	\		Page of
Students Full Name	County	y Schools	Date
PART I: STUDENT I	NFORMATION		
Address(Address continued) _	/ Surrogate Parent6	Cell:	DOB 7 Age Grade 10 WVEIS#
Reevaluation Due Date			
☐ Initial ☐ Other	Annual Review	Reevalua	ation Review
Transfer: (from)		<u></u>	
PART II: Documenta	tion of Attendance		
Signature		Position Parent Parent Student General Education Chairperson	
The following people p	participated in the IEP Team meetin	Alternate Meth	

S	Student's Full Name				Date					
P	PART III: EXTENDED SO	CHOOL Y	EAR (ESY) DETERMINA	TION						
	Will ESY be considered while developing this IEP? Yes N/A (Student is gifted)									
	The IEP Team in maki locumentation that the	_			shall revie	w				
	 A limited ability Regression/recourcitical skills as defectors that in the current IEF 	to recoup, pment pro- lescribed in tinterfere P, such as portunities	ng an interruption in ed, or relearn skills once poblem(s) that interfere van the current IEP; and with the maintenance of predictive data; degree s; interfering behaviors;	orogramming has rewith the maintenance of identified critical of progress; emergen	esumed; ce of identif skills as de ing skills a	escribed nd				
T 	The lack of clear evidence Team determines the need Does the student need I Yes No	for such se	ervices and includes ESY ces?		SY services,	if the IEP				
(.	ESY shall be determine									
B E	EXTENDED SCHOOL YE	AR SERVI	CES							
	ESY Services	Direct / Indirect (D or I)	Location of Services * General Education Environment = GEE * Special Education Environment = SEE * Other =	Extent/Frequency per	Initiation Date m/d/y	Duration m/y				
	4	5	6	7	8	9				
10 A	After review of the proposed	d extended	school year services, the p	arent(s)/guardian(s) /	adult studen	t;				
V	accept(s) extended sch reject(s) extended sch									
I	nitials:	Date:								

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	Page of
Student's Full Name	Date

PART IV: CONSIDERATION OF FACTORS FOR IEP DEVELOPMENT/ANNUAL REVIEWS



The IEP team considers for all students:

- The strengths of the student
- The concerns of the parent
- Results of the initial or most recent evaluation of the student. Are additional evaluations needed? (specify)
- Academic, developmental and functional needs of the student
- Revisions needed to address lack of progress

Add	litional Considerations (if Yes, must be documented in the Present Levels Narrative)	Yes	No
1.	Is the student identified as gifted? If yes, consider whether acceleration will be provided and document its effect on graduation.		
2.	Does the student need assistive technology devices or services? If yes, document the type of device and provision for home use, if any, and/or the nature and amount of services.		
3.	Does the student have communication needs? If yes, address in the IEP.		3
4.	Does the student's behavior impede his or her learning or that of others? If yes, consider the use of positive behavioral interventions and supports and other strategies to address that behavior.		
5.	Does the student have blindness or low vision? If yes, document provision of instruction in braille and the use of braille, OR after an evaluation of the student's reading and writing skills, needs and appropriate reading and writing media, including an evaluation of the student's future needs for instruction in braille or the use of braille, document in the Present Levels a justification that instruction in braille or the use of braille is not appropriate for the student.		
6.	Is the student deaf or hard of hearing? If yes, consider the language and communication needs of the student, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, the student's academic level and full range of needs, including opportunities for direct instruction in the student's language and communication mode.		
7.	Does the student have limited English proficiency? If yes, consider the language needs of the student.		
8.	Will the student's next IEP address transition services? If yes, permission must be obtained to invite other agency representatives to the next IEP meeting. (see Activities/Linkages section under Transition Planning) Specify Agency (ies): Parent/Adult Student Consent: Date: Parent Initial Student Initial		3

									Pag	e of
Student's	Full Name	e					_		Dat	e
		MENT DA								
			(WESTE	51 <i>2)</i>	3.4.4		G :		I a : 1	C. 1:
TEST YEAR	Readii	ng/Langua	ge Arts		Matl	1	SCI	ence	Social	Studies
ILAK	SS	PL	LX	SS	S PL	QT	SS	PL	SS	PL
2007	ממ	1 L	LA	D.	, IL	Q1	55	1 L	55	1 L
2008						+				+
2009										
2010										
2011										1
2012									<u> </u>	†
	e score) (PL = perfo	rmance lev	el) (L	X = Lexile	OT = Ouan	tile)			
(- / (,	(,			
Student	Assessmo	ent Data ((APTA)							
TEST	Re	ading/Lang	guage Arts		Math		Scie	Science		Studies
YEAR										
		PL			Pl	Ĺ	PL]	PL
2007										
2008										
2009										
2010										
2011										
2012		1 1								
(PL = pert	formance	level)								
Addition	al Aggag	sment Da	to.							
				ark an	d formative	assessments	that have be	een used v	with the st	udent and
					ly designed in		that have by	cen useu (with the st	adent and
	Assessm			1	<i>J</i>		cription			
							•			

	Student's Full Name				Page of Date			
_	PART VI: TRANSITION PLANNING (for students beginning no later than the first IEP to be in effect when the student is 16, or younger if appropriate) (Refer to Policy 2510 and IEP instructions)							
1	Transfer of Rights (for students reaching age 17 within the next 12 months) The student and parent have been informed of the transfer of educational rights that will occur on reaching age 18. Yes No Date Student Initials Parent Initials							
2	Transition Planning Considerations: How were the student's preferences and interests considered? (Check all that apply): Student interview/survey Parent interview/survey Other (specify) Functional vocational evaluation Transition Assessments Reviewed (specify):							
4	The student's educational pro	gram will le	ad to a:	standard diplo	oma modified diploma			
5	Post-Secondary Goals Anticipated post-secondary educ Anticipated post-secondary emp Anticipated post-secondary adul	loyment goa	ıls:					
	Career Pathway/Cluster/Concent Pathway (8 th grade)	tration the st		ted on the Indiv ster (8 th grade)	idualized Student Transition Plan (ISTP) is: Concentration (10 th grade)			
	☐Entry(for 9 th graders 04-05 07-08 only) ☐ Skilled	through	Business	Humanities /Marketing ring/Technical				
	Professional		Health Solution Solution S	ciences	70c			
6	Transition Services: Indicate a	reas to be ad	_		es			
7	☐ Instruction ☐ Related Services ☐ Community experiences Activities/Linkages: Identify a responsible for those services.	activities nec	Daily l	iving skills (<i>if a</i> onal vocational	r adult living objectives appropriate) evaluation (if appropriate) condary outcomes and the lead party/agency			
İ			ad Party/A					
	Activities/Linkages	Parent / Student	School	Agency (Specify)	Description of Service			
	Instruction/education							
	Vocational aptitude/interest assessment							
	Career awareness/work-based learning							
	Employment							
	Independent living/mobility							
	Agency referral/application							

^{*} If the identified agency fails to deliver transition activities outlined in the IEP, the IEP Team must reconvene to identify alternative strategies to meet the transition needs of the student.

	Page of
Student's Full Name	Date
PART VII: PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCT	TIONAL PERFORMANCE
Narrative Descriptions of Present Levels of Academic Achievement and IEP Instructions) Add pages as needed.	Functional Performance (refer to

Page _	_ of
Date	

PART VIII.	ANNITAT	COAIS Port A	(For students	who are taught the	WV CSOc)
IANI VIII.	ANNUAL	GUALS, I all A	(Tor students	who are taught the	WW CSOS)

* Denotes critical skill(s) to consider for extended school year.

Student's Full Name

Critical Skill	Timeframe	Condition	Behavior	Evaluation Procedure with Criteria	Mastery/Progress Codes (optional) (per Grade Period)			
5	1	2	3	4	7			
How and	Progress How and when will the student's progress toward the IEP goals be reported to the parent(s)? Specify. How? When?							
		gress Reports have t	peen provided to parents.					

0 = Regression

1 = Maintained

2 = Recouped

• Student Progress Code:

Mastery Code:

P = Progress Sufficient

A = Achieved

IP = Insufficient Progress

NA = Not Applicable

					Page O
		GOALS, Part B (for and who will partici	use with students who	o are taught with W	√ Alternate Acad
Critical Skill	Timeframe	Condition	Behavior	Evaluation Procedure with Criteria	Mastery/Progr Codes (option (per Grade Peri
	-TERM OBJEC's critical skill(s) t	FIVES o consider for extendent	ed school year.		
Critical Skill	Timeframe	Condition	Behavior	Evaluation Procedure with Criteria	Mastery/Progr Codes (option (per Grade Per
6	2	3	4	5	8
					_
• Prog How and		dent's progress toward	d the IEP goals be repo	rted to the parent(s)?	Specify.

Mastery Code: Student Progress Code:

0 = Regression

1 = Maintained

2 = Recouped

A = Achieved

P = Progress Sufficient IP = Insufficient Progress

NA = Not Applicable

Page	ot	
Date		

Student's Full Name _____

PART IX: SERVICES

A. Supplementary Aids, Services/Program Modifications	Location of Services		Extent/Frequency per	Initiation Date m/d/y	Duration m/y
	2		3	4	5
B. Special Education Services	Direct / Indirect (D or I)	Location of Services * General Education Environment = GEE * Special Education Environment = SEE * Other =	Extent/Frequency per	Initiation Date m/d/y	Duration m/y
6	7	8	9	10	11
C. Related Services	Direct / Indirect (D or I)	Location of Services * General Education Environment = GEE * Special Education Environment = SEE * Other =	Extent/Frequency per	Initiation Date m/d/y	Duration m/y
12	13	14	15	16	17

1) Indic	X: Statewide Testing: (Please check all appropriate boxes) cate the appropriate WV Measures of Academic Progress Assessment and 2) check standard co- dard conditions w/accommodations.	nditions or
	2 Grades 3-11 2 Online Writing Grades 3-11 2 Alternate Assessment (APTA) Grades 3-11	
	d Conditions	
,	on for APTA:	
WVEIS Code	Standard Conditions with Accommodations Check all that apply	Specify th the part of
	WVEIS Codes: P – Presentation R – Response T – Timing	
☐ P02	Have test read aloud verbatim (except WESTEST 2 R/LA)	5
☐ P03	Use braille or other tactile form of print	γ -
☐ P06	Have test presented through sign language (except WESTEST 2 R/LA)	-
☐ P13	Have test presented through text-talk converter (Online Writing* or VI if routine)	<u>-</u>
☐ P15	Have directions only read aloud (acceptable for WESTEST 2 R/LA)	-
☐ P16	Have directions presented through sign language (acceptable for WESTEST 2 R/LA)	-
☐ P17	Use secure electronic braille note-taker (for directions & test stimulus materials)	<u>-</u>
☐ P18	Have directions rephrased by trained examiner	_
☐ P19	Use large print edition (when it is typical access)	_
☐ P20	Use tactile graphics	-
☐ P21	Use screen enlarging or screen reading software to access the computer (Online Writing*)	_
☐ P22	Adjust screen resolution to enlarge text (VI; acceptable for Online Writing*)	_
☐ P23	Use a magnifying screen cover (when it is the typical access; Online Writing*)	_
☐ P24	Use electronic translator or sign-dictionary to present test (except WESTEST 2 R/LA)	-
☐ P25	Use electronic translator or sign-dictionary to present <u>directions only</u>	-
☐ P26	Have directions, passage and prompt read aloud (Online Writing*)	-
□ R02	Indicate responses to a scribe (for all selected multiple choice items)	-
□ R03	Use braille or other tactile form of print (when it is typical response mode)	-
□ R04	Indicate responses to a scribe, specify all elements to be scored (gridded/extended response including O	nline Writing*)
□ R05	Use an abacus (acceptable for the blind on all parts of WESTEST 2 Math and Science)	-
☐ R11	Use computer, typewriter or other assistive technology device to respond	-
☐ R13	Provide physical support (if routine) by teacher/aide who is a trained examiner	_
☐ R16	Mark responses on large-print test booklet	-
☐ R17	Use an electronic translator or sign-dictionary to respond	-
☐ T03	Take more breaks (no studying)	-
☐ T04	Use extra time for any test	-
☐ T07	Flexible scheduling, extra time within the same day (no studying)	_

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_	Student's Full Name	Page of Date					
-	PART XI: PLACEMENT						
1	Explain the extent, if any, to which the student WILL NOT participate in the general education classroom (or Regular Early Childhood Program) and/or extracurricular and other non-academic activities. Present levels of academic achievement and functional performance must explain why full participation is not possible.						
\ \	Ages 6 – 21 Percentage of time in						
/ /	General Education Environment Special Education Environment	WVEIS LRE Code					
3	General Education: Full-Time (FT) 80% or more	0					
\neg	General Education: Part-Time (PT) 40% to 79%	1					
	Special Education: Separate Class (SC) (general education less than 40%)	2					
	Special Education: Special School (SS) Public or Private	3					
	Special Education: Out-of-School Environment (OSE)	5					
	Special Education: Residential Facility (RF) Public or Private	6					
	Parentally placed in private school (Service Plan only)	8					
	☐ Correctional facility	9					
	Ages 3 – 5						
	A. For students in a Regular Early Childhood Program (RECP) (at least 50% nondisabled)						
	Al = Hours per week of the RECP.						
	A2 = Hours per week of special education and related services delivered in the RECP.						
	A3 — Hours per week student receives special education and related services in some other loc	cation.					
	In a Regular Early Childhood Program at least 10 hours per week	WVEIS LRE Code					
	Majority of hours of special education and related services in the RECP	w					
	Majority of hours of special education and related services in some other location	X					
	In Regular Early Childhood Program less than 10 hours per week						
	Majority of hours of special education and related services in the RECP	Y					
	Majority of hours of special education and related services in some other location	Z					
N	OR						
5	B. For students <u>not</u> in a Regular Early Childhood Program						
7	<mark>/</mark>	WVEIS LRE Code					
	Separate special education class	M					
	Separate school	N					
	Residential facility	P					
	Home	R					
	Service provider location	S					
\							
6	Least Restrictive Environment (LRE) Considerations: The IEP team has considered:						
V	Annual placement determination based on the IEP.						
	Only schools and classroom settings appropriate to the student's chronological age.						
	Education in a general classroom with the use of supplementary aids and services.						
	Potentially hammful effects of the selected LRE placement on the student and the quality of the student	s services.					
	Education with age-appropriate non-exceptional peers.						
	Placement as close to home as possible, in the school the student would normally attend if not exception	nal, unless the IEP					
	requires other arrangements.						

Student's Full Name Date Part XII: Prior Written Notice As a result of: ____ an Individualized Education Program (IEP) Team meeting conducted on ______, the district is providing you with written notice of the district's ___proposal /___refusal of the following action(s) with regard to: ___ the educational evaluation or reevaluation of the student. ____ the educational services and/or placement of the student. ____ the provision of a free appropriate public education (FAPE) to the student. ___ other __ Specifically, the district is proposing / refusing to initiate / change The following is an explanation as to why the district is ____proposing /___refusing this action: _____ The evaluation procedure(s), assessment(s), record(s) or report(s) the district used as a basis for the ____proposed/ refused action are: Other options considered include: The reasons the above options were rejected are: Other factors relevant to the district's ___proposal /__refusal are:_____ Exceptional students and their parents have protections under the procedural safeguards. A copy of the Procedural Safeguards Brochure and assistance in understanding the provisions of the procedural safeguards may be obtained by contacting the Director of Special Education at _______, as appropriate, the local Parent Educator Resource Center at _____ and/or the West Virginia Department of Education, Office of Special Programs at 558-2696 or 1-800-642-8541. Sincerely, Signature/Position Date

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	Student's Full Name		Date
1	PART XIII: CONSENT Complete only for initial placement.		
	I give my consent to my child's initial special education placement:		
	Parent Signature	Date	
	Parent Signature	Date	

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