

INDIVIDUALIZED EDUCATION PROGRAM

____ County Schools

Student's Full Name _____

Date _____

PART I STUDENT INFORMATION

Student's Full Name _____

Annual Review Date _____

School _____

Date of Birth _____

Parent(s)/Guardian(s) _____

Grade _____ IEP Grade _____

Address _____

WVEIS# _____

City/State/Zip _____

Telephone _____

Reevaluation Due Date _____

Exceptionality _____

Meeting Type:

☐ Initial☐ Annual Review☐ Reevaluation

Restart the Annual Review

☐ Yes☐ No☐ Other _____

Restart the Annual Review

☐ Yes☐ No

Transferred From: _____

Transferred Date: _____

PART II: DOCUMENTATION OF ATTENDANCE

Name	Signature	Position
_____	_____	Parent/Guardian
_____	_____	Parent/Guardian
_____	_____	Student
_____	_____	General Education Teacher
_____	_____	Special Education Teacher
_____	_____	Chairperson
_____	_____	
_____	_____	
_____	_____	

The following people participated in the IEP team meeting via an alternate method:

Name	Position	Alternate Method
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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PART III A: EXTENDED SCHOOL YEAR (ESY) DETERMINATION

Will ESY be considered while developing this IEP?

____ Yes ____ No (for gifted only)

The IEP Team in making its determination of a student's need for ESY shall review documentation that the student exhibits, or may exhibit:

- Significant regression during an interruption in educational programming;
- A limited ability to recoup, or relearn skills once programming has resumed;
- Regression/recoupment problem(s) that interfere with the maintenance of identified critical skills as described in the current IEP; and
- Other factors that interfere with the maintenance of identified critical skills as described in the current IEP, such as predictive data; degree of progress; emerging skills and breakthrough opportunities; interfering behaviors; nature and/or severity of the disability; and special circumstances.

(The lack of clear evidence of such factors may not be used to deny a student ESY services, if the IEP Team determines the need for such services and includes ESY in the IEP.)

Does the student need extended school year services?

____ Yes ____ No ____ Defer until: _____

PART III B: EXTENDED SCHOOL YEAR SERVICES

ESY Services	Location of Services	Extent/Frequency ____ per ____	Initiation Date m/d/y	Duration m/y

After review of the proposed extended school year services, the parent(s)/guardian(s)/adult student:

____ accepts extended school services. ____ rejects extended school services.

Parent/Guardian/Adult Student Signature: _____ Date: _____

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PART IV: CONSIDERATION OF FACTORS FOR IEP DEVELOPMENT/ANNUAL REVIEWS

The IEP team must consider the following factors for all students:

- The strengths of the student.
- The concerns of the parent.
- Results of the initial or most recent evaluation of the student.

If additional evaluations are needed (specify): _____

- Academic, developmental and functional needs of the student

Do the following special considerations apply? If yes, document in appropriate section(s) of the IEP.

		YES	NO
1.	Is the student identified as gifted? If yes, consider whether acceleration will be provided and document its effect on graduation.		
2.	Does the student need assistive technology devices or services? If yes, document the type of device and provision for home use, if any, and/or the nature and amount of services. Specify: _____		
3.	Does the student have communication needs? If yes, address in the IEP.		
4.	Does the student's behavior impede his or her learning or that of others? If yes, consider the use of positive behavioral interventions and supports and other strategies to address that behavior.		
5.	Does the student have blindness or low vision? If yes, document provision of instruction in braille and the use of braille, or after an evaluation of the student's reading and writing skills, needs and appropriate reading and writing media, including an evaluation of the student's future needs for instruction in braille or the use of braille, document in the present levels a justification that instruction in braille or the use of braille is not appropriate for the student.		
6.	Is the student deaf or hard of hearing? If yes, consider the language and communication needs of the student, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, the student's academic level and full range of needs, including opportunities for direct instruction in the student's language and communication mode.		
7.	Does the student have limited English proficiency? If yes, consider the student's level of English language proficiency.		
8.	Does the IEP team intend to invite a representative from a participating agency to the NEXT IEP meeting to discuss transition services? If yes, written consent must be obtained to invite agency representatives prior to the next IEP meeting and the agency representative must be included on the next IEP meeting notice.		
9.	Will this IEP address Transition Services? If yes, the transition planning sections of the IEP must be addressed.		

Accessible Educational Materials Guidance

If the student understands instructional content at grade level, but is unable to read with sufficient accuracy and fluency to support comprehension at the same rate as his/her peers; or cannot physically manipulate the print medium; or due to blindness/low vision cannot see standard print materials, please refer to the *Accessible Educational Materials* guidance documents on the WVDE website.

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PART V: ASSESSMENT DATA**General Summative Assessment Performance Levels**

TEST YEAR	ELA	Math	Science
	Performance Level	Performance Level	Performance Level

Alternate Assessment Performance Levels

TEST YEAR	ELA	Math	Science
	Performance Level	Performance Level	Performance Level

Interim, Formative, Transition and Additional Assessment Data

Using current, annual data, list the interim, formative and transition assessments that have been used with the student and describe the results and implications for specially designed instruction. This could include data relevant to student behavior, setting demands, work habits/ learning skills, technology skills, workplace skills, independent living skills and performance based assessments. Describe the results and implications for specially designed instruction.

Assessment	Date	Description

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PART VI: TRANSITION PLANNING

*(For students beginning no later than the first IEP to be in effect when the student is 16, or younger if appropriate)
(Refer to Policy 2419, 2510, and IEP instructions)*

Age of Majority

The student and parent have been informed of the transfer of educational rights that will occur on reaching age 18

____ Yes ____ No

Date _____

Student Initials _____

Parent/Guardian Initials _____

NOTE: *Age of Majority brochure is available on the WVDE website.***Transition Planning Considerations:**

How were the student's preferences and interests considered?

____ Student interview/survey ____ Interest inventory ____ Parent interview/survey ____ Functional vocational evaluation

Transition Assessments Reviewed (specify):

The student's educational program will lead to a: ____ standard diploma ____ alternate (modified) diploma

NOTE: *Alternate (Modified) Diploma brochure is available on the WVDE website.***Appropriate measureable postsecondary goals based upon age appropriate transition assessments:**

1. Education/Training Goals:

2. Employment Goals:

3. Independent living skills goal(s) (if appropriate):

Select one of the following Career Clusters:

- | | | |
|---|---|--|
| <input type="checkbox"/> Agriculture, Food and Natural Resources | <input type="checkbox"/> Architecture and Construction | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Business Management and Administration | <input type="checkbox"/> Education and Training | <input type="checkbox"/> Hospitality and Tourism |
| <input type="checkbox"/> Government and Public Administration | <input type="checkbox"/> Health Sciences | <input type="checkbox"/> Law, Public Safety, Correction and Security |
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Science, Technology, Engineering and Mathematics |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Marketing | <input type="checkbox"/> Cluster Undetermined (<i>Option for Grade 7 or below</i>) |
| <input type="checkbox"/> Transportation, Distribution and Logistics | <input type="checkbox"/> Arts, A/V Technology and Communication | |

Specify the program of study that aligns with the career cluster the student selected: _____

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Select one of the following program of studies which aligns with the student's chosen career cluster and provides the best option for success in the global workplace and postsecondary education.

☐ **State-Approved Career and Technical Education (CTE) Program of Study** is an approved sequence of four CTE courses which align to a CTE cluster and pathway, impacts state economic labor market needs as verified by Workforce data and leads to an industry-recognized credential or certificate or opportunity for continuing into postsecondary level education. Students must be capable of passing 100% of the safety exams for the respective program of study.

☐ **State-Approved Individual Work Readiness Competencies (IWRC)** - *Preequisites: Before selecting IWRC, students must have initially selected the State-Approved (CTE) Program of Study option; completed at least two CTE courses in their chosen area of career interest; passed ALL safety exams; demonstrated the ability to acquire basic/core CTE skills at an entry level; were unable to master ALL of the required skill sets associated with their state-approved CTE program of study.*

IWRC is an approved sequence of four CTE courses which align to a CTE cluster and pathway that provides students with a current IEP the opportunity to gain valuable work readiness through a CTE program of study. Students demonstrate the necessary skill sets for entry level support jobs in a specific occupational area. Students must be pursuing a standard diploma and be capable of passing 100% of the safety exams for the respective program of study.

☐ **State-Approved Career Integrated Experiential Learning (CIEL)** a CTE program of study that provides opportunities for students to test for multiple nationally recognized certifications while earning credit for relevant job-readiness skills. CIEL can only be initiated at the Office of Diversion and Transition. CIEL credits will transfer to the receiving high school allowing for the continued enrollment for graduation credit.

☐ **Locally Developed Career and Technical Education (CTE) Program of Study** is a locally approved sequence of four CTE courses which align to a CTE cluster and pathway, impacts a local economic labor market need as verified by local advisory council and leads to an industry-recognized credential or certificate or opportunity for continuing into postsecondary level education.

☐ **Locally Developed Personalized Program of Study** is a locally approved sequence of four courses which align to a career cluster and a program of study that could lead directly to an industry-recognized certificate or license or credit-bearing academic college courses. Best practice would be to encourage college bound students to take at least 1 (one) AP and/or AC course with corresponding examination, a fourth science or computer science credit, and 2 credits in one world language.

☐ **Locally Developed Community Ready Program of Study** is a locally approved sequence of four courses which align to a career cluster that will lead to placement in entry-level support jobs or workforce training programs.

☐ **Undetermined** – Option for Grade 7 or below

Specific course selections must be documented in the student's Personalized Education Plan (PEP) in collaboration with the school counselor, teachers, advisors and parent/guardian. A copy of the PEP must be kept with student's IEP.

Activities/Linkages: Identify activities needed for attaining postsecondary outcomes and the lead party/agency responsible for those services.

Lead Party/Agency					
Activities/Linkages	Parent/ Student	School	Agency (Specify)	Description of Service	Annual Goal to Support Activity
Instruction/education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Vocational aptitude/interest assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Career awareness/work- based learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Independent living/mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Agency referral/application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Student's Full Name _____

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PART VII: PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Narrative Descriptions of Present Levels of Academic Achievement and Functional Performance (refer to IEP instructions). Include grade level expectations as well as an impact statement which describes how the student's exceptionality will affect access to the general curriculum. Also, include targeted standard(s) where appropriate. Add pages as needed.

Grade Level Expectations:**Present Level Statement:****Impact Statement:****Standards Type: Multidisciplinary evaluation and educational performance data support the following standard type:**

- ____ West Virginia College- and Career-Readiness Standards
- ____ Alternate Academic Achievement Standards (*This choice **MUST** be confirmed by checking the box at the bottom of the Alternate Academic Achievement Standards Guidelines page which accompanies Part VII of the IEP*)
- ____ Early Learning Standards Framework

Targeted Standards:

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PART VII (continued): ALTERNATE ACADEMIC ACHIEVEMENT STANDARDS GUIDELINES**TO BE COMPLETED ONLY IF THE IEP TEAM HAS SELECTED ALTERNATE ACADEMIC ACHIEVEMENT STANDARDS****ALTERNATE ACADEMIC ACHIEVEMENT STANDARDS GUIDELINES**

Alternate Academic Achievement Standards are designed for students with the most significant cognitive disabilities. Students following the Alternate Academic Achievement Standards will participate in the statewide Alternate Assessment and are on track to receive an Alternate (*modified*) Diploma which has implications regarding postsecondary education and career opportunities.

The following three statements must be answered yes when determining if the student's program of study should be based on the Alternate Academic Achievement Standards:

1. The student has a significant intellectual disability.
NOTE: WV Policy 2419, states that an intellectual disability is defined as significantly subaverage intellectual functioning that exists concurrently with deficits in adaptive skill areas. These deficits are manifested during the developmental period and adversely affect the student's educational performance. The student with moderate to severe intellectual disability has general intellectual functioning more than three standard deviations below the mean, in consideration of 1.0 standard error of measurement as determined by a qualified psychologist, using an individually administered intelligence test.
2. The student will be primarily instructed using the Alternate Academic Achievement Standards.
3. The student requires extensive direct individualized instruction and substantial support to achieve measureable gains in the grade and age appropriate curriculum.

The following are NOT allowable considerations to determine participation in the Alternate Assessment:

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 Language Learner (ELL) status
9. Low reading level/achievement level
10. Anticipated student's disruptive behavior
11. Impact of student's scores on accountability system
12. Administrator decision
13. Anticipated emotional duress
14. Need for accommodations (e.g., assistive technology/AAC) to participate in assessment process

The IEP Team must check the box below to confirm that the guidelines were followed when making the decision to select Alternate Academic Achievement Standards.

☐ **The IEP Team has read and understood the ALTERNATE ACADEMIC ACHIEVEMENT STANDARDS GUIDELINES and has applied those guidelines in selecting the Alternate Academic Achievement Standards.**

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PART VIII: ANNUAL GOALS, Part A

(Add pages as needed).

Critical Skill	Timeframe	Condition	Behavior	Evaluation Procedure with Criteria	Mastery/Progress Codes (optional)

Progress:

How and when will the student's progress toward the IEP goals be reported to the parent(s)? Specify.

How? _____ When? _____

Record dates on which Progress Reports have been provided to parents:

Mastery Code:	0 = Regression	1 = Maintained	2 = Recouped
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Student Progress Code:	P = Progress Sufficient	IP = Insufficient Progress	A = Achieved	NA = Not Applicable
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PART VIII: ANNUAL GOALS with SHORT TERM OBJECTIVES, Part B

(Optional for students who are taught the general standards but is required for students following the WV Alternate Academic Achievement Standards) Add pages as needed.

Critical Skill	Timeframe	Condition	Behavior	Evaluation Procedure with Criteria	Mastery/Progress Codes (optional)

SHORT-TERM OBJECTIVES

Critical Skill	Timeframe	Condition	Behavior	Evaluation Procedure with Criteria	Mastery/Progress Codes (optional)

Progress:

How and when will the student's progress toward the IEP goals be reported to the parent(s)? Specify.

How? _____ When? _____

Record dates on which Progress Reports have been provided to parents:

Mastery Code:	0 = Regression	1 = Maintained	2 = Recouped
----------------------	-----------------------	-----------------------	---------------------

Student Progress Code:	P = Progress Sufficient	IP = Insufficient Progress	A = Achieved	NA = Not Applicable
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PART IX: SERVICES

A. Supplementary Aids, Services/Program Modifications	Location of Services	Extent/Frequency	Initiation Date m/d/y	Duration m/y
B. Special Education Services	Location of Services	Extent/Frequency	Initiation Date m/d/y	Duration m/y
C. Related Services	Location of Services	Extent/Frequency	Initiation Date m/d/y	Duration m/y

____ District and parent agree to waive the 5 day initiation requirement.

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PART X: PLACEMENT – Ages 3-5

Explain the extent, if any, to which the student WILL NOT participate in a Regular Early Childhood Program (RECP) and/or extracurricular and other non-academic activities. Present levels of academic achievement and functional performance must explain why full participation is not possible.

Ages 3-5**A. For students in a Regular Early Childhood Program (RECP) (at least 50% nondisabled)**

- ____ = Hours per week student attends a Regular Early Childhood Program. (arrival to dismissal)
 ____ = Hours per week of special education and related services delivered in the RECP.
 ____ = Hours per week student receives special education and related services in some other location

In a Regular Early Childhood Program at least 10 hours per week**WVEIS LRE Code**

- | | |
|---|---|
| ____ Majority of hours of special education and related services in the RECP | W |
| ____ Majority of hours of special education and related services in some other location | X |

In Regular Childhood Program less than 10 hours per week

- | | |
|---|---|
| ____ Majority of hours of special education and related services in the RECP | Y |
| ____ Majority of hours of special education and related services in some other location | Z |

OR**B. For students not in a Regular Early Childhood Program****WVEIS LRE Code**

- | | |
|---------------------------------------|---|
| ____ Separate special education class | M |
| ____ Separate school | N |
| ____ Residential facility | P |
| ____ Home | R |
| ____ Service provider location | S |

Least Restrictive Environment (LRE) Considerations: The IEP team has considered:

- ☐ Annual placement determination based on IEP.
 - ☐ Only schools and classroom settings appropriate to the student's chronological age.
 - ☐ Education in a general education classroom with the use of supplementary aids and services.
 - ☐ Potentially harmful effects on the selected LRE placement on the student and the quality of the student's services.
 - ☐ Education with age-appropriate non-exceptional peers.
 - ☐ Placement as close to home as possible, in the school the student would normally attend if not exceptional, unless IEP requires other arrangements.

Targeted Case Management may be provided based upon medical necessity
(Not applicable for out-of-state placements)

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PART X: PLACEMENT– Ages 6-21

Explain the extent, if any, to which the student WILL NOT participate in the general education classroom and/or extracurricular and other non-academic activities. Present levels of academic achievement and functional performance must explain why full participation is not possible.

Ages 6-21

Total educational minutes per month _____

Percentage of time in:

____ % General Education Environment ____ % Special Education Environment

	WVEIS LRE Code
____ General Education: Full-Time (FT) 80% or more	0
____ General Education: Part-Time (PT) 40% to 79%	1
____ Special Education: Separate Class (SC) (general education less than 40%)	2
____ Special Education: Special School (SS) Public or Private	3
____ Special Education: Out-of-School Environment (OSE)	5
____ Residential Facility (RF) Public or Private	6
____ Parentally placed in private school (Service Plan only)	8
____ Correctional facility	9

Least Restrictive Environment (LRE) Considerations: The IEP team has considered:

- ☐ Annual placement determination based on IEP.
- ☐ Only schools and classroom settings appropriate to the student's chronological age.
- ☐ Education in a general education classroom with the use of supplementary aids and services.
- ☐ Potentially harmful effects on the selected LRE placement on the student and the quality of the student's services.
- ☐ Education with age-appropriate non-exceptional peers.
- ☐ Placement as close to home as possible, in the school the student would normally attend if not exceptional, unless IEP requires other arrangements.

Targeted Case Management may be provided based upon medical necessity
(Not applicable for out-of-state placements)

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Student's Full Name _____**Date** _____**PART XI: STATEWIDE TESTING –General Summative Assessment**

Indicate the appropriate WV Measures of Academic Progress Assessment (WVMAP) by checking standard conditions or standard conditions w/accommodations.

If the district requires a "District Wide Assessment", all selected WVMAP accommodations apply.

WV-MAP General Assessment: _____ Standard Conditions _____ Standard Conditions w/Accommodations

General Summative Assessment Accommodations (Check all that apply)**PRESENTATION ACCOMMODATIONS:**

- ☐ P01 Text-to-speech (excluding ELA passages)
- ☐ P02 Human read aloud (excluding ELA passages)
- ☐ P03 Braille Paper
- ☐ P06 Certified sign language interpreter
- ☐ P13 Documented need text-to-speech (including ELA passages)
- ☐ P14 Documented need human read aloud (including ELA passages)
- ☐ P15 Read aloud directions only
- ☐ P16 Directions presented through certified sign language
- ☐ P17 Braille Online Adaptive (ELA and Math)
- ☐ P18 Simplified Test Directions
- ☐ P19 Paper Version (large print)
- ☐ P21 Screen reading software (JAWS)
- ☐ P22 Enlarge text on screen
- ☐ P23 Magnification device
- ☐ P24 Translator (Human or Electronic) (GSA science only)
- ☐ P25 Electronic translator to present directions (science only)
- ☐ P27 Bilingual word-to-word dictionary
- ☐ P28 High color contrast
- ☐ P29 Sign dictionary to present test, including directions
- ☐ P30 Translated test directions (*Spanish available embedded)
- ☐ P31 Translations glossary (math only)
- ☐ P32 Stacked translations (SPANISH ONLY)
- ☐ P33 Turn off universal tool
- ☐ P34 American Sign Language (ASL)
- ☐ P35 Braille Online Fixed math with tactile graphics provided (ELA - adaptive)
- ☐ P36 Closed captioning
- ☐ P37 Masking
- ☐ P38 Color contrast (color printer required)
- ☐ P39 Color overlays
- ☐ P40 Print on demand (stimuli only)

- ☐ P41 Provide translations glossary (paper-and-pencil tests)
- ☐ P42 Noise Buffers
- ☐ P43 Streamlined Interface
- ☐ P44 Line Reader (ELPA 21 Only)
- ☐ P45 Unlimited replays (ELPA 21 Only)
- ☐ P46 Read aloud in Spanish
- ☐ P47 Alternate Vision Form (DLM Only)

RESPONSE ACCOMMODATIONS:

- ☐ R02 Scribe (excluding ELA full write)
- ☐ R03 Braille response
- ☐ R04 Scribe (including ELA full write)
- ☐ R05 Abacus
- ☐ R11 Assistive technology (Alternate response options)
- ☐ R15 Bilingual word-to-word dictionary
- ☐ R16 Respond in large-print test book
- ☐ R17 Electronic translator to respond
- ☐ R18 Sign dictionary to respond
- ☐ R19 Calculator
- ☐ R20 Multiplication Table
- ☐ R21 Speech-to-text
- ☐ R22 Unlimited re-recordings (ELPA 21 only)
- ☐ R23 100s Number Table

TIMING ACCOMMODATIONS:

- ☐ T03 Take more breaks (no studying) (All WV-MAP tests)
- ☐ T04 Extra time
- ☐ T07 Flexible scheduling
- ☐ T09 Separate setting

Text-to-Speech (P13) and Read Aloud (P14) Accommodations for ELA Reading Passages Students with Disabilities Decision Guidance Document

Note: This accommodation is appropriate for a *very small number* of students (estimated to be approximately 1-2% of students with disabilities participating in a general assessment) who have a documented reading disability. Text to-speech is available as an accommodation for students whose need is documented in an IEP or 504 plan.

Student Name: _____

Teacher: _____

YES responses may indicate a need for the text-to-speech (P13) or read aloud (P14) accommodation of ELA Reading Passages. A preponderance of evidence should exist rather than one or two marks in the YES column for the accommodation to be provided.

Questions	Yes	No	Comments
Does the student have a documented reading disability?			
Is the student blind or does the student have a significant visual impairment?			
Is the student a beginning braille reader who has not yet developed braille fluency?			
Does the student have an identified reading-based disability that affects the student's decoding, fluency, or comprehension skills?			Describe skills affected.
Have interventions been used to improve the student's decoding, fluency, or comprehension skills?			Describe approaches
Does the student use text-to-speech or receive a read aloud accommodation during instruction?			
Does the student regularly use assistive technology software or audiobooks?			
Does the student use text-to-speech or receive a read aloud accommodation during formative assessments or during the WV General Summative Assessment?			
Does someone (teacher, paraprofessional, another student, and parent) regularly read aloud to the student in school?			
Does the student indicate that it is easier to understand a book when it is read aloud by another person or through text-to-speech rather than if they read it independently?			

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PART XI: STATEWIDE TESTING – Alternate Assessment

Indicate the appropriate WV Measures of Academic Progress Assessment (WVMAP) by checking standard conditions or standard conditions w/accommodations.

If the district requires a "District Wide Assessment", all selected WVMAP accommodations apply.

Alternate Assessment: ____ Standard Conditions ____ Standard Conditions w/Accommodations

NOTE: For Alternate Assessment eligibility, the student ***must*** exhibit significant cognitive disabilities, be instructed through Alternate Academic Achievement Standards and be pursuing an alternate (modified) diploma.

Justification for Alternate Assessment: _____

Alternate Assessment Accommodations (Check all that apply)

PRESENTATION ACCOMMODATIONS:

- ____ P03 Braille Paper
- ____ P06 Certified sign language interpreter
- ____ P13 Documented need text-to-speech (including ELA passages)
- ____ P14 Documented need human read aloud (including ELA passages)
- ____ P22 Enlarge text on screen
- ____ P23 Magnification device
- ____ P24 Translator (Human or Electronic) (GSA science only)
- ____ P28 High color contrast
- ____ P39 Color overlays
- ____ P47 Alternate Vision Form (DLM Only)

RESPONSE ACCOMMODATIONS:

- ____ R04 Scribe (including ELA full write)
- ____ R05 Abacus
- ____ R11 Assistive technology (Alternate response options)

TIMING ACCOMMODATIONS:

- ____ T03 Take more breaks (no studying) (All WV-MAP tests)
- ____ T04 Extra time
- ____ T07 Flexible scheduling
- ____ T09 Separate setting

Text-to-Speech (P13) and Read Aloud (P14) Accommodations for ELA Reading Passages Students with Disabilities Decision Guidance Document

Note: This accommodation is appropriate for a *very small number* of students (estimated to be approximately 1-2% of students with disabilities participating in a general assessment) who have a documented reading disability. Text to-speech is available as an accommodation for students whose need is documented in an IEP or 504 plan.

Student Name: _____

Teacher: _____

YES responses may indicate a need for the text-to-speech (P13) or read aloud (P14) accommodation of ELA Reading Passages. A preponderance of evidence should exist rather than one or two marks in the YES column for the accommodation to be provided.

Questions	Yes	No	Comments
Does the student have a documented reading disability?			
Is the student blind or does the student have a significant visual impairment?			
Is the student a beginning braille reader who has not yet developed braille fluency?			
Does the student have an identified reading-based disability that affects the student's decoding, fluency, or comprehension skills?			Describe skills affected.
Have interventions been used to improve the student's decoding, fluency, or comprehension skills?			Describe approaches.
Does the student use text-to-speech or receive a read aloud accommodation during instruction?			
Does the student regularly use assistive technology software or audiobooks?			
Does the student use text-to-speech or receive a read aloud accommodation during formative assessments or during the WV General Summative Assessment?			
Does someone (teacher, paraprofessional, another student, parent) regularly read aloud to the student in school?			
Does the student indicate that it is easier to understand a book when it is read aloud by another person or through text-to-speech rather than if they read it independently?			

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Student's Full Name _____**Date** _____**PART XII: PRIOR WRITTEN NOTICE OF DISTRICT'S PROPOSAL/REFUSAL**

Dear Parent/Adult Student:

As a result of:

- ☐ a Student Assistance Team (SAT) meeting conducted on _____,
☐ an Eligibility Committee (EC) meeting conducted on _____,
☐ an Individualized Education Program (IEP) Team meeting conducted on _____,
☐ a disciplinary action occurring on _____,
☐ other _____,

- The district is ☐ proposing **or** ☐ refusing to ☐ initiate or ☐ change:
☐ the educational evaluation or reevaluation of the student.
☐ the identification of the student as having a disability.
☐ the educational placement of the student.
☐ the provision of a free appropriate public education (FAPE) to the student.

Specifically, the district is:

The district is ☐ proposing **or** ☐ refusing this action because:

The evaluation procedure(s), assessment(s), record(s) or report(s) the district used as a basis for the
☐ proposed **or** ☐ refused action include:

Other options the district considered, but rejected include:

The reasons the above options were rejected include:

Other factors relevant to the district's ☐ proposal **or** ☐ refusal include:

Exceptional students and their parents have protections under the procedural safeguards. A copy of the Procedural Safeguards Brochure and assistance in understanding the provisions of the procedural safeguards may be obtained by contacting the Director of Special Education at _____, if available, the local Parent Educator Resource Center at _____ and/or the West Virginia Department of Education, Office of Special Education at 304.558.2696 or 1.800.642.8541.

Sincerely,

Signature/Position_____
Date

**REQUEST TO INVITE OUTSIDE AGENCY REPRESENTATIVE(S) TO THE
INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM MEETING**

_____ County Schools

Student's Full Name _____

Date _____

School _____

Date of Birth _____

Parent(s)/Guardian(s) _____

Grade _____

Address _____

WVEIS# _____

City/State/Zip _____

Telephone _____

Dear Parent(s)/Adult Student:

An IEP Team meeting will be scheduled in the near future. One of the purposes of the meeting will be to discuss post-secondary goals and to address the transition services that support those goals. The following list identifies the agencies, other than the school, that we believe should be invited to this meeting.

Please check the appropriate box (yes or no) indicating whether you give consent to invite each of the listed agencies to this meeting and sign below. Return a copy of this request to the school district.

Agency	Parent Consent	
	YES	NO

District Representative/Position

Phone Number

Signature of Parent/Adult Student

Date of Consent