

Student ID: [REDACTED]
WA SSID: [REDACTED]
Student ID: [REDACTED]
Date of Birth: [REDACTED]



Notice of Meeting

To: [REDACTED] Date Sent to Participants: 01/11/2012

PURPOSE: This invitation requests your attendance at a meeting concerning the educational program/needs of your child. You have the opportunity to participate in any meeting regarding the identification, evaluation, educational placement, and the provision of a free appropriate public education (FAPE) for your child.

You are invited to attend a meeting regarding the above student. The purpose of this meeting is to (check all that apply):

- Review Evaluation Reports
- Review Educational Progress
- Consider Transitional Services
- Reevaluation Consideration
- Eligibility Determination
- Other:

The meeting has been scheduled for: Date 01/11/2012 Time 8:30 AM
Location [REDACTED] High School

The following are invited to attend and participate in the meeting:

- [REDACTED] Student
- [REDACTED] Parent
- General Education Teacher
- [REDACTED] Case Manager
- [REDACTED] Psychologist

The parent/guardian/adult student or school may invite individuals who have knowledge or special expertise regarding the student, including related services personnel, to participate. The determination of the knowledge or special expertise shall be made by the person/party extending the invitation. If you, the parent, the guardian or adult student, are bringing other individuals to the meeting, please let us know. This will ensure that the meeting space will accommodate all team members.

If you have any questions or would like additional information or assistance to help you prepare for this meeting, please contact [REDACTED] at [REDACTED] e-mail [REDACTED]

Notice of Procedural Safeguards for Special Education Students and Their Families has been provided to parents.

Student ID: [REDACTED]
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Date of Birth: [REDACTED]



Contact Attempt Report

Notification Area: Eligibility
Contact Type: Consent for Evaluation
Consent Letter Date: 01/11/2012

Method	Contact Date	Consent Date	Consent	Contact Name
Letter	01/11/2012	01/11/2012	Consent	[REDACTED]
Comments:				[REDACTED]

Notification Area: Eligibility
Contact Type: Meeting Notification
Meeting Date: 01/11/2012
Time: 8:30 AM
Location: [REDACTED] High School

Method	Contact Date	Response Date	Response	Contact Name
Letter	01/11/2012			[REDACTED]
Phone	01/11/2012	01/11/2012	Can Attend	[REDACTED]

Student ID: [redacted]
WA SSID: [redacted]
Student ID: [redacted]
Date of Birth: [redacted]



Reevaluation Notification / Consent

Dear Parent(s)/Guardian(s),

We are notifying you that your child, [redacted], requires a re-evaluation. The parent/adult student or school may invite individuals who have knowledge or special expertise regarding the student, including related services personnel, to participate as a member of the IEP team.

The re-evaluation will include assessment in the following areas:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Review of Existing Data | <input checked="" type="checkbox"/> Medical-Physical |
| <input type="checkbox"/> Audiology | <input type="checkbox"/> General Education |
| <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Adaptive |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Cognitive |
| <input type="checkbox"/> Academic | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Fine Motor |
| <input type="checkbox"/> Gross Motor | <input type="checkbox"/> Vision and Mobility |
| <input type="checkbox"/> Vocational | <input type="checkbox"/> Observation |
| <input type="checkbox"/> Age Appropriate Transition Assessment | <input type="checkbox"/> Other: |

When the assessments are completed, an eligibility/IEP meeting will be held. You will be notified of this meeting in a timely manner so that you may attend.

The decision to refuse/recommend an evaluation of your child was based on the following:

- It has been three years since the last reevaluation. State law requires students be reevaluated every three years to determine continued eligibility, need for special education, related services, and to determine the appropriateness of the services being provided.
- It has been requested by _____ because _____
- Other _____

Description of any other options considered and rejected:
No other options were considered or rejected.

These options were rejected because:
Washington state law requires reevaluation of a student's special education every three years.

Any other factors that are relevant to the actions:
Parent has the right to provide input to the reevaluation.

Case Manager: [redacted]

Student ID: [redacted]
WA SSID: [redacted]
Student ID: [redacted]
Date of Birth: [redacted]



Reevaluation Notification / Consent

Parental Response

I understand that I have the opportunity to participate in the consideration of the areas to be assessed. I would suggest the following areas of need be considered in assessing my child:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

TO PARENTS/GUARDIANS: In order to proceed with this reevaluation and recommend the most appropriate educational program for your child, we request your permission to conduct an individual evaluation.

It should also be understood that all information collected during this evaluation will be kept confidential and will be used only by authorized school personnel pursuant of the *Family Educational Rights and Privacy Act*.

This evaluation should be completed within 35 school days after the parent has given written consent for an evaluation.

I have also been provided the *Notice of Procedural Safeguards for Special Education Students and Their Families* that summarize protections for students who may require special education.

- I give consent for my child to be evaluated.
- I refuse consent for my child to be evaluated.

Comments:

Parent/Guardian/Surrogate

Date

Please return this form to [redacted] at Special Services.

Consent Disclaimer

By giving consent, you are acknowledging that (1) you have been fully informed of all information relevant to the activity for which consent is sought; (2) you understand that the granting of consent is voluntary on your part and may be revoked at any time; (3) if you revoke consent, the revocation is not retroactive; which means that it does not negate any activity that has already taken place; and (4) if you refuse to give consent, the district may request mediation or a due process hearing to override your failure to give consent for evaluations or reevaluations. The district does not need your consent for a reevaluation when the district has made reasonable measures to obtain your consent for tests administered for reevaluation and you have failed to respond to these requests.

Student ID: [redacted]
WA SSID: [redacted]
Student ID: [redacted]
Date of Birth: [redacted]



Evaluation Summary

Initial Reevaluation

Student Name: [redacted] Student ID No.: [redacted]

Birth Date: [redacted] Grade: 09 Age: 15

School District: [redacted] School: [redacted] HIGH SCHOOL

Evaluation Group Meeting Date: 01/11/2012 Next Three Year Reevaluation Due Date: 01/11/2015

Primary language of student: English Primary language at home: English

Parent(s) name(s): [redacted]

Parent interpreter needed? Yes No

Surrogate parent: No Yes If yes, name: _____

Evaluation Case Manager (Psychologist/SLP): [redacted]
Title: School Psychologist

I. Review of Existing Data

- Student was reevaluated to determine:
- i. Whether he/she continues to be a special education student and continues to need special education and any necessary related services.
 - ii. The present levels of performance and educational needs of the student; and
 - iii. If any additions or modifications to the special education and any necessary related services are needed to enable the student to meet the measurable annual goals set out in the student's individualized education program and to participate, as appropriate, in the general curriculum.

Per file review, [redacted] was initially assessed for special education eligibility during his second grade year at [redacted] Elementary in the [redacted] School District ([redacted]) due to concerns regarding poor attention and behavior and below grade level academics. [redacted] was found eligible for special education services under the category of Emotionally Behaviorally Disabled in the evaluation dated 4/22/05. Goal areas were reading, math, written language, and social/emotional/behavioral with services provided through the Learning Support program. [redacted] moved to [redacted] in the fall of 2007 and returned to [redacted] Elementary ([redacted]) in November 2007. A reevaluation completed at [redacted] Elementary on 3/18/08 during [redacted] fifth grade year added a work habits/study skills goal area. [redacted] moved back to [redacted] in June of 2008 and returned to [redacted] Middle School ([redacted]) in November 2008. The reevaluation dated 1/21/09 and completed at [redacted] Middle School maintained services and program. In the IEP dated 1/28/10 and completed at [redacted] Middle School, [redacted] placement was changed to the [redacted] and his school day was shortened. [redacted] is currently a ninth grader at [redacted] High School in the [redacted]. He is currently scheduled to attend school the first three periods of the day with early release.

II. Eligibility Decision:

Meets Eligibility Criteria: Yes No

Identified Disability Category:
Emotional Behavioral Disability - Emotionally behaviorally disabled students are those who exhibit one or more of the following characteristics over a long period of time and which, to a marked degree, adversely affect their own educational performance:

Student ID: [REDACTED]
WA SSID: [REDACTED]
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Evaluation Summary

- A. An inability to learn which cannot be explained by intellectual, sensory, or health factors.
- B. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- C. Inappropriate types of behavior or feelings under normal circumstances.
- D. A general pervasive mood of unhappiness or depression.
- E. A tendency to develop physical symptoms or fears associated with personal or school problems.

The student's current behaviors can be distinguished between common disciplinary problem behaviors and serious behavioral disabilities. Common discipline problem behavior (e.g. truancy, smoking, breaking school conduct rules) may exist in conjunction with serious behavior disabilities, but can not be used as the sole criteria for recommending special education and services.

The effects of the disability on the student's involvement and progress in the general curriculum; or for preschool children, in appropriate activities.

[REDACTED] continues to demonstrate reading, writing, math, study skills, and social/emotional/behavioral abilities significantly below the level of his peers and continues to require specially designed instruction in these areas in order to progress academically.

III. Recommendations to IEP (Individual Education Program) committee:

1. Special Education services including specially designed instruction:

Area	Description
Math	Calculation Word Problems
Reading	Fluency Comprehension
Writing	Capitalization & Punctuation Content & Pragmatics
Study Skills	Assignment Completion
Social/Emotional/Behavioral	Compliance Conflict Resolution Group Participation

2. Related services:
None needed at this time

3. Supplementary Aids and Services:
None needed at this time

IV. Assurances

Student ID: [REDACTED]

WA SSID: [REDACTED]

Student ID: [REDACTED]

Date of Birth: [REDACTED]

Evaluation Summary

The District has conducted a full and individual evaluation of this student in all areas of suspected disability(ies) in accordance with the evaluation procedures contained in the Washington Administrative Code.

If eligible as specific learning disabled, a severe discrepancy was established between achievement and ability that is not correctable without special education and related services.

The findings of this evaluation are not primarily due to a lack of instruction in reading, math, or limited English proficiency.

Consideration of Test Bias:

This evaluation was administered with the understanding of test limitations which may result in bias because of cultural, economic, environmental or behavioral factors. However, such limitations have been considered and determined not to be a significant factor in current eligibility determination.

Student ID: [redacted]
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Student ID: [redacted]
Date of Birth: [redacted]



Evaluation Summary

Evaluation Team Members, signatures and conclusions:

Dissenting
Opinion
|

Student [redacted]

Date

Parent [redacted]

Date

General Education Teacher

Date

Case Manager [redacted]

Date

Psychologist [redacted]

Date

Student ID: [redacted]
WA SSID: [redacted]
Student ID: [redacted]
Date of Birth: [redacted]



Areas of Evaluation
Medical-Physical

Date: 01/19/2012

Medical-Physical Findings:

Health and Developmental History

Per Dr. [redacted] diagnoses from the [redacted] dated 3-17-2010: ADHD; Posttraumatic stress disorder, and Mood Disorder, NOS. He had been on medication at the time. Currently, he states he is on 2 medications at night and 3 in the morning. He said two of them are "Wellbutrin and Lorazepam and the medications are to help him with his attention". He denies any recent injury, accident or illness. He states he is usually healthy. He passed his hearing screening. His distance vision was not screened. He says he wears glasses for distance, but they have broken, and the Dr appointment for a new pair of glasses is next week. Parent reported she has hearing and vision exams scheduled with the Education Services District and [redacted] physician.

Medical Diagnosis

ADHD,PTSD and Mood Disorder, NOS.

Educational Implications

The above mentioned diagnoses may be an impediment to his education at this time.

Student:

Vision and Hearing Screening:

Vision Test Date: 01/19/2012
Right Eye: NA Left Eye: NA
Hearing Test Date: 01/19/2012
Right Ear: 20dB Left Ear: 20 dB

Student ID: [REDACTED]
WA SSID: [REDACTED]
Student ID: [REDACTED]
Date of Birth: [REDACTED]



Areas of Evaluation
Social/Emotional

Assessment Summary:

Per data collection, when given a direction from a staff member, [REDACTED] currently follows the direction 5 /10 observed opportunities.

Per data collection, when given an opportunity to resolve conflict, [REDACTED] is able to seek solutions without aggression 9/10 observed opportunities.

Per data collection, when given an opportunity to participate in a classroom activity, [REDACTED] currently participates 3/10 observed opportunities.

Significant Findings:

[REDACTED] continues to demonstrate social/emotional/behavioral abilities below the level of his peers and continues to require specially designed instruction in these areas in order to progress academically.

Student ID: [REDACTED]
 WA SSID: [REDACTED]
 Student ID: [REDACTED]
 Date of Birth: [REDACTED]



**Areas of Evaluation
Cognitive**

Assessment Summary:

Results of cognitive assessment using the Wechsler Intelligence Scale for Children, Third Edition (WISC-III) dated 3/01/05 indicated the following standard scores (average=100):

Verbal IQ	70 Standard Score	2nd%ile	Borderline
Performance IQ	68 Standard Score	2nd%ile	Extremely Low
Full Scale IQ	66 Standard Score	1st%ile	Extremely Low

Significant Findings:

[REDACTED] cognitive abilities measure in the Low to Very Low range with relative strengths in the areas of Auditory Processing and Processing Speed and a relative weakness in Short-Term Memory.

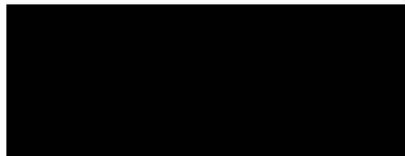
Test Name : Woodcock Johnson Test of Cognitive Abilities-Third Edition

Date(s) Given: 1/13/09
 Professional/Examiner: [REDACTED]
 Date Administered:

The Woodcock-Johnson III Tests of Cognitive Abilities is an individually administered battery of tests of cognitive ability. The Standard Battery consists of 10 subtests and contains 3 cognitive performance clusters and 7 broad ability clusters. Standard scores between 80 and 120 are considered to fall broadly within the average range.

	Standard Score	Strength/% Rank	Classification
GENERAL Intellectual Ability (GIA)	68		Very Low
CLUSTER ABILITIES			
Verbal Ability	77		Low
Thinking Ability	72		Low
Cognitive Efficiency	69		Very Low
Comprehension-Knowledge (Gc)	77		Low
Long-Term Retrieval (Glr)	68		Very Low
Visual-Spatial Thinking (Gv)	78		Low
Auditory Processing (Ga)	90		Average
Fluid Reasoning (Gf)	70		Low
Process Speed (Gs)	102		Average
Short-Term Memory (Gsm)	57		Very Low
Phonemic Awareness			
Working Memory			
Broad Attention			

Student ID: [Redacted]
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Student ID: [Redacted]
Date of Birth: [Redacted]



**Areas of Evaluation
Cognitive**

Cognitive Fluency				
TESTS				
Verbal Comprehension				
Visual-Auditory Learning				
Spatial Relations				
Sound Blending				
Concept Formation				
Visual Matching				
Numbers Reversed				
Incomplete Words				
Auditory Working Memory				
Visual-Auditory Learning -Delayed				
General Information				
Retrieval Fluency				
Picture Recognition				
Auditory Attention				
Analysis-Synthesis				
Decision Speed				
Memory for Words				
Rapid Picture Naming				
Planning				
Pair Cancellation				

Student ID: [REDACTED]

WA SSID: [REDACTED]

Student ID: [REDACTED]

Date of Birth: [REDACTED]

Areas of Evaluation Academic

Assessment Summary:

READING

Fall 2011 Reading MAP score was 185 (Well Below Standard).

Per data collection, [REDACTED] currently reads 60 words correct per minute (wcpm) at the 6th grade level.

Per data collection, [REDACTED] currently answers comprehension questions with 75% accuracy at the 6th grade level.

MATH

Fall 2011 MATH MAP score was 182 (Well Below Standard).

Per data collection, when given a calculator and a 2 minute time period, [REDACTED] currently solves calculation problems with 80% accuracy.

Per data collection, when given a calculator, [REDACTED] currently solves math word problems with 50% accuracy.

WRITING

Per data collection, when required to complete his daily reading log, [REDACTED] currently uses correct punctuation and capitalization in his sentences 80% of observed opportunities.

Per data collection, when given a prompt to write a paragraph, [REDACTED] currently will develop a paragraph using correct content and pragmatics 50% of opportunities.

Significant Findings:

[REDACTED] continues to demonstrate reading, writing, and math abilities significantly below the level of his peers and continues to require specially designed instruction in these areas in order to progress academically.

Student ID: [REDACTED]

WA SSID: [REDACTED]

[REDACTED] Student ID: [REDACTED]

Date of Birth: [REDACTED]

**Areas of Evaluation
Other**

Assessment Summary:

Study Skills

Per data collection, when given a task or assignment, [REDACTED] currently independently completes the task or assignment 3/10 observed opportunities.

Significant Findings:

[REDACTED] continues to demonstrate study skills that are significantly below the level of his peers and continues to require specially designed instruction in this area in order to progress academically.

Student ID: [redacted]
WA SSID: [redacted]
Student ID: [redacted]
Date of Birth: [redacted]



Prior Written Notice

To: [redacted] Date: 01/17/2012
Re: Student's Name: [redacted]

PURPOSE: As a parent/guardian of a special education child suspected of needing special education services, the school district is required to provide you with prior written notice whenever it proposes or refuses to initiate or change the identification, evaluation, educational placement, or provision of a free appropriate public education to your child. This notice should be given to you after a district makes a decision and before action is taken on the decision. The notice should be given to you in a reasonable amount of time before the district takes action.

The purpose of this prior written notice is to inform you that we are:

1. proposing refusing to 2. initiate change continue discontinue a/an
(mark one of the above) (mark one of the above)

Mark all items below that apply:

3. Referral Evaluation Eligibility Category
 Educational Placement IEP Reevaluation
 Disciplinary action that is a change of placement Other:

Description of the proposed or refused action:
[redacted] continues to be eligible for special education services under the eligibility category of Emotional Behavioral Disability with goal areas in reading, writing, math, social/emotional/behavioral, and work habits/study skills.

The reason we are proposing or refusing to take action is:
[redacted] continues to demonstrate reading, writing, math, study skills, and social/emotional/behavioral abilities significantly below the level of his peers and continues to require specially designed instruction in these areas in order to progress academically.

Description of any other options considered and rejected:
No other options were considered or rejected.

The reasons we rejected those options were:
Not applicable.

A description of each procedure, test, record, or report we used or plan to use as the basis for taking this action is as follows:
Review of general education and special education records, data collection, curriculum based assessment, teacher input, parent input and Professional Group decision.

Any other factors that are relevant to the action:
None.

The action will be initiated on: 01/17/2012

Your child has procedural protections under IDEA. These protections are explained in the *Notice of Procedural Safeguards for Special Education Students and Their Families*. If this prior written notice is given to you (1) as part of your child's initial referral for evaluation, (2) as part of a request for reevaluation or (3) notice to you regarding disciplinary action that constitutes a change of placement the procedural safeguards accompanies this notice. If a copy of the *Notice of Procedural Safeguards for Special Education Students and Their Families* is not enclosed and you would like a copy or you would like help in understanding the content, please contact:

[redacted] at [redacted]

Notice of Procedural Safeguards for Special Education Students and Their Families has been provided to parents.