REFERRAL FOR SPECIAL EDUCATION EVALUATION
Form R-1 (Rev. 05/2019)

_____SCHOOL DISTRICT

Name of child (last, first, middle)	DOB	Grade	School	WISEid (if known)

Name of parent or legal guardian	Address (street, city, state, zip)	Telephone (area code/number)

Person making referral/title	Date and method of notifying parent of intent to refer
	Date _____ □ Conference □ Phone call □ Written

Parent's native language or other primary mode of communication, if other than English (specify):

Is an interpreter needed? ☐ Yes □ No

Student's native language or other primary mode of communication, if other than English (specify):

Date referral received by school district/LEA_____(*month/day/year*)

The date the district receives the referral begins the 15 business day deadline by which to complete the review of existing information and to notify the parents of whether additional assessments are needed.

In completing the following information, consider concerns about the student's access, engagement, and progress in age/grade level general education curriculum, instruction, environment, or other school activities.

1. Describe why you believe this student has a disability:

2. If known, include information about any of the following,:
    a. Academic/pre-academic achievement (including reading achievement or early literacy):

    b. Functional performance (i.e. daily living skills, executive functioning, social, emotional, and behavior):

    c. Relevant medical information (including vision and hearing):

d. Programs, services, or interventions that have been used to address this student's needs and the results of such interventions:

NOTICE OF RECEIPT OF REFERRAL AND START OF INITIAL EVALUATION

Form IE-1 (Rev. 05/2019)

Notice sent with Statement of Parental Rights *(Initials/Date)*

_____**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_____*at*_____*.]*

Dear _____

On_____, the school district received a referral to evaluate your child _____to determine whether your child has a disability (impairment and need for special education) and your child's educational needs. The individualized education program (IEP) team is responsible for this evaluation and will conduct this evaluation at no cost to you. You are a participant on the IEP team. You may include others on the IEP team who have knowledge or special expertise about your child.

You and your child (if appropriate) are IEP team participants In addition, the following people are being appointed to the IEP team by the school district	
Role	**Name, if known**
Representative of local educational agency (LEA) – authorized to commit the resources of the LEA	
Special Ed. Teacher(s)	
Regular Ed. Teacher(s)	
Related Services Personnel	
Others	
For SLD evaluations using response to intervention only*, a licensed person who is qualified to assess data on individual rate of progress using a psychometrically valid and reliable methodology.	

For SLD evaluation using response to intervention only*, a licensed person who has implemented scientific, research-based or evidence-based, intensive interventions with the referred pupil.	
For SLD evaluation using response to intervention only*, a licensed person who is qualified to conduct individual diagnostic evaluations of children.	

***A public agency may designate a public agency member of the IEP team to also serve in these roles, if criteria are met**

Other options, if any, such as the selection of IEP team participants which were considered and the reason(s) they were rejected and a description of any other factors relevant to the proposed action:

□ None

IEP team participants will first review existing information available on your child, including information provided by you. The IEP team will then determine what, if any, further evaluation is necessary to assist in making a determination of whether your child has or does not have a disability and their educational needs. You will be sent a notification of this determination within 15 business days of the school district receiving the referral to evaluate your child. This notification will be sent by_____.

(month/day/year)

If the IEP team determines that additional assessments and other evaluation materials are necessary, the school district needs your written consent (permission) before administering any assessments or other evaluation materials to obtain further information about your child. You will be informed about what assessments or other evaluation materials will be given before they are administered. You will also be informed of the names of the individuals who will conduct those evaluations, if known at the time of the notice. Upon completion of the evaluation the IEP team will prepare an evaluation report which will include documentation of your child's eligibility for special education. You will be provided with a copy of the evaluation report.

Within 60 calendar days of receiving your consent for evaluation or being provided with a notice that no further assessment of your child is necessary, the IEP team will meet to determine whether your child has a disability and to identify their educational needs. If the IEP team determines that your child is a child with a disability, the team will meet to develop an IEP to address your child's needs and determine a placement to carry out the IEP within 30 calendar days. You will be provided with a notice of placement and a copy of your child's IEP. The school district needs your written consent (permission) before initially providing special education to your child. If it is determined that your child is not a child with a disability, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child's eligibility for special education, develop an IEP, or determine a placement, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided subject to the time limitations described above. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances.

You and your child have protection under the procedural safeguards (rights) of special education law. Please read the brochure of parent and child rights enclosed with this notice. In addition to district staff, you may also

contact _____ at _____ if you have questions about your rights.

Sincerely,

_____

Name and Title of District Contact Person

INITIAL EVALUATION: NOTICE THAT NO ADDITIONAL ASSESSMENTS NEEDED

Form IE-2 (Rev. 05/2019)

_____**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_____at_____.]

Dear _____ Date _____

Previously you were notified of the school district's intent to evaluate your child,_____. The individualized education program (IEP) team is responsible for this evaluation. You are a participant on the IEP team. The IEP team considered existing evaluation assessments, procedures, records or reports as documented on the Existing Data Review To Determine If Additional Assessments Or Evaluations Are Needed (DPI Model Form ED-1).

The IEP team has determined that additional assessments or other evaluation materials do not need to be administered to your child to determine whether they have a disability (impairment and a need for special education) and your child's educational needs.

□ You participated in making this determination on_____in the following way: _____

_____.

□ You did not participate in making this determination and the school district made 3 attempts to involve you as follows:

The reason(s) for this determination (including a description of any other options considered and reasons rejected, and other relevant factors) are:

The IEP team's next step will be to determine whether your child has a disability and their educational needs based upon its review of the existing information available on your child, including information provided by you. As a participant on the IEP team, you will be involved in this determination. Upon completion of the evaluation, the IEP team will prepare an evaluation report. The report will include documentation of your child's eligibility for special education. You will be provided with a copy of the evaluation report. If the IEP team determines that your child is a child with a disability, the team will develop an IEP to address your child's needs and determine a placement to carry out the IEP. You will be provided with a notice of placement and a copy of your child's IEP. If it is determined that your child is not a child with a disability, you will be provided

with a notice of that finding.

If at any point during an IEP team meeting, to determine your child's eligibility for special education, develop an IEP, or determine a placement, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances.

You and your child have protection under the procedural safeguards (rights) of special education law. 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
_____at_____if you have questions about your rights.

Sincerely,

_____

Name and Title of District Contact Person

INITIAL EVALUATION: NOTICE AND CONSENT REGARDING NEED TO CONDUCT ADDITIONAL ASSESSMENTS
Form IE-3 (Rev. 05/2018)

_____**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_____at_____.]

Dear _____ Date _____

Previously you were notified of the school district's intent to evaluate your child,_____, to determine whether your child has a disability (impairment and need for special education) and your child's educational needs. The individualized education program (IEP) team is responsible for this evaluation. You are a participant on the IEP team. The IEP team considered existing evaluation assessments, procedures, records or reports as documented on the Existing Data Review To Determine If Additional Assessments Or Evaluations Are Needed (DPI Model Form ED-1).

The IEP team has determined that additional assessments or other evaluation materials are needed to determine whether your child has a disability.

□ You participated in making this decision on_____in the following way: _____

_____.

□ You did not participate in making this decision and the school district made 3 attempts to involve you as follows:

The school district needs your written consent (permission) before it can administer assessments or other evaluation materials to your child. With your consent the following assessments or other evaluation materials will be administered.

Areas to be evaluated	Description of assessments and other evaluation materials and titles, if known	Name of evaluator, if known

Other evaluation options considered, if any, and reasons rejected and a description of any other factors relevant to the proposed evaluation of this child:

□ None

Following the administration of these assessments or other evaluation materials the IEP team will meet to review the results of these assessments and other evaluation materials as well as other existing information available on your child, including information provided by you. Using the results of these assessments or other evaluation materials along with other available information, the IEP team will make a determination of whether your child has a disability including their educational needs. As a participant on the IEP team, you will be involved in this determination. Upon completion of the evaluation, the IEP team will prepare an evaluation report which will include documentation of your child's eligibility for special education. You will be provided with a copy of the evaluation report. If the IEP team determines that your child is a child with a disability, the team will develop an IEP to meet your child's needs and determine a placement to carry out the IEP. You will be provided with a notice of placement and a copy of your child's IEP. If it is determined by the IEP team that your child does not have a disability, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child's eligibility for special education, develop an IEP, or determine a placement, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances

You and your child have protection under the procedural safeguards (rights) of special education law. 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 school district at the telephone number above. In addition to district staff, you may also contact_____ at ___if you have questions about your rights.

Sincerely,

_____

Name and Title of District Contact Person

PARENT CONSENT/PERMISSION TO ADMINISTER ASSESSMENTS AND OTHER EVALUATION MATERIALS AS PART OF AN INITIAL EVALUATION

I understand the action proposed by the school district and

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

- □ I give my consent for the school district to administer these assessments or other evaluation materials described in this notice to my child as part of an initial evaluation. I understand my consent is voluntary and may be revoked at any time before the administration of assessments or other evaluation materials.

- □ I do not give my consent for the school district to administer these assessments or other evaluation materials described in this notice to my child as part of an initial evaluation. I understand that if I do not consent for the school district to administer these assessments or other evaluation materials, the school district may request mediation or initiate a due process hearing regarding whether those assessments or other evaluation materials should be administered.

_____ _____

Signature of parent or legal guardian or adult student Date

For School District Use Only

Date school district received parent consent

_____

(month/day/year)

NOTICE OF REEVALUATION
Form RE-1 (Rev. 07/2006)

_____ **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 _____ at _____.]

Dear _____ Date _____

This letter is to inform you that the _____ School District intends to reevaluate your child _____. The school district must reevaluate your child if the educational or related services needs of your child warrant a reevaluation, or you or your child's teacher requests a reevaluation. However, a child is not to be reevaluated more than once a year unless you and the school district agree. The school district must also reevaluate your child at least once every three years unless the school district and you agree that a reevaluation is unnecessary. The purpose for this reevaluation is to determine whether your child continues to have a disability (impairment and need for special education), and to identify your child's current educational needs. The reason that the school district intends to reevaluate your child is:

□ The school district received a request for a reevaluation on _____ from:

□ You *(statement of your parental rights enclosed)*

□ Your child's teacher (name) _____

□ Other (specify) _____

□ The school district determined that the educational or related services needs of your child warrant a reevaluation *(explain/describe)*:

□ The last evaluation/reevaluation of your child was completed on _____ and therefore a reevaluation is due.

The individualized education program (IEP) team is responsible for this reevaluation and will conduct this reevaluation at no cost to you. You are a participant on the IEP team. You may include others on the IEP team who have knowledge or special expertise about the child.

You and your child (if appropriate) are IEP team participants In addition, the following people are being appointed to the IEP team by the school district	
Role	**Name, if known**
Representative of local educational agency (LEA) – authorized to commit the resources of the LEA	
Special Ed. Teacher(s)	
Regular Ed. Teacher(s)	
Related Services Personnel	
Others	

Other options, if any, such as the selection of IEP team participants which were considered and the reason(s) they were rejected and a description of any other factors relevant to the proposed action:
□ None

IEP team participants will first review existing information available on your child including information provided by you and then determine what, if any, further evaluation or assessment is necessary to assist in identifying the educational needs of your child and in making a determination of whether your child continues to have a disability. You will be sent a notification of this determination within 15 business days of: □ the date that the school district received the request to reevaluate your child; □ the date of this notice *(when a request did not initiate the reevaluation)*. This notification will be sent by _____. *(month/day/year)*

If the IEP team determines that additional assessments or other evaluation materials are necessary, the school district needs your written consent (permission) before it may administer any assessments or other evaluation materials to obtain further information about your child. You will be informed about what assessments or other evaluation materials will be given before they are administered. You will also be informed of the names of the individuals who will conduct those evaluations, if known at the time of the notice. Upon completion of the reevaluation, the IEP team will prepare an evaluation report, which will include documentation of your child's eligibility for special education. You will be provided with a copy of the evaluation report.

Within 60 calendar days of receiving your consent for this reevaluation or being provided with a notice that no further assessment of your child is necessary, the IEP team will meet to determine whether your child continues

to be a child with a disability. If the IEP team determines that your child continues to have a disability, the team will review and revise, as appropriate, your child's IEP and determine a placement to carry out the IEP within 30 calendar days. You will be provided with a notice of placement and a copy of your child's IEP. If it is determined by the IEP team that your child no longer needs special education, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child's continued eligibility for special education and educational needs, to review or revise your child's IEP, or to determine a placement to carry out the IEP, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided subject to the time limitations described above. This IEP team process may be concluded 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.

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.

□ 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.

□ A copy of the parent and child rights brochure is enclosed with this notice.

In addition to district staff, you may also contact _____ at

_____ if you have questions about your rights.

Sincerely,

_____

Name and Title of District Contact Person

NOTICE OF AGREEMENT TO CONDUCT A REEVALUATION MORE THAN ONCE A YEAR
Form RE-2 (Rev. 07/2006)

_____**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_____at_____.]

Dear _____ Date _____

It has been less than a year since your child_____was last evaluated. Under federal special education law, evaluations of children with disabilities do not occur more often than once a year unless the child's parent and school district agree that an evaluation is needed.

On_____we [met or spoke on the phone or exchanged emails] and agreed that a reevaluation of your child is necessary at this time for the following reason(s):

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

□ None

The individualized education program (IEP) team is responsible for this reevaluation and will conduct this reevaluation at no cost to you. You are a participant on the IEP team. You may include others on the IEP team who have knowledge or special expertise about the child.

You and your child (if appropriate) are IEP team participants In addition, the following people are being appointed to the IEP team by the school district	
Role	**Name, if known**
Representative of local educational agency (LEA) – authorized to commit the resources of the LEA	

Special Ed. Teacher(s)	
Regular Ed. Teacher(s)	
Related Services Personnel	
Others	

Other options, if any, related to the selection of IEP team participants which were considered and the reason(s) they were rejected and a description of any other factors relevant to the proposed action:

□ None

IEP team participants will first review existing information available on your child, including information provided by you, and then determine what, if any, further evaluation or assessment is necessary to assist in identifying the educational needs of your child and in making a determination of whether your child continues to have a disability. You will be sent a notification of this determination within 15 business days of the date you and the school district agreed that a reevaluation of your child was necessary. This notification will be sent by__ .

(month/day/year)

If the IEP team determines that additional assessments or other evaluation materials are necessary, the school district needs your written consent (permission) before it may administer any assessments or other evaluation materials to obtain further information about your child. You will be informed about what assessments or other evaluation materials will be given before they are administered. You will also be informed of the names of the individuals who will conduct those evaluations, if known at the time of the notice. Upon completion of the reevaluation, the IEP team will prepare an evaluation report, which will include documentation of your child's eligibility for special education. You will be provided with a copy of the evaluation report.

Within 60 calendar days of receiving your consent for this reevaluation or being provided with a notice that no further assessment of your child is necessary, the IEP team will meet to determine whether your child continues to be a child with a disability. If the IEP team determines that your child continues to have a disability, the team will review and revise, as appropriate, your child's IEP and determine a placement to carry out the IEP within 30 calendar days. You will be provided with a notice of placement and a copy of your child's IEP. If it is determined by the IEP team that your child no longer needs special education, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child's continued eligibility for special education and educational needs, to review or revise your child's IEP, or to determine a placement to carry out the IEP, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided subject to the time limitations described above. This IEP team

process may be concluded 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 team's most recent evaluation report.

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_____at _____if you have questions about your rights.

Sincerely,

_____

Name and Title of District Contact Person

NOTICE OF AGREEMENT THAT A THREE-YEAR REEVALUATION NOT NEEDED
Form RE-3 (Rev. 05/2018)

_____**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_____at_____.]

Dear _____ Date _____

Under federal special education law, school districts are required to reevaluate children with disabilities once every three years unless the child's parent and school district agree a reevaluation is not needed.

We agree a reevaluation to determine whether your child_____continues to be a child with a disability (impairment and a need of special education) and your child's educational needs is not necessary at this time. We base this on the following reason(s):

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

□ None

On_____we [met or spoke on the phone or exchanged emails] and you agreed with district staff that a reevaluation was not necessary at this time. If at any time in the future, you believe a reevaluation is necessary, please contact your child's special education teacher.

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_____at _____if you have questions about your rights.

Sincerely,

_____

Name and Title of District Contact Person

REEVALUATION: NOTICE THAT NO ADDITIONAL ASSESSMENTS NEEDED
Form RE-4 (Rev. 05/2019)

_____**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_____at_____.]

Dear _____ Date _____

Previously you were notified of the school district's intent to reevaluate your child, _____. The individualized education program (IEP) team is responsible for this reevaluation. You are a participant on the IEP team. The IEP team considered existing evaluation assessments, procedures, records or reports as documented on the Existing Data Review To Determine If Additional Assessments Or Evaluations Are Needed (DPI Model Form ED-1).

The IEP team has determined that additional assessments or other evaluation materials do not need to be administered to your child to determine whether your child continues to have a disability (impairment and a need for special education) and your child's educational needs.

☐ You participated in making this determination on____in the following way: _____

_____.

☐ You did not participate in making this determination and the school district made 3 attempts to involve you as follows:

The reason(s) for this determination (including a description of any other options considered and reasons rejected, and other relevant factors) are:

You have the right to request additional assessment or other evaluation materials if you disagree with the IEP team's decision. Upon your request and with your written consent, the school district will administer additional assessments or other evaluation materials related to determining your child's continuing eligibility for special education and their educational needs at no cost to you.

If you do not request additional assessments or other evaluation materials, the IEP team will next determine whether your child continues to have a disability and identify their educational needs based upon its review of existing information available on your child, including information provided by you. As a participant on the IEP team, you will be involved in this determination. Upon completion of the reevaluation, the IEP team will prepare an evaluation report. The report will include documentation of your child's eligibility for special education. You will be provided with a copy of the evaluation report. If the IEP team determines that your child continues to have a disability, the team will review and revise, as appropriate, your child's IEP and determine a placement to carry out the IEP. You will be provided with a notice of placement and a copy of your child's IEP. If it is determined by the IEP team that your child no longer needs special education, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child's continued eligibility for special education and educational needs, to review or revise your child's IEP, or to determine a placement to carry out the IEP, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded 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.

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_____at _____if you have questions about your rights.

Sincerely,

_____

Name and Title of District Contact Person

REEVALUATION: NOTICE AND CONSENT REGARDING NEED TO CONDUCT ADDITIONAL ASSESSMENTS
Form RE-5 (Rev. 05/2018)

_____ 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_____at_____.]

Dear _____

Date _____

Previously, you were notified of the school district's intent to reevaluate your child, _____. The individualized education program (IEP) team is responsible for this reevaluation. You are a participant on the IEP team. The IEP team considered existing evaluation assessments, procedures, records or reports as documented on the Existing Data Review To Determine If Additional Assessments Or Evaluations Are Needed (DPI Model Form ED-1).

The IEP team has determined that additional assessments or other evaluation materials are needed to determine whether your child continues to have a disability (impairment and a need for special education), and to identify your child's current educational needs.

□ You participated in making this determination on____in the following way: _____

_____.

□ You did not participate in making this determination and the school district made 3 attempts to involve you as follows:

The school district needs your written consent (permission) before it can administer assessments or other evaluation materials to your child. With your consent the following assessments or other evaluation materials will be administered:

Areas to be evaluated	Description of assessments and other evaluation materials and titles, if known	Name of evaluator, if known

Other evaluation options, if any, considered and reasons rejected, including a description of any other factors relevant to the proposed evaluation of this child:

□ None

Following the administration of these assessments or other evaluation materials, the IEP team will meet to review the results of these assessments and other evaluation materials along with other existing information available on your child, including information provided by you. Using the results of these assessments or other evaluation materials along with other available information, the IEP team will make a determination of whether your child continues to have a disability. As a participant on the IEP team, you will be involved in this determination. Upon completion of the reevaluation, the IEP team will prepare an evaluation report which will include documentation of your child's eligibility for special education. You will be provided with a copy of the evaluation report. If the IEP team determines that your child continues to have a disability, the team will review and revise, as appropriate, your child's IEP and determine a placement to carry out the IEP. You will be provided with a notice of placement and a copy of your child's IEP. If it is determined by the IEP team that your child no longer needs special education, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child's continued eligibility for special education or educational needs, review or revise your child's IEP, or determine a placement to carry out the IEP, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded 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.

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 _____ at___if you have questions about your rights.

Sincerely,

_____

Name and Title of District Contact Person

PARENT CONSENT/PERMISSION TO ADMINISTER ASSESSMENTS AND OTHER EVALUATION MATERIALS AS PART OF A REEVALUATION

I understand that if I do not respond to the school district's requests for my written consent (permission) to administer these assessments or other evaluation materials, the school district is permitted to proceed with the assessments or other evaluation materials without my written consent.

I understand the action proposed by the school district and

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

□ I give my consent for the school district to administer these assessments or other evaluation materials described in this notice to my child as part of a reevaluation. I understand that my consent is voluntary and may be revoked at any time before the administration of assessments or other evaluation materials.

□ I do <u>not</u> give my consent for the school district to administer these assessments or other evaluation materials described in this notice to my child as part of a reevaluation. I understand that if I do not give my written consent for the school district to administer these assessments or other evaluation materials, the school district may request mediation or initiate a due process hearing regarding whether those assessments or other evaluation materials should be administered.

_____ _____

Signature of parent or legal guardian or adult student Date

For School District Use Only

Date school district received parent consent

_____

(month/day/year)

EXISTING DATA REVIEW TO DETERMINE IF ADDITIONAL ASSESSMENTS OR EVALUATION DATA ARE NEEDED
Form ED-1 (Rev. 05/2019)

_____**SCHOOL DISTRICT**

Name of Student_____WISEid_____LEA's Student ID_____

The purpose of the review of existing evaluation data is to determine whether there is sufficient information needed to conduct a comprehensive evaluation to determine eligibility and to identify all of the student's special education and related services needs.

The review of existing data is conducted:

- **After** the parent(s) receives the *Notice of Receipt of Referral and Start of Initial Evaluation* or the *Notice of Reevaluation*, and
- **Before** sending the *Notice and Consent Regarding Need to Conduct Additional Assessments or Notice that No Additional Assessments Needed*.

If a meeting is held to consider existing data, this form is used as documentation of that meeting, along with a Cover Sheet. If no meeting is held, this form is used to document the input and decisions of required participants. On the basis of the review of existing data, and input from the student's parent(s), identify what additional information, if any, is needed to determine:

- whether the student has or continues to have a disability;
- the educational needs of the student;
- the present levels of academic achievement and related developmental needs of the student;
- and whether the student needs or continues to need special education and related services, and
- if any additions or modifications to the special education and related services are needed to enable the student to meet the measurable annual IEP goals and to access, engage and make progress, as appropriate, in the general education curriculum.

□ Notice of receipt of referral and start of initial evaluation/notice of reevaluation was provided to parent(s) (Date_)

Information from referral for special education/notice of reevaluation was reviewed ☐Yes ☐No

I. Review of existing evaluation data to identify what additional data, if any, are needed.

Existing Data *Check all reviewed:*	**Sources of Information** *Check all that apply:*	**Additional Data Needed**

Information about the student's academic achievement: ❏ Reading achievement ❏ Mathematics achievement ❏ Written language achievement ❏ Communication ❏ Academic achievement in other areas (e.g., science, social studies, etc.) For preschool children: ❏ Acquisition and use of knowledge and skills (including early language/ communication and early literacy) ❏ Other early academic skill	□ Information or evaluations provided by the parent(s)/family □ Previous evaluations □ Current classroom-based, district-wide, or state assessment results □ Observations by teachers, related service providers and others (including current classroom-based observations and observations by reading teacher/specialist, if applicable). □ Information from other sources (e.g., postsecondary transition, medical, etc.)	□ Yes *(specify under Section II below)* □ No
Information about the student's ❏ Functional performance* For preschool children: ❏ Social and emotional skills (including social relationships) and use of appropriate behaviors to meet their needs ❏ Other early functional skills *Functional performance includes activities and nonacademic skills needed for independence and performance at	□ Information or evaluations provided by the parent(s)/family □ Previous evaluations □ Current classroom-based, district-wide, or state assessment results □ Observations by teachers, related service providers and others (including current classroom-based observations and observations by reading teacher/specialist, if applicable). □ Information from other sources (e.g., postsecondary transition, medical, etc.)	□ Yes *(specify under Section II below)* □ No

school, in the home, in the community, for leisure time, and for postsecondary and lifelong learning. Some examples include: activities of everyday living, school/work/play habits, communication, fine/gross motor, mobility, and social-emotional behavior.		
❑ Previous interventions and effects		

II. If applicable, a description of additional assessments and other evaluation materials needed to complete a sufficiently comprehensive evaluation to assist the IEP team in determining the student's eligibility and educational needs. If there is insufficient information about reading achievement, or other areas, use the space below to describe additional assessments needed.

III. List of IEP team participants involved in the review of existing data to determine if additional information is needed.

Role	Name	Date	Method of involvement
Parent(s)			
Student, as appropriate			
Special Education Teacher of the student (as applicable)			
Regular Education Teacher of the student (as applicable)			
LEA Representative			

Others:			

If the parent did not attend or participate in the review of existing data, document three efforts to involve the parent:

Date	Method	Result

Form Completed by Date

_____ _____

EVALUATION REPORT INCLUDING: DETERMINATION OF ELIGIBILITY AND NEED FOR SPECIAL EDUCATION
Form ER-1 (Rev 05/2019)

_____**SCHOOL DISTRICT**

Name of Student_____WISEid_____LEA's Student ID _____

Type of Evaluation: ☐ Initial ☐ Reevaluation

DATE ON WHICH ELIGIBILITY DETERMINATION WAS MADE _____
(month/day/year)

Before determining whether the student is a student with a disability, (has an impairment and need for special education) document and carefully consider information from a variety of sources, including aptitude and achievement tests, parent(s) input, teacher recommendations, information about the student's physical condition, social or cultural background, and adaptive behavior. This will assist the IEP team in determining whether the student is or continues to have a disability and the content of the student's IEP, including information related to enabling the student to access, engage, and make progress in the general education curriculum. The evaluation report must be sufficiently comprehensive to document the IEP team's determination of the student's eligibility and educational needs.

The IEP team must include information about both academic achievement and functional performance. **Academic achievement** includes information in reading, mathematics, written language, communication, science, and social studies. For preschool children, academic achievement includes information about the child's acquisition and use of knowledge and skills including early language/communication, early literacy, and other pre-academic skills. **Functional performance** includes social and emotional skills, activities, and nonacademic skills needed for independence and performance at school, in the home, in the community, for leisure time, and for post-secondary and lifelong learning. Examples include: activities of everyday living, school/work/play habits, express needs and desires, problem solve, ask for help, and other social and emotional skills. For preschool children: positive social and emotional skills (including social relationships) and use of appropriate behaviors to meet their needs.

I. INFORMATION FROM EXISTING DATA (Refer to the Existing Data Review (Form ED-1) to make sure the existing data reviewed is reflected in this section.)

A. Information provided by parent(s)/family

Reading:

Other:

B. Summary of previous evaluations
Reading:

Other:

C. Classroom-based, district-wide, or state assessment results
Reading:

Other:

D. Information provided by teachers, related service providers and others
Reading

: Other:

E. Information from other sources (e.g., postsecondary transition, medical, etc.)
Reading

: Other:

F. Previous interventions and the effects of those interventions
□ Not Applicable

Previous intervention	Effect of the intervention on reading achievement/early literacy and other areas (including data, if applicable)

II. INFORMATION FROM ADDITIONAL ASSESSMENTS AND OTHER EVALUATION MATERIALS

Information from additional assessments or other evaluation materials was gathered ☐ Yes ☐ No

(If yes, summarize below or attach report(s).)

Reading:

Other:

III. DETERMINATION OF ELIGIBILITY AND NEED FOR SPECIAL EDUCATION

The IEP team must determine whether or not the student is a "child with a disability" and the educational needs of the student. A student is identified as having a disability if the IEP team determines the student has an impairment that adversely affects the student's educational performance, and as a result, needs special education/specially designed instruction and related services. Use the eligibility criteria checklists to assist in documentation of required elements for each impairment area. Additional documentation is required for specific learning disabilities and visual impairment (see below).

A. DETERMINATION OF ELIGIBILITY

1. When considering whether the student meets the criteria for one or more impairments, the IEP team may not find the student eligible if the determining factor is due to a lack of appropriate instruction in reading or math, or due to limited English proficiency.

   If one of these reasons applies, describe:

   □ Not Applicable

2. The district must take steps to address the lack of appropriate instruction or the student's limited English proficiency. Recommendations:

   □ Not Applicable

3. This student meets the criteria for one or more of the following impairments (*check all that apply)*:
   ☐ Autism Delay
   ☐ Emotional Behavioral Disability
   ☐ Hearing Impairment

- ☐ Intellectual Disability
- ☐ Orthopedically Impaired
- ☐ Significant Developmental Delay (first consider other areas of impairment)
- ☐ Specific Learning Disability (complete ER-2A, 2B, or 2C)
- ☐ Speech or Language Impairment
- ☐ Traumatic Brain Injury
- ☐ Visual Impairment (complete ER-3, "Determining Braille Needs")
- ☐ Other Health Impairment
- ☐ None found (complete A.3.b. and A.4. below)

a. For each impairment identified, document how the student meets the criteria *(attach eligibility checklist worksheet, if used)*:

b. Were impairments considered and rejected? ☐ Yes ☐ No

If yes, document which impairments were rejected and how the student did not meet the criteria:

4. If **no** impairments are identified under A. 3., the student is not eligible for special education. The IEP team does not need to complete Section B. NEED FOR SPECIAL EDUCATION. Include recommendations other than special education, if any.

B. NEED FOR SPECIAL EDUCATION

As part of the evaluation, the IEP team must identify the modifications or accommodations that can be made in regular education, the student's needs that cannot be met in regular education, and additions or modifications which are not provided through the general education curriculum, if any.

If the student only requires modifications or accommodations that can be made to the regular education program, the student does not need special education and an IEP will not be written.

1. List modifications or accommodations, if any, that can be made in the regular education program (such as adaptation of content, methodology, or delivery of instruction to meet the student's needs) that the evaluation indicates may assist the student with access, engagement, and progress in age/grade level general education curriculum, instruction, and environment:

2. List student needs, if any, that have been identified through the evaluation that cannot be met through the regular education program as structured at the time the evaluation was conducted:

3. List additions or modifications, if any, which are not provided through the general education curriculum (including replacement content, expanded core curriculum and other supports) that the evaluation indicates may assist the student with access, engagement, and progress in age/grade level general education curriculum, instruction, and environment:

In order to be eligible for an IEP, the IEP team must determine that the previously identified impairment(s) adversely affect educational performance and the student needs special education/specially designed instruction as a result.

Special education/specially designed instruction means adapting, as appropriate, 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.

4. By reason of the identified impairment(s) that adversely affects the student's education performance, does the student need special education (specially designed instruction)?

□ Yes ☐ No

REQUIRED DOCUMENTATION FOR SPECIFIC LEARNING DISABILITY (SLD) - INITIAL EVALUATION
From ER-2A (Rev. 05/2019)

Student Names: : _____

Date of Eligibility Determination: _____

The responses to items #1, #2, **and** #3 under **Documentation of Eligibility** must be marked “Yes" for the student to meet the eligibility criteria for the impairment of Specific Learning Disability (SLD). In addition, these criteria must be documented in at least one of the **same** area(s) of concern. If any item is marked "No”, the student **does not** meet eligibility criteria for the impairment of SLD. Prompts for additional information must be completed as appropriate. If information is addressed elsewhere in the IEP team evaluation report, reference where the information can be found.

DOCUMENTATION OF ELIGIBILITY

1. **Insufficient Progress**
   - ☐ Yes
   - ☐ No. The student does not make sufficient progress to meet age or grade-level standards following at least two intensive, scientific research-based or evidence-based interventions implemented with adequate fidelity and closely aligned to individual student needs. Check “Yes” if the student **did not** make sufficient progress in one or more of the area(s) considered. Check “No” if the student made sufficient progress in all area(s) considered.

Data Used to Support Insufficient Progress Determination

Check the area(s) considered and whether the student did or did not make sufficient progress in the list below.

Mathematics Problem Solving

- Decision
  The student’s rate of progress was:
  - ☐ The student did not demonstrate sufficient progress.
  - ☐ The student demonstrated sufficient progress.

- Progress Monitoring Data
  Briefly summarize data collected. Attach supporting data as appropriate.
  - ☐ The same or less than same age peers.
  - ☐ Greater than same age peers, but will not result in the student reaching the average range of achievement as same age peers in a reasonable period of time.
  - ☐ Greater than same age peers but the intensity of resources necessary to obtain this rate of progress cannot be maintained in general education.

Written Expression

- Decision
  The student's rate of progress was:
  - ☐ The student did not demonstrate sufficient progress.
  - ☐ The student demonstrated sufficient progress.

- Progress Monitoring Data
  Briefly summarize data collected. Attach supporting data as appropriate.
  - ☐ The same or less than same age peers.
  - ☐ Greater than same age peers, but will not result in the student reaching the average range of achievement as same age peers in a reasonable period of time.
  - ☐ Greater than same age peers but the intensity of resources necessary to obtain this rate of progress cannot be maintained in general education.

Oral Expression

- Decision
  The student's rate of progress was:
  - ☐ The student did not demonstrate sufficient progress.
  - ☐ The student demonstrated sufficient progress.

- Progress Monitoring Data
  Briefly summarize data collected. Attach supporting data as appropriate.
  - ☐ The same or less than same age peers.
  - ☐ Greater than same age peers, but will not result in the student reaching the average range of achievement as same age peers in a reasonable period of time.
  - ☐ Greater than same age peers but the intensity of resources necessary to obtain this rate of progress cannot be maintained in general education.

Listening Comprehension

- Decision
  The student's rate of progress was:
  - ☐ The student did not demonstrate sufficient progress.
  - ☐ The student demonstrated sufficient progress.

- Progress Monitoring Data
  Briefly summarize data collected. Attach supporting data as appropriate.
  - ☐ The same or less than same age peers.
  - ☐ Greater than same age peers, but will not result in the student reaching the average range of achievement as same age peers in a reasonable period of time.
  - ☐ Greater than same age peers but the intensity of resources necessary to obtain this rate of progress cannot be maintained in general education.

The instructional strategies used with the student, including intensive intervention, were applied in a manner highly consistent with the design, closely aligned to student need, and culturally appropriate.

The student's parent(s) were informed about the amount and nature of their child's performance data collected; the general education services provided; progress monitoring data collected; the strategies for increasing their child's rate of learning, including the intensive interventions used; and their right to request an evaluation.

Additional Notes (*if any*):

2. **Inadequate Classroom Achievement**
   - ☐ Yes
   - ☐ No. The student does not achieve adequately for their age or grade-level **after** intensive intervention.

If "Yes," achievement is inadequate in the following area(s) (*check all that apply*):

- ☐ Oral Expression
- ☐ Basic Reading Skill
- ☐ Mathematics Calculation
- ☐ Listening Comprehension
- ☐ Reading Comprehension
- ☐ Mathematics Problem Solving
- ☐ Written Expression
- ☐ Reading Fluency Skills

Data Used to Support Determination:

If the 1.25 standard deviation (SD) requirement was not used to make this determination, provide the reason why valid and reliable standard scores could not be attained and document inadequate achievement using other empirical evidence:

Additional Notes (*if any*):

3. **Exclusionary Factors as a primary reason DO NOT apply.**

Check "Yes" if none of the exclusionary factors are the primary reason for the student's inadequate achievement or insufficient progress. Check "No" if the student's inadequate achievement or insufficient progress are primarily due to one or more exclusionary factor, and check the factor(s) below. If the student's inadequate achievement or insufficient progress is primarily due to one or more exclusionary factor, the student is not a student with a specific learning disability.

- ☐ Yes
- ☐ No

The student does not meet general education expectations primarily because of (*check all that apply)*:

- ☐ Environmental, cultural, or economic factors
- ☐ Limited English proficiency
- ☐ Lack of appropriate instruction in the identified area(s) of concern: oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, or mathematics problem solving
- ☐ Other impairment (specify):

Additional Considerations (*complete whether or not an exclusionary factor applies*)—The IEP team considered:

- ☐ Data demonstrating, prior to or as part of the evaluation, the student was or was not provided appropriate instruction.
- ☐ Evidence the student received repeated assessments of achievement reflecting student progress.
- ☐ The student's parent(s) were informed of such assessments.

Additional Notes (*if any*):

ADDITIONAL DOCUMENTATION REQUIRED WHEN STUDENT IS EVALUATED FOR SLD

Relevant behavior noted during observations of the student in their learning environment including the regular education classroom and during intensive intervention, and the relationship of that behavior to the student's academic functioning.

Educationally relevant medical findings

- ☐ Yes, relevant medical findings, (*specify*):

☐ No relevant medical findings.

SUMMARY of ELIGIBILITY CRITERIA CONSIDERATION

List the area(s) of concern in the box below (e.g., reading fluency, math calculation, and reading comprehension). For each area of concern listed, check "Yes" or "No" to indicate.

(1)Inadequate classroom achievement,

(2)Insufficient progress, **and**

(3)Exclusionary factors as a primary reason DO NOT apply.

If all three are checked "Yes" for **at least one area of concern**, then the student meets eligibility criteria for SLD.

Area(s) of Concern Considered *(please list)*	Insufficient Progress	Inadequate Classroom Achievement	Exclusionary Factors DO NOT apply
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If there are more areas of concern, add rows to this chart

☐ The IEP team decision of whether the child has a specific learning disability was based on information from a variety of sources and not on any single measure or assessment as the sole criterion.

Each IEP team participant must sign below and indicate whether they agrees with the conclusions regarding whether or not the child is a child with a specific learning disability. If this does not reflect their conclusions, then that IEP team participant must also attach a statement with their conclusions.

Name and title	Signature	Agree or disagree

Additional Notes (*if any*):

REQUIRED DOCUMENTATION FOR
SPECIFIC LEARNING DISABILITY (SLD) – REEVALUATION
Form ER-2B (Rev. 05/2019)

Student Name: _____

Date of Eligibility Determination: _____

A student who met initial SLD identification criteria and continues to demonstrate a need for special education, including specially designed instruction, is a student with a continuing disability unless one or more exclusionary factors now apply. If the student no longer needs special education to address needs resulting from impairment, then the student is **no longer** a student with a disability under Ch. 115, Wis. Stats., and the Individuals with Disabilities Education Act (IDEA). **A student continues to be a student with the impairment of specific learning disability (SLD) who needs special education if all items are marked "YES."** If information is addressed elsewhere in the IEP team evaluation report, please reference where the information can be found.

CONSIDERATION OF EXIT CRITERIA AND CONTINUING NEED FOR SPECIAL EDUCATION

☐ Yes ☐ No The student was previously found eligible as having the impairment of SLD. If "No", the IEP team should consider whether the student meets initial SLD criteria.

☐ Yes ☐ No The student does not perform to generally accepted expectations in the general education classroom without specially designed instruction.

☐ Yes ☐ No The student continues to need special education to address needs resulting from the impairment of SLD.

Reason for determination including data used (*document on model forms ER-1 Evaluation Report or explain below*):

CONSIDERATION OF EXCLUSIONARY FACTORS

☐ ☐ Yes No **Exclusionary Factors as a primary reason DO NOT apply.** *Check "Yes" if none of the exclusionary factors apply and complete the section Consideration of Exit Criteria and Continuing Need for Special Education. Mark "NO" if one or more exclusionary factors apply and check the factor(s) below. If one or more factors apply, the student is not a student with a specific learning*

disability and is not eligible for special education.

The student does not meet general education expectations primarily because of *(check all that apply)*:

- ☐ Environmental, cultural, or economic factors
- ☐ Limited English proficiency
- ☐ Lack of appropriate instruction in the identified area(s) of concern: oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, or mathematics problem solving
- ☐ Other impairment (*specify*):

Additional Notes (*if any*):

ADDITIONAL DOCUMENTATION REQUIRED WHEN STUDENT IS EVALUATED FOR SLD

Relevant behavior noted during observation of the student in their learning environment, including the regular classroom, and the relationship of that behavior to the student's academic functioning.

Educationally relevant medical findings

☐ Yes, relevant medical findings (*specify*):

☐ No relevant medical findings.

☐ The IEP team assures that the decision of whether the child has a specific learning disability was based on information from a variety of sources and not on any single measure or assessment as the sole criterion.

Each IEP team participant must sign below and indicate whether they agree with the conclusions regarding whether or not the child is a child with a specific learning disability. If this does not reflect their conclusions, then that IEP team participant must also attach a statement with his/her conclusions.

Name and title	Signature	Agree or disagree

Additional Notes (*if any*):

REQUIRED DOCUMENTATION FOR
SPECIFIC LEARNING DISABILITY (SLD) – INITIAL EVALUATION USING SIGNIFICANT DISCREPANCY
Form ER-2C (Rev. 05/2019)

Student Name: _____

Date of Eligibility Determination: _____

This checklist may be used, but is not required, for initial evaluations of parentally placed private school students and students enrolled in home-based private education (homeschool). Districts may use progress data from a student's response to intensive scientific research-based or evidence-based intervention (see form ER-2A).

If #1, #2, and #3 are marked "YES", the student meets the eligibility criteria for the impairment of Specific Learning Disability (SLD). If any item is marked "No", the child **does not** meet the eligibility criteria for an impairment of SLD. Prompts for additional information must be completed as appropriate. If such information is addressed elsewhere in the IEP team evaluation report, please reference where the information can be found.

DOCUMENTATION OF ELIGBILITY

☐ Yes ☐ No **1. Insufficient Progress.** The student has made insufficient progress based on Significant Discrepancy.

If Yes, the student has a significant discrepancy between ability and achievement in one or more of the following areas (*check all that apply*).

☐ Oral Expression ☐ Basic Reading Skill ☐ Mathematics Calculation
☐ Listening Comprehension ☐ Reading Comprehension ☐ Mathematics Problem Solving
☐ Written Expression ☐ Reading Fluency Skills

Data Used to Support Determination:

If the regression formula was not used to make this determination, the reasons why it was not appropriate to use the regression procedure and documentation that a significant discrepancy exists, including documentation of a variable pattern of achievement or ability, in at least one of the eight areas of potential specific learning disabilities using other empirical evidence.

Additional Notes (*if any*):

☐ Yes ☐ No **2. Inadequate Classroom Achievement.** The student does not achieve adequately for their age/grade-level after interventions occurring beyond core instruction.

If Yes, achievement is inadequate in the following area(s) (*check all that apply*):
☐ Oral Expression ☐ Basic Reading Skill ☐ Mathematics Calculation
☐ Listening Comprehension ☐ Reading Comprehension ☐ Mathematics Problem Solving
☐ Written Expression ☐ Reading Fluency Skills

Data Used to Support Determination:

Additional Notes (*if any*):

☐ Yes ☐ No **3. Exclusionary Factors as a primary reason DO NOT apply.**

Mark "Yes" if none of the exclusionary factors are the primary reason for the student's inadequate achievement or insufficient progress. Mark "NO" if the student's inadequate achievement or insufficient progress are primarily due to one or more exclusionary factor, and check the factor(s) below. If the student's inadequate achievement or insufficient progress is primarily due to one or more exclusionary factor, the student is not a student with a specific learning disability.

The student does not meet general education expectations primarily because of (*check all that apply*):

☐ Environmental, cultural, or economic factors

☐ Limited English proficiency

☐ Lack of appropriate instruction in the identified area(s) of concern: oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, or mathematics problem solving

☐ Other impairment (*specify*):

Additional Considerations (*complete whether or not an exclusionary factor applies*)—The IEP team considered:

☐ Data demonstrating, prior to or as part of the evaluation, the student was or was not provided appropriate instruction.

☐ Evidence the student received repeated assessments of achievement reflecting student progress.

☐ The student's parent(s)/guardian(s) were informed of such assessments.

Additional Notes (*if any*):

ADDITIONAL DOCUMENTATION REQUIRED WHEN STUDENT IS EVALUATED FOR SLD

Relevant behavior noted during observation of the student, in their learning environment, and the relationship of that behavior to the student's academic functioning.

Educationally relevant medical findings

☐ Yes, relevant medical findings (*specify*):

☐ No relevant medical findings.

SUMMARY of ELIGIBILITY CRITERIA CONSIDERATION

List the area(s) of concern in the box below (e.g., reading fluency, math calculation, and reading comprehension).

For each area of concern listed, check "Yes" or "No" to indicate

(1)Inadequate classroom achievement,

(2)Insufficient progress, **and**

(3)Exclusionary factors as a primary reason DO NOT apply.

If all three are checked "Yes" for **at least one area of concern**, then the student meets eligibility criteria for SLD.

Area(s) of Concern Considered *(please list)*	Insufficient Progress	Inadequate Classroom Achievement	Exclusionary Factors DO NOT apply
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

If there are more areas of concern, add rows to this chart

☐ The IEP team decision of whether the child has a specific learning disability was based on information from a variety of sources and not on any single measure or assessment as the sole criterion.

Each IEP team participant must sign below and indicate whether they agree with the conclusions regarding whether or not the child is a child with a specific learning disability. If this does not reflect their conclusions, then that IEP team participant must also attach a statement with their conclusions.

Name and title	Signature	Agree or disagree

Additional Notes (*if any*):

EVALUATION REPORT:
DOCUMENTATION FOR
DETERMINING BRAILLE
NEEDS FOR A CHILD WITH A
VISUAL IMPAIRMENT FORM
ER-3 (Rev. 7/1999)

_____SCHOOL DISTRICT

Name of Student_____

Evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media:

Does this child demonstrate a current need for instruction in Braille or the use of Braille?
□ Yes □ No
(If no, why not?)

Does this child demonstrate a future need for instruction in Braille or the use of Braille?
□ Yes □ No □ Cannot be determined at this time *(If cannot be determined, explain) (If no, why not?)*

NOTICE OF IEP TEAM FINDINGS THAT CHILD IS NOT A CHILD WITH A DISABILITY
Form ER-4 (Rev. 7/2006)

_____**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_____at_____.]

Dear _____ Date _____

Recently the individualized education program (IEP) team met to determine if your child _____has or continues to have a disability (impairment and need for special education). The IEP team determined the following:

- □ Initial evaluation: your child does not have a disability (impairment and need for special education).
- □ Reevaluation: your child no longer has a disability (impairment and need for special education). As a result, special education and related services will no longer be provided to your child as of _____.

Enclosed is a copy of the IEP team's evaluation report which includes documentation that your child is not eligible for special education.

Other options, if any, related to the above proposal which were considered and the reason(s) they were rejected including a description of any other factors relevant to the proposed action include:
□ 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_____at____if you have questions about your rights.

Sincerely,

_____

Name and Title of District Contact Person

NOTICE OF MEETING OF THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM
Form I-1 (Rev. 05/2019)

_____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_____at_____.]

Date _____

Dear __

You are a participant on the IEP Team which will meet to address the educational needs of your child, _____. 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 _____ _____, time__and location_____. If these meeting arrangements are not agreeable to you, please call_____at_____. 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
- □ Determine continuing eligibility for special education

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

- □ Develop an initial IEP
- □ 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
- □ Determine continuing placement

OTHER

- □ Review existing information to determine need for additional assessments or other evaluation materials *(meeting optional)*
- □ 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: _____

_____

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: □ 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.

Name/Reg. Ed. Teacher	Name/Sp. Ed. Teacher
Name/LEA Representative	Name &Title
Name & Title	Name & Title
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.

□ 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.

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

In addition to district staff, you may also contact _____ at _____ if you have questions about your rights.

Sincerely,

_____

Name and Title of District Contact Person

REQUEST TO INVITE OUTSIDE AGENCY REPRESENTATIVE(S)
TO THE INDIVIDUALIZED EDUCATION PROGRAM (IEP)
MEETING Form I-1-A (Rev. 05/2019)

_____**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_____*at*_____.]*

Dear

Date _____

_____

A purpose of your child's upcoming individualized education program (IEP) meeting is to discuss their post high school goals and the transition services needed to achieve those goals. We would like to invite individuals or representatives from the following agencies who may assist with the transition planning for your child.

Name, if known	Agency
_____	_____
_____	_____
_____	_____

Before we can invite these individuals or representatives, the district needs your written consent

(permission). Sincerely,

_____
Name and Title of District Contact Person

I understand the action proposed by the school district and

(Please check the appropriate box below, sign, date and return one copy of this request to the school district)

- □ I give my consent for all of the above identified individuals or representatives to be invited to my child's IEP meeting. I understand that my consent is voluntary and may be revoked at any time before the identified individuals or representatives have been invited.

- □ I give my consent for the following above identified individuals or representatives to be invited to

my child's IEP meeting_____.

□ I do not give my consent for any of the above identified individuals or representatives to be invited to my child's IEP meeting.

_____ _____

Signature of parent or legal guardian or adult student Date

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_____at_____if you have questions about your rights.

REQUEST TO INVITE BIRTH TO 3 PROGRAM REPRESENTATIVE(S)
TO THE INITIAL INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING
Form I-1-B (New 5/2012)

_____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_____at_____.]

Dear

Date _____

_____

As your child approaches the age of three, you will begin preparing for your child to transition from the Birth to 3 Program to school. In Wisconsin, early intervention services for children between birth and three years of age are coordinated by Birth to 3 Programs, and children over the age of three receive special education services provided by the local school district (Local Educational Agency or LEA). Birth to 3 Programs and LEAs work closely together to support smooth and effective early childhood transitions. With your written permission, we must invite the Birth to 3 Program service coordinator or other representative to your child's initial IEP team meeting with the LEA. We would like your written consent to invite the following Birth to 3 Program representatives who may assist with the transition planning for your child. We cannot invite the following individual(s) unless we receive your written permission.

Name, if known	Agency
_____	_____
_____	_____

Sincerely,

_____
Name and Title of District Contact Person

I understand the action proposed by the school district and

(Please check the appropriate box below, sign, date and return one copy of this request to the school district)

- □ I give my consent for all of the above identified individuals or representatives to be invited to my child's IEP meeting. I understand that my consent is voluntary and may be revoked at any time before the identified individuals or representatives have been invited.

- □ I give my consent for the following above identified individuals or representatives to be invited to my child's IEP meeting_____.

□ I do not give my consent for any of the above identified individuals or representatives to be invited to my child's IEP meeting.

_____ _____

Signature of parent or legal guardian or adult student Date

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_____at_____if you have questions about your rights.

REQUEST TO INVITE OTHERS WITH KNOWLEDGE OR SPECIAL EXPERTISE TO AN INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING Form I-1-C (Rev. 5/2019)

_____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_____at_____.]

Dear _____

Date _____

A purpose of your child's upcoming individualized education program (IEP) meeting is to discuss their present level of performance, annual goals, and services needed to achieve those goals. We would like to invite individuals not employed by the school district who work with your child and may assist with planning for your child. We cannot invite the individual(s) unless we receive your written permission.

Name, if known	Agency
_____	_____
_____	_____

Sincerely,

_____

Name and Title of District Contact Person

I understand the action proposed by the school district and

(Please check the appropriate box below, sign, date and return one copy of this request to the school district)

- □ I give my consent for all of the above identified individuals or representatives to be invited to my child's IEP meeting. I understand that my consent is voluntary and may be revoked at any time before the identified individuals or representatives have been invited.

- □ I give my consent for the following above identified individuals or representatives to be invited to my child's IEP meeting_____.

- □ I do not give my consent for any of the above identified individuals or representatives to be

invited to my child's IEP meeting.

_____ _____

Signature of parent or legal guardian or adult student Date

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_____at_____if you have questions about your rights.

AGREEMENT ON IEP TEAM PARTICIPANT
ATTENDANCE AT IEP MEETING
Form I-2 (Rev. 05/2019)

_____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_____at_____.]

Dear _____

Date _____

An IEP team meeting for your child_____is scheduled for_____. On _____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 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 their area of curriculum or related service will be discussed at the meeting. However, 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.

□ We agree _____ will be or was present for that

portion of the meeting during which their area of curriculum or related service will be or was discussed or changed and 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:
□ 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_____at_____if you have questions about your

rights.

Sincerely,

_____

Name and Title of District Contact Person

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. 05/2019)

_____SCHOOL DISTRICT

Name of Student	DOB	Grade	WISEid	LEA's Student ID
Identified impairment area(s), if applicable				
Parent(s) or Legal Guardian(s)			Telephone (area code/number)	
Address				
District of Residence		Current District of Placement		
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:_____*(month/day/year)*

PURPOSE OF MEETING
(check all that apply):

EVALUATION AND REEVALUATION

□ Evaluation including determination of initial eligibility for special education

□ Reevaluation including determination of continuing eligibility for special education

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

□ Develop an initial IEP

□ Develop an annual IEP

□ 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

□ 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)*

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

□ Other. Specify: _____

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	□ Yes	□ Not applicable
Statewide assessments	□ Yes	□ Not applicable
District-wide assessments	□ Yes	□ Not applicable

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

Parent(s)/Guardian(s)	Regular education teacher/title:	Regular education teacher/title:
Student (if appropriate):	Special education teacher/title:	Special education teacher/title:
LEA Representative/title:	Other:	Other:
Other:	Other:	Other:

If a 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(s)/guardian(s):

Date	Method	Result

Linking Present Levels, Needs, Goals, and Services Form
Form I-4 (Rev. 05/2019)

_____SCHOOL DISTRICT

Name of Student_____WISEid_____LEA's Student ID_____

I. 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.

A. Strengths

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

B. 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 age/grade-level standards. 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).

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, health-enhancing physical activity and social and emotional skills. Functional performance statements must include information about student achievement and/or progress compared to age/grade-level expectations.

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

C. 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 or that of others, describe the student's behavioral needs. The behavioral needs of the student may be determined through a functional behavioral assessment (FBA). Consider those behavioral needs when determining the effects of the disability, the student's disability related needs, and developing goals. Positive behavioral interventions, strategies, or supports must be included as specially designed instruction, related services, supplementary aids and services and/or program modifications and supports in the Program Summary.

1. Does the student's behavior impede their learning or that of others?
   □ Yes □ No
   If yes, describe the student's behavioral needs:

   Has a functional behavioral assessment (FBA) been conducted? □ No
   □ Not Applicable □ Yes, if so when
   .

   Document positive behavioral interventions, strategies, and supports, and other services in the Program Summary.
2. Is the student an English Learner (EL)?
   □ Yes □ No
   If yes, describe how this factor affects the student's needs related to this IEP:

3. 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.)
   □ Not Applicable □ Yes □ No □ Cannot be determined at this time If yes, describe needs, including Braille needs:

4. Does the student have communication needs that could impede their learning?
   □ Yes □ No
   a. If yes, describe the communication needs (including speech and language needs):

   b. 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:

5. Does the student need assistive technology services or devices, including any services or devices needed to assist with reading? (Consider the need for accessible education technologies or materials available to students regardless of formats or features, including the National Instructional Materials Access Center/NIMAC.)
   □ Yes □ No

   If yes, describe the student's assistive technology needs:

   Document necessary services or devices in the Program Summary.

D. 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, health-enhancing physical activity, social and emotional needs, sensory needs, behavior, the child's future and postsecondary transition, etc.:

2. Describe the concerns (if any) of the student for enhancing their education:

E. **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. This item must be addressed for all students, regardless of the areas of impairment, including students identified as speech and language only.

1. Describe how the student's disability affects their 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.

2. Does the student's disability adversely affect their progress toward meeting age/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 □ No

3. Is this a student with the most significant cognitive disability who will participate in curriculum aligned with **alternate** achievement standards? (*See DPI Model Form I-7-A-Participation Guidelines For Alternate Assessment for the definition of most significant cognitive disability.)*
   □ Yes □ No

F. Summary of Disability-Related Needs

A disability-related need:

- Addresses the **effect** of the student's disability on access, engagement, and progress in the general curriculum and environment;
- Addresses the **root cause** why a student is not meeting age/grade level academic standards and functional expectations; and
- Specifies what **skill/behavior** the student needs to develop/improve so the student can meet age/grade level standards and expectations.

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	

II. 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.)?

III. 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 age/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 age/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.

A. <u>Before</u> 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: □ Yes □ No □ Not Applicable

.

B. Goal #____ *(The Goal # changes as goals are added. Complete 1 through 5 below for each goal.)*

1. Goal Statement**:**

   a. Baseline (Student's current level of performance from which progress toward this goal will be measured):

   b. Level of Attainment (Must relate to the baseline measurement and reflect progress):

2. Benchmarks or Short-Term Objectives *(Required for students with the most significant cognitive disability expected to participate in an assessment aligned with alternate academic achievement standards.)*:
   □ Not Applicable

3. Annual goal addresses disability-related need(s) #_____of the student. *(Needs identified in Section I.F)*.

4. Procedures for measuring the student's progress toward meeting the annual goal ***from baseline to level of attainment***:

5. When will reports about the student's progress toward meeting the annual goal be provided to parent(s)? *(Document reviews and student's progress on the I-6, Interim Review of IEP Goals.)*

IV. 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_____to_____.
(month/day/year) (month/day/year)

A. **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 students 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

Describe	Frequency & Amount *(describe the circumstances, if appropriate)*	Location	Duration	Addresses Goal(s) #_____	Addresses Need(s) #_____

B. 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	Frequency	Amount	Location	Duration	Addresses Goal(s)

					#

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) #
□ Assistive Technology						
□ Audiology						
□ Counseling						
□ Educational Interpreting						
□ Medical Services for Diagnosis and Evaluation						
□ Occupational Therapy						
□ Orientation and Mobility (For students with Visual Impairments)						
□ Physical Therapy						
□ 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.*
□ None needed

Describe	Frequency	Amount	Locatio	Duratio	Addresses Goal(s	Addresses Need(s

			n	n	) #	) #

V. STUDENT PARTICIPATION

A. 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.

1. 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.

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 peers in the regular education environment, 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.

B. 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 adapted physical education as part of a free appropriate public education.)

1. General Physical Education

2. Adapted Physical Education

If the IEP team determines the student requires adapted 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. 05/2018)

_____SCHOOL DISTRICT

Name of Student_____WISEid_____LEA's Student ID_____

Date of Annual Goal Review _____

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

	Annual goal, including baseline and level of attainment. Include benchmark or short-term objectives, if appropriate.	Student's current progress (include data). Ensure the data matches the measurement in the annual goal. *(May attach progress report, if applicable)*	Include factors affecting lack of progress and plan to address in new IEP.
Goal #: ___ □ Met □ Not met			□ N.A.
Goal #: ___ □ Met □ Not met			□ N.A.
Goal #: ___ □ Met □ Not met			□ N.A.
Goal #: ___ □ Met □ Not met			□ N.A.
Goal #: ___ □ Met □ Not met			□ N.A.
Goal #: ___ □ Met □ Not met			□ N.A.

Goal #: ___ □ Met □ Not met			□ N.A.

INTERIM REVIEW OF IEP GOALS **Page___ of___**
Form I-6 (Rev. 05/2018)

_____SCHOOL DISTRICT

Name of Student_____WISEid_____LEA's Student ID
_____

Date of review	Annual goal, including baseline and level of attainment. Include benchmark or short-term objectives, if appropriate.	Student's current progress (include data). Ensure the data matches the measurement in the annual goal.	Is student making sufficient progress to meet the annual goal during the term of the IEP?	How will the IEP be revised to address any lack of sufficient progress?	Date shared with parent(s)
	Goal # __		□ Yes □ No	□ N.A.	
	Goal # __		□ Yes □ No	□ N.A.	
	Goal # __		□ Yes □ No	□ N.A.	
	Goal # __		□ Yes □ No	□ N.A.	

(Add rows as needed)

PARTICIPATION GUIDELINES FOR ALTERNATE ASSESSMENT
Form I-7-A (Rev. 05/2019)

Name of Student _____

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. In a given year, a student must participate in either all general education assessments or all alternate assessments, not parts of both.

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

Participation Criterion	Participation Criterion Desc
1. The student has a most significant cognitive disability.	In order to define a student as having most significant cognitive disability, IEP team must review student record agree: ● The student is typically charac as functioning at least two and to three standard deviations be the mean in both adaptive beh **and** cognitive functioning; **an** ● The student performs substant below grade level expectation the academic content standard the grade in which they are enrolled, even with the use of adaptations and accommodati **and** ● The student requires extensive direct, individualized instructi and substantial supports to ach measurable gains, across all c areas and settings.
2. The student is instructed using the alternate achievement standards across all content areas.	Goals listed in the IEP for this student a linked to the enrolled grade level altern achievement standards and address knowledge and skills that are appropria and challenging for this student.

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

	The parent(s)/guardian(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 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.		
	The IEP team agrees that all three of the criteria describe the student, and determined the student must participate in alternate assessment(s).		

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. 05/2019)

Name of Student_____

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

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.

☐ The student has already taken the civics test or is not eligible.

☐ The student is eligible to take the civics test this year. (*Chose one):*
- ☐ It is appropriate to administer the civics test to the student. *(Complete district-wide table below)*
- ☐ It is not appropriate to administer the civics test to the student.

District-wide assessment(s) the student will take	Are accommodations needed? (yes/no)	If yes, describe the accommodations needed

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	Describe why the particular alternate district-wide assessment is appropriate.	Are accommodations needed? (yes/no)	If yes, describe the accommodations needed

	district-wide assessment			

INDIVIDUALIZED EDUCATON PROGRAM: PARTICIPATION IN STATEWIDE ENGLISH LANGUAGE PROFICENCY ASSESSMENT CHECKLIST AND ACCOMMODATIONS
Form I-7 ACCESS for ELLs®/Alt. ACCESS for ELLs™ (Rev 05/2019)

To be completed for students required to participate in statewide English language proficiency assessment

Name of Student _____

The Elementary and Secondary Education Act requires all English learners (EL) to take an annual assessment in English language proficiency in all four language domains (reading, writing, speaking and listening) regardless of disability status. Individualized Education Program (IEP) teams are required to decide annually whether students who are classified as EL and who have a disability will participate in (1) the ACCESS for ELLs® with or without accommodations, or (2) the Alternate ACCESS for ELLs™ with or without accommodations.

Accommodations for the ACCESS for ELLs® or Alternate ACCESS for ELLs™ are specific to these assessments. Please check the Office of Student Assessment website (http://dpi.wi.gov/assessment/ell/accommodations) for the current accommodation policies.

The Elementary and Secondary Education Act (ESEA) requires that students whose disabilities preclude assessment in one or more domains of the annual proficiency assessment be assessed in the remaining domains available to them, and a score created which accounts for the missing domain(s). For example, a deaf student who is unable to hear the Listening Test. To qualify for this exemption, a student must be a student with a disability for which there are no appropriate accommodations for the affected domain.

As this exemption will require a manual score calculation and potentially requires manual changes to the test sessions in the WIDA Assessment Management System (AMS) portal, the Department of Public Instruction must be made aware of students receiving this waiver. Prior to the student beginning testing, you must provide the information required to support the student through the link on the Office of Student Assessment website at (http://dpi.wi.gov/assessment/ell/accommodations).

Complete "1" OR "2"

⬜ **1. The student will take the ACCESS for ELLs®.** For students taking the ACCESS for ELLs®, complete Sections A-C below. Note: ACCESS for ELLs® is available for students in grades kindergarten through 12.

Section A: Test Administration Procedures: Certain procedures can be used for all ELs but may be required by a student with disability in order to access the assessment. Please list any *test administration procedures* necessary for the student:

Section B: Accessibility Tools: Accessible tools are available for all ELs but dependent upon whether the assessment is taking an online or paper assessment. Please list any *accessibility tools* necessary for the student:

Section C: Accommodations (complete all 4 charts)

Speaking	□ ACCESS for ELLs® without accommodations in the language domain of speaking.	□ ACCESS for ELLs® with accommodations in the language domain of speaking *(list)*:	□ Domain Waived

Listening	□ ACCESS for ELLs® without accommodations in the language domain of listening.	□ ACCESS for ELLs® with accommodations in the language domain of listening (list):	□ Domain Waived

Reading	□ ACCESS for ELLs® without accommodations in the language domain of reading.	□ ACCESS for ELLs® with accommodations in the language domain of reading (list):	□ Domain Waived

Writing	□ ACCESS for ELLs® without accommodations in the language domain of writing.	□ ACCESS for ELLs® with accommodations in the language domain of writing (list):	□ Domain Waived

Any additional considerations:

OR

⬜ **2. The student will take the Alternate ACCESS for ELLs™** (the I-7-A *Participation Guidelines for Alternate Assessments* must be included with the IEP). For students taking the Alternate ACCESS for ELLs™, complete all four assessment and accommodations charts below. Note: Alternate ACCESS for ELLs™ is available for students only in grades 1-12. Kindergarten students take the regular ACCESS for ELLs with appropriate accommodations.

Speaking	□ Alternate ACCESS for ELLs™ without accommodations in the language domain of speaking.	□ Alternate ACCESS for ELLs ™with accommodations in the language domain of speaking (list):	□ Domain Waived

Speaking	□ Alternate ACCESS for ELLs™ without accommodations in the language domain of speaking.	□ Alternate ACCESS for ELLs ™with accommodations in the language domain of speaking (list):	□ Domain Waived

Listening	□ Alternate ACCESS for ELLs™ without accommodations in the language domain of listening.	□ Alternate ACCESS for ELLs™ with accommodations in the language domain of listening (list):	□ Domain Waived

Reading	□ Alternate ACCESS for ELLs™ without accommodations in the language domain of reading.	□ Alternate ACCESS for ELLs™ with accommodations in the language domain of reading (list):	□ Domain Waived

Writing	□ Alternate ACCESS for ELLs™ without accommodations in the language domain of writing.	□ Alternate ACCESS for ELLs ™with accommodations in the language domain of writing (list):	□ Domain Waived

Any additional considerations:

INDIVIDUALIZED EDUCATION PROGRAM: ***To be completed for students participating in*** **PARTICIPATION IN STATEWIDE ASSESSMENTS** ***The ACT with writing***
Form I-7 The ACT with writing (Rev. 06/2019)

Name of Student_____

The student will be in 11th grade when The ACT with writing assessment is given. The ACT with writing test is administered in the content areas of Reading, English, Writing, Mathematics, and Science. The student will be taking general education assessments[1] for all content areas required at this grade level.

ACT and Wisconsin DPI have specific policies and guidance related to accommodations. For the current accommodation policies, please check the Office of Student Assessment website (http://dpi.wi.gov/assessment/act/accommodations).

Section A: Local test arrangements do not require prior submission to ACT (e.g., wheelchair access, preferential seating); however, a test irregularity report must be submitted to ACT. Local test arrangements are available to any student based upon need and are outlined in *The ACT Test Administration Manuals*. List any local test arrangements that are needed:

Section B: Accommodations (complete all 5 charts)
Accommodations used for assessment should be consistent with day-to-day instructional practices.
The ACT with writing

Reading	□ Reading **without** accommodations	□ Reading **with** accommodations (*list*):

English	□ English **without** accommodations	□ English **with** accommodations (*list*):

Writing	□ Writing **without** accommodations	□ Writing **with** accommodations (*list*):

Mathematics	□ Mathematics **without** accommodations	□ Mathematics **with** accommodations (*list*):

Science	□ Science **without** accommodations	□ Science **with** accommodations (*list*):

Section C:
Local educational agencies must submit a complete and current IEP to ACT when they submit requests for ACT accommodations. **Failure to request ACT accommodations for students with disabilities may lead to concerns about disability-based discrimination**.

[1]General education assessments in Wisconsin refer to content reflective of the Wisconsin Academic Standards.

INDIVIDUALIZED EDUCATION PROGRAM: ***To be completed for students participating in***
PARTICIPATION IN STATEWIDE ASSESSMENTS ***ACT Aspire™ Early High School***
Form I-7 ACT Aspire™ Early High School (Rev. 05/2019)

Name of Student_____

The student will be in a grade when the ACT Aspire™ Early High School is given in Reading, English, Writing, Mathematics, and Science. The student will be taking general education assessments[1] for all content areas required at this grade level.

Embedded System Tools are available to all students for computer administered ACT Aspire Early High School Assessments. No advance request is needed.

Section A: Open Access Tools
Open Access Tools are also available for any student for whom the need has been indicated but must be activated through the Personal Needs Profile (PNP), in advance of the student being placed in a test session. Please list any *Open Access Tools* that may be required for the student at the time of testing:

Section B: Accommodations (complete all 5 charts)
ACT, Inc. and the Wisconsin Department of Public Instruction have specific policies and guidance related to accommodations. Accommodations must be entered into the Personal Needs Profile, in advance of the student being placed in a test session. Disability related documentation is not submitted for the ACT Aspire™ Early High School. Accommodations for the ACT Aspire™ Early High School are specific to this assessment. Please check the Office of Student Assessment website (http://dpi.wi.gov/assessment/act/accommodations) for the current accommodation policies.

Reading	□ Reading **without** accommodations	Reading **with** accommodations (*list*):

English	□ English **without** accommodations	English **with** accommodations (*list*):

Writing	□ Writing **without** accommodations	Writing **with** accommodations (*list*):

Mathematics	□ Mathematics **without** accommodations	Mathematics **with** accommodations (*list*):

Science	□ Science **without** accommodations	Science **with** accommodations (*list*):

[1]General Assessments in Wisconsin refer to content reflective of the Wisconsin Academic Standards.

INDIVIDUALIZED EDUCATION PROGRAM: PARTICIPATION IN STATEWIDE ASSESSMENTS
Form I-7-DLM (Rev. 05/2019)

To be completed for students participating in Dynamic Learning Maps

Name of Student_____

The student will be in a grade when the Dynamic Learning Maps (DLM) assessment is administered in English language arts in grades 3-11, mathematics in grades 3-11, and science in grades 4 and 8-11. Individualized education program (IEP) teams do not need to document accommodations for social studies in grades 4, 8, and 10 as it is rated based on classroom observation using a teacher rating form. The student will be taking the alternate assessment[1] for all content areas required at this grade level (the I-7-A *Participation Guidelines for Alternate Assessment* must be included with the IEP).

The DLM was designed using the principles of universal design for learning, as such the term 'accommodation' is replaced with the phrases 'accessibility features' and 'supports'. IEP determinations regarding the use of accommodations on the DLM assessment apply to all of the content areas the student is participating in based on their grade level. Please check the Office of Student Assessment website for the current accommodation policies: http://dpi.wi.gov/assessment/dlm/accommodations.

Category 1: Accessibility features/supports provided *within* the DLM system must be activated via the Personal Needs Profile (PNP) prior to administering the assessment. Please list required supports:

Category 2: Accessibility features/supports requiring *additional* tools/materials. Please list required supports:

Category 3: Accessibility features/supports provided *outside* of the DLM system. Please list required supports:

[1] Alternate assessments in Wisconsin assess content reflective of the Wisconsin Essential Elements.

INDIVIDUALIZED EDUCATION PROGRAM: PARTICIPATION IN STATEWIDE ASSESSMENTS
Form I-7 Forward (Rev 05/2019)

To be completed for students participating in the Forward Exam

Name of Student_____

The student will be in a grade when the Forward Exam is given. Students in grades 3-8 will participate in English language arts (ELA) and mathematics. Science is administered in grades 4 and 8. Social Studies is administered in grades 4, 8, and 10. The student will be taking general education assessments[1] for all content areas required at this grade level.

The Forward Exam has specific policies and guidance regarding the Universal Tools, Designated Supports and Accommodations permitted on the assessments in each content area. Please check the Office of Student Assessment website (http://dpi.wi.gov/assessment/forward/accommodations) for the current accommodation policies. It is important to note that while some accommodations or supports may be appropriate for instructional use, they may not be appropriate for use on a standardized assessment.

Universal Tools are available to all students. These tools **cannot** be turned off on an individual basis and therefore all students should be familiar with their use.

Section A: Designated Supports
Designated Supports are also available for any student for whom the need has been indicated and are a part of their classroom instruction. Please list any Designated Supports that may be required for the student at the time of testing:

Section B: Accommodations
Accommodations are available if the need is documented below and the student uses a similar accommodation as part of their classroom instruction (complete all applicable charts).

English language arts (grades 3-8)	□ ELA **without** accommodations	□ ELA **with** accommodations (list):
Mathematics (grades 3-8)	□ Mathematics **without** accommodations	□ Mathematics **with** accommodations (list):

Science (grades 4 and 8)	□ Science **without** accommodations	☐ Science **with** accommodations (list):
Social Studies (grades 4, 8 and 10)	□ Social Studies **without** accommodations	☐ Social Studies **with** accommodations (list):

[1]General Education assessments in Wisconsin assess content reflective of the Wisconsin Academic Standards and the Wisconsin Model Academic Standards. Students identified as English Learners are required to participate annually in a language assessment.

INDIVIDUALIZED EDUCATION PROGRAM: ***To be completed when online***
POSTSECONDARY TRANSITION PLAN WORKSHEET ***Postsecondary Transition Plan (PTP)***
FORM I-8 (Rev. 05/2019) ***application is unavailable***
https://apps4.dpi.wi.gov/iep

Name of Student: Date of Birth:

School:

Date of IEP team meeting:

Date student was invited to the IEP team meeting:

Method of inviting the student to the IEP team meeting

☐ Written ☐ Verbal

Did the student attend the IEP team meeting?

☐ Yes

☐ No – List the steps that were taken to ensure that the student's preferences and interests are considered:

Has an age-appropriate transition assessment been conducted?

☐ Yes

☐ No – The IEP team **must** complete an age-appropriate transition assessment before measurable postsecondary goals for the student can be identified or developed. The IEP Team should not proceed until such assessment takes place. Depending on the type of transition assessment to be used, it may be possible to complete such an assessment at the IEP Team meeting.

Describe the results of the assessment (*optional*):

Postsecondary education or training goal

After high school the student will: (*select one*)

☐ **Attend a 2-year technical college or school and earn an associate degree or certificate.**

☐ Attend a 2-year college or community college.
☐ Attend a 4-year college or university and earn an undergraduate degree. Attend a vocational school or other short-term education program.
☐ Receive on-the-job training (including apprenticeship).
☐ Participate in a humanitarian program, e.g., Peace Corps, Vista, etc. Enlist in the military.
☐ Other:

("Other" responses are subject to review by the Department of Public Instruction and may result in identified noncompliance.)

Additional information the IEP team may wish to include related to the student's education or training goal:

Postsecondary employment goal (*Please select from Appendix B of the PTP Manual. Responses not selected from Appendix B are subject to review by the Department of Public Instruction and may result in identified noncompliance.)*

After completing or obtaining postsecondary education or training, the student will be employed in the field of:

Additional information the IEP team may wish to include related to the student's employment goal:

Does the student have a need for a postsecondary goal(s) related to independent living skills?

☐ Yes ☐ No

If yes, after high school the student will:

Does the student's IEP contain at least one annual goal or short-term objective that will help the student make progress toward meeting all of the stated postsecondary goals?

☐Yes

☐ No - The IEP Team must develop an annual goal(s) to be included in the annual goals section of the IEP that will help the student make progress toward meeting the stated postsecondary goals.

Record the relevant annual goal(s) here (*optional*):

List at least one transition service that will assist the student in achieving their postsecondary goals. (*Please select from Appendix C of the PTP Manual. Other responses are subject to review by the Department of Public Instruction and may result in identified noncompliance.)*

Category	Transition Service	School Year	Person(s) responsible

Will other agencies likely be involved in providing or paying for any transition services during the term of this IEP?

☒ Yes ☐ No

If yes, did the local education agency obtain the written consent of the parents or the adult student to invite a representative(s) of the outside participating agency(ies) to attend the IEP Team meeting?

☒ Yes

☒ No

☐ Parent or adult student refused consent, or the LEA was unable to obtain consent after three good faith attempts.

If consent was obtained, was a representative(s) of the outside participating agency(ies) invited to the IEP Team meeting?

☐ ☐ Yes No

Agencies invited to the meeting (*optional*)

List the classes the student will take while in high school focusing on the academic and functional achievement needed to assist the student in reaching their postsecondary goals (attach additional pages as needed).

Course Title	School Year

Will the student reach their 17th birthday during the timeframe of the IEP or has the student reached the age of 18?

☒ Yes ☐ No

(If yes, specify how the student and parents have been informed of the rights which will transfer or have transferred to the student at age 18 if no legal guardian has been appointed)

Will the student be exiting school because of graduation or exceeding the age of eligibility for a Free Appropriate Public Education (FAPE) at the conclusion of the current academic school year?

☒ Yes ☐ No

If yes, eligibility for a Free Appropriate Public Education (FAPE) ends when a student is granted a regular high school diploma, or at the end of the school term in which the student turns age 21. Under these circumstances, the local education agency must provide the child with a summary of the child's academic achievement and functional performance, including recommendations on how to assist the child in meeting the child's postsecondary goals. 34 CFR 300.305(e)(2) and (3), IDEA

The summary of performance must be provided at a reasonable point prior to graduation. It is not necessary to conduct an IEP meeting to develop the summary of performance.

NOTICE OF CHANGES TO IEP
WITHOUT AN IEP TEAM MEETING Form
I-10 (Rev. 05/2017)

_____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_____at_____.]

Dear_____Date _____

On_____you and _____
Name(s) and Title(s)

[met or spoke on the phone or exchanged emails] and agreed to change the IEP for your child _____without a meeting. Enclosed is a copy of your child's current IEP along with the changes. The changes will begin on_____and be implemented in your child's current placement.

The changes are:	The reason(s) for making the changes are:

Other options, if any, related to the above action which were considered and the reason(s) they were rejected including a description of any other relevant factors include:
□ 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_____at_____if you have questions about your rights.

Sincerely,

_____
Name and Title of District Contact Person

EXTENDED SCHOOL YEAR
Form I-11 (Rev. 05/2018)

_____SCHOOL DISTRICT

Name of Student_____

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

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

If yes, specify all needed services:

Describe	**Frequency**	**Amount**	**Location**	**Duration** ***(beginning and ending dates)***	**Address Goals(s)** #	**Address Need(s)** #
I. Supplementary Aids and Services						
II. Special Education/Specially Designed Instruction						
III. Related Services Needed to Benefit from Special Education						
IV. Program modifications or Supports *for School Personnel*						

MANIFESTATION DETERMINATION REVIEW
Form I-12 (Rev. 10/2006)

_____SCHOOL DISTRICT

Name of student _____

Date change of placement determined: _____
(month/day/year)

Date manifestation determination made: _____
(month/day/year)

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

_____

_____

I. SUMMARY OF INFORMATION CONSIDERED

A. Description of behavior subject to disciplinary action

B. 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 parent(s).

II. DETERMINATION

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

A. The behavior was caused by or had a direct and substantial relationship to the student's disability.
□ Yes □ No
Discussion:

B. The behavior was the direct result of the school district not implementing the student's IEP.
□ Yes □ 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 □ 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. 05/2019)

_____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_____at_____.]

Date of the placement determination: _____

Date parent(s) provided with notice of placement and IEP: _____

Name of student: _____

Dear _____

The IEP developed on_____will be implemented at _____ in the_ _____School District/City, with a projected date of implementation on_____.

Will the child attend the school they would attend if nondisabled?
□ 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

□ You previously received a copy of your child's evaluation report and a copy of their IEP is enclosed.

□ 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 _____ at _____if you have questions about your rights.

Sincerely,

_____

Name and Title of District Contact Person

PARENT CONSENT/PERMISSION FOR INITIAL PLACEMENT

Before the school district can provide special education to your child as described in their 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)

□ **I give my consent for my child** to receive **special education services.**

□ I do not give my consent for my child to receive 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.}

_____ _____

Signature of parent, legal guardian, or adult student Date

DETERMINATION AND NOTICE OF PLACEMENT
Form P-2 (Rev. 05/2019)

_____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_____at_____.]

Date of the placement determination: _____

Date parent(s) provided with notice of placement and IEP: _____

Name of student: _____

Dear _____

The IEP developed or revised on_____will be implemented at_____in the _____School District/City, with a projected date of implementation on _____.

Will the child attend the school they would attend if nondisabled?
□ 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

□ You previously received a copy of your child's evaluation report and a copy of their IEP is enclosed.

□ 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_____at_____if you have questions about your rights.

Sincerely,

Name and Title of District Contact Person

NOTICE OF GRADUATION
Form P-3 (Rev.0 7/2006)

_____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_____at_____.]

Date _____

Dear
_____

On_____the school district conducted a meeting to review the individualized education program (IEP) for_____.

□ You participated in this meeting.

□ You did not participate in the meeting and the school district made three attempts to involve you as follows:

The purpose of the meeting was to consider whether graduation requirements will be met by the end of the current school year, whether the IEP goals will be substantially completed, and whether new goals are needed for the coming school year. At the meeting, the IEP team participants reviewed the following evaluation procedures, tests, records or reports as the basis for making decisions regarding graduation:

The IEP team participants determined that the graduation requirements will be met at the end of the current school year. The IEP team also decided that the IEP goals will be substantially completed, and new IEP goals are not needed for the coming school year. Therefore, your child is expected to graduate on
_____.

Other options, if any, (related to graduation requirements, substantial completion of IEP goals, and the need

for new IEP goals for the coming school year) which were considered and the reason(s) they were rejected, and a description of any other factors relevant to the proposed action:

□ None

Graduation will permanently end your child's entitlement to a free and appropriate public education (FAPE) under the federal Individuals with Disabilities Education Act (IDEA) and Sub. V, Chapter 115, Wis. Stats., the state special education law. Therefore, after graduation your child will no longer be entitled to receive special education and related services from a school district or other local education agency.

Upon graduation the school district is required to provide you with the following summary information about your child.

Summary of academic achievement:

Summary of functional performance:

Recommendation to assist in meeting postsecondary goals:

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_____at _____if you have questions about your rights.

Sincerely,

Name and Title of District Contact Person

NOTICE OF ENDING OF SERVICES DUE TO AGE
Form P-4 (Rev. 05/2019)

_____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_____at_____.]

Date _____

Dear_____

School districts are responsible for providing special education and related services to students below age 21 or to those students who turn age 21 during the school term. On_____your child
(date)
_____will no longer be eligible to receive services due to their age.
With the ending of services the school district is required to provide you with the following summary information about your child.

Summary of academic achievement:

Summary of functional performance:

Recommendation to assist in meeting postsecondary goals:

Other options, if any, related to the above action which were considered and the reason(s) they were rejected including a description of any other relevant factors include:
□ 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___at_____if you have questions about your rights.

Sincerely,

_____

Name and Title of District Contact Person

PARENT REVOCATION OF CONSENT FOR SPECIAL EDUCATION
Form P-5 (New 12/2008)

_____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_____at_____.]

An individualized education program (IEP) team has determined that my child,

_____, has a disability and is eligible to receive special education and related services, and I gave consent for these services. I am now **revoking consent for my child to receive <u>all</u> special education and related services**.

_____ _____

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

I understand the_____School District will promptly provide me with a prior written notice explaining when my child's special education and related services will stop. Special education and related services will stop a reasonable time after I receive the notice.

I further understand, once special education and related services end, the _____ School District:

1. Is not required to make a free and appropriate education (FAPE) available to my child.
2. Is not required to have an IEP meeting or develop an IEP for my child.
3. Is not required to offer my child the discipline protections under the Individuals with Disabilities Education Act (IDEA).
4. Is not required to amend my child's education records to remove any reference to my child's receipt of special education and related services.

I further understand by revoking consent for special education and related services for my child I am not waiving my right for my child to be evaluated in the future or for my child to receive special education and related services in the future. I understand any future request for evaluation will be treated as a request for an initial evaluation.

NOTICE OF CESSATION OF SPECIAL EDUCATION AND RELATED SERVICES IN RESPONSE TO PARENTAL REVOCATION OF CONSENT
Form P-6 (New 12/2008)

_____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_____at_____.]

Date _____

Dear __

On_____you revoked consent, in writing, for the_____School District to provide special education and related services to your child,_____.

This notice is to inform you that the_____School District will stop providing special education and related services to your child on _____ (date). Because you have revoked consent, your child is no longer entitled to any special education and related services specified in your child's individualized education program (IEP) (*attached*).

A parent has the unilateral authority to stop special education and related services. The district cannot refuse to cease providing special education and related services. The district cannot consider any evaluation procedures, assessments, records, or reports. The IEP team cannot consider other options. There are no other factors relevant to the_____School District's stopping the provision of special education and related services.

The parents of a child with a disability have protection under the procedural safeguards of special education law. Previously, the school district provided you with a copy of the procedural safeguards. If you would like a copy of your procedural safeguard rights in a brochure, please contact the district at the telephone number above. As of_____(date) the_____School District stops providing special education and related services), you and your child will not have protection under the procedural safeguards of special education law.

Once your child's special education and related services end, the_____School District:

1. Is not required to make a free and appropriate public education (FAPE) available to your child.
2. Is not required to have an IEP meeting or develop an IEP for your child.
3. Is not required to offer your child the discipline protections under the Individuals with Disabilities Education Act (IDEA).
4. Is not required to amend your child's education records to remove any reference to your child's receipt of special education and related services.

By revoking special education and related services for your child, you are not waiving your right for your child to be evaluated in the future or for your child to receive special education and related services in the future. Any future request for evaluation will be treated as a request for an initial evaluation.

In addition to district staff, you may also contact_____(name) at _____(phone/email) if you have questions about special education law.

Sincerely,

_____

Name and Title of District Contact Person

NOTICE OF RESPONSE TO AN ACTIVITY REQUESTED BY A PARENT
Form M-1 (Rev. 07/2006)

_____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_____at_____.]

Dear __ Date _____

On_____you requested that the_____School District take / **not take** the following action regarding your child_____:

This notice is to inform you that the_____School District

□ Proposes the following action regarding your request *(explain, including options considered, if any, and reasons rejected)*

□ Refuses your request *(explain, including options considered, if any, and reasons rejected)*

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 _____at_____if you have questions about your rights.

Sincerely,

Name and Title of District Contact Person

NOTICE OF AGREEMENT TO EXTEND TIME LIMIT
TO COMPLETE EVALUATION FOR TRANSFER STUDENT
Form M-2 (Rev. 07/2006)

_____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_____at_____.]

Date _____

Dear __

Recently your family moved to our school district. Your last school district started an evaluation to determine whether your child_____is a child with a disability. Our school district must complete the evaluation.

On_____we [met or spoke on the phone or exchanged emails] and agreed that this evaluation will be completed by__. The reason(s) for this action are:
(month/day/year)

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

□ None

If at any point during an IEP team meeting to determine your child's eligibility for special education, develop an IEP, or determine a placement, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded 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.

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_____at _____if you have questions about your rights.

Sincerely,

Name and Title of District Contact Person

AGREEMENT TO EXTEND THE TIME LIMIT TO COMPLETE THE EVALUATION OF A CHILD SUSPECTED OF HAVING A SPECIFIC LEARNING DISABILITY
Form M-3 (Rev. 05/2019)

_____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_____at _____]

Date _____

Dear__

As you know school district staff are in the process of evaluating your child___ _____ to determine whether they have a specific learning disability and needs special education services. School district staff assigned to your child's individualized education program (IEP) team believe that additional time is needed to complete this evaluation. On _____*(date)* we [met or spoke on the phone or exchanged emails] and agreed that this evaluation will be completed by__. The reason(s) for extending the evaluation are:
(month/day/year)

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

□ None

Your agreement to the above must be in writing. Sincerely,

_____

Name and Title of District Contact Person

(Please sign, date and return one copy of this agreement to the school district.)

I agree to the extension as described above for completing the evaluation on my child and understand that my agreement is voluntary.

_____ _____

Signature of parent or legal guardian or adult student Date

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 (rights) once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguards (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 _____ at___if you have questions about your rights.

CONSENT TO BILL WISCONSIN MEDICAID FOR HEALTH-RELATED SPECIAL EDUCATION AND RELATED SERVICES Form M-5 (Rev. 05/2017)

_____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_____at_____.]

Name of Student: _____

Dear _____

Through the Medicaid school-based services benefit,_____School District may submit claims to Wisconsin Medicaid for covered services provided to Medicaid-eligible children enrolled in special education programs. These services include: attendant care services, nursing services, physical therapy, occupational therapy, or speech and language pathology services, specialized medical transportation, psychological services, counseling, social work services, and developmental testing and assessment. The Wisconsin Medicaid school-based services benefit is a way for school districts and Cooperative Educational Service Agencies to receive federal funds to help pay for health-related special education and related services. Obtaining reimbursement from Wisconsin Medicaid for these services helps the_____School District receive additional federal revenue.

The_____School District is seeking your consent to bill Wisconsin Medicaid to pay for the health-related educational services in your child's individualized education program (IEP).

To bill for these services, the _____ School District may need to disclose the following education records:

Your consent allows the _____ School District to disclose to Wisconsin Medicaid, if necessary, the above education records for the purpose of billing Wisconsin Medicaid for health-related educational services provided to your child that are in your child's IEP. You or your child may, upon your request, receive copies of your child's records that are shared with Wisconsin Medicaid.

Your consent is voluntary and can be revoked at any time. If you do revoke consent, the revocation is not retroactive (i.e., it does not negate any billing that occurred after consent was given and before it was revoked).

Your consent **will not** result in denial or limitation of community-based services provided outside the school.

If you refuse to consent for the school district to access Wisconsin Medicaid to pay for health-related special education and/or related services, the_____School District still must ensure that all required special education and related services are provided at no cost to you.

Sincerely,

_____

Name and Title of District Contact Person

CONSENT TO BILL WISCONSIN MEDICAID FOR HEALTH-RELATED SPECIAL EDUCATION AND RELATED SERVICES
Form M-5 (Rev. 05/2017)

Your written agreement/consent is needed before the _____ School District can bill Wisconsin Medicaid to pay for health-related educational services identified in your child's IEP and release the education records identified above when necessary for such billing.

I understand and agree that the _____ School District may bill Wisconsin Medicaid for payment of health-related educational services in my child's IEP, and to release my child's education records as identified above as necessary for such billing.

_____ _____

Signature of parent or legal guardian Date

NOTIFICATION OF UPCOMING
TRANSFER OF RIGHTS
Form M-6 (New 05/2019)

_____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_____at_____.]

Dear_____(parent(s)) &_____(student)

According to our records,_____(name of student) will soon turn 17 years old. We wanted to let you know of a change that is coming when the student turns 18.

All parental rights under state and federal special education law will transfer to the student on their 18th birthday including all of the procedural safeguard rights. At age 18, the student will be responsible for making all decisions related to future educational services, unless a legal guardian has been appointed. The parent(s) will continue to receive any future notices required by state and federal laws and rules regarding educational programming.

There are a number of different legal decisions that you should consider as you make this transition.

If the student has a functional impairment and would like to have additional support as an adult student, your family can consider entering into a supported decision-making agreement. The student could enter into a supported decision-making agreement with the parent(s) or another trusted adult. Information about supported-decision making, including the language needed to create a supported decision-making agreement, the definitions, and the termination process for the agreement is located in Chapter 52 of Wisconsin Law (https://docs.legis.wisconsin.gov/statutes/statutes/52.pdf). If you would like more information about supported-decision making, please see Disability Rights Wisconsin's support-decision making webpage at http://www.disabilityrightswi.org/resources/supported-decision-making/

You may want to consider whether the student needs a guardian or limited guardianship. Guardianship is when the court appoints a person to provide for the student's health and safety and to manage their finances. The court could also appoint a guardian for the student in some, but not all areas, which is called a limited guardianship. Information about guardianship and limited guardianship is located in Chapter 54 of Wisconsin Law (https://docs.legis.wisconsin.gov/statutes/statutes/54).

Regardless of what your family decides to do regarding the legal rights of the student at age 18, it is important that the adult student remain active and involved in their education. The student has the right to a free, appropriate, public education until the student receives a regular high school diploma or the end of the school year in which the student turns
21. One of the most important things the student can do is attend and participate in any school meetings about their education. The student should ask questions if they need help or do not understand. Please speak with the student's teachers at the IEP meeting about strategies to remain engaged the student's education. This will also be discussed when the IEP Team completes the student's post-secondary transition plan (PTP).

If a guardian has been appointed or you have any questions about this notice, please contact [District Contact] at xxx-xxx- xxxx.

Sincerely,

_____

Name and Title of District Contact Person

STUDENT NOTIFICATION OF TRANSFER OF RIGHTS
Form M-7 (New 05/2019)

_____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_____at_____.]

Dear_____(student)

According to our records, you have turned 18 years old. We wanted to remind you that unless a legal guardian was appointed for you, all parental rights under state and federal special education law transferred to you on your 18th birthday. This includes all of the procedural safeguard rights. You are now responsible for making all decisions related to future educational services. Your parent(s) will continue to receive any future notices required by state and federal laws and rules regarding educational programming.

If you have a functional impairment and would like to have additional support as an adult student, you can consider creating a supported decision-making agreement. You may enter into a supported decision-making agreement with your parent(s) or another trusted adult. Information about supported-decision making, including the language needed to create a supported decision-making agreement, the definitions, and the termination process for the agreement is located in Chapter 52 of Wisconsin Law (https://docs.legis.wisconsin.gov/statutes/statutes/52.pdf). If you would like more information about supported-decision making, please see Disability Rights Wisconsin's support-decision making webpage at http://www.disabilityrightswi.org/resources/supported-decision-making/.

You may want to consider whether you need a guardian or limited guardianship. Guardianship is when the court appoints a person to provide for your health and safety and to manage your finances. The court could also appoint a limited guardian where someone is in charge of guardian for you in some, but not all areas, of life. Information about guardianship and limited guardianship is located in Chapter 54 of Wisconsin Law (https://docs.legis.wisconsin.gov/statutes/statutes/54).

Regardless of what you decided to do, it is important that you remain active and involved in your education. You have the right to a free, appropriate, public education until you receive a regular high school diploma or the end of the school year in which you turn 21. One of the most important things you can do to stay active in your education is to attend and participate in any school meetings. You should ask questions if you need help or don't understand. Speak with your teachers at your IEP meeting about strategies to remain engaged your education. This will also be discussed when the IEP Team completes your post-secondary transition plan (PTP).

If a guardian has been appointed or you have any questions about this notice, please contact [District Contact] at xxx-xxx- xxxx.

Sincerely,

_____

Name and Title of District Contact Person

PARENT NOTIFICATION OF TRANSFER OF RIGHTS
Form M-8 (New 05/2019)

_____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_____at_____.]

Dear_____(parent(s))

According to our records,_____(name of student) has turned 18 years old. We wanted to remind you that unless a legal guardian was appointed for the student, all parental rights under state and federal special education law transferred to the adult student on the 18th birthday. This includes all of the procedural safeguard rights. The student is now responsible for making all decisions related to future educational services. You will continue to receive any future notices required by state and federal laws and rules regarding educational programming.

If the adult student has a functional impairment and would like to have additional support, you can consider creating a supported decision-making agreement. The adult student may enter into a supported decision-making agreement with the parent(s) or another trusted adult. Information about supported-decision making, including the language needed to create a supported decision-making agreement, the definitions, and the termination process for the agreement is located in Chapter 52 of Wisconsin Law (https://docs.legis.wisconsin.gov/statutes/statutes/52.pdf). If you would like more information about supported-decision making, please see Disability Rights Wisconsin's support-decision making webpage at http://www.disabilityrightswi.org/resources/supported-decision-making/.

You may want to consider whether the adult student needs a guardian or limited guardianship. Guardianship is when the court appoints a person to provide for the adult student's health and safety and to manage their finances. The court could also appoint a limited guardian where someone is in charge for the adult student in some, but not all areas, of life. Information about guardianship and limited guardianship is located in Chapter 54 of Wisconsin Law (https://docs.legis.wisconsin.gov/statutes/statutes/54).

Regardless of what you decide to do, it is important that the adult student remain active and involved in their education. The adult student has the right to a free, appropriate, public education until they receive a regular high school diploma or the end of the school year in which they turn 21. One of the most important things the adult student can do to stay active in their education is to attend and participate in any school meetings. The adult student should ask questions if they need help or do not understand. Speak with your teachers at your IEP meeting about strategies to remain engaged in the adult student's education. This will also be discussed when the IEP Team completes the adult student's post-secondary transition plan (PTP).

If a guardian has been appointed or you have any questions about this notice, please contact [District Contact] at xxx-xxx- xxxx.

Sincerely,

Name and Title of District Contact Person