

This is used for changes in IEP

SEPARATE PROGRAMMING CONFERENCE DECISION FORM / NOTICE OF DECISION

Child: Samuel Young Conference Date: 1/12/11

Public Agency: Riverview Junior High School

IEP Team Attendee Signatures

Jerry Rank Math Teacher

GARY Pastor

Samuel Young Mother

Kelley Lewis MS, OTR/L

(Public Agency Official/Designee) Stephanie Heideberg, Special Ed. Teacher

Titles

OT

Tatiana Galimelli, principal

1. Identify the condition(s) which necessitated this conference:

A meeting has been scheduled to review Samuels progress in Occupational Therapy and recent Occupational evaluation results.

2. The following information was reviewed and discussed: (Check those that apply)

- Classroom/home observation reports
- Teacher reports/report cards
- School permanent records/medical records
- Disciplinary records
- Current IEP
- Classroom-based assessment results
- Medicaid/Insurance billing
- Existing evaluation data
- Development screening results (3-5)
- Other (specify): Occupational Evaluation
- Individual test reports
- Independent evaluation reports
- Parent, child and/or service provider information
- Group/individual achievement/developmental test scores
- Skill regression/recoupment information
- Child's response to scientifically based intervention in the classroom

3. Additional relevant data/information considered:

Occupational Evaluation, Classroom based assessments, parent/teacher input

4. Decision(s) of team and actions to be taken:

The committee reviewed the OT evaluation and determined based on this review that Samuel will be discharged from Occupational Therapy services. Revisions were made to his IEP to reflect this decision.

*NOTE: Changes in the child's program and/or placement must be the result of team review of the IEP.

5. Professional(s) designated responsible for implementing decision(s):

Principal, Classroom Teacher, Special Education Teacher, Occupational Therapist

Notification Date: 1/12/11

given in conference mailed

This is student's plan

*Very important
Very time
consuming*

**Riverview School District
INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Name: Samuel Young Date of Birth: 12/10/96 Age: 18 Date Developed: 04/17/15

SS#: [REDACTED] Student State ID: 730703750 School/Site: Riverview High School

Duration of Service(s) from 08/19/15 to 04/17/15 (Excluding summer months and school holidays unless otherwise indicated):
(MM/DD/YY) (MM/DD/YY)

Grade: 12 Semester: 1st

Grade: 12 Semester: 2nd

PROPOSED SCHEDULE OF SERVICES

Course/Activity	Gen Ed.	Gen Ed. (Indt)	Sp. Ed. (Incl)	Sp. Ed.	Course Grade, If Applicable, Determined By			Course/Activity	Gen Ed.	Gen Ed. (Indt)	Sp. Ed. (Incl)	Sp. Ed.	Course Grade, If Applicable, Determined By		
					Gen Ed.	Sp. Ed.	Joint						Gen Ed.	Sp. Ed.	Joint
English 12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English 12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alg. III	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birdge to Alg. II	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Amount of Time (weekly): Gen. Ed. 2065 min Sp. Ed. 60 min								Total Amount of Time (weekly): Gen. Ed. 2065 min Sp. Ed. 60 min							

**SCHEDULE OF SPEECH LANGUAGE PATHOLOGY SERVICES
AND SCHEDULE OF RELATED SERVICES**

Semester: 1st
None Needed:

Semester: 2nd
None Needed:

Related Services	Location	Frequency	Amount	Related Services	Location	Frequency	Amount

I (check one) give deny permission for Riverview School District to bill my private insurance for the above services.

This document contains _____ pages.

STATEMENT OF PARENTAL PARTICIPATION AND CONCERNS

Parent expresses concern about Sam's college acceptance and ACT.

Parent(s) participated via alternative means (describe):

STUDENT PROFILE SUMMARY

This is required into

I. Include general statements that describe the student's academic and functional needs based on most recent evaluations/assessments (include State or district-wide assessments). Address strengths/needs and changes in functioning since last IEP. Include achievement of annual goals, performance in related service areas, and a description of any significant lack of progress:

Samuel lives in Searcy with his father, mother, younger sister and two older sister. Mrs. Young reported to have gestational diabetes during her pregnancy, however there were no unusual conditions during birth. He was average at walking, talking and coordination. He regressed at age of 17 months after diagnosed with meningeal encephalitis. He had a pic line in 1998. He has a diagnosis of Hyper IgM Syndrome and Sensory Intregation Disorder. He is currently taking Hizentra, and Immune Globin.

The Reynolds Intellectual Assessment Scales was administered and Samuel scored the following: Verbal Intelligence Index 92, Nonverbal intelligence Index 100, Composite Intelligence Index 95. All scores fall within the average range.

The student's measured cognitive ability falls in the average range of intellectual, while individual achievement scores are not commensurate. The student is not making sufficient progress to meet age or State-approved grade level standards in Basic Reading Skills and Math Calculation.

On the Woodcock-Johnson Test of Achievement Sam obtained the following grade equivalent scores: letter/word identification 4.9 grade level; passage comprehension 7.0 grade level; math calculation 4.4 grade level; applied problems 5.0 grade level; spelling 5.1 grade level; and writing samples 5.4 grade level. His score improved in every area except of testing except math.

The Behavior Assessment System for Children was completed by Samuel's parents and Math teacher. Parental survey revealed Sam to be in the At-Risk for Attention Problems and Functional Communication. Teacher survey revealed Sam to be in the At risk range for Attention problems, learning problems, and School Problems.

STUDENT PROFILE SUMMARY

II. Describe the strengths and needs of the student in relation to post-secondary goals (based on age-appropriate transition assessments). Consider how the student's disability will affect the student's ability to reach his/her post-secondary goals (what the student will do after high school):

Sam's Transition Plan was updated. He completed the transition assessment Accessing Barriers to Education. The exam found that Sam was in the above average range for Personal and situational barriers which indicates tat he has few barriers in this area. He fell into the average range in the categories of beliefs and expectations, financial barriers, and academic barriers this indicates that he has some barriers in this area. Sam's lowest category was in beliefs and expectations this indicates that Sam may have some confidence issues in regard to college education.

CONSIDERATION OF SPECIAL FACTORS

Is this a student who demonstrates need for any of the following:

- | | Yes | No |
|---|--------------------------|-------------------------------------|
| 1. Positive behavioral interventions, and supports, and other strategies to address behavior that impedes his/her learning or that of others?
If yes, explain _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Accommodations for the student's limited English proficiency, including alternative language services and/or instruction in a language other than English?
If yes, explain _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Instruction in Braille and the use of Braille in reading and writing skills and appropriate reading and writing media, in the case of the student who is blind or visually impaired?
If yes, explain _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Special communication consideration? (For a child with disabilities other than hearing impairments)
If yes, explain _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. As a child who is deaf or hard of hearing, language and special communication considerations, direct communication with peers and professional personnel in the student's language and communication mode, considerations of academic level, direct instruction in his/her language and communication mode?
If yes, explain _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Assistive technology devices and services as required for the student to benefit from special education and related services? (The IEP Team determines if AT devices will be used in the home or other settings, in order for the child to receive FAPE.)
If yes, explain _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Additionally

- | | Yes | No | | Yes | No |
|---|-------------------------------------|--------------------------|----------------------|--------------------------|-------------------------------------|
| 7. Can the student follow regular discipline policies?
If no, explain <u>See attached health care plan</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Attendance policies? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Can the student participate in standard administration of state-wide and district-wide required assessments? (Not applicable to pre-school)
List accommodations needed (if any) consistent with IEP and test administration guidelines.
Extended time up to an additional 50% of time allowed
Small Group Testing | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | |

- Repeat*
- Will the student participate in the Arkansas Alternative Assessment Program? Yes No
- If yes, provide a statement of why the child cannot participate in the regular assessment.
- If yes, provide a statement of why the alternate assessment selected is appropriate for the child.

I understand that my child will be assessed on the statewide alternate assessment using alternate achievement standards

Parent Signature: _____

- Will the child participate in course specific alternate assessment? Yes No

Specify: _____

9. Are there other factors which need consideration? Yes No
If yes, explain He is currently taking Hizentra, Immune Globin, Cetirizine and Propholactic as needed for Hyper IgM.

INDIVIDUALIZED EDUCATION PROGRAM

Very time consuming
may have up to 7-8
pages
of goals

Name: Samuel Young

Date: 04/17/15

Page _____ of _____

Standard:

11-12.RL.2 Key Ideas and Details-11-12.RL.2 Key Ideas and Details

Determine two or more themes or central ideas of a text and analyze their development over the course of the text, including how they interact and build on one another to produce a complex ACCOUNT; provide an objective summary of the text.

Present Level of Performance (include - Strengths, Needs and Data Sources):

Sam was tested in the Doctor Frye's reading program he tested out at a 7.0 reading level. He is able to read 140 words per minute. Sam also made strides this year by mastering his reading goal. He demonstrated the ability to read a text and clearly argue design an argument for the text. Sam still struggles with the concept of theme. His analysis is generally limited to concrete facts.

Impact Statement:

Sam's weaknesses in the area's of reading make it difficult for him to draw inferences from grade level texts.

may have 1-15 goal for a student

Name Samuel Young

Date 04/17/15

Page _____ of _____

Measurable Annual Goal

By 4-17-16, after reading GRADE-level literature, Sam will write an organized, focused ESSAY of (150-300) words that includes an introductory paragraph containing the title of the book, its author, and a THESIS STATEMENT that states (2) central ideas of the novel that are developed during the plot; (2) body paragraphs that reference and provide commentary on specific instances in the text that support the themes mentioned in the thesis; (1) body paragraph that explains how the two central ideas interact and built upon each other; (4) relevant, direct citations from the text that support claims; and a conclusion that states the lessons the author relayed to the audience, whether the lessons are relevant to the audience, and justification for the choice for (3 out of 4) texts.

Annual Goal Mastered: _____

Type(s) of Evaluation:

- Curriculum Based Assessment
- Teacher/Text Test
- Student Conferences
- Portfolios
- Scoring Ruberics
- Other (specify): _____
- Observation Charts
- Work Samples
- Grades
- Checklists

Date	Prog	St.	Date	Prog	St.	Date	Prog	St.	Date	Prog	St.	Date	Prog	St.

Key for Status of Goals:

C = Continued D = Discontinued M = Mastered N = Not Initiated

INDIVIDUALIZED EDUCATION PROGRAM

Name: Samuel Young Date: 04/17/15 Page ____ of ____

Standard:

9-12.F.BF.3 Build new Functions Identify the effect on the graph of replacing $f(x)$ by $f(x) + k$, $k f(x)$, $f(kx)$, and $f(x + k)$ for SPECIFIC values of k (both positive and negative); find the value of k given the graphs. Experiment with cases and illustrate an explanation of the effects on the graph using technology. Include recognizing even and odd functions from their graphs and algebraic expressions for them.

Present Level of Performance (include – Strengths, Needs and Data Sources):

Sam has performed well in Algebra II this year as evidence by his passing grades. He can now graph linear equations with a high level of accuracy. He has also demonstrated the ability to use substitution and elimination in order to solve systems of linear equations. On last years geometry EOC Sam scored below basic. Sam needs to continue to work on manipulating various types of equations to solve for unknown.

Impact Statement:

Sam's deficits in math make it hard for him to learn grade level algebraic concepts.

Riverview School District
INSTRUCTIONAL MODIFICATIONS, SUPPLEMENTAL AIDS, AND SUPPORTS

Modifications are supplementary aids and supports to the regular education program. Only those modifications that are required to ensure the student's participation in the regular education program should be considered.

FREQUENCY CODES

- C Classwork
- H Homework
- T Test
- A All

TEACHER'S INITIALS

SUBJECT AREAS

ALTER ASSIGNMENTS BY PROVIDING: None Needed

Extra time for completing assignments/appropriate activities (2 days after due date)	A	A	A	A	A	A													

ADAPT INSTRUCTION BY PROVIDING: None Needed

Preferential seating (away from distractions for sensory modulation)	A	A	A	A	A	A													

ADAPT MATERIALS BY PROVIDING: None Needed

ADAPT TESTS BY PROVIDING (Not Applicable to Preschool): None Needed

Word Bank/Multiple Choice Options	T	T	T	T	T	T													
Extended time Up to 50 %	T	T	T	T															
Small group	T	T	T	T															
	T																		

INSTRUCTIONAL MODIFICATIONS, SUPPLEMENTAL AIDS, AND SUPPORTS (cont.)

Modifications are supplementary aids and supports to the regular education program. Only those modifications that are required to ensure the student's participation in the regular education program should be considered.

FREQUENCY CODES

- C Classwork
- H Homework
- T Test
- A All

TEACHER'S INITIALS											
SUBJECT AREAS											

MANAGE BEHAVIOR BY PROVIDING : None Needed

ACCESS TO EQUIPMENT/SUPPORTS: None Needed

SUPPORTS FOR PRESCHOOL/SCHOOL PERSONNEL: None Needed

Riverview School District
CRITERIA FOR DETERMINING LEAST RESTRICTIVE ENVIRONMENT (LRE)

The following criteria shall be used by the individualized education program (IEP) Team as a basis for determining the educational placement of a student with disabilities in the least restrictive environment and to ensure that such placement is based on the student's IEP. A check indicates that criteria have been reviewed.

1. To the maximum extent appropriate, students with disabilities, including students in public or private institutions or other care facilities, are educated with students who do not have disabilities
2. Special classes, separate schooling or other removal of students with disabilities from regular education environment occurs only when the nature or severity of the disability is such that education in regular classes/appropriate preschool environment with the use of supplementary aids and services cannot be achieved satisfactorily
3. A continuum of alternative placements is available to the extent necessary to implement the IEP for each student with a disability, including instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions
4. Provisions have also been made for supplementary services and supports (such as resource room or itinerant instruction) to be provided in conjunction with regular class placement/ appropriate preschool environment
5. Educational placement is determined at least annually
6. Educational placement is being made based on the student's IEP
7. Educational placement is as close as possible to the student's home
 - (a) Unless the IEP of a student with a disability requires some other arrangement, the student is educated in the school which he or she would attend if not disabled
 - (b) Consideration is given to any potential harmful effect on the student or on the quality of services he or she needs
8. Each student with a disability participates with students who do not have a disability in nonacademic and extracurricular services and activities, including meals, recess periods, etc., to the maximum extent appropriate to the needs of that student
9. To the maximum extent appropriate, students with disabilities placed in residential settings are also to be provided opportunities for participation with other students
10. For preschool students with a disability, consideration is given to the setting where the student is presently spending most of his/her day or where the student could be spending time if the student were not disabled

JUSTIFICATION FOR EDUCATIONAL PLACEMENT SELECTION

The following questions related to child needs will be reviewed and answered by the IEP Team for each identified student with a disability. The responses should assist the IEP Team in determining the appropriateness of the child's educational placement as it relates to the LRE. This list of questions may not reflect all of the child's unique needs which the IEP Team may wish to consider. The IEP Team should review and respond to each of the following questions and add any additional statements of this child's needs.

- | | YES | NO | |
|-----|-------------------------------------|-------------------------------------|--|
| 1. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Can the child's acquisition of academic/developmental skills as addressed on the IEP be met through modification/adaptation of the general curriculum? |
| 2. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Is small group instruction necessary for this child to acquire skills specified in IEP? |
| 3. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Do behavior interventions strategies established in child's IEP require a degree of structure which cannot be implemented in a large group setting? |
| 4. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Can the child's needs as addressed in IEP goals and objectives be satisfactorily achieved in the general educational/preschool environment if supplemental aids and supports are provided? |
| 5. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Does the child's behavior significantly impair his/her ability to learn in a large group setting, as well as impairing the learning of other children in a large group setting? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Based upon individual needs, goals and objectives in student's IEP, would the general curriculum/appropriate preschool activities need to be completely restructured? |
| 7. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Based upon individual needs and goals and objectives in the student's IEP, is additional individualized instruction required to facilitate his/her learning? |
| 8. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Based upon individual needs and goals and objectives in the student's IEP, is an intensive behavior management program required? |
| 9. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Is greater opportunity needed for interaction with peers who are not disabled? |
| 10. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Is participation in regular nonacademic classes/appropriate preschool activities needed to implement goals and objectives stated in the child's IEP? |
| 11. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Is a more structured environment needed than can be provided in the current educational/developmental placement? |
| 12. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Based upon the items reviewed above, is a more flexible approach to program delivery required. If Yes, explain. |

13. Other statements of this child's needs: The IEP committee upon review of Samuel's educational needs, determined he receives all of his instructional day in general ed.w/modifications beneficial to him& the LRE as shown by the committee members.

Riverview School District

Name: Samuel Verkler Young Date: 04/17/15 Page of

LEAST RESTRICTIVE ENVIRONMENT (LRE)

CONTINUUM OF ALTERNATIVE PLACEMENT OPTIONS FOR SCHOOL AGE AND EARLY CHILDHOOD STUDENTS

Circle the placement (service setting) which is least restrictive for this student based upon data obtained during is/her evaluation, IEP development, and review of criteria and justification for LRE.

<input checked="" type="checkbox"/> Regular Class	<input type="checkbox"/> Regular Class	<input type="checkbox"/> Regular Class	<input type="checkbox"/> Some/or no Instruction in Regular Class	<input type="checkbox"/> Some/or no Instruction in Regular Class	<input type="checkbox"/> No Instruction in Regular Class			
Indirect Service	Some Direct Instruction More than 80% of time in General Education	40% to 79% of the Instructional Day in General Education	Less than 40% of the Instructional Day in General Education	School-based Day Treatment	Special Day School Facility Greater than 50% of time at the facility	Residential School	Hospital Program	Homebound Instruction
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9

<input checked="" type="checkbox"/> Regular Early Childhood Program at least 10 hours per week	<input type="checkbox"/> Regular Early Childhood Program at least 10 hours per week	<input type="checkbox"/> Regular Early Childhood Program less than 10 hours per week	<input type="checkbox"/> Regular Early Childhood Program less than 10 hours per week	<input type="checkbox"/> Separate Class	<input type="checkbox"/> Separate School	<input type="checkbox"/> Residential Facility	<input type="checkbox"/> Home	<input type="checkbox"/> Services Provider Location (Itinerant)
The child is receiving the majority of hours of special education and related services in the Regular Early Childhood Program.	The child is receiving the majority of hours of special education and related services in some other location	The child is receiving the majority of hours of special education and related services in the Regular Early Childhood Program	The child is receiving the majority of hours of special education and related services in some other location	Attends a special education program in a class with less than 50% nondisabled children	Public or private separate day school designed specifically for children with disabilities	Receives education programs in a publicly or privately operated residential school or residential medical facility on an inpatient basis	Receives special education and related services in the principal residence of the child's family or caregivers Caregiver includes <input type="checkbox"/> babysitters	Receives all special education and related services from service providers in clinical offices, out patient, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9

List lesser restrictive placement option which the program developers considered and the reason(s) why that option was rejected.

OPTION:

No Special Education Services

REASON(S):

Samual requires modifications and accommodations in the regular classroom to meet his individual educational needs in basic reading, and math calculations.

The section pertaining to Transition Services is not applicable below age 16 unless determined otherwise by the IEP Team. If not applicable, proceed to the signature page.

Initial Date 04/26/12 Dates Reviewed 04/26/13 05/18/14 04/17/15

Transition Goals and Services

These goals and services are to be in place beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP Team and are to be reviewed at least annually and revised as needed.

Child's Postsecondary Goals

Answer the following questions (1-3) to indicate appropriate measurable postsecondary goals based upon age-appropriate transition assessments. If the child did not attend the IEP meeting, describe the steps that were taken to ensure consideration of the child's preferences and goals:

Samuel attended the conference and shared his transition assessment with the committee.

Goals for Employment and Education are REQUIRED, list goals for Independent Living Skills as appropriate.

1) Postsecondary Career/Employment Goal(s): As an adult, what kind of work do you want to do/will you do?

After high school graduation, Samuel will work as an athletic coach/teacher.

2014- Same

2015- Coach / Teach History =

2) Postsecondary Education/Training Goal(s): After High School, what additional education and training will you want/need to receive?

After high school graduation, Samuel will attend Harding University to receive a degree as a Coach/Teacher.

2014-Same

2015- Sam will apply to several schools, Harding, Missouri, UofA, TCU, UCLA

3) Postsecondary Independent Living Skills/Community Participation Goal(s): As an adult, how and where do you want to/will you live and what skills will you need to live as independently as possible?

After graduating from high school, Samuel will live in the community of his choosing.

2014- Same

List age appropriate transition assessments used in determining postsecondary goals:

- 2012-Student Dream Sheet
- 2013-Learning Inventory Sheet
- 2014-Barriers to employment success
- 2015- Assessing Barriers to Education

Transition Services

List the services and activities to be implemented to assist the child in reaching the postsecondary goals indicated on page 1, the person responsible for implementation, the semester to be implement and the status. These activities/services can be in the classroom, home or in the community and there must be at least one per goal indicated on page 1. A student or parent can not be the sole responsible party; a school district representative must be included as a responsible party. Required by age 16, may be started at an earlier age if appropriate.

Transition Activities/Services	Responsible Person/Party	Semester to be Implemented	Status*
Career/Employment Activities			
Research postsecondary education needs for a Coach/Teacher	Teacher/Student	Spring 2013	2 3
PLAN	Counselor/student/teacher	Fall 2013	3
Develop a Resume	Teacher/Student	Fall 2014	2
Secondary Education/Training Activities			
Complete a learning styles inventory to identify preferences	Teacher/Student	Fall 2012	3
Complete a transition goal sheet	Teacher/student	Fall 2013	3
	Counselor	Spring 2015	2
Complete the FASFA	student/ teacher	Spring 2016	1
Independent Living Skills/Community Participation Activities			
Study for Driver's License Exam	Counselor/Student/Parent	Fall 2012-Spr 2013	2
Develop a budget based on a part time job	Student/ Teacher	Fall 2015	1
Other			

*Status: 1=New, 2=Continued, 3=Completed

Was there a need to invite a community agency representative likely to provide current or future services?

Yes No


List agencies invited:

If yes, did the community agency representative attend the IEP meeting? Yes No

If no, Explain:

Individualized Education Program (IEP) Team -- means a group of individuals composed of the parents of a child with a disability; not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment); not less than one special education teacher of the child, or where appropriate, not less than one special education provider of the child, a representative of the public agency who is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities, is knowledgeable about the general education curriculum, and is knowledgeable about the availability of resources of the public agency; an individual who can interpret the instructional implications of evaluation results, who may already be a member of the team; at the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and whenever appropriate, the child with a disability. The public agency must invite a child with a disability to attend the child's IEP Team meeting if a purpose of the meeting will be the consideration of the postsecondary goals for the child and the transition services needed to assist the child in reaching those goals under 34 CFR 300.320(b). To the extent appropriate, with the consent of the parents or a child who has reached the age of majority, in implementing this requirement, the public agency must invite a representative of any participating agency that is likely to be responsible for providing or paying for transition services.

SIGNATURES OF IEP TEAM MEMBERS

SIGNATURE	POSITION
	Sp Ed Teacher
Wanda Young	Mother
Sam Young	Student
Kay Stealing	English Teacher

Parent received a copy of the IEP on _____ Date

Repeat of action or decision & information discussed at meeting

Student Name: Samuel Young

ADE-SPED
REQUIRED FORM
October 2013
AGES 3-21

X

Prior Written Notice of Action

In accordance with Part B of the IDEA

Date: 04/17/15

Method of Provision:

- Personally Presented
- Mail
- E-mail

Person(s) Receiving Notice: (check one) Parent/Guardian Student

Name: Sam Young

BOX A - Prior Written Notice (parental consent not required)

The following is to describe the action(s) Proposed or Refused by the district.

- Ineligibility for services (initial evaluation)
- Change in eligibility
- Disciplinary removal
- Other: (Specify) Development of IEP
- Change of placement
- Provision of FAPE
- Graduation with regular diploma
- Dismissal from special education services

BOX B - Prior Written Notice (parental consent required for action(s) proposed)

The following is to describe the action(s) Proposed or Refused by the district.

- Initial evaluation*
- Reevaluation*
- Other _____
- Initial placement
- Temporary placement
- Functional Behavior Assessment*

* (A description of areas that may be assessed as part of the proposed evaluation must be provided with this Notice).

Explanation of Action: (reason(s) for the proposal or refusal)

A committee review of the annual progress is being contracted to discuss the following: Progress in the general curriculum and progress toward achievement of IEP goals, parent and teacher reports, and the need for educational services beyond the length of the normal school year. Additionally if deemed appropriate the team will develop a new IEP as the current one is set to expire at the end of the school year.

Basis for the Action: (A listing of each evaluation procedure, assessment, record, or report used as a basis for the action)

A committee review of the progress is an annual requirement and while other parent and teacher conferences are held throughout the school year, the committee needs to meet to discuss the actions proposed and the appropriate educational programming to meet the students individual educational needs.

Decision is stated again here

Student Name: Samuel Young

ADE-SPED
REQUIRED FORM
October 2013
AGES 3-21

Options Considered and Reason Rejected: *(option(s) that was/were considered by the IEP team and reason(s) for rejection)*

The team did not consider any other action because the law requires that a new IEP be developed every year.

Other Factors Relevant to the Action:

None at this time.

Consent Granted for Action to Take Effect Immediately

Pertains to Box A Only

Parent agreed to immediate implementation of the action being proposed.

Informed Consent

Pertains to Box B Only

I understand the purpose(s) for which my consent is being requested. I understand that giving consent for above state purpose(s) is voluntary on my part and may be revoked at any time. A copy of "information Regarding Consent" which explains protections that are specific to informed consent under the procedural safeguards of Part B of the Individuals with Disabilities Education Act (IDEA) may be accessed at:

Click here to go to: [https://arksped.k12.ar.us/rules_regs_08/RevisionstoRulesandRegulationJuly2010/INFORMATION%20FOR%20PARENT S%20REGARDING%20CONSENT.pdf](https://arksped.k12.ar.us/rules_regs_08/RevisionstoRulesandRegulationJuly2010/INFORMATION%20FOR%20PARENT%20REGARDING%20CONSENT.pdf).

Sam Young
Parent/Guardian/Student Signature

4-17-13
Date of Signature

Parents of a child with a disability, or the child with a disability, have protections under the procedural safeguards of Part B of the Individuals with Disabilities Education Act (IDEA). A copy of "Your Rights under the IDEA" may be accessed at:

Click here to go to:
https://arksped.k12.ar.us/rules_regs_08/RevisionstoRulesandRegulationJuly2010/YOUR%20RIGHTS%20UNDER%20THE%20IDEA.pdf.

If you need assistance in understanding the provisions of the procedural safeguards, you may contact:
Name: Tracey Massey Phone Number/email: 501-279-7111
Name: Steve Lucas Phone Number/email: 501-279-7700
or the Special Education Unit at the Department of Education at (501) 682-4221.

When parents revoke consent for services for their child, the child and his/her parents no longer have the protections provided under the procedural safeguards of Part B of the IDEA.

If you have any questions or object to this action, please contact me immediately.

Nathan Derrickson Special Ed. Teacher 501-279-7700
Name Title Phone Number/email

Updated

Given for every conference to each team member -

ADE-SPED
REQUIRED FORM
October 2013
AGES 3-21

Notice of Conference

Date: 04/04/14

Person(s) Receiving Notice (check one): Parent/Guardian Student

Name: Mrs. Young

This notice is to inform you that a meeting regarding Samuel Young Student's Name
will be held on 04/17/14 at 8:00 a.m. in Riverview Junior High School
(Date) (Time) (Location)

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

- Consider a referral for special education and related services
- Conduct an Existing Data Review (EDR) as part of an initial evaluation or re-evaluation
- Determine initial or continued eligibility for special education and related services
- Develop an initial Individualized Education Program (IEP)
- Review/Revise the IEP
- Consider Extended School Year Services (ESY)
- Consider Post-secondary Transition
- Conduct a Manifestation Determination
- Consider/conduct a Functional Behavior Assessment
- Other _____

The following persons will attend the meeting [Name and role]:

- Parent/Guardian Mrs Young Regular Ed/EC Teacher* Mrs. Sterling
- Student (when appropriate) Sam Young Special Ed. Teacher* Nathan Derrickson
- Individual to interpret instructional implications of evaluation results* _____
- Local Education Agency Representative* _____
- Agency Representative(s) for post-secondary transition _____
Agency Name _____
Agency Name _____
- Part C Representative (if applicable)** _____
- Other _____

* Required IEP Team Members

** At the request of the parents, the public agency must send an invitation to the Part C Service Coordinators or their representative at the initial IEP meeting.

The agency AND the parents have the right to invite any other participants they feel have knowledge or special expertise of the student. The determination of knowledge or special expertise shall be made by the party (parent or public agency) who invites the individual to be a participant at the meeting.

Please contact me at 501-279-7700 as soon as possible to confirm your attendance, arrange alternate methods of participation (e.g., phone conference or other electronic medium) OR if unable to participate reschedule for another time and date.

Sincerely,

Nathan Derrickson Special Ed. teacher
Name Title

04/04/14
Date

Repeats info from next page

ADE SPED
REQUIRED FORM
JULY-2008
AGES 3-21

Riverview School District

ANNUAL REVIEW/NOTICE OF DECISION

Child _____ Date: 04/17/15
Public Agency _____ Grade: 12

List of Attendees and Titles:

Nathan Derrickson-Special Ed. Teacher
Wenoke Young- Parent
Sam Young- Student
Kaye Sterling- Teacher

Achievement of annual goals and objectives in all areas, to include a description of any lack of expected progress toward the annual goals:

Sam has mastered both his language and his math goals for the year. He has demonstrated adequate progress toward his goals.

Description of achievement in the general curriculum, if appropriate, to include a description of any lack of expected progress:

Samuel has continued to make progress in the general curriculum as evidenced by achieving passing grades in all of his classes and progressing toward the achievement of annual goals. While, deficiencies continue to exist in reading, and writing and the committee is in consensus that expected progress has been achieved.

Results of any reevaluation (to include classroom-based assessments and/or observations):

The Reynolds Intellectual Assessment Scales was administered and Samuel scored the following: Verbal Intelligence Index 92, Nonverbal intelligence Index 100, Composite Intelligence Index 95. All scores fall within the average range. His STAR Testing revealed a reading level of 4.2-6.6.

Relevant information about the child provided to, or by, the parents:

The parents attended the meeting and completed the parent survey.

Relevant information regarding current social/adaptive functioning, and progress in related services area(s):

His teachers report he has made progress this year, Sam has shown great improvement he has struggled less with turning in assignments on time. Sam continues to need a small group setting in order to be successful when testing.

The child's anticipated needs including Extended School Year Decision:

It is anticipated that Samuel will continue to require special educational services to meet his educational needs in the areas written expression and reading. The committee determined Samuel will receive English and Math indirect services, as well as modifications and accommodations in all classes. The determination of the group that Samuel was not in need of ESY Services was based on a review of all required factors, including regression/recoupment data and predictive/retrospective data. He is not a student in need of Extended School Year Services (ESY).

Other matters:

Samuel's current IEP will extend to the end of the school year. The committee reviewed Samuel's Transition assessment and developed a transition plan.

If special education services are appropriate, the committee must develop an IEP before considering placement.

Professional(s) designated responsible for implementing decision(s):

Building Principal

Chairperson's Signature: _____



NOT ADE REQUIRED

DATE: 04/17/15

EXTENDED SCHOOL YEAR SERVICES (ESY) ADDENDUM

The following factors are being considered in regard to _____'s need for Extended School Year Services (ESY): (Student's name)

IS THERE A SIGNIFICANT CONCERN IN THE FOLLOWING AREAS?

Yes No

- 1. Degree (Nature and Severity) of the student's impairment
2. Degree of regression experienced by the student (relative to current IEP and student functioning level)
3. Recovery/Recoupment time from this regression
4. Ability of the student's parents to provide the educational structure at home
5. Student's rate of progress
6. Student's behavioral problems
7. Student's physical problems
8. Availability of alternative resources
9. Ability of the student to interact with nondisabled children/youth
10. Area(s) in the student's curriculum which need continuous attention
11. Student's vocational (training) needs
12. Is the requested service "extraordinary" for the student's condition, as opposed to an integral part of a program for those with the student's condition?
13. Predictive/Prospective information
14. Are there any other relevant factors determined by the IEP committee?

Based upon review of the factors listed above, eligibility for Extended School Year Services:

- a. Will be further considered
b. Will not be further considered
c. Parent declines further consideration of services

Signatures of Committee Members

Handwritten signatures: sp. ed. teacher, Kay Sterling, Wenolagony - Mother, Ben Gong - Student

Notification Date: 04/17/15

Given to Parent

Mailed

ANNUAL REVIEW

Riverview School District

NAME _____ DATE 04/17/15 ID# 730703750

The IEP Team must answer the following questions for each student receiving special education and related services:

Section I: Regular Assessment

1. Does the student's IEP contain specific modifications/accommodations for use during classroom instruction and/or testing?

 YES NOIf YES, go to **Section II Modifications/Accommodations**If NO, stop here: The student will participate in the district and statewide assessments without accommodations. Go to **Section IV Decision Summary** and check the first box.**Section II: Modifications/Accommodations**

1. List the modifications/accommodations stated in the student's IEP for use during classroom instruction and/or testing:

Only the accommodations listed in the student's IEP may be considered for use during the statewide testing.

2. Are there portions of the test during which an accommodation should not be allowed (when the accommodation is not appropriate)? For example, reading aloud to the student the reading comprehension portion of the reading test.

 YES NO

If YES, explain when the accommodation is not appropriate:

3. An assessment accommodation would never make it look like:

 The student knows something she/he does not; or The student can do something she/he can not

In keeping with this rule, is the accommodation(s) still appropriate?

 YES NO

If NO, disallow the accommodation(s).

4. Is the accommodation(s) compatible with the allowable accommodations for the NRT/CRT to be given?

 YES NOIf YES, go to **Section IV Decision Summary** and check the second box.

If NO, contact the Arkansas Department of Education, Student Assessment Section, to determine if an exception may be granted.

Section III: Alternate Assessment

1. Does the student meet
- all
- of the requirements in A. Through C. for inclusion in Alternate Assessment?

 YES NO**Alternate Assessment Criteria**

A. The student's demonstrated cognitive functioning and adaptive behavior in the home, school, and community environments are significantly below age expectations even with program modifications and adaptations.

AND

B. The student's course of study is primarily functional and life-skills oriented.

AND

C. The student requires extensive direct instruction and/or extensive supports in multiple settings to acquire, maintain, and generalize skills necessary for application in school, work, home, and community environments.

The only reason a student with disabilities may be exempted from the regular assessment, with or without accommodations, is if all criteria in Section III are met.If #1 is YES, the student **WILL NOT** participate in the regular, standardized assessment, with or without accommodations. Go to **Section IV Decision Summary** and check the third box.If #1 is NO, return to **Section I Regular Assessment**.**Section IV: Decision Summary (This section must be completed.)**

The student is included in the assessment program and accountability system in the following manner (mark one):

1. Regular assessment without accommodations.
2. Regular assessment with the following allowable accommodation(s):
Extended time/Small group

3. Alternate Assessment. When a student meets the criteria for alternate assessment, that student's name must be listed on the appropriate Exemption Roster, as provided in the Test Coordinator's Handbook.

Document the IEP team's decision in the student's IEP in the designated area. Include this completed form in the student's due process folder.

Riverview School District
IEP CALCULATION OF REGRESSION

Student: _____ Year: 2014- 2015

School: Riverview High School Grade: 12

1. IEP Goal/Objective to which data collection is related:
Math- 9-12 A. SSE.3a

2. Calculation of regression:

A.
$$\frac{\text{weekly average after break } 57.0}{\text{weekly average before break } 60.0} \times 100\% = \underline{95.0} \% \text{ (skill retention)}$$

B. $100 - \underline{95.0} \% \text{ (skill retention)} = \underline{5.0} \% \text{ (skill regression)}$

3. Reasonable recoupment time:

$\underline{7.0}$ (days of break) \div 2 days = $\underline{3.5}$

4. Number of instructional days to recoup previous skills: 1.0

5. Comparison of times:

$$\frac{\#3 \quad 3.5}{\#4 \quad 1.0} = \underline{3.5}$$

If this fraction is equal to "1" or more than "1", skills were recovered within a reasonable time period.

INDIVIDUALIZED EDUCATION PROGRAM

Name: ξ

Date: 04/18/14

Page 5 of 16

Standard:

11-12.RI.1 Key Ideas and Details-Cite strong and thorough textual evidence to support analysis of what the text says explicitly as well as inferences drawn from the text, including determining where the text leaves matters uncertain.

Present Level of Performance (include – *Strengths, Needs and Data Sources*):

Sam has performed very well in his English classes this year. On his last evaluation Sam had a grade equivalent of 7.0 in passage comprehension, 7.1 in reading fluency, and a 4.9 in letter/word recognition. On his most recent STAR test Sam had a grade equivalent of 5.8. Sam is able to set a purpose for reading. Sam is starting to apply pre reading strategies to texts.

Impact Statement:

Sam's weaknesses in the area's of reading make it difficult for him to draw inferences from grade level texts.

Name _____

Date 04/18/14

Page 6 of 16

Measurable Annual Goal

By June 1, 2015, after reading a grade-level informational text, Sam will write an analytical essay of (500) words (e.g. "After reading Amy Tan's 'Mother Tongue,' analyze the author's view on how a person's language skills shape his/her public perception.") that provides (5) citations from the text as logical justification for inferences made about the text and (1) reference to and commentary about a matter that remains uncertain for (3 out of 4) texts.

Annual Goal Mastered: _____

Type(s) of Evaluation:

- Curriculum Based Assessment
- Teacher/Text Test
- Student Conferences
- Portfolios
- Scoring Ruberics
- Other (specify): _____
- Observation Charts
- Work Samples
- Grades
- Checklists

Date	Prog	St.	Date	Prog	St.	Date	Prog	St.	Date	Prog	St.	Date	Prog	St.
10/14/14	M	85%	12/19/14			03/13/15			05/29/14					

Key for Status of Goals:

C = Continued D = Discontinued M = Mastered N = Not Initiated

INDIVIDUALIZED EDUCATION PROGRAM

Name: S

Date: 04/18/14

Page 7 of 16

Standard:

9-12.A.SSE.3a- Solving Quadratics by factoring- Factor a quadratic expression to reveal the zeros of the function it defines.

Present Level of Performance (include – Strengths, Needs and Data Sources):

Sam has performed well in geometry this year. He earned a C in the first semester which is as test meant to his hard work. Sam has shown that he can calculate the volumes of solids, solve problems involving right triangles, and he can use equations used to calculate the properties of circles. Despite these successes Sam still has some struggles in math. His most recent TLI testing places him in the bottom third of the school district in geometry. Sam also struggles with abstract Algebraic concepts. According to classwork Sam has a solid grasp of basic math operations. Sam needs to work on developing his Algebraic skills like solving for unknowns using factoring.

Impact Statement:

Sam's deficits in math make it hard for him to learn grade level algebraic concepts.

Measurable Annual Goal

By June 1, 2015, when given (5) quadratic trinomials with leading coefficient equal to 1 (e.g. $x^2 + b*x + c$), Sa, will correctly write the expression in factored form (e.g. $x^2 - 4*x - 12 = (x + 2)(x - 6)$) and list the zeros of the function it defines (e.g. $(x + 2)(x - 6) = 0$ gives $x = -2$ and $x = 6$) for (4 out of 5) expressions.

Annual Goal Mastered: _____

Type(s) of Evaluation:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Curriculum Based Assessment | <input checked="" type="checkbox"/> Observation Charts |
| <input checked="" type="checkbox"/> Teacher/Text Test | <input type="checkbox"/> Work Samples |
| <input type="checkbox"/> Student Conferences | <input type="checkbox"/> Grades |
| <input type="checkbox"/> Portfolios | <input type="checkbox"/> Checklists |
| <input type="checkbox"/> Scoring Ruberics | |
| <input type="checkbox"/> Other (specify): _____ | |

Date	Prog	St.	Date	Prog	St.	Date	Prog	St.	Date	Prog	St.	Date	Prog	St.
10/17/14	N		12/19/14	M	96	03/13/15			05/29/14					

Key for Status of Goals:

C = Continued D = Discontinued M = Mastered N = Not Initiated