify the areas the team proposes to assess. 34 C.F.R. §300.304 | |
| <input type="checkbox"/> Academic Performance <input type="checkbox"/> Communication Skills <input type="checkbox"/> General Intelligence <input type="checkbox"/> Functional Behavior <input type="checkbox"/> Adaptive Behavior <input type="checkbox"/> Social, Emotional <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Health <input type="checkbox"/> Vision <input type="checkbox"/> Motor Skills <input type="checkbox"/> Hearing <input type="checkbox"/> Postsecondary Transition Needs <input type="checkbox"/> Other _____ |
| Describe the proposed assessment process. | |
| (Empty space for describing the assessment process) | |

| Name of Student | WISER ID | DOB | Grade | Date |
|-----------------|----------|-----|-------|------|
| | | | | |

C. Prior Written Notice:

The school district must give you a written notice whenever the school district: (1) Proposes to initiate or change the identification, evaluation or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child; or (2) Refuses to initiate or change the identification, evaluation or educational placement of your child or the provision of FAPE to your child. You and your child are entitled to procedural safeguards under the Individuals with Disabilities Education Act (IDEA). A copy of the Notice of Procedural Safeguards can be obtained from your child's school or the WDE website at www.edu.wyoming.gov. A list of resources for parents to obtain assistance in understanding the IDEA.

Written Notice of Special Education Action. 34 C.F.R. §300.503

Description of the action the school district or public agency proposes or refuses to take:

Explanation of why the school district or public agency is proposing or refusing to take that action:

Description of each evaluation procedure, assessment, record, or report the school district or public agency used as a basis for the proposed or refused action:

Description of any other options the Team considered and the reasons why those choices were rejected:

Description of other relevant factors:



CONSENT OR REFUSAL FOR EVALUATION

| | |
|---------------|------|
| Name of Child | Date |
| | |

Please sign, date and return this page as soon as possible.

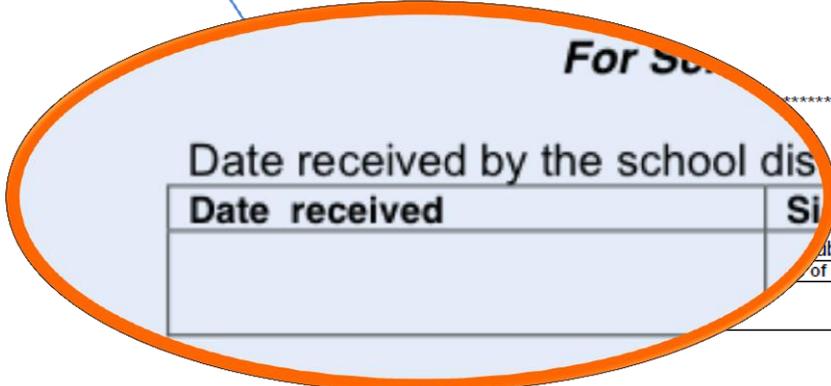
I have received information relevant to the proposed evaluation of my child. I have read the form and enclosed materials.

Please check one box below to indicate your preference:

- I CONSENT to the evaluation.
- I REFUSE consent for the evaluation.

Parent Signature _____ Date _____

This date starts the 60 day timeline.



For School Use

Date received by the school district

| | |
|---------------|-----------|
| Date received | Signature |
| | |

Public Agency Use

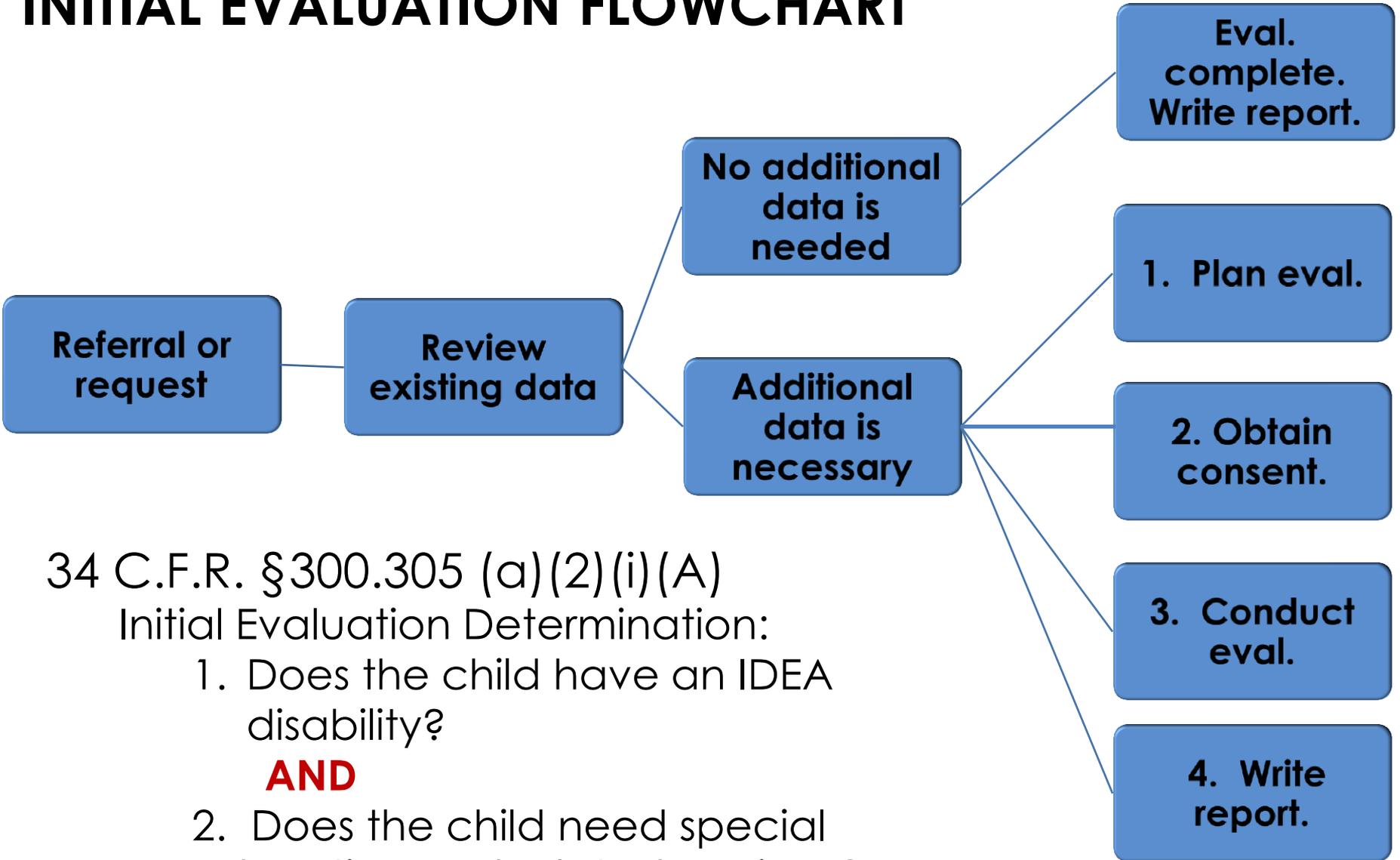
Public agency:
of School District or Public Agency Official

Initial Evaluation

C.F.R. §§300.304 – 300.306

- ❑ The public agency must conduct **a full and individual initial evaluation** before the initial provision of special education and related services
- ❑ Evaluation must consist of procedures
 - ❑ To determine if the child is a child with a disability
 - ❑ To determine the educational needs of the child

INITIAL EVALUATION FLOWCHART



34 C.F.R. §300.305 (a)(2)(i)(A)

Initial Evaluation Determination:

1. Does the child have an IDEA disability?

AND

2. Does the child need special education and related services?

Review of Existing Data

34 C.F.R. §300.305(a)

- ❑ Evaluation begins with a review of existing data
- ❑ And, team must determine
 - ❑ What, if any, additional assessments are needed to answer the evaluation questions.
- ❑ If needed, data must be collected to answer ALL evaluation questions

What are the Assessment Requirements?

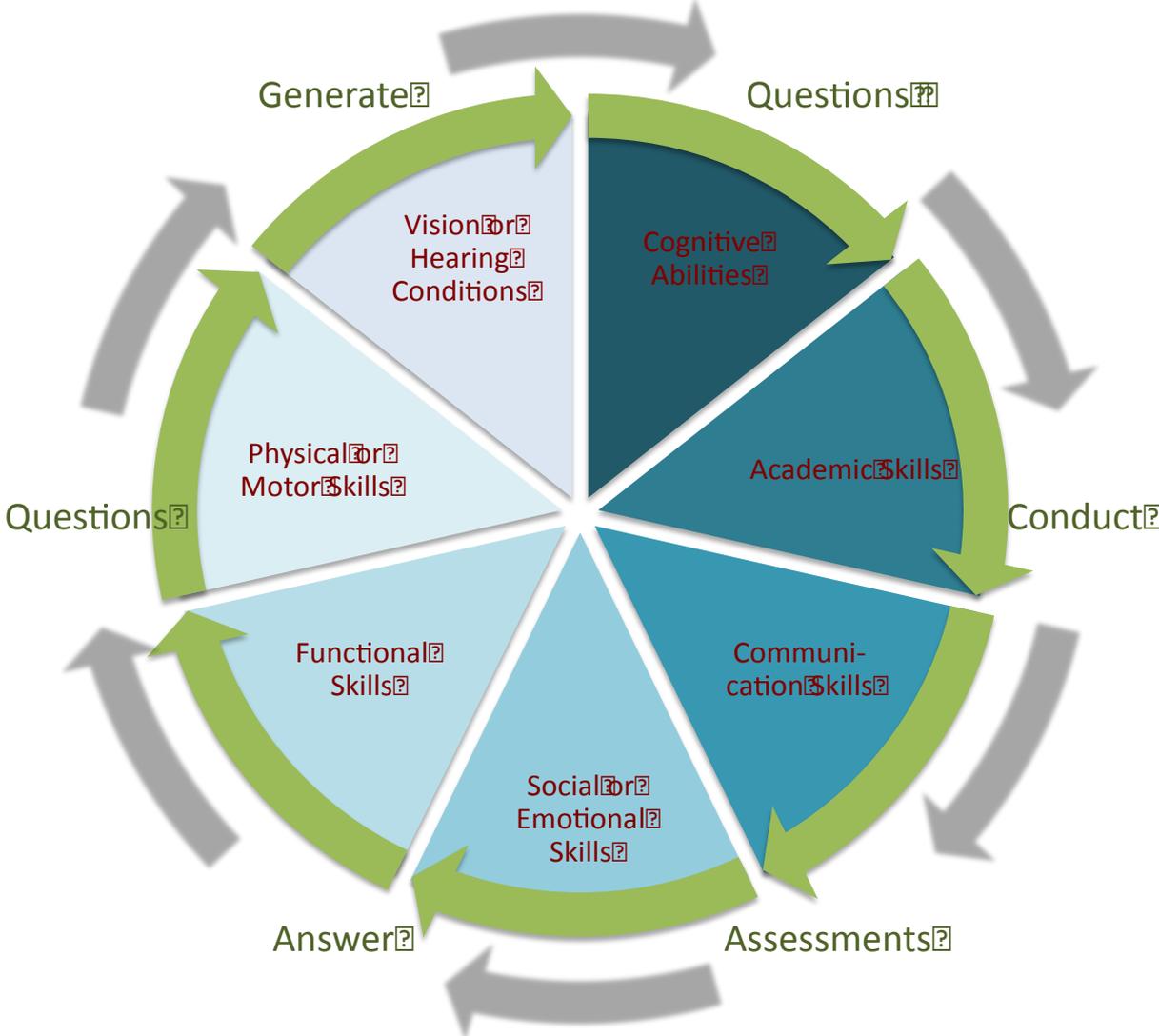
34 C.F.R §300.304

- ❑ Variety of assessment tools and strategies
- ❑ A single measure or assessment may not be used as the **sole** criterion for determining eligibility
- ❑ Use of technically sound instruments
- ❑ Child is assessed in all areas related to suspected disability
- ❑ Evaluation must be comprehensive and identify all of the child's special education and related service needs

Pieces of a Comprehensive Evaluation

- ❑ Review of existing evaluation data
- ❑ Variety of tools and strategies
- ❑ Information provided by the parents
- ❑ May need to look at other eligibility areas
- ❑ Observations
 - ❑ Classroom based observations
 - ❑ Observations by teachers and related service providers
 - ❑ In an environment appropriate for a child of that age

Comprehensive Evaluation: Eligibility & Need



Evaluation Report

34 C.F.R. §300.306(a)(2)

- ❑ Once the evaluation is complete, a report must be generated to summarize assessment results. Upon completion of the administration of assessments and other evaluation measures –
 - ❑ The public agency provides a copy of the evaluation report and documentation of eligibility at no cost to the parent.

E-3 Evaluation Report and Eligibility Determination

| | |
|-------------------------------|---|
| School District/Public Agency | Evaluation Report Eligibility Determination 34 C.F.R. §§300.306 - 300.311 |
|-------------------------------|---|

| Name of Student | WISER ID | DOB | Grade | Date |
|-----------------|----------|-----|-------|------|
| | | | | |

PART I: SUMMARY OF EVALUATION

Section I: Review of Existing Data & Assessment Results

A. Classroom Based Performance:

Summarize current classroom based performance, local or State assessments, or for preschool children, summarize participation in developmentally appropriate activities.

B. Observations:

Summarize observations by teachers and related services providers. (For specific learning disability, describe the relevant behavior noted during observation of the child and the relationship of that behavior to the child's academic performance.) 34 C.F.R. §300.311(a)(3)

C. Information Provided by Parents:

Summarize information provided by parents.

D. Medical or Health Factors:

Summarize medical information, i.e. chronic illness, mental health, vision, hearing, low birth weight, etc.

| | |
|-----------------|------|
| Name of Student | Date |
| | |

E. Other Relevant Factors:

Summarize educationally relevant functional, developmental, social, cultural background or adaptive behavior factors if applicable. No relevant factors noted by team.

| |
|--|
| |
|--|

F. Summary of Individual Assessments:**Summary of Individual Assessments:**

Summarize the assessment results conducted and/or reviewed as part of this evaluation and the educational implications. Check if reports are attached for each area assessed.

| |
|--|
| |
|--|

| |
|--|
| |
|--|

Section II: Consideration of Exclusionary Factors

34 C.F.R. §300.306(b)

A child must not be determined to be a child with a disability if the determinant factor for the eligibility determination is the result of any of the following:

- Yes No Has the child received appropriate instruction in reading including the essential components of reading instruction as defined in the Elementary and Secondary Education Act, which are phonemic awareness, phonics, vocabulary development, reading fluency including oral reading skills, & reading comprehension? If no, complete the following:
- Lack of appropriate instruction in reading IS the determinant factor.
 - Lack of appropriate instruction in reading IS NOT the determinant factor.
- Yes No Has the child received appropriate instruction in math? If no, complete the following:
- Lack of appropriate instruction in math IS the determinant factor.
 - Lack of appropriate instruction in math IS NOT the determinant factor.
- Yes No Does the child have limited English proficiency? If yes, complete the following:
- Limited English Proficiency IS the determinant factor.
 - Limited English Proficiency IS NOT the determinant factor.

| | |
|-----------------|------|
| Name of Student | Date |
| | |

PART II: DETERMINATION OF ELIGIBILITY

A. The team must complete and attach the Eligibility Criteria Form(s) in relevant area(s) of disability prior to making an initial eligibility determination.

B. Disability Determination: 34 C.F.R. §300.306(a)

The team must determine whether the child is or continues to be a child with a disability AND whether the child needs or continues to need special education.

- | | |
|---|---|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Speech or Language Impairment - Articulation |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Speech or Language Impairment -Language |
| <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Speech or Language Impairment - Stuttering |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Speech or Language Impairment - Voice |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Traumatic Brain Injury |
| | <input type="checkbox"/> Developmental Delay |

C. After a disability is determined, document the results of the initial evaluation. No IDEA disability found. (Skip to Part D below.)

| | |
|---|--|
| <p>INITIAL EVALUATION</p> <p>Does this child need special education and related services? 34 C.F.R. §305(a)(2)(i)(A)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p>REEVALUATION</p> <p>child continue to need special education and related services? 34 C.F.R. §300.305(a)(2)(i)(B)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
|---|--|

D. Team Members

| Name | Title | Complete this section ONLY IF determining eligibility for SLD | | |
|------|-------|---|-----------------------------|----------|
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initials |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initials |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initials |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initials |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initials |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initials |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initials |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initials |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initials |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initials |

E. Copy of reports, and Eligibility Criteria Form(s), provided to parents: 34 C.F.R. §300.306(a)(2)

| | |
|----------------|-------------|
| Date Provided: | Staff Name: |
| | |

| | |
|-----------------|------|
| Name of Student | Date |
| | |

PART II: DETERMINATION OF ELIGIBILITY

A. The team must complete and attach the Eligibility Criteria Form(s) in relevant area(s) of disability prior to making an initial eligibility determination.

B. Disability Determination: 34 C.F.R. §300.306(a)

The team must determine whether the child is or continues to be a child with a disability
AND
 whether the child needs or continues to need special education.

- | | |
|---|--|
| <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Speech or Language Impairment - Articulation |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Speech or Language Impairment - Language |
| <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Speech or Language Impairment - Stuttering |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Speech or Language Impairment - Voice |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Developmental Delay |
| <input type="checkbox"/> Orthopedic Impairment | |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> No IDEA disability found. (Skip to Part D below.) |

C. After a disability is determined, document the need for Special Education:

| | |
|--------------------|--------------|
| INITIAL EVALUATION | REEVALUATION |
|--------------------|--------------|

D. Team Participants:

| Name | Title | Complete this section ONLY IF determining eligibility for SLD | | |
|------|-------|---|-----------------------------|----------|
| | | Check "Yes" to certify this report reflects your conclusion. If "No" is checked, you must submit a separate statement that represents your conclusion. 34 C.F.R. §300.311(b). | | |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initials |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initials |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initials |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initials |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initials |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initials |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initials |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initials |
| | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Initials |

Eligibility

34 C.F.R. §§300.8 and 300.306(a)

- ❑ Eligibility is a two-prong test.
 - ❑ The student must meet the criteria in one of the 13 categories, **AND**
 - ❑ Must, by reason thereof, need special education.
- ❑ If a child only needs a related service and NOT special education, the child is not a child with a disability under IDEA.

Notice of Team Meeting

34 C.F.R. §300.322

- ❑ Used throughout the process to summon together a team to collectively address student needs

- ❑ Requirements
 - ❑ Be given to parents early enough to ensure that they will have an opportunity to attend
 - ❑ Schedule meeting at a mutually agreed on time and place
 - ❑ Indicate purpose, time and location, and who will be in attendance

| | |
|--------------------------------------|--|
| School District/Public Agency | Notice of Team Meeting 34 C.F.R. §§300.321 and 300.322 |
| | |

| Name of Student | WISER ID | DOB | Grade | Date |
|-----------------|----------|-----|-------|------|
| | | | | |

The school district or public agency would like to meet with you to discuss the educational needs of your child. With your input, the meeting has been scheduled for:

| Time | Date | Location |
|------|------|----------|
| | | |

The purpose of the meeting: (check all that apply)

The purpose of the meeting: (check all that apply)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Initial Referral <input type="checkbox"/> Review Evaluation Results <input type="checkbox"/> Determination of Eligibility <input type="checkbox"/> Develop Initial IEP <input type="checkbox"/> Review/Revise IEP <input type="checkbox"/> Develop Annual IEP <input type="checkbox"/> Determine Placement | <ul style="list-style-type: none"> <input type="checkbox"/> Manifestation Determination <input type="checkbox"/> Determine Setting or Services During Disciplinary Change of Placement <input type="checkbox"/> Transfer of Rights at Age of Majority <input type="checkbox"/> Develop Post Secondary Transition Services <input type="checkbox"/> Other: _____ _____ |
|--|---|

| | |
|---|---|
| | |
| * Student: If appropriate, but must be invited to plan post school and transition goals.) | Other: |
| Other: | Other: |
| Other: | Other: |
| Post Secondary Agency: (Prior consent is needed.) | Post Secondary Agency: (Prior consent is needed.) |

| | |
|--------------------------------------|--|
| School District/Public Agency | Notice of Team Meeting 34 C.F.R. §§300.321 and 300.322 |
| | |

| Name of Student | WISER ID | DOB | Grade | Date |
|-----------------|----------|-----|-------|------|
| | | | | |

The school district or public agency would like to meet with you to discuss the educational needs of your child. With your input, the meeting has been scheduled for:

| Time | Date | Location |
|------|------|----------|
| | | |

The purpose of the meeting: (check all that apply)

| | |
|--|--|
| <input type="checkbox"/> Initial Referral <input type="checkbox"/> Review Evaluation Results <input type="checkbox"/> Determination of Eligibility <input type="checkbox"/> Develop Initial IEP <input type="checkbox"/> Review/Revise IEP | <input type="checkbox"/> Manifestation Determination <input type="checkbox"/> Determine Setting or Services During Disciplinary Change of Placement <input type="checkbox"/> Transfer of Rights at Age of Majority <input type="checkbox"/> Develop Post Secondary Transition |
|--|--|

The following team members are invited to attend:

It is permissible for team members to serve more than one role. The * indicates mandatory IEP team membership.

| The IDEA Parent is always invited to attend all team meetings. Whenever appropriate, the Student is invited to attend team meetings. | |
|---|--|
| * A representative of the agency: | * An individual to interpret the instructional implications of evaluation results: |
| * A special education teacher (or provider, if appropriate) of the child: | * A regular education teacher of the child (if the child is or may be participating in regular education): |
| * Student: If appropriate, but must be invited to plan post school and transition goals.) | Other: |
| Other: | Other: |
| Other: | Other: |
| Post Secondary Agency: (Prior consent is needed.) | Post Secondary Agency: (Prior consent is needed.) |

Please return this page as soon as possible.

| |
|------------------------|
| Name of Student |
| |

Parent Participation Acknowledgement

Please indicate whether you plan to attend this meeting by checking the appropriate box and returning this portion of the form as soon as possible. If you would like to reschedule a meeting for a different time or date, please contact the person listed below to arrange for the meeting to be rescheduled as soon as possible.

| | |
|---|----------------|
| Name & Title of Contact Person | Address |
| | |
| Phone | Email |
| | |



- I will attend the meeting as scheduled.
- I cannot attend the meeting in person but would like to be involved by telephone at this number _____.
- I cannot attend the meeting at the time scheduled and request that the meeting be rescheduled.
- I do not wish to attend the meeting and understand the meeting will proceed without my participation.

Parent

Date

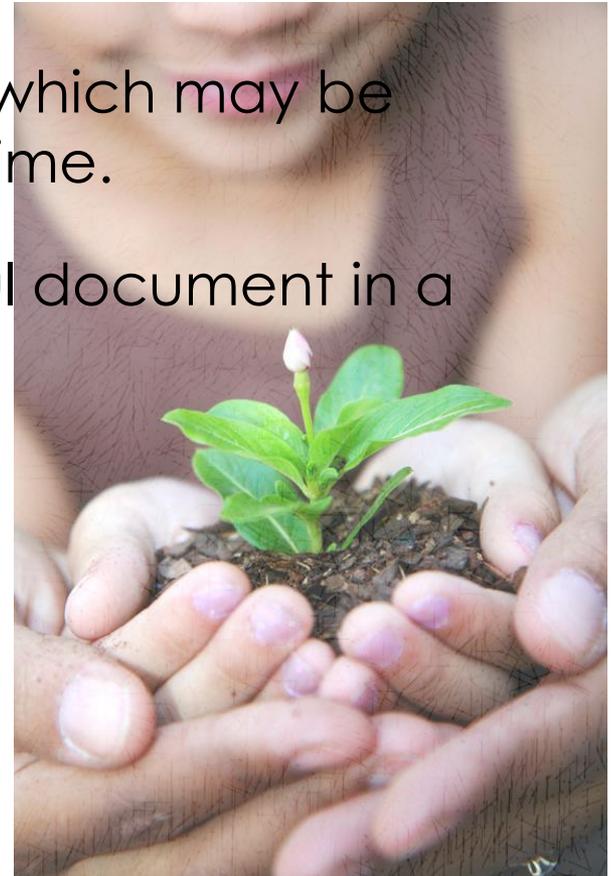
When Must IEPs Be in Effect?

34 C.F.R. §300.323(c)

- ❑ An initial IEP must be developed within 30 days of a determination that the child needs special education and related services, AND
- ❑ As soon as possible following the development of the IEP.

The IEP: A Living Document

- ❑ A living document is a document which may be continually edited, evolving over time.
- ❑ This should be the most meaningful document in a student's educational career.



The PLAAFP Connection

34 C.F.R. §300.320(a)

- ❑ Present Levels of Academic Achievement and Functional Performance
- ❑ The description must contain:
 - ❑ Sufficient detail to allow the IEP team to determine the extent of the child's abilities and special education needs
 - ❑ How the child's disability affects the child's involvement and progress in the general education curriculum
 - ❑ How the disability affects the child's participation in appropriate activities
- ❑ Link together eval results and PLAAFP across environments

| | | | | |
|--|--------------------------------------|---|-------|---------------------|
| School District/Public Agency | | Individualized Education Program (IEP) | | |
| | | 34 C.F.R. §§300.320-300.324 | | |
| Name of Student | WISER ID | DOB | Grade | Date of IEP Meeting |
| | | | | |
| Date of Last IEP Meeting | Due Date of Next 3 Year Reevaluation | Disability Category(s) | | |
| | | | | |
| STRENGTHS, EDUCATIONAL CONCERNS AND PREFERENCES/INTERESTS | | | | |
| Team's Perspective 34 C.F.R. §§300.321(a) and (b) | | | | |
| Strengths: | | | | |

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Preschool Students: Describe the academic, developmental and functional needs of the student, and how the disability affects the student's participation in appropriate activities (*the same age appropriate activities engaged in by nondisabled students*).

School Age Students: Describe the academic, developmental and functional needs of the student, and how the disability affects the student's involvement and progress in the general education curriculum (*the same curriculum as nondisabled students*).

Describe the child's present levels of academic achievement and functional performance across services and settings, including special education, regular education, and interventions.

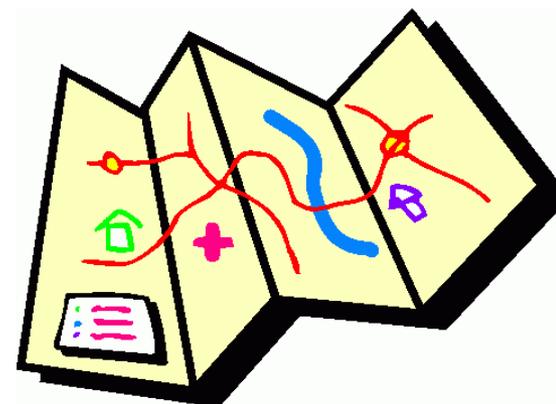
Sources: Evaluations, progress monitoring, any prior IEPs, teacher and parent reports, etc.

This information should be MEANINGFUL & RELEVANT.

Special Considerations

34 C.F.R. §300.324(a)(2)(i) – (v)

- ❑ Team must take into account 6 special factors when developing every IEP
- ❑ These factors guide the team to other areas of the IEP to address student needs



| | |
|--|---------------------|
| Name of Student | Date of IEP Meeting |
| PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (Cont' | |

If ANY of these are YES, you must address in the IEP.

CONSIDERATION OF SPECIAL FACTORS

34 C.F.R. §300.324(a)(2)

| | YES | NO |
|--|--------------------------|--------------------------|
| • Does the student's behavior impede his/her learning or the learning of others? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the child have communication needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the student deaf or hard of hearing? If yes, then answer the following: | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Does the student need opportunities for communication and direct instruction in the student's language and communication mode? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the student blind or visually impaired? If yes, then answer the following: | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Does the student require orientation and mobility training? | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ After an evaluation of reading and writing needs, learning media assessment, and need for future instruction in Braille, does the student require instruction in the use of Braille? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the student require assistive technology devices or services? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Has the student been determined to be Limited English Proficient? | <input type="checkbox"/> | <input type="checkbox"/> |

Any item checked "YES" must be addressed in the IEP.

EXTENDED SCHOOL YEAR

Extended School Year (ESY) What it is

34 C.F.R. §300.106

- ❑ Anytime special education and related services are provided outside of the child's normal preschool schedule
(something in excess of the regular schedule)
 - ❑ MUST be individualized and is required to ensure FAPE
 - ❑ Can be conducted throughout the year ; not just over the summer and during breaks
 - ❑ Must be considered at least annually; provided as needed
- ❑ Check out WDE guidance at: http://edu.wyoming.gov/sf-docs/special-programs/ta_esy_reference_guide_final_2013mar12.pdf

ESY: Maintaining of Skills

- ❑ Here is a partial list of possible factors the court identified to be considered when determining ESY services:
 - ❑ The degree of impairment;
 - ❑ The degree of regression;
 - ❑ The recovery time from this regression;
 - ❑ The child's behavioral and physical challenges;
 - ❑ The availability of alternative resources;
 - ❑ The areas of the child's curriculum which need continuous attention;

| | | |
|--|--------------------------|--------------------------|
| Name of Student | Date of IEP Meeting | |
| PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (Continued) | | |
| | | |
| CONSIDERATION OF SPECIAL FACTORS 34 C.F.R. §300.324(a)(2) | | |
| | YES | NO |
| • Does the student's behavior impede his/her learning or the learning of others? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the child have communication needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the student deaf or hard of hearing? If yes, then answer the following: | <input type="checkbox"/> | <input type="checkbox"/> |

| |
|--|
| <p>EXTENDED SCHOOL YEAR 34 C.F.R. §300.106</p> <p>Extended School Year (ESY) services must be provided if necessary for the student to receive FAPE. In addition to degree of regression and the time necessary for recoupment, consider these factors:</p> <ul style="list-style-type: none"> • Degree of impairment and the ability of the child's parents to provide the educational structure at home; • The child's rate of progress; • His or her behavioral and physical problems; • The availability of alternative resources; • The ability of the child to interact with non-handicapped children; • The areas of the child's curriculum which need continuous attention; • The child's vocational needs; and • Whether the requested service is "extraordinary" to the child's condition, as opposed to an integral part of a program for those with the child's condition. <p>Is ESY necessary in order for the student to receive FAPE? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If ESY is a necessary component of FAPE, ESY goals and services must be documented in the IEP.</p> |
|--|

If ESY is a necessary component of FAPE, ESY goals and services must be documented in the IEP.

Goals Must be Measurable, i.e. Quantifiable

34 C.F.R. §300.320(a)(2)

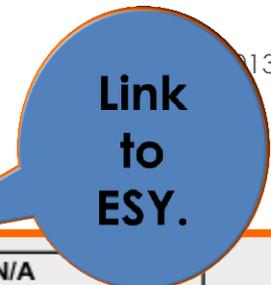
- ❑ An IEP must include a statement of measurable annual goals, including academic and functional goals designed to –
 - ❑ Meet the child's needs that result from the child's disability to enable the child to be involved in and make progress in the general education curriculum; **and**
 - ❑ Meet each of the child's other educational needs that result from the child's disability.

Measurable goals

- **SMART** goals:
 - **S**pecific
 - **M**easurable
 - **A**chievable
 - **R**esults oriented & relevant
 - **T**ime bound



I-4 IEP



| | |
|--|---------------------|
| Name of Student | Date of IEP Meeting |
| MEASURABLE ANNUAL GOAL NUMBER _____ | |
| <small>Additional Goal pages should be added as necessary.</small> | |

meet each of the student's other educational needs that result from the student's disability.

Indicate whether this goal will be implemented during ESY. YES NO N/A

Each goal must include a baseline, target and method of measurement.

Benchmarks or short-term objectives:

| | | | | |
|--|--|--|--|--|
| Periodic reports of progress toward meeting the annual goal: <small>Periodic reports must coincide with the district or public agency regular reporting schedule.</small> | | | | |
| DATE | | | | |
| DATA TO SUPPORT PROGRESS | | | | |
| NOTE: Progress must be quantified by the method of measurement specified in the goal. | | | | |
| DESCRIBE PROGRESS | | | | |
| NOTE: Narrative should be used to supplement data above. | | | | |
| STAFF NAME | | | | |

| | | | |
|--|--|----------------------------|--|
| Name of Student | | Date of IEP Meeting | |
| | | | |
| MEASURABLE ANNUAL GOAL NUMBER | | | |
| Additional Goal pages should be added as necessary. | | | |
| A statement of measurable annual goals, including academic and functional goals designed to: | | | |
| <ul style="list-style-type: none"> • Meet the student's needs that result from the student's disability to enable the student to be involved in and make progress in the general education curriculum. • Meet each of the student's other educational needs that result from the student's disability. | | | |
| Indicate whether this goal will be implemented during ESY. <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Each goal must include a baseline, target and method of measurement. | | | |
| | | | |
| Benchmarks or short-term objectives: | | | |
| Required <u>only</u> for students that will take alternate State or District wide assessment(s). | | | |
| Objective | | Time Frame | |
| | | | |
| | | | |
| | | | |

| Periodic reports of progress toward meeting the annual goal: | | | | |
|---|--|---|--|--|
| Periodic reports must coincide with the district or public agency regular reporting schedule. | | | | |
| DATE | DATA TO SUPPORT PROGRESS | DESCRIBE PROGRESS | | |
| | NOTE: Progress must be quantified by the method of measurement specified in the goal. | NOTE: Narrative should be used to supplement data above. | | |
| | | | | |
| | | | | |
| | | | | |
| STAFF NAME | | | | |

If Progress Means Educational Benefit.....

C.F.R. § 300.324(b)

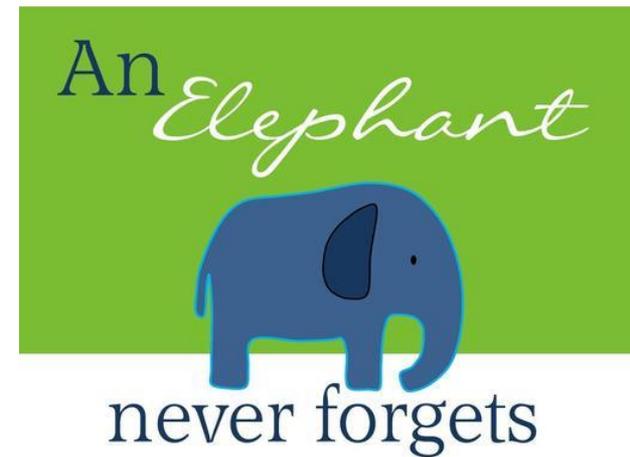
- What does a lack of progress mean?
 - “If a student fails to make progress within a reasonable period of time, the district must convene an IEP meeting to address the student's lack of progress. A district's continuation of inadequate services will almost certainly be regarded as a *denial of FAPE.*”
District of Columbia Pub. Schs., 49 IDELR 267 (D.D.C. 2008)

Lack of Progress: Procedural Steps

1. Review the IEP and confirm implementation.
2. Re-convene the IEP team to review the lack of expected progress, or
3. Revise the IEP by agreement, if appropriate.
4. Recalibrate instructional practices to match changes.
5. Measure Progress.

Remember the 4 Rs

- RECONVENE
- REVIEW
- RESTRATEGIZE
- REVISE



Specially Designed Instruction

34 C.F.R. §300.39

- ▣ Specially designed instruction means adapting, as appropriate to the needs of the child who is eligible, the content, methodology, or delivery of instruction
 - ▣ Addresses the unique needs of the child **AND**
 - ▣ Ensures access of the child to the general curriculum
 - ▣ NOTE: The definition of special education includes physical education, travel training, and vocational education.

Former Categories

- ▣ Engagement
- ▣ Independence
- ▣ Social Relationships

New Categories

- ▣ **IN** – Specialized Instruction
- ▣ **SS** - Speech Services (only for children identified as S/L)
- ▣ **PE** - Adaptive
- ▣ **TT** - Travel Training

| | | | | |
|--|------------------|----------------------------|-----------------|-----------------------------|
| Name of Student | | Date of IEP Meeting | | |
| A. SPECIAL EDUCATION SERVICES | | | | |
| <p>A statement of the special education, related services, supplementary aids and services, based on peer-reviewed research to the extent practicable, to be provided to the student, or on behalf of the student, and a statement of the program modifications or supports for school personnel that will be provided to enable the student:</p> <ul style="list-style-type: none"> To advance appropriately toward attaining the annual goals. To be involved in and make progress in the general education curriculum and to participate in extracurricular and other nonacademic activities. To be educated and participate with other students with disabilities and nondisabled students in extracurricular and other nonacademic activities. | | | | |
| Special Education | Frequency | Duration | Location | Projected Start Date |
| Area of Specially Designed Instruction: <input type="checkbox"/> <i>ESY</i> | | | | |
| Area of Specially Designed Instruction: <input type="checkbox"/> <i>ESY</i> | | | | |
| Area of Specially Designed Instruction: <input type="checkbox"/> <i>ESY</i> | | | | |
| Area of Specially Designed Instruction: <input type="checkbox"/> <i>ESY</i> | | | | |
| Area of Specially Designed Instruction: <input type="checkbox"/> <i>ESY</i> | | | | |
| Area of Specially Designed Instruction: <input type="checkbox"/> <i>ESY</i> | | | | |
| Area of Specially Designed Instruction: <input type="checkbox"/> <i>ESY</i> | | | | |
| Area of Specially Designed Instruction: <input type="checkbox"/> <i>ESY</i> | | | | |
| Postsecondary Transition Services: <input type="checkbox"/> <i>ESY</i> | | | | |
| Speech – Language Pathology: (Primary disability only) <input type="checkbox"/> <i>ESY</i> | | | | |
| Physical Education: <input type="checkbox"/> <i>ESY</i> | | | | |
| Vocational Education: <input type="checkbox"/> <i>ESY</i> | | | | |
| Travel Training: <input type="checkbox"/> <i>ESY</i> | | | | |

Related Services

34 C.F.R. §300.34

- ❑ Related services means developmental, corrective, and other supportive services as are required to assist a child with a disability **to benefit from special education.**

| Name of Student | | Date of IEP Meeting | | | |
|---|------------------------------|----------------------------|--|----------|----------------------|
| B. RELATED SERVICES | | | | | |
| Necessary to benefit from special education. | | | | | |
| Related Service | <input type="checkbox"/> N/A | Frequency | Duration (Amount) | Location | Projected Start Date |
| <input type="checkbox"/> Audiology | <input type="checkbox"/> ESY | ----- | ----- | ----- | ----- |
| <input type="checkbox"/> Counseling Services | <input type="checkbox"/> ESY | ----- | ----- | ----- | ----- |
| <input type="checkbox"/> Educational Interpreting Services | <input type="checkbox"/> ESY | ----- | ----- | ----- | ----- |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> ESY | ----- | ----- | ----- | ----- |
| <input type="checkbox"/> Orientation and Mobility | <input type="checkbox"/> ESY | ----- | ----- | ----- | ----- |
| <input type="checkbox"/> Parent Counseling and Training | <input type="checkbox"/> ESY | ----- | ----- | ----- | ----- |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> ESY | ----- | ----- | ----- | ----- |
| <input type="checkbox"/> Psychological Services | <input type="checkbox"/> ESY | ----- | ----- | ----- | ----- |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> ESY | ----- | ----- | ----- | ----- |
| <input type="checkbox"/> School Health Services | <input type="checkbox"/> ESY | ----- | ----- | ----- | ----- |
| <input type="checkbox"/> School Nurse Services | <input type="checkbox"/> ESY | ----- | ----- | ----- | ----- |
| <input type="checkbox"/> School Social Work Services | <input type="checkbox"/> ESY | ----- | ----- | ----- | ----- |
| <input type="checkbox"/> Speech – Language Pathology (only for students with other primary disability) | <input type="checkbox"/> ESY | ----- | ----- | ----- | ----- |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> ESY | ----- | ----- | ----- | ----- |
| <input type="checkbox"/> Other (specify) | <input type="checkbox"/> ESY | ----- | ----- | ----- | ----- |
| C. SUPPLEMENTARY AIDS AND SERVICES | | | | | |
| Accommodations, aids, services, assistive technology and other supports that are provided to avoid removing the student from regular education classes, other education-related settings and extracurricular and non-academic settings. (May include routine checking of hearing aids and external components of surgically implanted devices.) | | | | | |
| Supplementary Aids & Services | <input type="checkbox"/> N/A | Start Date | Explanation of Frequency, Duration, and Location | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Becca

Supplementary Aids and Services

34 C.F.R. §300.42

- ▣ Supplementary aids and services
 - ▣ Aid services and other supports
 - ▣ Provided in regular education classes
 - ▣ Enable the child to be educated with typically developing peers

| Name of Student | | Date of IEP Meeting | | | |
|--|------------------------------|---------------------|-------------------|----------|----------------------|
| B. RELATED SERVICES | | | | | |
| Necessary to benefit from special education. | | | | | |
| Related Service | <input type="checkbox"/> N/A | Frequency | Duration (Amount) | Location | Projected Start Date |
| <input type="checkbox"/> Audiology | <input type="checkbox"/> ESY | | | | |
| <input type="checkbox"/> Counseling Services | <input type="checkbox"/> ESY | | | | |
| <input type="checkbox"/> Educational Interpreting Services | <input type="checkbox"/> ESY | | | | |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> ESY | | | | |
| <input type="checkbox"/> Orientation and Mobility | <input type="checkbox"/> ESY | | | | |
| <input type="checkbox"/> Parent Counseling and Training | <input type="checkbox"/> ESY | | | | |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> ESY | | | | |
| <input type="checkbox"/> Psychological Services | <input type="checkbox"/> ESY | | | | |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> ESY | | | | |
| <input type="checkbox"/> School Health Services | <input type="checkbox"/> ESY | | | | |
| <input type="checkbox"/> School Nurse Services | <input type="checkbox"/> ESY | | | | |
| <input type="checkbox"/> School Social Work Services | <input type="checkbox"/> ESY | | | | |

| C. SUPPLEMENTARY AIDS AND SERVICES | | | |
|---|------------------------------|------------|--|
| Accommodations, aids, services, assistive technology and other supports that are provided to avoid removing the student from regular education classes, other education-related settings and extracurricular and non-academic settings. (May include routine checking of hearing aids and external components of surgically implanted devices.) | | | |
| Supplementary Aids & Services | <input type="checkbox"/> N/A | Start Date | Explanation of Frequency, Duration, and Location |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Least Restrictive Environment (LRE)

34 C.F.R. §§300.114 through 300.118.

- ❑ Unless the IEP of a child with a disability requires some other arrangement, the child is educated in the school that he or she would attend if nondisabled.
- ❑ A child with a disability should not be removed from education in age-appropriate classrooms solely because of needed modifications in the general education curriculum.

LRE Applied to Preschools

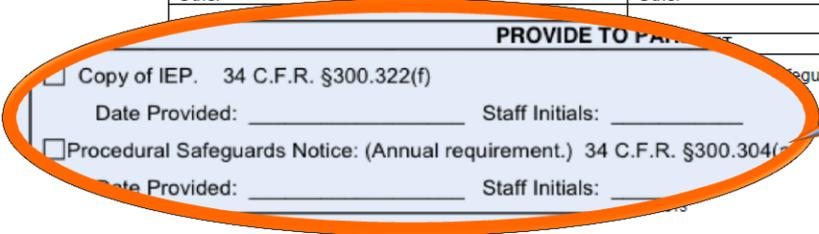
L.B. v. Nebo Sch. Dist., 41 IDELR 206 (10th Cir. 2004). Parents of a child with an autism spectrum disorder were entitled to reimbursement for the reasonable costs of ABA services and a supplementary aide, after the 10th Circuit Court of Appeals ruled that the district's proposed preschool setting wasn't the child's LRE. It determined the child benefited more from her parents' mainstream placement in a private preschool than she would have from the district's "hybrid" classroom.

I-4 IEP

| | | | |
|--|------------------------------|---------------------|--|
| Name of Student | | Date of IEP Meeting | |
| D. PROGRAM MODIFICATIONS AND SUPPORTS FOR SCHOOL PERSONNEL Modifications to be provided to enable the student to advance appropriately towards attaining the annual goals, be involved and make progress in the general education curriculum, and participate in extracurricular and nonacademic activities. | | | |
| Program Modifications | <input type="checkbox"/> N/A | Start Date | Explanation of Frequency, Duration, and Location |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| LEAST RESTRICTIVE ENVIRONMENT | | |
|--|------------|-----------|
| A student with a disability shall be removed from the regular education environment only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. 34 C.F.R. §§300.114 through 300.117. | | |
| | YES | NO |
| <ul style="list-style-type: none"> • The educational placement is based on the student's IEP. <input type="checkbox"/> YES <input type="checkbox"/> NO • The student is unable to be satisfactorily educated in the general education environment for the entire school day. If yes, then answer the following: <ul style="list-style-type: none"> ○ Removal from the regular environment is necessary based on the nature or severity of the student's disability, not the need for modifications in the general curriculum. <input type="checkbox"/> YES <input type="checkbox"/> NO • The educational placement is as close as possible to the student's home. <input type="checkbox"/> YES <input type="checkbox"/> NO • The educational placement is in the school that the student would attend if he/she did not have a disability. <input type="checkbox"/> YES <input type="checkbox"/> NO • The IEP team considered any potential harmful effect of the educational placement on the student or on the quality of needed services. <input type="checkbox"/> YES <input type="checkbox"/> NO • The student has the opportunity to participate in extracurricular and nonacademic activities with nondisabled students. <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| JUSTIFICATION: Considering Sections A through D and the questions above, justify the removal of the student from the regular education environment: | | |
| | | |

| | | | |
|---|--|--|--|
| Name of Student | | Date of IEP Meeting | |
| PARTICIPATION IN STATE AND DISTRICT-WIDE ASSESSMENTS | | | |
| Determine how the student will participate in State and district wide assessments consistent with 34 C.F.R. §300.320(a)(6). | | | |
| <input type="checkbox"/> N/A (check if student is in preschool) <input type="checkbox"/> Student is in a grade where State assessments are not given. <input type="checkbox"/> Student is in a grade where district wide assessments are not given. <input type="checkbox"/> Student participates without accommodations: <input type="checkbox"/> The IEP team has determined the student will participate in the following assessments without test accommodations. (check all that apply) <input type="checkbox"/> Statewide Assessment(s) <input type="checkbox"/> District-wide assessment(s) <input type="checkbox"/> Student participates with accommodations: <input type="checkbox"/> The IEP team has determined the student will participate in the following assessments with test accommodations. Selection of test accommodations for the student must be made in accordance with the identified standard accommodations for each assessment given. (Attach list of allowable accommodations, and check all that apply) <input type="checkbox"/> State-wide Assessment(s) <input type="checkbox"/> District-wide Assessment(s) <input type="checkbox"/> Student participates in alternate assessments: <input type="checkbox"/> The IEP team has determined the student will take an alternate assessment consistent with 34 C.F.R. §300.320(a)(6)(ii). The student will participate in: <input type="checkbox"/> Alternate State Assessment(s) <input type="checkbox"/> Alternate District-wide Assessment(s) <input type="checkbox"/> Explain why the student must participate in alternate assessments. (The Guidelines for Participation in Wyoming's Alternate Assessment for Students with Significant Cognitive Disabilities must be utilized for this determination.) | | | |
| IEP TEAM MEMBER PARTICIPATION | | | |
| List IEP team members attending or participating by alternate means in the IEP meeting. | | | |
| Parent | Student | | |
| Special education teacher of the student | Regular education teacher of the student | | |
| School district representative | An individual who can interpret evaluation results | | |
| Agency representative | Agency representative | | |
| Other | Other | | |
| Other | Other | | |
| PROVIDE TO PARENT | | | |
| <input type="checkbox"/> Copy of IEP. 34 C.F.R. §300.322(f) Date Provided: _____ Staff Initials: _____ | | <input type="checkbox"/> Procedural Safeguards Notice: (Annual requirement.) 34 C.F.R. §300.304(f) Date Provided: _____ Staff Initials: _____ | |



Notice and Consent for Services

34 C.F.R. §300.300(b)

- ❑ The region must obtain informed consent from the parent of the child **before** the initial provision of special education and related services to the child.

| | |
|-------------------------------|--|
| School District/Public Agency | Prior Written Notice & Consent for Initial Provision of Services 34 C.F.R. §300(b) |
|-------------------------------|--|

| Name of Student | WISER ID | DOB | Grade | Date |
|-----------------|----------|-----|-------|------|
| | | | | |

The team has determined that your child is eligible to receive special education and related services. Your permission is required prior to providing those services for the first time.

A. The team proposes the following:

| |
|---|
| To implement an initial IEP, which was developed at a team meeting on: _____. |
|---|

B. Prior Written Notice :

The school district must give you a written notice whenever the school district: (1) Proposes to initiate or change the identification, evaluation or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child; or (2) Refuses to initiate or change the identification, evaluation or educational placement of your child or the provision of FAPE to your child. You and your child are entitled to procedural safeguards under the Individuals with Disabilities Education Act (IDEA). A copy of the Notice of Procedural Safeguards can be obtained from your child's school or the WDE website at www.edu.wyoming.gov. It contains a list of resources for parents to obtain assistance in understanding the IDEA.

| |
|--|
| Written Notice of Special Education Action. 34 C.F.R. §300.503 |
| Description of the action the school district or public agency proposes or refuses to take: |
| Explanation of why the school district or public agency is proposing or refusing to take that action: |
| Description of each evaluation procedure, assessment, record, or report the school district or public agency used as a basis for the proposed or refused action: |
| Description of any other options the Team considered and the reasons why those choices were rejected: |
| Description of other relevant factors: |

Please complete and return as soon as possible.

| | |
|-----------------|------|
| Name of Student | Date |
| | |

PARENT CONSENT FOR INITIAL SERVICES

Before the school district/public agency can provide special education to your child, your written consent is needed. Your consent is voluntary and can be revoked after initial provision of special education.

Check one box below to indicate your preference:

- I **CONSENT** to the initial provision of special education and related services.
- I **DO NOT CONSENT** to the initial provision of special education and related services.

I understand that if I refuse to give my consent for my child to receive special education services the school district or public agency is not permitted to implement an initial IEP, and is not required to convene an IEP team meeting. I further understand that the school district or public agency will not be in violation of the requirement, under the federal Individuals with Disabilities Education Act (IDEA) and the Wyoming Department of Education Chapter 7 Rules Governing Special Education Services for Children with Disabilities to make available a free appropriate public education



_____ Date _____

Parents and Children: 34 C.F.R. §300.504
Safeguards document provides an explanation of your rights under the IDEA and
parents to contact to obtain assistance in understanding the IDEA. You may also
below for information or assistance. A copy of the Notice of Procedural Safeguards
edu.wyoming.gov.

the procedural safeguards notice is enclosed. _____ (Initials)

| Title of Contact Person | Address | Phone |
|-------------------------|---------|-------|
| | | |

For Public Agency Use

| | |
|---------------|------------------------------------|
| Date received | District or Public Agency Official |
| | |

IEP Amendment

34 C.F.R. §300.324(a)

- Changes to the IEP may be made at an IEP team meeting or by amending the IEP
- The parent and the public agency must agree to amend the IEP
- Upon request, a parent must be provided with a revised copy of the IEP with the amendments

I-5 IEP Amendment

| | |
|-------------------------------|--|
| School District/Public Agency | IEP Amendment 34 C.F.R. §300.324(a)(4) |
|-------------------------------|--|

| Name of Student | WISER ID | DOB | Grade | Date |
|-----------------|----------|-----|-------|------|
| | | | | |

When making changes to a child's IEP after the annual IEP team meeting for a school year, the parent and the school district or public agency may agree not to convene an IEP team meeting, and instead may develop a written document to amend or modify the child's current IEP. If changes are made to a child's IEP without a meeting, the school district or public agency must ensure that the child's IEP team is informed of those changes. **Upon request, the parent will be provided with a copy of the revised IEP with the amendments incorporated.**

Annual IEP Date:

| | | |
|--|-------|-----------------|
| Summary of the changes made to the annual IEP: Attach additional pages if necessary. | | |
| <h1 style="color: orange;">Amendments cannot replace the annual IEP.</h1> | | |
| Copy of this amendment to parents: | Date: | Staff Initials: |
| Team members informed of amendment: | Date: | Staff Initials: |

Reevaluation

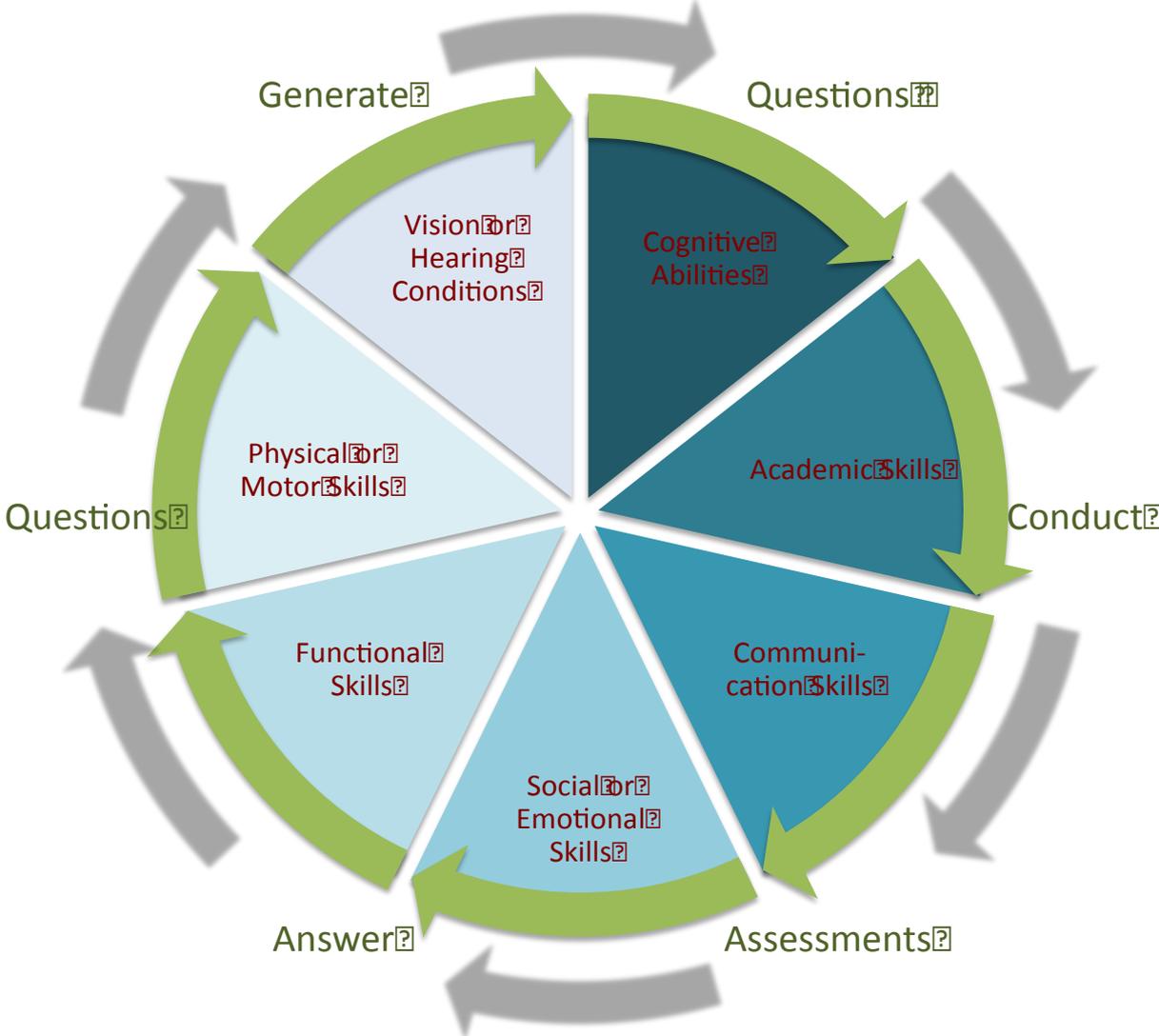
34 C.F.R. §300.303

- ❑ A public agency must ensure that a reevaluation of each child with a disability is conducted
 - ❑ If the public agency determines the educational or related service needs, **including improved academic achievement and functional performance**, of the child warrant a reevaluation; or
 - ❑ If the child's parent or teacher requests a reevaluation.

Reevaluation

- ❑ A reevaluation
 - ❑ May not occur more than once a year, unless the parent and the public agency agree otherwise; and
 - ❑ Must occur at least once every **3 years, unless the parent and the public agency agree that a reevaluation is unnecessary.**
 - ❑ The agreement to NOT reevaluate must occur before the reevaluations begins.

Comprehensive Evaluation: Eligibility & Need



| | |
|-------------------------------|---|
| School District/Public Agency | Prior Written Notice Consent for Evaluation 34 C.F.R. §§300.300 - 300.305 |
|-------------------------------|---|

| | | | | |
|-----------------|----------|-----|-------|------|
| Name of Student | WISER ID | DOB | Grade | Date |
| | | | | |

A. The team is proposing the following:
Indicate the type of evaluation.

A. The team is proposing the following:
Indicate the type of evaluation.

-  To evaluate your child for initial special education eligibility. 34 C.F.R. §300.300(a)
-  To reevaluate your child for the continued need for special education and related services. 34 C.F.R. §300.300(c) (An evaluation after the initial evaluation.)
-  To reevaluate your child before a change in eligibility. 34 C.F.R. §300.305(e)

B. Based on the review of existing information: Complete section 1 or 2.

If the team determines no additional data are needed, your informed consent is not necessary.

2. Additional assessment data are needed. 34 C.F.R. §300.305(a)

The team has determined that additional assessment data are necessary to determine if your child is or continues to be eligible for special education services or to determine your child's educational needs. (If this box is checked, use page 3 to obtain informed consent.)

• **Identify the areas the team proposes to assess. 34 C.F.R. §300.304**

| | |
|--|--|
| <input type="checkbox"/> Academic Performance <input type="checkbox"/> Communication Skills <input type="checkbox"/> General Intelligence <input type="checkbox"/> Functional Behavior <input type="checkbox"/> Adaptive Behavior <input type="checkbox"/> Social, Emotional <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Health <input type="checkbox"/> Vision <input type="checkbox"/> Motor Skills <input type="checkbox"/> Hearing <input type="checkbox"/> Postsecondary Transition Needs <input type="checkbox"/> Other _____ |
|--|--|

• **Describe the proposed assessment process.**

| | | | | |
|-------------------------------|---|--|--|--|
| School District/Public Agency | Prior Written Notice Consent for Evaluation 34 C.F.R. §§300.300 - 300.305 | | | |
| | | | | |

| Name of Student | WISER ID | DOB | Grade | Date |
|-----------------|----------|-----|-------|------|
| | | | | |

A. The team is proposing the following:

Indicate the type of evaluation.

- To evaluate your child for initial special education eligibility. 34 C.F.R. §300.300(a)
- To reevaluate your child for the continued need for special education and related services. 34 C.F.R. §300.300(c) (An evaluation after the initial evaluation.)
- To reevaluate your child before a change in eligibility. 34 C.F.R. §300.305(e)

B. Based on the review of existing information: *Complete section 1 or 2.***1. No additional assessment data are needed.** 34 C.F.R. §§300.305(a) and (d)

- No additional assessment data are needed to determine if your child is or continues to be eligible for special education services or to determine your child's educational needs. (If the parent disagrees, the parent may request additional assessment.)

Reasons:

If the team determines no additional data are needed, your informed consent is not necessary.

| | | | | |
|---|---|-----|-------|------|
| School District/Public Agency | Prior Written Notice Consent for Evaluation 34 C.F.R. §§300.300 - 300.305 | | | |
| Name of Student | WISER ID | DOB | Grade | Date |
| | | | | |
| A. The team is proposing the following: | | | | |
| Indicate the type of evaluation. | | | | |
| <input type="checkbox"/> To evaluate your child for initial special education eligibility. 34 C.F.R. §300.300(a) <input type="checkbox"/> To reevaluate your child for the continued need for special education and related services. 34 C.F.R. §300.300(c) (An evaluation after the initial evaluation.) <input type="checkbox"/> To reevaluate your child before a change in eligibility. 34 C.F.R. §300.305(e) | | | | |
| B. Based on the review of existing information: Complete section 1 or 2. | | | | |
| 1. No additional assessment data are needed. 34 C.F.R. §§300.305(a) and (d) <input type="checkbox"/> No additional assessment data are needed to determine if your child is or continues to be eligible for special education services or to determine your child's educational needs. (If the parent disagrees, the parent may request additional assessment.) | | | | |
| Reasons: | | | | |

| | | |
|--|--|--|
| 2. Additional assessment data are needed. 34 C.F.R. §300.305(a) | | |
| <input type="checkbox"/> The team has determined that additional assessment data are necessary to determine if your child is or continues to be eligible for special education services or to determine your child's educational needs. (If this box is checked, use page 3 to obtain informed consent.) | | |
| <ul style="list-style-type: none"> • Identify the areas the team proposes to assess. 34 C.F.R. §300.304 <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> Academic Performance <input type="checkbox"/> Communication Skills <input type="checkbox"/> General Intelligence <input type="checkbox"/> Functional Behavior <input type="checkbox"/> Adaptive Behavior <input type="checkbox"/> Social, Emotional <input type="checkbox"/> Assistive Technology </td> <td style="width: 50%; border: none; vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> Health <input type="checkbox"/> Vision <input type="checkbox"/> Motor Skills <input type="checkbox"/> Hearing <input type="checkbox"/> Postsecondary Transition Needs <input type="checkbox"/> Other _____ </td> </tr> </table> | <ul style="list-style-type: none"> <input type="checkbox"/> Academic Performance <input type="checkbox"/> Communication Skills <input type="checkbox"/> General Intelligence <input type="checkbox"/> Functional Behavior <input type="checkbox"/> Adaptive Behavior <input type="checkbox"/> Social, Emotional <input type="checkbox"/> Assistive Technology | <ul style="list-style-type: none"> <input type="checkbox"/> Health <input type="checkbox"/> Vision <input type="checkbox"/> Motor Skills <input type="checkbox"/> Hearing <input type="checkbox"/> Postsecondary Transition Needs <input type="checkbox"/> Other _____ |
| <ul style="list-style-type: none"> <input type="checkbox"/> Academic Performance <input type="checkbox"/> Communication Skills <input type="checkbox"/> General Intelligence <input type="checkbox"/> Functional Behavior <input type="checkbox"/> Adaptive Behavior <input type="checkbox"/> Social, Emotional <input type="checkbox"/> Assistive Technology | <ul style="list-style-type: none"> <input type="checkbox"/> Health <input type="checkbox"/> Vision <input type="checkbox"/> Motor Skills <input type="checkbox"/> Hearing <input type="checkbox"/> Postsecondary Transition Needs <input type="checkbox"/> Other _____ | |
| <ul style="list-style-type: none"> • Describe the proposed assessment process. <div style="border: 1px solid black; height: 150px; width: 100%;"></div> | | |

| Name of Student | WISER ID | DOB | Grade | Date |
|-----------------|----------|-----|-------|------|
| | | | | |

C. Prior Written Notice:

The school district must give you a written notice whenever the school district: (1) Proposes to initiate or change the identification, evaluation or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child; or (2) Refuses to initiate or change the identification, evaluation or educational placement of your child or the provision of FAPE to your child. You and your child are entitled to procedural safeguards under the Individuals with Disabilities Education Act (IDEA). A copy of the Notice of Procedural Safeguards can be obtained from your child's school or the WDE website at www.edu.wyoming.gov. A list of resources for parents to obtain assistance in understanding the IDEA.

Written Notice of Special Education Action. 34 C.F.R. §300.503

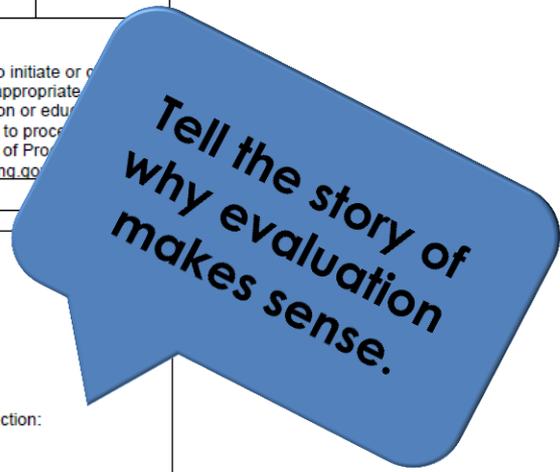
Description of the action the school district or public agency proposes or refuses to take:

Explanation of why the school district or public agency is proposing or refusing to take that action:

Description of each evaluation procedure, assessment, record, or report the school district or public agency used as a basis for the proposed or refused action:

Description of any other options the Team considered and the reasons why those choices were rejected:

Description of other relevant factors:



CONSENT OR REFUSAL FOR EVALUATION

| | |
|---------------|------|
| Name of Child | Date |
| | |

Please sign, date and return this page as soon as possible.

I have received information relevant to the proposed evaluation of my child. I have read the form and enclosed materials.

Please check one box below to indicate your preference:

- I CONSENT to the evaluation.
- I REFUSE consent for the evaluation.

No timeline exists for a reevaluation.

Parent Signature _____ Date _____

For School Use

Date received by the school district

| | |
|---------------|--|
| Date received | Signature of School District or Public Agency Official |
| | |



| | |
|--------------------------------------|---|
| School District/Public Agency | Excusal of an IEP Team Member 34 C.F.R. §300.321(e) |
| | |

| Name of Student | WISER ID | DOB | Grade | Date |
|-----------------|----------|-----|-------|------|
| | | | | |

| Meeting Date | Time | Location |
|--------------|------|----------|
| | | |

The purpose of this form is to advise you that the IEP team member(s) listed below will be unable to attend the IEP team meeting, and to obtain your agreement or consent to permit the excusal of those members.

The school district or public agency must ensure that the IEP team includes:

- a. The parents of the child
Not less than one regular education teacher of the child (*if the child is, or may be, participating in the regular education environment*).
- c. Not less than one special education teacher of the child, or where appropriate, not less than one special education provider of the child.
- d. A representative of the public agency (*who is qualified to provide, or supervise the provision of specially designed instruction, is knowledgeable about general curriculum and about the availability of resources of the public agency*).
- e. An individual who can interpret the instructional implications of evaluation results (*who may already be a member of the team as described above*).

Becca

Team members listed in paragraphs b-e above are considered required IEP team members. Excusal of a

Team members listed in paragraphs b-e above are considered required IEP team members. Excusal of a required IEP team member, in whole or in part, is permitted only under certain circumstances as outlined below:

- The public agency and parent must agree, in writing, to the excusal if the required IEP team member's area of the curriculum or related service **is not** being modified or discussed at the meeting, **OR**
- The parent and public agency must consent, in writing, if the required IEP team member's area of curriculum or related service **is** being modified or discussed at the meeting. It is required that the excused member submit in writing to the parent and the IEP team input into the development of the IEP **prior** to the team meeting.

| | |
|----|--|
| 3. | <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
|----|--|

| | |
|--------------------------------------|---|
| School District/Public Agency | Excusal of an IEP Team Member 34 C.F.R. §300.321(e) |
| | |

| Name of Student | WISER ID | DOB | Grade | Date |
|-----------------|----------|-----|-------|------|
| | | | | |

| Meeting Date | Time | Location |
|--------------|------|----------|
| | | |

The purpose of this form is to advise you that the IEP team member(s) listed below will be unable to attend the IEP team meeting, and to obtain your agreement or consent to permit the excusal of those members.

The school district or public agency must ensure that the IEP team includes:

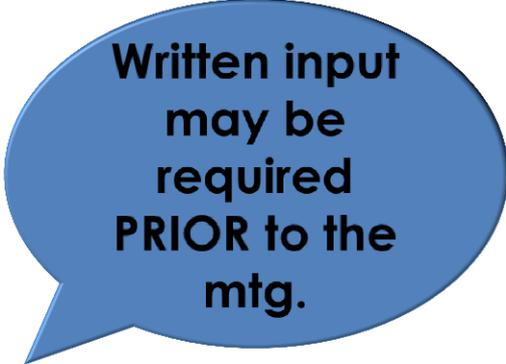
- a. The parents of the child
- b. Not less than one regular education teacher of the child (*if the child is, or may be, participating in the regular education environment*).
- c. Not less than one special education teacher of the child, or where appropriate, not less than one special education provider of the child.
- d. A representative of the public agency (*who is qualified to provide, or supervise the provision of specially designed instruction, is knowledgeable about general curriculum and about the availability of resources of the public agency*).
- e. An individual who can interpret the instructional implications of evaluation results (*who may already be a member of the team as described above*).

Team members listed in paragraphs b-e above are considered required IEP team members. Excusal of a required IEP team member, in whole or in part, is permitted only under certain circumstances as outlined below:

- The public agency and parent must agree, in writing, to the excusal if the required IEP team member's area of the curriculum or related service **is not** being modified or discussed at the meeting, OR
- The parent and public agency must consent, in writing, if the required IEP team member's area of curriculum or related service **is** being modified or discussed at the meeting. It is required that the excused member submit in writing to the parent and the IEP team input into the development of the IEP prior to the team meeting.

If the IEP team member's area of the curriculum or related service is being modified or discussed, that IEP team member must provide a written input into the development of the IEP prior to the meeting.

| IEP Team Member and Title | Written Input (if required) |
|---------------------------|---|
| 1. | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| 2. | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| 3. | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |



Please complete and return this page as soon as possible.

| |
|--------------------------------------|
| Excusal of an IEP Team Member |
|--------------------------------------|

| | |
|-----------------|------|
| Name of Student | Date |
| | |

Your agreement or consent is necessary prior to the excusal of a required IEP team member. Please consider the information provided in this notice and respond by completing the agreement/consent portion of this form. If you are not in agreement, it is likely that the school district or public agency will have to reschedule the IEP team meeting to allow the participant's attendance.

Your consent is voluntary and may be revoked at any time.

Please check one box below to indicate your preference:

I have received and read the information relevant to the excusal of an IEP team member.

- I AGREE / CONSENT to the excusal of the IEP team member(s) listed.**
- I DO NOT AGREE / DO NOT CONSENT to the excusal of the IEP team member(s) listed.**

| | |
|---------------|--|
| Date received | Signature of School District or Public Agency Official |
| | |

**This date
should
precede
the IEP
team mtg.**

Termination of Eligibility

34 C.F.R. §300.305(e)

- ❑ A public agency must evaluate a child with a disability before determining that the child is no longer a child with a disability.

Questions?





Contact Us

Becca Walk: 307-777-6972 or by email rebecca.walk1@wyo.gov

Sarah Compton: 307-777-8762 or by email sarah.compton1@wyo.gov