

Ottawa Area Intermediate School District
Individualized Education Program Team (IEPT) Report
(For students age 15 and over, include page 1b to address Transition considerations)

IEP Date: 4/19/11	Birthdate:	Gender: Male
Prior IEP Date: 10/8/10	Grade: 10th	Race: White
Initial/Redetermination IEP Date: 10/8/10	Native Lang/Mode of Communication: English /	

Student's Last Name: XXXXX	First Name: XXXXXX	MI:
Address: XXXXXXXX	City: XXXXXXXX	State: MI
ZIP Code: XXXXXXXX	County: Allegan	Telephone: XXXXXXXXXX
Resident District: Hamilton	Operating District: Hamilton	Attending Bldg: Hamilton HS

Parent/Guardian Name: XXXXXXXXXXXXXXXX		
Address (if different):	City:	State:
ZIP Code:	Telephone:	Work/Other:
Other Parent Name:		Relationship:
Address:	City:	State:
ZIP Code:	Telephone:	Work/Other:

Purpose(s) of this IEP Team meeting is/are to discuss (check all applicable):

☐ Initial Eligibility ☐ Review/Revise IEP ☒ Reevaluation

Parent Invitations and Contacts:

Method of contact: E-mail	By: Keith Sheridan	Date: 3/10/11	Result: Agreed to date/time
Method of contact: Letter	By: Keith Sheridan	Date: 3/25/11	Result:

IEP Team Meeting Participants in Attendance

Check box ☐ indicating IEP Team member who can explain the instructional implications of evaluation results.

Student	Adult Service Agency Representative	
Parent	General Education Teacher	
Parent	Special Education Teacher/Provider	<input type="checkbox"/>
	Public Education Agency Representative/Designee	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Participant signatures are required to verify a determination regarding a suspected learning disability under R340.1713. Any member who disagrees must submit a separate statement presenting his or her conclusion.

Eligibility for special education: The IEP Team determined this student to be: ☐ Ineligible (go to signature page) ☒ Eligible

<input type="checkbox"/> Cognitive Impairment R340.1705	<input type="checkbox"/> Physical Impairment R340.1709	<input checked="" type="checkbox"/> Learning Disabled R340.1713
<input type="checkbox"/> Emotional Impairment R340.1706	<input type="checkbox"/> Other Health Impairment R340.1709a	<input type="checkbox"/> Severe Multiple Impairment R340.1714
<input type="checkbox"/> Hearing Impairment R340.1707	<input type="checkbox"/> Speech & Language Impairment R340.1710	<input type="checkbox"/> Autism Spectrum Disorder R340.1715
<input type="checkbox"/> Visual Impairment R340.1708	<input type="checkbox"/> Early Childhood Developmental Delay R340.1711	<input type="checkbox"/> Traumatic Brain Injury R340.1716
		<input type="checkbox"/> Deaf-blindness R340.1717

Transition Considerations

Course of Study Addressing Post-School Transition Needs for Post-Secondary Adult Activities – Consider the following for **any student who will reach age 16** during this IEP and review at each subsequent IEP. Check one:

☒ General and/or special education classes leading to a diploma ☐ Course of study leading to a certificate of completion

Comments:

Invitations and Contacts:

Agencies Invited (if any): none

Date:

Student Invitation By: Keith Sheridan

Method of Contact: In Person

Date: 3/15/11

If the student did not attend the IEP, the steps that were taken to ensure the consideration of the student's preferences and goals were:

Student's Post-secondary Goals:

<p><i>1. Career/Employment: As an adult, what kind of work do you want to do?</i> XXXXXXXX wishes to pursue a career in media production or public safety. He has had an interest in auto mechanics also.</p>
<p><i>2. Post-secondary education/training: After high school, what additional education and training do you want?</i> XXXXXX has expressed the need for needing to go to further training after high school .</p>
<p><i>3. Adult Living: As an adult, where do you want to live?</i> XXXXXX wishes to live independently</p>
<p><i>4. Community Participation: As an adult, what hobbies and activities do you want to have?</i> XXXXXXXXX continues to participate in fixing things, reading, and wrestling.</p>

Statement of Needed Transition Services – Consider the following for any student who will reach age 16 during this IEP and review annually.

Needed Transition Activities/Services based on age-appropriate transition assessments related to the student's PLAAFP.	Responsible Agency/Person	Timeline
Further Education Continue course of study to earn a high school diploma. <input type="checkbox"/> None	Student/ Parent/ HHS	2011/2012 school year
Related Services <input checked="" type="checkbox"/> None		
Community Experiences Continue to participate in extracurricular activities <input type="checkbox"/> None	Student/ Parent	Upon Graduation
Employment Learn career information through Career Cruising/ Updating EDP Explore part-time employment in career interests <input type="checkbox"/> None	Student/ Parent	Upon Graduation
Adult Living <input checked="" type="checkbox"/> None		
Daily Living Skills Prepare simple meals and participate in household tasks <input type="checkbox"/> None	Student/ Parent	Upon Graduation
Functional Vocational Evaluation Update and revise EDP and ESTR-J; Further explore vocational options <input type="checkbox"/> None	Student/ Parent/ HHS	2011-2012 school year

Parental Rights and Age of Majority (Check all applicable)

- ☒ If the student will be age 17 during this IEP, the student was informed of parental rights that will transfer to him/her at age 18.
- ☐ If the student has turned age 18 the student and parent were informed of the parental rights that transferred to the student at age 18.
- ☐ The student has turned age 18 and there is a guardian established by court order. The guardian is:

Consider (check) each of the following and comment as appropriate:

- ☒ strengths of the student
- ☒ parent input and concerns for enhancing the education of the student
- ☒ results of an initial evaluation or the most recent reevaluation of the student
- ☒ progress on the current IEP annual goals and objectives
- ☒ student's anticipated needs or other matters

Comments: .

Consider (check) each of the following. Needs in any of the following **require** a statement in the comments below.

- ☒ communication needs of the student
- ☒ positive behavior intervention, supports, and strategies for students whose behavior impedes learning
- ☒ language needs for students with limited English proficiency
- ☒ Braille instruction for students who are blind or visually impaired
- ☒ communication and language for students who are deaf or hearing impaired
- ☒ the need for assistive technology devices or service

Present Level of Academic Achievement and Functional Performance – What is the student's level of functioning and how does the disability affect his/her involvement and progress in the general education curriculum (or appropriate activities for preschool students)? According to the Test of Written Language-Fourth Edition (TOWL-4) given to XXXXXXXX in April 2010, he scored well below average in the area of spelling and low average in the area of punctuation. On a U.S. History test taken in the first week of October 2010, XXXXXXXX had to write six answers in paragraph form. On this test he had an average of 10 writing mistakes per paragraph. Most mistakes were in the area of capitalization, punctuation, and spelling. Due to a deficit in the area of writing mechanics, his writing can be difficult to understand and become disorganized. This can affect his ability to do well on essay or short answer questions on assignments and tests. XXXXXXXX is able to express his thoughts on paper, but it is in the area of punctuation, capitalization, and spelling that he struggles. XXXXXXXX likes to work independently on his work, but sometimes takes a long time to finish work and can become off task. On his ESTR-J XXXXXXXX scored 69% on Employment, 50% on Rec and Leisure, 60% on Home Living, 71% on Community Participation, and 50% on Post Secondary Education. XXXXXXXX will benefit from special education services in order to assist him in obtaining his goals in high school and beyond. XXXXXXXX is scheduled to take the IT Programming and Game Design class at Careerline Tech Center in the 2011-2012 school year.

Least Restrictive Environment - This student will:

- Fully participate with students who are nondisabled in the general education setting except for the time spent in separate special education programs/services provided outside of the general education classroom as specified in this IEP.

☒ Yes ☐ No (explain):

- Be fully involved in and make progress in the general curriculum.

☒ Yes ☐ No (explain):

- Have the same opportunity as general education students to participate in nonacademic and extracurricular activities.

☒ Yes ☐ No (explain):

Supplementary Aids/Services/Personnel Support

☐ The IEP Team has considered supplementary aids/services and supports. Needed services are listed below.

Supplementary Aids/Services/Support	Amount of Time/Frequency/Conditions	Location
See attached sheet.	/	
	/	
	/	
	/	

☒ All supplementary aids/services and supports listed above will begin on the initiation date of the IEP and continue for one calendar year, following the approved school district calendar. Note below any exceptions to beginning and ending dates and locations given above. Specify month/day/year:

Annual Goals and Short-Term Objectives

Present Level Data (Optional): As of October 2010, Jordan was making an average of 10 writing mechanic errors per paragraph.

Annual Goal: XXXXXXXX will improve his writing mechanics.

Short-Term Objectives (at least two per goal)				Evaluation	Criterion	Schedules
1. XXXXXXXX will have no more than 8 writing mechanic errors per paragraph on class assessments requiring essay answers by the end of Fall trimester.				Class Tests	<5 errors per paragraph	G
2. XXXXXXXX will have no more than 7 writing mechanic errors per paragraph on class assessments requiring essay answers by the end of Winter trimester.				Class Tests	<4 errors per paragraph	G
3. XXXXXXXX will have no more than 6 writing mechanic errors per paragraph on class assessments requiring essay answers by the end of Spring trimester.				Class Tests	<3 errors per paragraph	G
Date	Status Obj. 1	Status Obj. 2	Status Obj. 3	Comments/Data On Progress		

Present Level Data (Optional):

Annual Goal:

Short-Term Objectives (at least two per goal)				Evaluation	Criterion	Schedules
1.						
2.						
3.						
Date	Status Obj. 1	Status Obj. 2	Status Obj. 3	Comments/Data On Progress		

Evaluation	Criterion	Schedule	Status of Progress on Objectives
S Student's Daily Work D Documented Observation R Rating Scale T Standardized Test O Other (specify)	% Accuracy of Rate Achievement Level (specify)	W Weekly D Daily M Monthly G Grading Period O Other (specify)	1 Achieved/Maintained 2 Progressing at a rate sufficient to meet the annual goal for this objective 3 Progressing below a rate sufficient to meet the annual goal for this objective (explain above) 4 Not applicable during this reporting period 5 Other (specify above)

Reporting Progress: ☒ The parents will be regularly informed in writing of progress on goals and objectives of this IEP at the regular reporting periods applicable to general education students. Other or additional reporting:
 How: Progress Reports When: Midterm

Special Education Programs / Services

Special Ed. Programs / Services And Rule Number	Frequency / Duration	Provider Name (registry purposes only)	Location
Secondary Resource R340.1749(a)(2)/1832	1-2 hours / day	Caseload Manager	HHS
School Social Work R340.1701c	teacher consult 1x month	Social Worker	HHS

☒ All programs and services listed above will begin on the initiation date of the IEP and continue for one calendar year, following the approved school district calendar. Extended school year (ESY) services must be provided only if the IEP Team determines on an individual basis that ESY services are necessary for the provision of a free and appropriate public education. Note below any exceptions to beginning and ending dates and locations given above. Specify month/day/year:

☒ The IEP Team considered the need for a teacher with a particular endorsement.

Resource Program Only – Is a Teacher Consultant with endorsement matching the student's disability needed?

☒ No ☐ Yes

Departmentalized program?

☒ No ☐ Yes

Special Transportation: ☒ No ☐ Yes, specifics:

Nonpublic School Pupils - Identify programs/services offered by the district but not provided because the parent elected to enroll the child in a nonpublic school:

State- and District-wide Assessment

The student will participate in the Michigan Educational Assessment System (MEAS), district-wide assessment, and/or the National Assessment of Educational Progress (NAEP) assessments as follows:

Check the one that applies to this IEP:

☐ State Assessments are NOT administered at the grade level covered by this IEP.

☒ State Assessments ARE administered at the /grade levels covered by this IEP. (If checked, continue below.)

I. Michigan Educational Assessment Program (MEAP)

MEAP Assessments	Assessment appropriate?		If YES , list needed assessment accommodations for each content area: If NO , state the reason why the MEAP subject area is not appropriate for the student:	*Standard accommodations?	
	yes	no		yes	no
English Language Arts (grades 3-8,11)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Extended time 2x	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mathematics (gr. 3-8,11)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Extended time 2x	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Science (gr. 5,8,11)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Extended time 2x	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Soc. Studies (gr. 6,9,11)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Extended time 2x	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Scores received using a nonstandard assessment accommodation are not eligible for the Michigan Merit Award, and per No Child Left Behind (NCLB) the student will not count as assessed for NCLB participation rates.

Student:

Birthdate:

IEP Date:

II. MI-ACCESS - Michigan's Alternate Assessment Program

MI Access Level	Assessment appropriate?		If YES , describe why each alternate assessment identified is appropriate for the student? List all accommodations needed for each assessment:	*Standard accommodations?	
	yes	no		yes	no
Participation	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Supported Independence	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Functional Independence:					
English Language Arts (grades 3-8,11)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Mathematics (gr. 3-8,11)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
**Science (gr. 5,8,11) Assessment:	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
**Soc. Studies (gr. 6,9,11) Assessment::	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

*Scores received using a nonstandard assessment accommodation are not eligible for the Michigan Merit Award, and per No Child Left Behind (NCLB) the student will not count as assessed for NCLB participation rates.

**If the MEAP science and/or social studies assessment(s) are not appropriate for the student, indicate how the student will be assessed in science and/or social studies until the state has alternate assessments in these content areas available.

III. District-wide and/or NAEP Assessments

- ☒ District-wide assessments are not given at the age/grade levels covered by this IEP.
- ☐ The NAEP Assessments *ARE* administered at the grade level covered by this IEP and this student was selected as part of the sample. (If checked, continue below.)

District-wide or NAEP Assessments	Assessment appropriate?		List appropriate assessment accommodations if needed. If not participating , state the reason why the district-wide/NAEP assessment is inappropriate and indicate the appropriate alternate assessment.
	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments:

Operating District Notice Requirements - The superintendent or designee of the operating district assures that:

- to the maximum extent appropriate, a person who has a disability, including a person who is assigned to a public or private institution or other care facility, is educated with persons who do not have disabilities.
- placement of a person who has a disability in special classes, separate schools, or the removal of a person who has a disability from the general education environment occurs only when the nature or severity of the disability is such that education in a regular class using supplementary aids and services cannot be satisfactorily achieved.
- the placement for the student is as close as possible to his or her home.
- unless the IEP of a student with a disability requires some other arrangement, the student is educated in the school that he or she would attend if non-disabled.
- in selecting the least restrictive environment, consideration shall be given to any potentially harmful effects to the student or the quality of services that the student needs.
- a child with a disability will not be removed from education in age-appropriate regular classrooms solely because of needed accommodations in the general curriculum.

Commitment Signatures

(Any IEP Team member may submit a dissenting report for attachment to the IEP Team report).

Staff responsible for implementation: Mr. Doug BraschlerInitial implementation site: HHSBeginning date (m/d/y): 4/20/11Ending date(m/d/y): 4/19/12**Resident District** - Resident district superintendent/designee (check all that apply):

- ☐ Agrees with the IEP and its implementation
☐ Authorizes the nonresident operating district to conduct subsequent IEP Team meetings
☐ Agrees that the student is not eligible for special education
- ☐ Disagrees with this IEP and:
☐ requests mediation
☐ requests a due process hearing

Signed: _____

Date: _____

Resident District Superintendent or Designee

month/day/year

Non-resident Operating District - The superintendent/designee (check all that apply):

- ☐ Agrees to provide the IEP program(s) and/or service(s)
☐ Agrees to conduct subsequent IEP Team meetings
☐ Agrees that the student is not eligible for special education
- ☐ Disagrees with this IEP and:
☐ requests mediation
☐ requests a due process hearing

Signed: _____

Date: _____

Operating District Superintendent or Designee

month/day/year

Adult Providing IEP Consent - I have been informed of all procedural safeguards and sources to obtain assistance, and:

- ☐ Understand the contents of this IEP
☐ Agree with the IEP and its implementation
- ☐ Disagree, but will allow implementation of this IEP
☐ Disagree with this IEP and:
☐ request mediation

If a parent or public agency disagrees with this IEP, either party has the right to request a due process hearing by following the procedures outlined in the Procedural Safeguards.

Signed: _____

Date: _____

Adult Providing Consent

month/day/year

Student Signature: _____

PARENT/GUARDIAN/STUDENT CONSENT TO RELEASE MEDICAID INFORMATION

For the purpose of billing the state for any Medicaid-related services on this IEP, the resident and intermediate school districts request your permission to release minimal student information to the state. Billing does not affect or limit any family Medicaid benefits and consent can be revoked at any time.

- ☐ I/We **agree** to allow the school to release information to the state to bill the state for Medicaid-related services on this IEP.
☐ I/We **do not agree** to allow the school to release information to the state to bill the state for Medicaid-related services on this IEP.

Parent/Guardian/Student _____ Date _____

Total Hours in School: 5/dayHours in General
Education:3-4Hours in Special Education: 1-2