



Individualized Education Plan

Student: Wyatt Abbott
School: Wake Robin Elementary School
Parents: Abraham Abbott, Amanda Kennedy

Date of Birth: 02/19/2009
School District: Bellevue Public Schools
This IEP will be in effect from 08/04/2016 to 08/04/2016

Grade: 1

The Following Participants Were In Attendance At The IEP Meeting

Conference Date:

Participant Name(s)	Position/Relationship To Student	Attendance Date
_____	Parent	
_____	Student (whenever appropriate, or if the student is 16 years of age or older)	
_____	Regular education teacher	
_____	Special education teacher or provider	
_____	School district representative	
_____	Individual to interpret evaluation results	

Parent Signature

☐ Yes ☐ No The school district has taken the necessary action to insure that I understand the proceedings of this IEP conference (including arrangement for an interpreter, if appropriate):

☐ Yes ☐ No I have received a copy of the IEP at no cost:

☐ Yes ☐ No I have been offered a copy of my parental rights at no cost:

Parent Signature: _____ Date: _____

Special Considerations

Student's strengths:

Parental information, including concerns for enhancing their child's education:

Results of initial or recent evaluation(s) :

Results of child's performance on any general state and district-wide assessments:

If behavior impedes learning, consideration of the use of positive behavioral interventions and strategies:

If student has Limited English proficiency, consideration of language needs:

If the student is blind or visually impaired, the IEP shall provide Braille instruction and the use of Braille, unless after an evaluation it is determined that Braille, and the use of Braille is not appropriate for the child:

Consideration of the child's communication needs:

For children who are deaf or hard of hearing consideration of the following 3 areas:

1. Child's language and communication needs:

2. Opportunities for direct communication with peers and professionals in the child's language and communication mode:

3. Academic level and opportunities for direct instruction in the child's language and communication mode:

Consideration of the child's need for assistive technology service or device:

Present Level of Academic Achievement and Functional Performance

Includes how the child's disability affects the child's involvement and progress in the general education curriculum, or for preschool children, how their disability affects the child's participation in appropriate activities:

Goals

Measurable Annual Goal:

Short-Term Objectives or Benchmarks

(Each goal should be related to enabling the child to be involved in or progress in the general curriculum, and should be related to meeting each of the child's other needs. As appropriate, for preschool children, each objective or benchmark should be related to enabling the child to participate in appropriate activities.)

PROGRESS REPORT:

Schedule: ...Choose

Evaluation Procedures/Instruments:

Person(s) Responsible:

Review Dates:

Statement of how student's progress will be reported to parents: (i.e., progress reports, letters, phone calls, etc.):

Statement of Special Education and Related Services

Provide a statement of special education services provided to the child and include a description of the extent, if any, to which the child will not participate with nondisabled children in the regular classroom

Service	Duration		Location	Frequency		Service follows school calendar
	Start Date	End Date		Times/day	Frequency	
Special Education Service						
Choose Special Ed. Service			Choose Location		0	No
Supplementary Aids & Services						
Program Modifications & Accommodations						
Supports for School Personnel						

SE SIS Information

Percent of time child spends in:

A. Special Education Services

With regular education peers 0

Not with regular education peers 0

B. Regular Education

Regular education peers 0

Transportation

Child qualifies for special education transportation: No

If child qualifies, why:

If the child qualifies for special education transportation, please describe the plan for transportation, including any special conditions necessary for safe transport:

Assessment

Due to the student's academic and functional performance, the child will participate in the following alternate assessment:

Extended School Year Services

Description of extended school year: No

If the child will participate in extended school year services, please describe: