

North Bend School District #13

1913 Meade Street
North Bend, OR 97459
(541) 751-6773

Authorization to Use and/or Disclose Educational and Protected Health Information

1. I authorize the following provider(s) to use and/or disclose educational and/or protected health information regarding my child.

CODY MILLER
(Student/Child's Name)

08/01/98
(Date of Birth)

(Other names Used by Student/Child)

OSAA

(School or Program name)

Name and address of health care provider authorized to:

Name and address of school/EI/ECSE program authorized to:

Send/disclose protected health information
 Receive/use educational information

Send/disclose educational information
 Receive/use protected health information

2. I understand that this information will be used for the following purposes (check all that apply):

<input type="checkbox"/> Determining eligibility for Special Education, EI/ECSE, or other services	<input type="checkbox"/> Developing an appropriate Individualized Education Program or Individualized Family Service Plan
<input checked="" type="checkbox"/> Determining student/child's current levels of performance	<input checked="" type="checkbox"/> Other (specify):
<input type="checkbox"/> Developing an individualized health plan	OSAA

3. By marking the boxes below, I authorize the use/disclosure of the following specific medical and/or educational records:

<input type="checkbox"/> Physician's Eligibility Statement	<input type="checkbox"/> Educational Information	<input checked="" type="checkbox"/> Psychological evaluations
<input type="checkbox"/> Health Assessment Statement	<input checked="" type="checkbox"/> IFSP/IEP document	<input type="checkbox"/> Social work reports
<input type="checkbox"/> History and physical exam	<input type="checkbox"/> Clinic records	<input checked="" type="checkbox"/> Other:
<input type="checkbox"/> Entire medical record	<input type="checkbox"/> Communicable disease(s)	OSAA
<input type="checkbox"/> Prenatal information	<input type="checkbox"/> Progress notes	

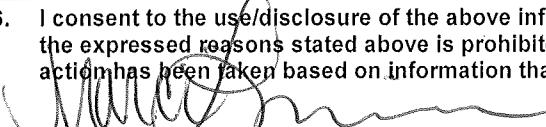
4. By initialing the spaces below, I authorize the use/disclosure of the following information. Specific records requested must be listed below, e.g., assessment, treatment plan, discharge plan.

_____ Drug/alcohol diagnosis, treatment or referral information requested: _____
_____ HIV/AIDS related records requested: _____
_____ Mental health related information requested: _____
_____ Genetic testing information requested: _____

5. I understand that:

- This authorization is voluntary and I may refuse to sign it without affecting my child's health care.
- I have the right to request a copy of this form after I sign it as well as inspect or copy any information to be used and/or disclosed under this authorization (if allowed by state and federal law. See 45 CFR § 164.524).
- I may revoke this authorization at any time by notifying C. Sichener in writing. However, it will not affect any actions taken before the revocation was received or actions taken based on the previously shared information.
- Federal privacy rules for protected health information apply only to health plans, health care clearinghouses or health care providers. If I authorize disclosure of medical information to other agencies or individuals the disclosed information may no longer be protected by federal privacy regulations.
- Federal privacy rules for education information apply only to schools and EI/ECSE programs. If I authorize disclosure of educational information to other agencies or individuals the disclosed information may no longer be protected by federal privacy regulations.

6. I consent to the use/disclosure of the above information. I understand that the use of this information for any reasons other than the expressed reasons stated above is prohibited. This consent is subject to revocation at any time, except to the extent that action has been taken based on information that has already been disclosed.


(Signature of Parent, Legal Guardian, Student/Child)

9-9-15
(Date)

PARENT
(Relationship)

This authorization expires on 8/26/16 (Month/Day/Year) (not to exceed one year from date of signature above).

Student's Name: CODY MILLER Date: 11/17/14 School District: North Bend School District #13

IEP: Special Factors

The IEP team must consider these factors as part of IEP development:

A. Does the student need assistive technology devices or services?

Yes, services/devices addressed in IEP No

Cody has low academic skills in reading and written language. The team needs to consider assistive technology to address these concerns in order to provide access to the general education environment.

B. Does the student have communication needs?

Yes, addressed in IEP No

C. Does the student exhibit behavior that impedes his/her learning or the learning of others?

Yes No

(If yes, the IEP Team must consider the use of strategies, positive behavioral interventions, and supports to address the behavior(s))

D. Does the student have limited English proficiency?

Yes No

(If yes, the IEP Team must consider the language needs of the student as those needs relate to the IEP)

E. Is the student blind or visually impaired?

Yes No

(If yes, Braille needs are addressed in the IEP, or evaluation of reading/writing needs is completed and a determination is made that Braille is not appropriate)

F. Is the student deaf or hard of hearing?

Yes No

(If yes, the IEP addressed the student's language and communication needs, opportunities for direct communication with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode)

Student's Name: CODY MILLER

Date: 11/17/14 School District: North Bend School District #13

Transition:

Appropriate, measurable post-secondary goals based upon age-appropriate transition assessments related to training, education, employment, and, where appropriate, independent living skills:

Within 6 months of exiting the high school setting, Cody will be employed part time and living at home contributing to his responsibilities to the best of his ability

Course of study (designed to assist the student in reaching the post-secondary goals):

10th grade

1st trimester	2nd trimester	3rd trimester
PE	Culinary	Culinary
PE	MLC	MLC
MLC	MLC	MLC
MLC	MLC	MLC

Agency Participation: If the representative from any other agency likely to be responsible for providing or paying for transition services did not attend, document the information received for consideration in planning transition services.

none

Graduation:

Anticipated graduation date: 06/2017

with regular diploma

with alternate document (describe) Extended Diploma or Certificate

Transfer of Rights:

The student has been informed of his/her rights under Part B of IDEA that will transfer to the student at the age of majority. Yes

Date student was informed 09/26/13

The district must also provide written notice of the transfer of rights to the student and the parent when the student reaches the age of majority.

Student's Name: CODY MILLER

Date: 11/17/14 School District: North Bend School District #13

Present Levels of Academic Achievement and Functional Performance

The Present Levels of Academic Achievement and Functional Performance must include specific information addressing:

- The strengths of the student;
- The concerns of the parents for enhancing the education of their child;
- The present level of academic performance, including the student's most recent performance on State or district-wide assessments;
- The present level of developmental and functional performance (including the results of the initial or most recent evaluation);
- How the student's disability affects involvement and progress in the general education curriculum; and
- For 16 & older only - The student's preferences, needs, interests, and the results of age-appropriate transition assessments.

THE STRENGTHS OF THE STUDENT:

Cody is a sophomore at North Bend High School. Cody learns better when new information is presented both visually and orally together. Cody wants to do well in school and does try although he requires much adult assistance. Academically, math is Cody's strength.

THE CONCERNs OF THE PARENTS FOR ENHANCING THE EDUCATION OF THEIR CHILD

*Social skill needs & functional academics
legal ramifications*

THE PRESENT LEVEL OF ACADEMIC PERFORMANCE, INCLUDING THE STUDENT'S MOST RECENT PERFORMANCE ON STATE OR DISTRICT WIDE ASSESSMENTS:

Mr. Londagin (PE) - *PE is not a good fit for cody.
An alternative class could be beneficial*

Cody was administered The Woodcock Johnson-III Test of Achievement on 9/25/13. The scores are as follows:

Subtest Scores:		Standard Score	Grade Equivalent
Letter Word Identification		20	1.4
Reading Fluency	47	K.8	
Passage Comprehension	22		1.2
Broad Reading	18	1.3	
Calculation	49	2.6	
Math Fluency	55	2.2	
Applied Problems		62	2.5
Broad Mathematics	44	2.5	
Spelling	46	1.8	
Writing Fluency		40	K.2
Writing Samples	37	1.5	
Broad Written Language	27		1.6

Student's Name: CODY MILLER

Date: 11/17/14 School District: North Bend School District #13

Present Levels of Academic Achievement and Functional Performance cont.

THE PRESENT LEVEL OF DEVELOPMENTAL AND FUNCTIONAL PERFORMANCE (INCLUDING THE RESULTS OF THE INITIAL OR MOST RECENT EVALUATION):

Speech/language 2013

Cody's Speech and language skills were assessed by Diana Wheeler, a speech language pathologist 10/2/13 and the following results were obtained:

Articulation: Goldman-Fristoe Test of Articulation: standard score of 94 with difficulty producing the /th/ and medial consonant blends. He corrected the production of /r/

Language: The Comprehensive Assessment of Spoken Language was administered:
standard score

Nonliteral language: 64

Meaning from Context 72

Inference 70

ambiguous Sentences 70

Pragmatic Judgement 40

Cody's difficulties with articulations and language skills may have an adverse impact on Cody's social and educational performance in activities designed to meet extended assessments involving verbal expression and pragmatic skills

HOW THE STUDENT'S DISABILITY AFFECTS THE INVOLVEMENT AND PROGRESS IN THE GENERAL EDUCATION CURRICULUM; AND

Cody is currently receiving special education services under the classification of Intellectual Disability (10), and Communication (50). His disability negatively affects his ability to succeed in the general education curriculum without accommodations and modifications. Cody demonstrates difficulties when asked to perform a task when a time requirement was applied. His lower scores on Working Memory and Processing Speed suggest he has great difficulty when asked to recall and interpret information quickly or on demand. Cody requires additional time for processing and thinking and then responding to a question.

BEHAVIOR- Cody is having a difficult time keeping his hands to himself and picking on other students. We have seen improvements made for weeks at a time and then he returns to old behavioral habits. Students often tell Cody to leave them alone and he does not respect their requests. He likes to make lots of different noises that bother students to get reactions out of them. Cody has not been taking redirection well among staff and replies with snippy attitude and "I don't care statements."

THE STUDENT'S PREFERENCES, NEEDS, INTERESTS, AND THE RESULT OF AGE-APPROPRIATE TRANSITION ASSESSMENTS:

In an interview with Cody, he stated that he is not sure what type of job or career he wants to have. His focus at this time is to learn to read so that he can build his self confidence in school and attending classes where he needs to be able to read information. His peer tutors have been a great addition to helping him at school but he would like to gain some independence.

Next year, Cody will participate in more transition assessments to help him figure out areas of interest for getting a job.

PE- Cody's behaviors became so intense that he would be kicked out
Cody needs work on academics, he is lost in weight
room.

Statewide Assessment

Will the student participate in any Statewide Assessment during this IEP period?

 No, Statewide Assessment not conducted at student's grade level (at time of testing) Yes, student's grade level at time of testing _____ If yes, describe participation decisions below:

Regular Assessment	Alternate Assessment	*Explanation <i>State why student cannot participate in regular assessment and why particular alternate assessment selected is appropriate for student.</i>	Accommodations
Reading/Literature: 3, 4, 5, 6, 7, 8 and HS/11 <input type="checkbox"/> Standard (may include accommodations)	*Extended Assessment <input type="checkbox"/> *Standard Administration <input type="checkbox"/> *Scaffold Administration	Cody's academic skills are significantly below grade level. Taking the regular assessment would prove too challenging and would not give the team an accurate picture of his working ability.	
Mathematics: 3, 4, 5, 6, 7, 8 and HS/11 <input type="checkbox"/> Standard (may include accommodations)	*Extended Assessment <input type="checkbox"/> *Standard Administration <input type="checkbox"/> *Scaffold Administration	Cody's academic skills are significantly below grade level. Taking the regular assessment would prove too challenging and would not give the team an accurate picture of his working ability.	
Writing: 4, 7 and HS/11 <input type="checkbox"/> Standard (may include accommodations)	*Extended Assessment <input type="checkbox"/> *Standard Administration <input type="checkbox"/> *Scaffold Administration	Cody's academic skills are significantly below grade level. Taking the regular assessment would prove too challenging and would not give the team an accurate picture of his working ability.	
Science: 5, 8 and HS/11 <input type="checkbox"/> Standard (may include accommodations)	*Extended Assessment <input type="checkbox"/> *Standard Administration <input type="checkbox"/> *Scaffold Administration	Cody's academic skills are significantly below grade level. Taking the regular assessment would prove too challenging and would not give the team an accurate picture of his working ability.	

Student's Name: CODY MILLER Date: 11/17/14 School District: North Bend School District #13

Districtwide Assessment

Will the student participate in any Districtwide Assessment during this IEP period?

No, Districtwide Assessment not conducted at student's grade level (at time of testing)

Yes, student's grade level at time of testing _____. If yes, describe participation decisions below:

Regular Assessment	Alternate Assessment	*Explanation <i>State why student cannot participate in regular assessment and why particular alternate assessment selected is appropriate for student.</i>	Accommodations
Assessment: <hr/> Grades administered: _____ <input type="checkbox"/> Standard administration	<input type="checkbox"/> District Alternate Assessment <input type="checkbox"/> Other:		
Assessment: <hr/> Grades administered: _____ <input type="checkbox"/> Standard administration	<input type="checkbox"/> District Alternate Assessment <input type="checkbox"/> Other:		
Assessment: <hr/> Grades administered: _____ <input type="checkbox"/> Standard administration	<input type="checkbox"/> District Alternate Assessment <input type="checkbox"/> Other:		
Assessment: <hr/> Grades administered: _____ <input type="checkbox"/> Standard administration	<input type="checkbox"/> District Alternate Assessment <input type="checkbox"/> Other:		

Student's Name: CODY MILLER Date: 11/17/14 School District: North Bend School District #13

Service Summary (this section may be continued on additional page(s), if necessary)

Nonparticipation Justification

Does the student need to be removed from participating with nondisabled students in the regular classroom, extracurricular, or nonacademic activities for the provision of special education services, related services, or supplementary aids and services?

Yes No

If yes, document the amount/extent of the removal: Cody is removed for Specially designed instruction for functional academics for 430 min / week

If yes, provide explanation justifying the removal:

Cody requires a modified curriculum to best meet his functional and social needs.

Extended School Year (ESY) Services

ESY services will be provided for this student:

Yes: ESY services to be provided are described on Services Summary Page
 To be considered: Will meet to consider ESY by _____ (date)

No

Student's Name: CODY MILLER Date: 04/08/14 School District: North Bend School District #13

Measurable Annual Goals/Objectives: (Objectives required for students taking alternate assessments aligned to alternate achievement standards).

The IEP team must consider the students needs relating to:

-instruction and/or related services -community experiences -employment and other post-school adult living objectives -acquisition of daily living skills, if appropriate

Measurable Annual Goal:	Progress will be measured as indicated below:		How progress will be reported to parents:	When progress will be reported to parents:		
	Criteria	Evaluation Procedures	written report	End of each trimester		
Cody will demonstrate appropriate pragmatic and semantic skills to include: vocabulary/figurative language/ idioms; social inferences/predictions and pragmatic and social skills in conversational situations	2 out of 3 opportunities with 85% accuracy	student demonstration of skills, data collection, teacher made probes	Student's Progress Toward Goal			
Measurable Short-Term Objectives						
1. In a small group or with staff Cody will: a) take turns talking without interrupting or blurting b) contribute with appropriate comments in conversational settings c) stay designated working with space and monitoring physical impulsiveness. d) demonstrate appropriate politeness e) respecting personal boundaries and space f.						
Cody will identify/explain inferences and emotions in verbal situations: a) how to make an inference b) understand cause-effect situations (Are you sure you want to make that decision) c) pay attention to relevant and irrelevant details d) recognize and identify emotions using the 1-5 scale						
Given a variety of social situations Cody will demonstrate: a) his ability to predict the consequences and outcomes to a situation b) evaluate the prediction and the effects of his actions c) Getting attention in appropriate and positive ways (not pestering or "egging on" another student						
Cody will increase his semantic skills by: a) demonstrating his knowledge of figurative language/idioms b) explaining curriculum/socially based vocabulary (4 attributes) c) demonstrating multiple meaning words.						

Student's Name: CODY MILLER Date: 03/08/14 School District: North Bend School District #13

Measurable Annual Goals/Objectives: (Objectives required for students taking alternate assessments aligned to alternate achievement standards).

Measurable Annual Goal: Cody will produce the /th/ and medial consonant blends sounds (ex antlers vs anklers) in conversational settings with 85% accuracy.	Progress will be measured as indicated below:		How progress will be reported to parents:	When progress will be reported to parents:
	Criteria	Evaluation Procedures	written reports or conferences	at regular reporting periods
	85% accuracy	student demonstration of skills, criterion tests, data collection	Student's Progress Toward Goal	
Measurable Short-Term Objectives				
Cody will produce medial consonant clusters and /th/ sounds in all positions of words.				
Cody will produce medial consonant clusters and /th/ sounds in all positions of words in phrases and sentences.				
Cody will produce medial consonant clusters and /th/ sounds in all positions of words in structured and unstructured conversation.				

Student's Name: CODY MILLER Date: 11/17/14 School District: North Bend School District #13

Measurable Annual Goals/Objectives: (Objectives required for students taking alternate assessments aligned to alternate achievement standards).

The IEP team must consider the students needs relating to:

-instruction and/or related services -community experiences -employment and other post-school adult living objectives -acquisition of daily living skills, if appropriate

Measurable Annual Goal: Social Skills/Behavior-	Progress will be measured as indicated below:		How progress will be reported to parents:	When progress will be reported to parents:
	Criteria	Evaluation Procedures		
Cody will follow and appropriately accept directions given by teacher/staff with redirection no more than 1 time as measured by teacher/staff observation	no more than 1 redirection	Teacher observation	written progress notes	3 times a year
Student's Progress Toward Goal				
Measurable Short-Term Objectives				
Cody will identify and follow school/class rules (e.g., keeps hands, feet, gestures, objects, comments to self).				
Cody will get attention in an appropriate manner.				
Cody will leave desirable activity without losing control when requested.				

Student's Name: CODY MILLER Date: 11/17/14 School District: North Bend School District #13

Measurable Annual Goals/Objectives: (Objectives required for students taking alternate assessments aligned to alternate achievement standards).

The IEP team must consider the students needs relating to:

-instruction and/or related services -community experiences -employment and other post-school adult living objectives -acquisition of daily living skills, if appropriate

Measurable Annual Goal: Functional Academics- Cody will select and apply mathematical operations in a variety of contexts such as (Shopping, making purchases and calculating discounts) with 85% accuracy	Progress will be measured as indicated below:		How progress will be reported to parents:	When progress will be reported to parents:		
	Criteria	Evaluation Procedures	Written Progress notes	3 times a year		
	85%	Teacher observation, informal testing, community outings	Student's Progress Toward Goal			
Measurable Short-Term Objectives						
Cody will count and make change with mixed coins and bills to 10's.						
Cody will calculate the cost of multiple purchases and make payment for those purchases with 85% accuracy.						

Student's Name: CODY MILLER Date: 11/17/14 School District: North Bend School District #13

Measurable Annual Goals/Objectives: (Objectives required for students taking alternate assessments aligned to alternate achievement standards).

The IEP team must consider the students needs relating to:

-instruction and/or related services -community experiences -employment and other post-school adult living objectives -acquisition of daily living skills, if appropriate

Measurable Annual Goal: Transition:	Progress will be measured as indicated below:		How progress will be reported to parents:	When progress will be reported to parents:
	Criteria	Evaluation Procedures		
Cody will select a recipe, create a shopping list, purchase items and follow a recipe in 4 out of 5 trials with no more than 2 prompts	4 out of 5	teacher observation	written progress notes	3 times a year
Student's Progress Toward Goal				
Measurable Short-Term Objectives				

North Bend School District #13

1913 Meade Street
 North Bend, OR 97459
 (541) 751-6773

Special Education Placement DeterminationStudent CODY MILLERDate 11/17/14 Student ID# 7082824

Placement Team (name and title):

Person Knowledgeable About the Student Mark Miller Person Knowledgeable About Evaluation Data Cheryl Dyer Person Knowledgeable About Placement Options Debra Smith

Parent Other Other Other

This placement is based on:

the attached IEP dated 11/17/14

attached evaluation information

other:

Below, document discussions regarding placement option(s), and indicate selected placement.

Placement Option Considered	Full time Regular Education with special education service provided in a regular education setting
Benefits	Full participation with non-disabled peers in the general curriculum Student would not miss any classroom time
Possible Harmful Effects on the Child and/or the Services to be Provided	Large group setting may be too distracting Pace of instruction in the large group setting may be frustrating
Modifications/Supplementary Aids & Services Considered	Provide quiet work space to minimize distractions Provide appropriate instructional modifications for student's special needs
Indicate Whether Option is Selected and Reasons <input checked="" type="checkbox"/> Rejected or <input type="checkbox"/> Selected	<u>Does not provide enough sm group instruction to focus on functional & modified program</u>

Placement Option Considered	Regular education with pullout for specially designed instruction in functional academics, transition, Speech-Language
Benefits	Smaller class size Specially designed instruction to meet individual needs specified in IEP
Possible Harmful Effects on the Child and/or the Services to be Provided	Separate curriculum and instruction may isolate student from peers Less interaction with non-disabled peers
Modifications/Supplementary Aids & Services Considered	Special education staff consults with teacher on regular basis Provide appropriate instructional modifications for student's special needs
Indicate Whether Option is Selected and Reasons <input type="checkbox"/> Rejected or <input checked="" type="checkbox"/> Selected	<u>Best meets cody's needs of a functional + modified program</u>

Placement Option Considered	
Benefits	
Possible Harmful Effects on the Child and/or the Services to be Provided	
Modifications/Supplementary Aids & Services Considered	
Indicate Whether Option is Selected and Reasons <input type="checkbox"/> Rejected or <input checked="" type="checkbox"/> Selected	

33

Federal Placement Code (SECC)

Parent provided with copy of placement determination