INVITATION TO A MEETING OF THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM

**Form I-1 (Rev. 10/2006)**

**Chippewa Falls SCHOOL DISTRICT**

*[If you need this invitation in a different language or communicated in a different way, or have questions about this invitation, please contact Shari Lynch at 1(715)743-5555.]*

#### Dear Kateya and John Hahn

Date 5-15-18

You are a participant on the IEP Team which will meet to address the educational needs of your child,

Katelyn Hahn . IEP team meetings must be held at a mutually agreeable time and place. An IEP team meeting has tentatively been scheduled for the following date

5-15-18, time 7:30 AM

and location Parkside Elementary School. I

these meeting arrangements are not agreeable to you, please call Samantha Schrack at

1(414)824-1818. You may bring other people who you believe have knowledge or special expertise about your child to the meeting with you. If your child is transferring from a Birth to 3 Early Intervention Program we will, at your request, send to the Birth to 3 coordinator or other representative an invitation to the IEP meeting.

The purpose of this IEP team meeting is *(check all that apply):*

#### EVALUATION AND REEVALUATION

* + Determine initial eligibility for special education

X Determine continuing eligibility for special education

INDIVIDUALIZED EDUCATION PROGRAM (IEP) *(if student is eligible)*

#### Develop an initial IEP

X Develop an annual IEP

* + Review/revise IEP
  + Transition – the consideration of postsecondary goals and transition services

*(required for students beginning at age 14)*

PLACEMENT *(if student is eligible)*

#### Determine initial placement

X Determine continuing placement

OTHER

* + Review existing information to determine need for additional assessments or other evaluation materials *(meeting optional)*

X Conduct a manifestation determination *(check appropriate boxes under IEP and placement if changes in either are contemplated)*

* + Determine setting for services during disciplinary change in placement *(must also check appropriate boxes under IEP & placement)*

#### Specify:

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#### If transition is checked as one of the purposes of this meeting, your child will be invited to attend. Because you provided your consent we are also inviting representatives from the following agencies who may assist in the transition planning for your child: X None

Agency Name *(if known)*, and Title/Position

Agency Name *(if known)*, and Title/Position

#### If at any point during this meeting you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. Decisions related to the purpose(s) checked above may be made in one meeting or may require more than one meeting, depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team’s most recent evaluation report.

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

Andrea Kupskey/1st Grade Teacher Samantha Schrack/Cross-Categorical Teacher

#### Name/Reg. Ed. Teacher Name/Sp. Ed. Teacher

Leah Krittern/LEA Representative Freya Hope/Physical Therapist

#### Name/LEA Representative Name &Title

Charise Thideman/Occupational Therapist Kateya Hahn- Mother

#### Name & Title Name & Title

John Hahn- Father

#### Name & Title Name & Title

#### Name & Title Name & Title

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year.

X You received a copy of your procedural safeguard rights in a brochure about parent and child rights earlier this year. If you would like another copy of this brochure, please contact the district at the telephone number above.

X A copy of the parent and child rights brochure is enclosed with this invitation.

In addition to district staff, you may also contact Shantel Freeman at

1(715)759-5553 if you have questions about your rights. Sincerely,

Lawrence Connely School Counselor

Name and Title of District Contact Person

AGREEMENT ON IEP TEAM PARTICIPANT ATTENDANCE AT IEP MEETING

**Form I-2 (Rev 10/2006)**

### Chippewa Falls SCHOOL DISTRICT

*[If you need this agreement in a different language or communicated in a different way, or have questions about this agreement, please contact Shari Lynch at 1(715)743-5555.]*

Dear Kateya and John Hahn

Date 5-15-18

An IEP team meeting for your child Katelyn Hahn is scheduled for 9-30-18 . On 5-20-18 we [met or spoke on the phone or exchanged emails] and agreed the following individual(s) is/are not required to attend all or part of the meeting ***(include name and title)***.

* We agree

will not attend the IEP meeting

because his/her/their area of curriculum or related service is not being changed or discussed at the meeting.

* We agree

will not attend the IEP meeting

during which his/her/their area of curriculum or related service will be discussed at the meeting. However, she/he/they will prepare and provide to you prior to the IEP meeting written information that can be used in developing or revising your child’s IEP.

X We agree Samantha Schrack, Charise Thideman, Andrea Kupskey, Leah Krittern, Freya Hope, Kateya Hahn, and John Hahn

will be or was present for that

portion of the meeting during which his/her/their area of curriculum or related service will be or was discussed or changed and his/her/their attendance is no longer required.

Other options, if any, related to the above action that were considered and the reason(s) they were rejected including a description of any other relevant factors include:

X None

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact Shantel Freeman at 1(715)759-5553 if you have questions about your rights.

Sincerely,

Lawrence Connely School Counselor

Name and Title of District Contact Person

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Your agreement or consent to excuse the above identified IEP team participant(s) from attending the meeting must be in writing. *(Please sign, date and return one copy of this agreement to the school district)*

I agree that the above named IEP team participant(s) need not attend all or part of my child’s IEP meeting. I understand that my consent is voluntary and may be revoked at any time before the excusal of the team participant(s) takes effect. I understand that I may request to meet with the excused team participant(s) before agreeing or consenting to excusing the participant(s) from attending the IEP team meeting.

Signature of parent or legal guardian or adult student Date

INDIVIDUALIZED EDUCATION PROGRAM (IEP) Page of TEAM MEETING COVER PAGE

**Form I-3 (Rev. 05/2016)**

Chippewa Falls SCHOOL DISTRICT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Student:  Katelyn (Kate) Hahn | DOB  12/8/2011 | Grade  1st | WISEid  K25 | LEA’s Student ID  0018035 |
| Parent or Legal Guardian  Kateya and John Hahn | | | Telephone (area code/number)  1(715)453-3328 | |
| Address  604 S Irvine Blvd, Chippewa Falls, WI, 54729 | | | | |
| District of Residence  Chippewa Falls School District | | Current District of Placement  Chippewa Falls School District | | |
| For students transferring between public agencies: Evaluation Report reviewed and adopted (if applicable) by  on | | For students transferring between public agencies: IEP reviewed and adopted (if applicable) by  on | | |

Date of Meeting: September 26, 2018 *(month/day/year)*

PURPOSE OF MEETING *(check all that apply):*

EVALUATION AND REEVALUATION

* Evaluation including determination of initial eligibility for special education

X Reevaluation including determination of continuing eligibility for special education

INDIVIDUALIZED EDUCATION PROGRAM (IEP) *(if student is eligible)*

* Develop an initial IEP

X Annual IEP review

* Review/revise IEP
* Transition – the consideration of post-secondary goals and transition services

*(Required for students beginning at age 14.)*

PLACEMENT *(must be determined when the IEP is developed or reviewed/revised)*

* Determine initial placement

X Determine continuing placement

OTHER

* Review existing information to determine need for additional assessments or other evaluation materials *(IEP team meeting optional)*
* Conduct a manifestation determination *(check appropriate boxes under IEP and PLACEMENT if changes in either are contemplated)*

X Determine setting for services during disciplinary change in placement *(must check appropriate boxes under IEP & PLACEMENT)*

* Other. Specify:

Form 1-3 Name of Student Kate Hahn

**Page of**

If a purpose of this meeting is *IEP development, review, and/or revision* related to the academic, developmental and functional needs of the child, the IEP team considered the results of:

|  |  |  |
| --- | --- | --- |
| Initial or most recent evaluation | X Yes | * Not applicable |
| Statewide assessments | * Yes | X Not applicable |
| District-wide assessments | * Yes | X Not applicable |

IEP Team Participants Attending or Participating by Alternate Means in the Meeting:

|  |  |  |
| --- | --- | --- |
| Parent/Guardian  Kateya and John Hahn | Regular education teacher/title:  Andrea Kupskey (1st Grade) | Regular education teacher/title: |
| Student (if appropriate): | Special education teacher/title:  Samantha Schrack (Cross-Categorical Teacher) | Special education teacher/title: |
| LEA Representative/title:  Leah Krittern | Other:  Freya Hope (Physical Therapist) | Other:  Charise Thideman (Occupational Therapist) |
| Other: | Other: | Other: |

If the parent did not attend or participate in the meeting by other means and did not agree to the time and place of the IEP team meeting, document three efforts to involve the parent:

|  |  |  |
| --- | --- | --- |
| Date | Method | Result |
|  |  |  |
|  |  |  |
|  |  |  |

INDIVIDUALIZED EDUCATION PROGRAM: Page of

**Linking Present Levels, Needs, Goals, and Services Form**

**Form I-4 (Rev. 05/2017)**

Chippewa Falls SCHOOL DISTRICT

Name of Student Katelyn Hahn WISEid K25 LEA’s Student ID 0018035

1. INFORMATION ABOUT THE STUDENT

Information about the student, including strengths, effects of the disability / special factors, present level of academic achievement and functional performance, and any concerns must be considered when identifying the student’s disability- related needs and developing goals and services to address those needs. Include strategies that have been effective in improving the student’s academic achievement and functional performance and access to general education.

**Parents are important members of the IEP team and are encouraged to share information throughout the process. The student should be included, whenever appropriate, and encouraged to provide input throughout the process.**

* 1. **Strengths**

Describe the student’s strengths *(including academic skills, communication skills, social skills, and interests)*.

Kate has grown a great deal since she began in Kindergarten last fall. Kate tries to keep up with her classmates academically. She does the daily work and is able to write her name, the alphabet, and numbers 1-10. Kate recognizes 21 out of 26 letters and letter sounds. She can verbally count to 75 with 1 or 2 errors. She is able to use scissors to cut out shapes and on lines with very little difficulty. Kate is able to verbalize her wants and needs throughout the day. Kate states her likes and dislikes and has shown a high interest in socialization opportunities. Kate is very interested in social situations. Recess, free play, and group work are encouraging and motivating opportunities for Kate to accomplish individual work. She is able to independently crawl, eat, and drink. Kate moves her electric wheelchair independently down the school hallways. Her favorite classes and activities are music, math, and recess. She sorts items based similarities in three different ways; shape, color, and size.

* 1. Current Academic Achievement and Functional Performance

**Academic achievement** generally refers to a student’s performance in academic content areas (e.g., reading, math, written language, etc.). For preschool children, academic achievement generally refers to knowledge and skills such as early language development/communication, early literacy, cognition and general knowledge. Academic achievement statements must include information about student achievement and/or progress compared to grade-level expectations.

Sources of information may include state, district-wide, or classroom assessments, rubrics, screeners, recent evaluations, etc.

* + 1. Describe the student’s present level of academic achievement (including reading achievement). For preschool children, describe the child’s acquisition and use of knowledge and skills (including early language/communication and early literacy).

Kate is able to decode simple sight words and identifies rhyming words by pictures. She has completed the PALS assessment twice in Kindergarten. Her scores are as follows; Rhyme Awareness- 7, Beginning Sounds- 6, Lowercase Alphabet Recognition- 21, Letter Sounds- 21, Spelling- 4, Concept of Word/Pointing- 3, Concept of Word/Word ID- 5, Concept of Word/Word List- 3, Summed Score- 70. Using her Alpha Smart assistive technology Kate is able to spell and type with more accuracy than she writes. She is able to write her name, numbers 1-10, and the alphabet is mostly legible.

**Functional performance** includes activities and nonacademic skills needed for independence, access to instruction and performance at school, in the home, in the community, for leisure time, and for post-secondary and lifelong learning (including reading). Some examples include: activities of everyday living, school/work/play habits, and social-emotional behavior.

* + 1. Describe the student’s present level of functional performance. For preschool children, describe the child's positive social- emotional skills (including social relationships) and use of appropriate behaviors to meet their needs and the impact on early literacy.

Kate has made a lot of progress with her physical abilities. She is able to maneuver the electric wheelchair through a crowded hallway. She is a socially motivated student and strives to find opportunities to ask others as many questions as they will allow. She is able to remember numbers and patterns with minimal practice or memorization time. Kate keeps herself dry during the day but has little attempts at actually using the toilet successfully. She is starting to show awareness of bodily functions. Kate follows three step directions. She uses her leg prosthesis 80% of the school week showing little discomfort or irritation by it. Her arm prosthesis is used to hold and maneuver items on and around her desk and wheelchair.

Form I-4 Name of Student Kate Hahn Page of

* 1. **Special Factors**

Special Factors must be considered when developing the individualized education program. Consider the special factors when identifying the effects of disability, summarizing disability related needs, developing goals, and determining services in the Program Summary. For example, if a student’s behavior impedes learning, the positive behavioral interventions, strategies, and supports could include specially designed instruction, related services, supplementary aids and services and/or program modifications and supports for staff. The behavioral needs of the student may be determined through a functional behavioral assessment (FBA).

* + 1. Does the student’s behavior impede his/her learning or that of others?

X Yes □ No

If yes, describe how this factor affects learning: (Document positive behavioral interventions, strategies, and supports, and other services in the Program Summary)

Kate’s behavior impedes her learning by limiting her attention span. She is easily distracted when she is uninterested in the academics of the day.

* + 1. Is the student an English Learner (EL)?
       - Yes X No

If yes, describe how this factor affects the student’s needs related to this IEP:

* + 1. In the case of a child who is blind or visually impaired, does the student need instruction in Braille or the use of Braille? (Attach Determining Braille Needs (ER-3) from the latest evaluation/reevaluation or any updated information.)

X Not Applicable □ Yes □ No □ Cannot be determined at this time If yes, describe needs, including Braille needs:

* + 1. Does the student have communication needs that could impede his/her learning?
       - Yes X No

1. If yes, describe the communication needs (including speech and language needs):
2. If the student is deaf or hard of hearing, describe (a) the student’s language and communication needs; (b) opportunities for direct communication with peers and professional personnel in the student’s language and communication mode; and,

(c) academic level and full range of needs including opportunities for direct instruction in the student’s language and communicative mode:

* + 1. Does the student need assistive technology services or devices, including any services or devices needed to assist with reading?

X Yes □ No

If yes, describe the needed services in the Program Summary.

* 1. Concerns of the Parent(s)/Family
     1. Describe the concerns of the parent(s)/family for enhancing the education of the student. This may include concerns about reading achievement, early language/communication or early literacy skills, other academic areas, social-emotional needs, sensory needs, behavior, the child’s future and postsecondary transition, etc.:

Kates parent’s have made is very clear that their biggest concerns are safety and behavior. Kate’s safety is a big part of her day with her lack of ability to control her body fully. The wheelchair and chairs in the classroom have been modified to accommodate Kate’s abilities. There is an extra shoulder strap on all chairs that Kate uses for extra support and stability. Her behavior is a concern for her parents because she has shown a lack of interest in completion of homework and also in coming to school some days.

* + 1. Describe the concerns (if any) of the student for enhancing his or her education:

This is not appropriate as Kate is only 7 years old.

Form I-4 Name of Student Kate Hahn Page of

* 1. **Effects of Disability**

Effects of the disability identifies **how** the student’s disability affects academic achievement and functional performance. The effects are what the IEP Team observes when the student has difficulty accessing, engaging and making progress in the general education curriculum, instruction, and environments.

* + 1. Does the student’s disability adversely affect his or her progress toward meeting grade-level reading standards? For preschoolers, does the disability adversely affect progress toward the early learning standards for language development, communication and/or early literacy?
       - Yes X No
    2. Describe how the student’s disability affects his or her access, involvement and progress in the general education curriculum, **including how the disability affects reading**. For preschool children, describe how the disability affects participation in age-appropriate activities, including language development, communication and/or early literacy.
  1. Summary of Disability-Related Needs

If the IEP team determines the student has a disability-related need(s) that affects reading (academic and/or functional), the IEP must include a minimum of one goal to address this need(s). Each identified disability-related need must have at least one corresponding goal and/or service to address the need. A goal or service may address more than one need. Services include special education, related services, supplementary aids and services, or program modifications or supports for school personnel.

**List and number** the disability-related needs. Include reading needs, or early literacy needs, and needs due to special factors, if identified. Reference numbered needs in the measurable annual goal statements *(add rows, as needed).*

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |

Form I-4 Name of Student Kate Hahn Page of

1. **FAMILY ENGAGEMENT**

How will school staff engage parent(s)/families in the education of the student (e.g. sharing resources, communicating with parent(s)/families, building upon family strengths, connecting parent(s)/families to learning activities, etc.)?

There are many opportunities for family engagement throughout the normal school year already provided to each and every parent in the grade level programs. Parents are encouraged to come in and read to the classes as mystery readers, have lunch with their student, volunteer with the class for different academic activities, and participate in quarterly field trips. Extra involvement opportunities provided to Kate’s family is a communication notebook that is sent home every day with a highlight of her day and activities that seemed to interest their daughter. The hope is that parents will write about her evening and morning activities to help the staff understand where Kate is at for the day (ex. Good vs. bad day). In each of the grade levels teachers provide their classes with take home bags that have a book and a family activity to be completed within the week it is sent home with them. This gives parents the opportunity to have an activity to connect home and school.

Form I-4 Name of Student Kate Hahn Page of

1. **PARTICIPATION IN GENERAL EDUCATION CURRICULUM** *Choose one of the following:*

The IEP team determines whether the student is in the general education curriculum (the same curriculum as for students without disabilities) or the curriculum aligned with alternate achievement standards. Unless a student is expected to take alternate assessments aligned with alternate achievement standards, the student is full time in the general education curriculum. If the student participates in curriculum aligned with alternate achievement standards, include benchmarks or short-term objectives with the measurable annual goals. *(Select one below.)*

X The student participates full-time in general education curriculum aligned with the general education standards that apply to all students, or for preschoolers, in age-appropriate activities aligned with early learning standards.

* The student is a student with the most significant cognitive disability participating in curriculum aligned with alternate achievement standards. *See the definition of a student with the most significant cognitive disability on the Participation Guidelines for Alternate Assessment (DPI Model Form I-7-A).*

Form I-4 Name of Student Kate Hahn Page of

1. **MEASURABLE ANNUAL GOALS**

Each goal must address at least one disability-related need.

Develop / revise one or more measurable annual academic or functional goal to:

* address any lack of expected progress toward the annual goals, if appropriate;
* address the unique needs of the student that result from the student’s disability *(see section I.F. above)*;
* enable the student to progress toward grade-level reading standards, or for preschoolers, early learning standards for language development, communication and early literacy;
* enable the student to be involved in the general education curriculum i.e., the same curriculum as for nondisabled students;
* enable the student to progress toward meeting grade-level academic standards; and
* enable the student to be educated and participate with nondisabled students.

If the IEP team determines the student has a disability-related need that affects reading (academic or functional), the IEP must include a minimum of one goal to address this need.

* 1. **Before developing annual goals,** review the previous IEP goals and progress *(document review and student’s progress on the I-5, Annual Review of IEP Goals)*

Previous IEP goals reviewed: X Yes □ No □ Not Applicable

*.*

* + 1. **Goal # 8**
       - Goal Statement**: Kate will increase her homework and classwork completion from 25 % to 70 % by the end of the years using a tracking sheet of her own for homework.**

1. Baseline: Kate currently completes 20% of her work independently with minimal reminders to stay on task.
2. Level of Attainment: Kate has started to show motivation based on interactions with her peers and this is an opportunity she is willing to work for.
   * + - Benchmarks or Short-Term Objectives *(Required if student participates in curriculum and assessment aligned with alternate academic achievement standards and each must include baseline and level of attainment.)*: X Not Applicable
       - Annual goal addresses disability-related need(s) # of the student. *(Needs identified in Section I.F)*.
       - Procedures for measuring the student’s progress toward meeting the annual goal ***from baseline to level of attainment***:

Kate’s progress will be measured through the use of a homework tracking chart. This is used for all students in Andrea Kupskey’s general education classroom to chart missing assignments. However, Kate will have her own separate tracking notebook with a rewards chart inside as well. If she is able to meet her goal each week she may choose a reward from a predetermined list made by her aide and herself.

* + - * When will reports about the student’s progress toward meeting the annual goal be provided to parent(s)?

Reports on progress will be sent home quarterly to parents.

* + 1. **Goal # 9**
       - Goal Statement**: Kate will improve her stability and strength through physical therapy and adaptive physical education to increase her ability to help with transfers by the end of the year.**

1. Baseline: Kate currently cannot help with transfers at all. She relies solely on her aide to complete a transfer from wheelchair to toilet or wheelchair to floor.
2. Level of Attainment: By the end of the year, Kate should be able to assist with her transfers at a 30% rate.
   * + - Benchmarks or Short-Term Objectives *(Required if student participates in curriculum and assessment aligned with alternate academic achievement standards and each must include baseline and level of attainment.)*: X Not Applicable
       - Annual goal addresses disability-related need(s) # of the student. *(Needs identified in Section I.F)*.
       - Procedures for measuring the student’s progress toward meeting the annual goal ***from baseline to level of attainment***:

When looking at the baseline, the physical education teacher and physical therapist will work together to create a method of tracking her progress in transfers. She will complete different strength and stability training exercises to make transfer assistance possible.

* + - * When will reports about the student’s progress toward meeting the annual goal be provided to parent(s)?

Reports of progress and a copy of the tracking method will be sent home to parents quarterly.

Form I-4 Name of Student Kate Hahn Page of

**V. PROGRAM SUMMARY**

Include a statement for each of A, B, C and D below to allow the student to (1) access, be involved in and make progress in the general education curriculum, (2) be educated and participate with other students with and without disabilities to the extent appropriate, (3) participate in extracurricular and other nonacademic activities, and (4) advance appropriately toward attaining the annual IEP goals. Include frequency, amount, location, & duration (if different from projected IEP beginning and ending dates). The services must be stated in the IEP so the level of the LEA’s commitment of resources is clear to the parent(s) and other IEP team members. At least one special education service must be specified; include other services, if needed.

**Projected beginning and ending date(s) of IEP services & modifications from 9-5-18 to 5-26-18 .**

*(month/day/year) (month/day/year)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Supplementary Aids and Services   Aids, services, and other supports (accommodations) that are provided in regular education, other educational settings, and in extracurricular and nonacademic settings, to enable students with disabilities to be educated with nondisabled children to the maximum extent appropriate. The amount of time specified for each service must be appropriate to the service and stated in a manner that can be understood by all involved in developing and implementing the IEP. *For each supplementary aid and service, identify the corresponding annual goal(s). In some situations, there may not be a corresponding goal. In those situations it is acceptable to identify the disability-related need(s).*   * + None needed   Frequency & Amount Addresses Addresses  *(describe the circumstances,* Goal(s) Need(s)  Describe *if appropriate)* Location Duration # #  *Full-Time Aide Daily-5 Days a Week School Full Day All Goals and Needs*  *One-on-One Assistance All Rooms*   1. Special Education / Specially Designed Instruction   Adapting, as appropriate to the needs of an eligible student, the content, methodology, or delivery of instruction to address the unique needs of the student that result from the student’s disability; and ensure access of the student to the general curriculum, so the student can meet the educational standards of the public agency that apply to all students. *For each special education service, identify the corresponding annual goal(s).* | | | | | |
| Describe  Occupational Therapy  Physical Therapy  Physical Education | Frequency  Weekly  Weekly  Weekly | Amount  3 Days a Week  3 Days a Week  1 Day a Week | Location  OT Room  PT Room  Gym | Duration  1 hour  1 hour  45 minutes | Addresses Goal(s)  #  # 1, 3, 4  # 2  # 2 |

**Form I-4 Name of Student Kate Hahn Page of**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **C. Related Services Needed to Benefit from Special Education**  Transportation and such developmental, corrective, and other supportive services as are required to assist a student with a disability to benefit from special education. *For each related service, identify the corresponding annual goal(s). In some situations, there may not be a corresponding goal. In those situations it is acceptable to identify the disability-related need(s).*   * None needed | | | | | | |
| Describe | Frequency | Amount | Location | Duration | Addresses Goal(s)  # | Addresses Need(s)  # |
| X Assistive Technology- Alpha Smart/Wheelchair | Daily | As Needed | School | All Day | All | All |
| * Audiology |  |  |  |  |  |  |
| * Counseling |  |  |  |  |  |  |
| * Educational Interpreting |  |  |  |  |  |  |
| * Medical Services for Diagnosis and Evaluation |  |  |  |  |  |  |
| X Occupational Therapy | Weekly | 3 Days | OT Room | 1 Hour | 1, 3, 4 |  |
| * Orientation and Mobility   (For students with Visual Impairments) |  |  |  |  |  |  |
| X Physical Therapy | Weekly | 3 Days | PT Room | 1 Hour | 2 |  |
| * Psychological Services |  |  |  |  |  |  |
| * Recreation |  |  |  |  |  |  |
| * Rehabilitation Counseling Services |  |  |  |  |  |  |
| * School Health Services |  |  |  |  |  |  |
| * School Nurse Services |  |  |  |  |  |  |
| * School Social Work Services |  |  |  |  |  |  |
| * Speech / Language |  |  |  |  |  |  |
| * Transportation |  |  |  |  |  |  |
| * Other: specify |  |  |  |  |  |  |
| **D. Program Modifications or Supports *for School Personnel***  Services or activities for school personnel to meet the needs of the student. *Identify the goal(s) or need(s) addressed.*  X None needed | | | | | | |
| Describe | Frequency | Amount | Location | Duration | Addresses Goal(s)  # | Addresses Need(s)  # |
|  |  |  |  |  |  |  |

Form I-4 Name of Student Kate Hahn Page of

1. **STUDENT PARTICIPATION**
   1. **Participation in Regular Education Environment** *(location, including regular education classrooms, extracurricular and nonacademic activities, and workplace settings)* Ensure any supplementary aids and services needed for the student to participate in the regular education environment, including regular education classrooms, extracurricular and nonacademic activities, and workplace settings, are included in the Program Summary.

X The student will participate full-time with non-disabled peers **in regular education environment**, or for preschoolers, with non-disabled peers in age-appropriate settings.

If you have indicated in the Program Summary a location other than regular education environment, or age-appropriate settings for preschoolers, you must check the box below and answer Questions 1 and 2.

* + - The student will **not** participate full-time with non-disabled peers in regular education environment, or for preschoolers,

with non-disabled peers in age-appropriate settings.

1. Describe the extent to which the student will not participate with non-disabled students in the regular education classroom, or age-appropriate settings in the case of a preschooler, including extracurricular and nonacademic activities:
2. Explain **why** full-time participation with non-disabled peers is not appropriate, or in the case of a preschooler, participation in age-appropriate settings including extracurricular and nonacademic activities:

Ensure any supplementary aids and services needed for the student to participate in the regular education environment, including regular education classrooms, extracurricular and nonacademic activities, and workplace settings, are included in the Program Summary.

* 1. **Participation in Physical Education** □ Not Applicable (If the student is in a grade-level where physical education is not offered **and** the student does not require specially designed physical education as part of a free appropriate public education.)
     + Regular Physical Education

X Specially Designed Physical Education

If the IEP team determines the student requires specially designed physical education, there must be a corresponding disability- related need and goal, and this service must be included in the Program Summary with the appropriate frequency and amount.

ANNUAL REVIEW OF IEP GOALS Page of

**Form I-5 (Rev. 05/2017)**

Chippewa Falls SCHOOL DISTRICT

Name of Student Katelyn Hahn WISEid K25 LEA’s Student ID 0018035

Date of Annual Goal Review 5-25-18 of IEP dated 9-30-18

**Before** developing annual goals, review the previous IEP goals and progress.

|  |  |  |  |
| --- | --- | --- | --- |
| Goal #:   * Met * Not met | Goal statement and, if applicable, short term objectives | Describe / provide data or other information related to progress *(may attach progress report, if applicable)* | How will the IEP be revised to address lack of sufficient progress? |
| Goal #: 1  X Met   * Not met | Kate will increase the amount of time spent in her leg prosthesis throughout the week from 45% to 80% by the end of the year.  Baseline: Kate currently wears her prosthetic leg 45% of the week while at school.  Criteria: In a 40-hour week, Kate needs to spend 32 hours with the prosthesis on to meet 80% of the week goal. | Notes made on daily sheet by Kate’s aide to specify start and end time spent in leg prosthetic. | N/A |
| Goal #: 2  X Met   * Not met | Kate will maneuver her electric wheelchair from the classroom to the bathroom/recess with minimal difficulty or help by February 2018.  Baseline: Kate can maneuver the wheelchair 1 out of 6 opportunities in a day.  Criteria: During the day Kate is expected to move in the hallway 6 times throughout the day. | This too is noted on the daily sheet by Kate’s aide. See attached file to view method of note taking. | N/A |
| Goal #: 3  X Met   * Not met | Kate will use scissors to cut out simple shapes and lines 4 out of 5 opportunities by April 2018.  Baseline: Kate can currently cut out shapes and lines 1 out of 5 opportunities without any assistance. 2 out of 5 opportunites Kate’s aide helps her by using hand-over-hand techniques to control the scissors.  Criteria: Kate is given 1 opportunity a day to cut out simple shapes and lines. | Kate has completed this activity 50% of the time she was given the opportunity when goal was reviewed in January. | N/A |
| Goal #: 4  X Met   * Not met | Kate will complete simple computer tasks through the use of 3 key commands 5 out of 8 opportunities by February 2018.  Baseline: Currently Kate completes 3 out 8 tasks on the computer that involves 3 key commands.  Criteria: Kate is given computer time throughout the week to increase her ability to type using Alpha Smart technology. | This computer activity is kept track of through saved files on the computer and the Alpha Smart technology. | N/A |
| Goal #: 5   * Met   X Not met | Kate will accurately sort objects using 3 types of identifiers 6 out of 9 times by the end of the year.  Baseline: Kate currently is able to sort similar objects by only 1 identifier 2 out of 9 times.  Criteria: This task should be completed over the course of a week and a half (9 school days). | While taking notes on the daily sheet, Kate’s aid should note what methods are being used to sort and how accurate she is. | This goal is being met 5 out of 9 times it is being accomplished. The IEP will be revised to continue to increase this number of times it is completed. |
| Goal #: 6  X Met   * Not met | Kate will increase her writing and pre-reading skills as indicated by the PALS assessment score of 70 or greater by the end of the year.  Baseline: Kate currently has a score of 50.  Criteria: This assessment is normally given twice a year to show benchmarks being met and progress being made. | Kate will be given this assessment quarterly to track progress on a consistent basis. | N/A |
| Goal #: 7   * Met   X Not met | Kate will increase use of her prosthetic arm from 20% of her week to 50% by the end of the year.  Baseline: Kate currently uses her arm to stabilize or manipulate objects on her desk 20% of the opportunities given. | During occupational therapy the OT will use different methods of documentation and skill building to enhance Kate’s ability to use her prosthetic arm more dominantly. | This goal will continue to be worked on through Occupational Therapy throughout the summer. |

PARTICIPATION GUIDELINES FOR ALTERNATE ASSESSMENT

**Form I-7-A (Rev. 05/2017)**

Name of Student Katelyn Hahn

IEP teams are responsible for deciding whether students with disabilities will participate in general education assessments with or without testing accommodations, or in the alternate assessment with or without accommodations.1 In a given year, a student must participate in either all general education assessments or all alternate assessments, not parts of both.

/ No

|  |  |  |
| --- | --- | --- |
| **Participation Criterion** | **Participation Criterion Descriptors Agree (Yes)/ Disagree (No)** | |
| **1.** The student has a most significant cognitive disability. | In order to define a student as having a most significant cognitive disability, the IEP team must review student records and agree:   * The student typically characterized as functioning at least two and a half to three standard deviations below the mean in both adaptive behavior and cognitive functioning; and * The student performs substantially below grade level Yes expectations on the academic content standards for the   grade in which they are enrolled, even with the use of adaptations and accommodations; and   * The student requires extensive, direct individualized instruction and substantial supports to achieve measurable gains, across all content areas and settings. | / No |
| **2.** The student is instructed using the alternate achievement standards across all content areas. | Goals listed in the IEP for this student are linked to the enrolled  grade level alternate achievement standards and address Yes knowledge and skills that are appropriate and challenging for  this student. | / No |
| **3.** Parent notification | The parent(s) and LEA have discussed:   * The differences between the alternate achievement standards and academic content standards for the grade in which the child is enrolled, and * That the student’s achievement will be measured based on Yes alternate achievement standards, and * How the student’s participation in alternate standards and assessment(s) may delay or otherwise affect the student from completing the requirements for a regular high school diploma. | / No |
| The IEP team agrees that all three of the criteria describe the student, and determined the student  must participate in alternate assessment(s). Yes | | |

Decisions for determining participation in the alternate assessment must not be based solely on any of the following:

1. A disability category or label
2. Poor attendance or extended absences
3. Native language/social/cultural or economic difference
4. Expected poor performance on the general education assessment
5. Academic and other services student receives
6. Educational environment or instructional setting
7. Percent of time receiving special education
8. English Learner (EL) status
9. Low reading level/achievement level
10. Anticipated student’s disruptive behavior
11. Impact of student scores on accountability system
12. Administrator decision
13. Anticipated emotional distress
14. Need for accommodations (e.g., assistive technology/Augmentative and Alternative Communication) to participate in assessment

1Academic content standards for the grade in which the child is enrolled and general education assessments reflect the Wisconsin Academic Standards. Alternate achievement standards and assessments reflect the Wisconsin Essential Elements. Students who are English Learners are required to participate in an annual English language proficiency assessment

**INDIVIDUALIZED EDUCATION PROGRAM: *To be completed for students participating in***

**PARTICIPATION IN DISTRICT-WIDE ASSESSMENTS *district-wide assessments***

**Form I-7 District-wide Assessment (Rev. 05/2017)**

## Name of Student Katelyn Hahn

#### District-wide assessments are tests given at the district level and can apply to students in all grade levels (4K-12). District wide assessments include the high school civics test requirement and the assessment for reading readiness.

Students with disabilities must be included in district-wide assessments unless the IEP team determines that an alternate to the district-wide assessment is appropriate. Alternate assessments are intended only for students with the most significant cognitive disabilities. If the student will be taking an alternate assessment, *the I-7-A Participation Guidelines for Alternate Assessment* (<http://dpi.wi.gov/sites/default/files/imce/sped/doc/form-i7a.doc>) must be included with the IEP.

**District-wide Assessment-**If the IEP team determines the student will take district-wide assessments, the IEP must contain a statement of any individual appropriate accommodations needed to measure the academic achievement and functional performance of the student on district-wide assessments.

Students with IEPs must take the civics exam unless the IEP team determines it is not appropriate, but graduation cannot be conditioned upon passing a certain number of questions correctly. If the student will take the civics exam, list it as a district-wide assessment and include a statement of any needed accommodations.

X Not applicable, the student is not in a grade in which they will take the high school civics exam.

* It is appropriate to administer the high school civics test to the student.
* It is not appropriate to administer the high school civics test to the student.

|  |  |  |
| --- | --- | --- |
| District-wide assessment(s) the student will take | Are accommodations needed? (yes/no) | If yes, describe the accommodations needed |
| PALS Assessment | Yes | Instructions read aloud |
|  |  |  |
|  |  |  |

**Alternate District-wide Assessment**– If the IEP team determines the student will take an alternate assessment, the IEP must describe why the student cannot participate in the regular assessment, why the particular alternate

district-wide assessment is appropriate and contain a statement of any needed accommodations.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Alternate district- wide assessment(s) the student will take | Describe why the student cannot participate in the district-wide assessment | Describe why the particular alternate district- wide assessment is appropriate. | Are accommodations needed? (yes/no) | If yes, describe the accommodations needed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

EXTENDED SCHOOL YEAR

**Form I-11 (Rev. 7/1999)**

Page of

### Chippewa Falls SCHOOL DISTRICT

Name of Student Katelyn Hahn

#### Does the child require extended school year (ESY) services to receive a free and appropriate public education (FAPE)?

X Yes □ No (*If no, explain reasons rejected)*

*(If yes, identify which annual goals, including benchmarks or short-term objectives if applicable, will be addressed during ESY)*

Specify all needed services:

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Special Education   None | **F****requency/ Amount** | **Location** | **Duration**  ***(beginning and ending dates)*** |
| 1. Related services   Occupational Therapy & Physical Therapy | 2 Days Weekly | School Site | June 2018-August 2018 |
| III. Supplementary aids and services - aids, services, and other supports provided to or on behalf of the student in regular education or other educational settings |  |  |  |
| 1. Program modifications or supports for school personnel that will be provided   Review of Kindergarten Curriculum | 3 Days Weekly- 3 Hours | School Site | June 2018-August 2018 |

MANIFESTATION DETERMINATION REVIEW

**Form I-12 (Rev. 10/2006)**

Page 1 of 2

### Chippewa Falls SCHOOL DISTRICT

Name of student Katelyn Hahn

Date change of placement determined: 5-25-2018

*(month/day/year)*

## Date manifestation determination made: 5-25-2018

*(month/day/year)*

Review team participants *(if cover sheet I-3 not used)*:

## SUMMARY OF INFORMATION CONSIDERED

* 1. Description of behavior subject to disciplinary action

Kate shows no signs of any significant behaviors that would cause a serious disciplinary action. However, her lack of interest in completing her work and concerns for safety require considering a disciplinary action with simple consequences. The biggest reasons for such actions in Kate’s day to day work at school is incomplete work and running away from her aide. She lacks the interest in completing her work and staying on task. Another concern is staying with the aide, though she always comes back it is a concern to have her wheeling off to play in the water fountain in her electric wheelchair.

* 1. In terms of the behavior described above, document consideration of all relevant information in the student’s file, including the student’s IEP, any teacher observations, and any relevant information provided by the parents.

Kate’s file shows no need for serious action in result of these behaviors. Teachers have observed that she is highly motivated to complete her work when she is given the opportunity to work with a peer or gets a chance to socialize after completing the task.

Page 2 of 2 Form I-12

## DETERMINATION

In terms of the behavior subject to the disciplinary action document the following:

* 1. The behavior was caused by or had a direct and substantial relationship to the student’s disability.
     + Yes X No Discussion:
     + Bacterial Meningitis
     + Cognitive skills
     + Speech delays
     + OT
     + PT
  2. The behavior was the direct result of the school district not implementing the student’s IEP.
     + Yes X No Discussion:

SUMMARY *(Note: You may answer “no” to the following question only if A and B above are answered “no”)*

## Is the behavior subject to disciplinary action a manifestation of the student’s disability?

* Yes X No

*(Note: If yes, the IEP and placement must be reviewed and revised as appropriate, including development or review of a behavioral intervention plan. If no, disciplinary action may be taken, but the school district must continue to make FAPE available to the student.)*

DETERMINATION AND NOTICE OF PLACEMENT: CONSENT FOR INITIAL PLACEMENT

**Form P-1 (Rev. 12/2008)**

Page 1 of 2

### Chippewa Falls SCHOOL DISTRICT

*[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Shari Lynch at 1(715)743-5555 .]*

### Date of the placement determination: 5-25-17

**Date parent provided with notice of placement: 5-25-17**

#### Name of student: Katelyn Hahn

Dear Kateya and John Hahn

The IEP developed on 5-20-17 will be implemented at Parkside Elementary School in the Chippewa Falls School District/City, with a projected date of implementation on 9-5-17 .

Will the child attend the school he/she would attend if nondisabled?

X Yes □ No, *(If no, explain)*:

#### List other options considered, if any, related to the placement site (school building or school district), frequency, location, and duration of the special education and related services, supplementary aids and services, program modifications and supports, and the place of those services. List the reason(s) rejected, and description of any other factors relevant to the proposed action:

X None

X You previously received a copy of your child’s evaluation report and a copy of his/her IEP is enclosed.

X A copy of your child’s evaluation report and IEP are enclosed.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Previously you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above.

In addition to district staff, you may also contact Shantel Freeman at

1(715)759-5553 if you have questions about your rights. Sincerely,

Lawrence Connely School Counselor

Name and Title of District Contact Person

Page 2 of 2 Form P-1

# PARENT CONSENT/PERMISSION FOR INITIAL PLACEMENT

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

I understand the action proposed above and

*(please check appropriate box below, sign and date, and return one copy to the school district)*

## X I give my consent for my child Katelyn special education services.

* I do not give my consent for my child special education services.

#### {I understand that if I refuse to give my consent for my child to receive special education services the school district is not required to convene an IEP meeting or develop an IEP for my child. I further understand that the district will not be in violation of the requirement, under the federal Individuals with Disabilities Education Act (IDEA) and Sub. V, Chapter 115, Wis. Stats., the state special education law, to make available a free appropriate public education (special education and related services) for my child.} to receive

Katelyn Hahn 5-30-17

#### Signature of parent, legal guardian, or adult student Date

DETERMINATION AND NOTICE OF PLACEMENT

**Form P-2 (Rev. 7/2006)**

**Chippewa Falls SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Shari Lynch at 1(715)743-5555 .]*

### Date of the placement determination: 5-20-18

**Date parent provided with notice of placement 5-24-18**

#### Name of student: Katelyn Hahn

Dear Kateya and John Hahn

The IEP developed on 5-2018

will be implemented at Parkside Elementary School

in the

Chippewa Falls School District/City, with a projected date of implementation on

9-6-18.

Will the child attend the school he/she would attend if nondisabled?

X Yes □ No *(If no, explain)*

#### List other options considered, if any, related to the placement site (school building or school district), frequency, location, and duration of the special education and related services, supplementary aids and services, program modifications and supports, and the place of those services. List the reason(s) rejected, and description of any other factors relevant to the proposed action:

* None

X You previously received a copy of your child’s evaluation report and a copy of his/her IEP is enclosed.

X A copy of your child’s evaluation report and IEP are enclosed.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact Shantel Freeman at 1(715)759-5553 if you have questions about your rights.

Sincerely,

Lawrence Connely School Counselor

Name and Title of District Contact