

Brookings-Harbor School District #17C

629 Easy Street  
Brookings, OR 97415  
(541) 469-7443

**Oregon Standard INDIVIDUALIZED EDUCATION PROGRAM**

**For students age 16 or older when IEP is in effect**

**Student's Name:** JOSEPH ROUNSAVILLE **Gender:** M **Date of Birth:** 07/28/97 **SSID:** 17156270

**Grade:** 12 **District:** Brookings-Harbor School District #17C **Home School:** Brookings-Harbor High School

**Attending School/District:** Brookings-Harbor High School **Case Manager:** Sidney Moseley

**Primary Disability Code:** 90 **Secondary Disability:** \_\_\_\_\_

**Annual IEP Meeting Date:** 06/03/15 **Revision date(s) to annual IEP (if needed):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reevaluation Due:** 05/07/18

**\* IEP Meeting Participants**

<u>participated by phone</u> Parent(s)	<u>Joe Rounsaville</u> Student	_____ Other _____
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<u>Sidney Moseley</u> Special Education Teacher / Provider	<u>Alex Merritt</u> Regular Education Teacher	_____ Other _____
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<u>Baron Guido</u> District Representative	<u>Sidney Moseley</u> Individual Interpreting Evaluations	_____ Other _____
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<u>Drew Carter, school counselor</u> Other	<u>Jonathon Trost, CC Juvenile Dept</u> Other	_____ Other _____
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_____ Other _____	_____ Other _____	_____ Other _____
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_____ Other _____	_____ Other _____	_____ Other _____
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_____ Other _____	_____ Other _____	_____ Other _____
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*\*If a required participant participates through written input or is excused from all or part of the IEP meeting, attach documentation of parents' and district agreement to participation by written input or excuse.*

**Student's Name:** JOSEPH ROUNSAVILLE **Date:** 06/03/15 **School District:** Brookings-Harbor School District #

**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  
word processor, access to digital software

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)

**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.

Joe is a junior at BHHS. He was found eligible for specific learning disability on 5/7/15 for writing. He has earned 9 out of the 24 credits required for graduation with a regular diploma. This is his initial IEP.

**Strengths of the student:** Joe sees his strengths as honesty, loyalty, persistent, friendly, and respectful. He also describes himself as a leader, a team player, hard working, helpful, patient, strong, and honest.

**Concerns of student:** Joe would like help with essay questions.

**Concerns of the parents for enhancing the education of their child:** Mom wants to make sure that Joe is comfortable, understands, and gets help when he needs it so he won't shut down.

**Present level of academic performance:** Joe's current progress grades are C in algebra 1A, F for weights, W for physical science, F in English II, F in US history, and F in world history. His algebra teacher reports that Joe has completed work outside of class and turned it in to earn his passing grade. His weights teacher stated that he's failing due to his extremely poor attendance. W is equivalent to an F.

KTEA-3 given 3/6/15 math composite 80, reading composite 103, writing composite 68  
There was both past and current documented lack of instruction for both math and English classes due to extremely poor attendance. Only Joe's writing ability appears to have been effected by his lack of instruction over time.

**Student's most recent performance on state or district- wide assessments:** Joe completed taking the Smarter Balanced assessments this spring. He hasn't taken any other Oregon state assessments.

**Present level of developmental and functional performance (including the results of the initial or most recent evaluation):** WAIS given 3/6/15 verbal comprehension 89 - low average, perceptual reasoning 86 - low average, working memory 74 - borderline, processing speed 94 - average, full scale 89 - low average (average begins at 90 so he is almost average)

**Medical statement dated 4/13/15 states that Joe has not been diagnosed with other physical, medical, sensory, or mental health conditions that may affect his educational performance.**

**How the student's disability affects involvement and progress in the general education curriculum:**

Joe displays a pattern of strengths and weaknesses in writing. He also has a long history, including this current school year, of poor attendance. It is doubtful that specially designed instruction will help him improve his educational performance unless his attendance improves. Up to this date his attendance has continued to be poor.

**Student's preferences, needs, interests, and results of age-appropriate transition assessments:**

Joe completed the student centered transition interview regarding post secondary goals on 6/1/15. He is unsure of what he wants to do after graduation. He would like to live independently from his family with a roommate, Joe states that he can perform all needed independent living skills. He doesn't have a state ID or a driver's license. Joe enjoys hanging out with friends, watching TV, listening to music, video game, basketball, church and community activities, going to the mall and movies, and outdoor activities such as baseball, hiking, fishing, and camping.

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## Transition Personal Profile

Eligibility	<input type="text" value="90"/>	<input type="text"/>	<input type="text"/>	JOSEPH ROUNSAVILLI	07/28/97	M	12	17156270	06/01/15
	(1st primary disability first)			Student Name	Birthdate	Gender	Grade	SSID#	Mo/Day/Year
05/07/18	06/03/15	Brookings-Harbor High School Brookings-Harbor School District #17C		1974	Sidney Moseley				
Reevaluation Due	IEP Next Due	Attending School / District		Resident District	Casemanager Name				

School completion options selected: graduate

Activities needed to complete selected options: CIS, welding, employability

### FUTURE PLANS

#### Short Term

graduate from high school

#### Long Term

not sure

### STRENGTHS

honesty  
loyalty  
persistent  
friendly  
respectful

### PREFERENCES/INTERESTS

music  
movies  
relaxing  
hanging out with friends

### Success/Accommodations

motivation  
setting goals for self

### Barriers/Issues

anger  
stress  
annoying people - loud

### Resources/Support

teachers  
family  
myself

**Transition:**

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

Joe is unsure of what he wants to do after graduation. He would like to live independently from his family with a roommate. Joe states that he can perform all needed independent living skills. He doesn't have a state ID or a driver's license. Joe enjoys hanging out with friends, watching TV, listening to music, video game, basketball, church and community activities, going to the mall and movies, and outdoor activities such as baseball, hiking, fishing, and camping.

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

15-16  
CIS  
welding  
employability

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. Jonathon Trost, CC Juvenile Department attended this meeting.

**Graduation:**

Anticipated graduation date: 06/2016

☒ with regular diploma

☐ with alternate document (describe) \_\_\_\_\_

**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 06/02/15

*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.*

**Brookings-Harbor School District #17C**

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**Notice of Transfer of Special Education Rights**

Date 06/02/15

Dear Jody Rounsaville & Manuel Valen and JOSEPH ROUNSAVILLE,  
Parent(s) Student Name

When JOSEPH ROUNSAVILLE turns 18 on 07/28/15 all special  
Student Name Date  
education rights that were given to the parent(s) will transfer to the student, unless a court  
has appointed a legal guardian. Parent(s) will continue to receive any future notice required  
by state and federal laws regarding the educational programs for the student. If you have  
any questions, you may contact the person listed below.

<u>Baron Guido</u>	<u>Special Educ Director</u>	<u>541-214-1488</u>
Name	Position	Telephone

Brookings Harbor High School, 629 Easy St, Brookings, OR 97415  
Address

A copy of procedural safeguards is enclosed.

cc: Parent/Guardian  
Student  
Special Education Office

**Student's Name:** JOSEPH ROUNSAVILLE **Date:** 06/03/15 **School District:** Brookings-Harbor School District #1

**Measurable annual goals page:**

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 Goals:	How progress will be measured:		How progress will be reported to parents: written progress	When progress will be reported to parents: with district wide progress reports
	Criteria	Evaluation Procedures	Student's Progress Toward Goal	
CC.11-12.W.1d Establish and maintain a formal style and objective tone while attending to the norms and conventions of the discipline in which they are writing.  Given a writing assignment Joe will develop his topic using relevant facts, concrete details, quotations, and examples with 70% accuracy, while attending to the norms and conventions required.	70% accuracy	curriculum based assessments, teacher data reports and observations, teacher designed assessments		
Organization Given an assignment to be completed in class or as a long-term project, Joe will record the assignment as well as any relevant information and complete the assignment in a timely manner with 70% accuracy.	70% accuracy	teacher data reports and observations, class progress		
Transition  Joe will explore and orally report about 2 careers to include job outlook, salary range and education/training needed.	oral report with criteria listed in goal	teacher data reports and observations		

**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
<b>Reading/Literature:</b> 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		
<b>Mathematics:</b> 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		
<b>Writing:</b> 4, 7 and HS/11  <input type="checkbox"/> Standard (may include accommodations)	*Extended Assessment <input type="checkbox"/> *Standard Administration <input type="checkbox"/> *Scaffold Administration		
<b>Science:</b> 5, 8 and HS/11  <input type="checkbox"/> Standard (may include accommodations)	*Extended Assessment <input type="checkbox"/> *Standard Administration <input type="checkbox"/> *Scaffold Administration		



Student's Name: JOSEPH ROUNSAVILLE Date: 06/03/15 School District: Brookings-Harbor School District #17C

### 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
<b>Assessment:</b> <hr/> Grades administered: _____ <input type="checkbox"/> Standard administration	<input type="checkbox"/> District Alternate Assessment <input type="checkbox"/> Other: _____		
<b>Assessment:</b> <hr/> Grades administered: _____ <input type="checkbox"/> Standard administration	<input type="checkbox"/> District Alternate Assessment <input type="checkbox"/> Other: _____		
<b>Assessment:</b> <hr/> Grades administered: _____ <input type="checkbox"/> Standard administration	<input type="checkbox"/> District Alternate Assessment <input type="checkbox"/> Other: _____		
<b>Assessment:</b> <hr/> Grades administered: _____ <input type="checkbox"/> Standard administration	<input type="checkbox"/> District Alternate Assessment <input type="checkbox"/> Other: _____		

Student's Name: JOSEPH ROUNSAVILLEDate: 06/03/15 School District: Brookings-Harbor School District #

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

Specially Designed Instruction	Anticipated Amount/Frequency	Anticipated Location	Starting Date	Ending Date	Provider (LEA, ESD, Regional)
Writing	10 min/day	General Ed Classroom	06/03/15	06/02/16	LEA
Transition	30 min/month	General Ed Classroom	06/03/15	06/02/16	LEA
Organization	10 min/day	General Ed Classroom	06/03/15	06/02/16	LEA
Related Services	Anticipated Amount/Frequency	Anticipated Location	Starting Date	Ending Date	Provider (LEA, ESD, Regional)
None needed:discussed					
Supplementary Aids/Services: Modifications/Accommodations	Anticipated Amount/Frequency	Anticipated Location	Starting Date	Ending Date	Provider (LEA, ESD, Regional)
access to word processor	all writing assignments	General Ed Classroom	06/03/15	06/02/16	LEA
graphic organizer	for all essay assignments	General Ed Classroom	06/03/15	06/02/15	LEA
access to digital software	Daily	General Ed Classroom	06/03/15	06/02/15	LEA
Supports for School Personnel	Anticipated Amount/Frequency	Anticipated Location	Starting Date	Ending Date	Provider (LEA, ESD, Regional)
Consult with staff	60 min/year	All School Settings	06/03/15	06/02/16	LEA

**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: \_\_\_\_\_

If yes, provide explanation justifying the removal: \_\_\_\_\_

**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

☐ No

☒ To be considered: Will meet to consider ESY by 05/01/16 (date)

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**Special Education Placement Determination**

**Student** JOSEPH ROUNSAVILLE **Date** 06/03/15 **Student ID#** 17156270

**Placement Team (name and title):**

<u>Alex Merritt</u> Person Knowledgeable About the Student	<u>Sidney Moseley</u> Person Knowledgeable About Evaluation Data	<u>Baron Guido</u> Person Knowledgeable About Placement Options
<u>participated by phone</u> Parent	<u>Joe Rounsaville</u> Other	<u>Drew Carter</u> Other
<u>Jonathon Trost</u> Other	<u>Other</u>	<u>Other</u>

This placement is based on:

- ☒ the **attached** IEP dated 06/03/15 ☐ 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
Possible Harmful Effects on the Child and/or the Services to be Provided	Pace of instruction in the large group setting may be frustrating
Modifications/Supplementary Aids & Services Considered	Consultation on modifications/accommodations
Indicate Whether Option is Selected and Reasons <input type="checkbox"/> Rejected or <input checked="" type="checkbox"/> Selected	Best meets education needs

Placement Option Considered	Regular education with one period of pull-out special education services
Benefits	Specially designed instruction to meet individual needs
Possible Harmful Effects on the Child and/or the Services to be Provided	Separate curriculum and instruction may isolate student from peers
Modifications/Supplementary Aids & Services Considered	Encourage participation in appropriate after school activities
Indicate Whether Option is Selected and Reasons <input checked="" type="checkbox"/> Rejected or <input type="checkbox"/> Selected	too restrictive

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 type="checkbox"/> Selected	

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DATE: 02/25/15  
mm/dd/yy

**NOTICE OF TEAM MEETING****Note:**

Parent waived 10 day right of notice.

Dear Jody Rounsaville & Manuel Valentine and JOSEPH ROUNSAVILLE  
(Parent) (student; required for students who are or will be 16 or older while the IEP is in effect, if a purpose of the meeting is to consider postsecondary goals and transition services)

You are invited to a meeting for JOSEPH MICHAEL ROUNSAVILLE  
(Student's Full Name)

At this meeting we will:

- ☒ Review existing information about your child, and
  - ☒ Decide if your child should be evaluated for special education eligibility.
  - ☐ Decide whether additional testing is needed.
  - ☐ Decide whether your child is eligible for or continues to be eligible for special education.
- ☐ Develop or review an individualized education program (IEP) and placement for your child. The development of the IEP will be based on information from a variety of sources including the most recent evaluation, progress reports, test results, and information from you.
- ☐ Consider your child's transition needs or services for a student age 16 or older. (To the extent appropriate, with the consent of the parents or adult student, the district must invite a representative of any participating agencies likely to be responsible to provide or pay for transition services.)
- ☐ Other:

The meeting is scheduled for Thursday 03/05/15 at 8:00am  
(Day) (Date) (Time)

The meeting will be held at Brookings Harbor High School, Room 207A  
(Location)

We encourage you to participate in all meetings about your child's special education program. If you cannot attend this meeting, or wish to discuss a different meeting location or time, or would like to participate through alternate means, please contact:

Cheryl Buehler at 541-469-7427x241 by 03/05/15  
(Name) (Phone) (Date)

If you choose not to participate, the meeting may be conducted without you. If you are not going to attend, please contact the individual named above to provide them with information you wish to have considered as part of this meeting.

Individuals invited to attend are: <u>Name/Position/Agency</u>	Individuals required to attend are: <u>Name/Position/Agency</u>
Cheryl Buehler, Special Ed. Facilitator	Lisa Dion, Alex Merritt, and/or Baron Guido, District Rep.
Donna Lee, School Psychologist	Sidney Moseley, Special Ed. Case Manager
Wendy Lang, CC Juvenile Department	Susan Hanscam, Algebra Teacher
Drew Carter, Guidance Counselor	Lisa Piscitello, English Teacher

You may invite other individuals who have knowledge or special expertise about your child. Please contact us if you plan to invite others, not listed on this invitation, to the meeting. For an IEP meeting, you and the district may agree to excuse a required participant or allow their participation by submission of written input. See *Written Agreement* form.

**Brookings-Harbor School District #17C**

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**PRIOR NOTICE OF SPECIAL EDUCATION ACTION**

**DATE:** 06/03/15  
MM/DD/YY

Dear: Jody Rounsaville & Manuel Valentine,

This notice informs you of the following action:

The team met to initiate Joseph Rounsaville's Individualized Education Plan (IEP) and wrote goals for specially designed instruction. Team also determined his current placement.

which is a ☒ **proposal** or ☐ **refusal** to ☒ **initiate** or ☐ **change**

the following aspect of JOSEPH ROUNSAVILLE's special education:

- ☐ Identification
- ☐ Placement (other than initial placement)
- ☒ Provision of a free, appropriate public education (includes IEP)

**This action is proposed because:**

The team decided that Joe would benefit from specially designed instruction and support.

**This action is based on the following evaluation procedures, tests, records or reports:**

initial eligibility, progress reports, academic progress, attendance and discipline reports.

**Other options we considered were:**

Not writing an initial IEP.

**We rejected these options because:**

Joe was found eligible for special education services and the initial IEP needed to be written.

**Any other factors considered by the team:**

Joe's attendance must improve in order for him to benefit from specially designed instruction.

Parents of a child with a disability have protection under procedural safeguards. For a copy of the Procedural Safeguards or for assistance in understanding this information you may contact:

Baron Guido

Name

Special Educ Director

Title

(541) 412-1488

Phone

# Brookings-Harbor School District #17C

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## Meeting Minutes

<u>JOSEPH ROUNSAVILLE</u>	<u>07/28/97</u>	<u>M</u>	<u>12</u>	<u>3/5/15</u>
Student Name	Birthdate	Gender	Grade	Mo/Day/Year
<u>Brookings-Harbor School District #17C</u>	<u>1974</u>	<u>17156270</u>	<u>Sidney Moseley</u>	
Attending District	Resident District	SSID#	Casemanager Name	
<u>Brookings-Harbor High School</u>				
Attending School				

Type of Meeting: ☐ Parent Meeting ☐ IEP/IFSP Meeting ☐ Staff Meeting ☒ Other Pre-eval

FACILITATOR: Moseley RECORDER: Guido

Present: (Name and Title)

<u>Jody Rounsaville, Parent</u>	<u>Joe Rounsaville, Student</u>
<u>Baron Guido, District Rep.</u>	<u>Jonathan Trost, CC Juvenile Department</u>
<u>Sidney Moseley, Special Ed. Teacher</u>	<u>Donna Lee, School Psychologist</u>
<u>Cheryl Buehler, Special Ed. Facilitator</u>	<u>Drew Carter, Guidance Counselor, Alex Merritt, Vice Prin</u>

Concerns to be addressed:

- |                                 |          |
|---------------------------------|----------|
| 1. <u>Determine Eval. needs</u> | 4. _____ |
| 2. _____                        | 5. _____ |
| 3. _____                        | 6. _____ |

### Discussion/Data/Decision/Recommendations

Mom could not make it. A Copy will be mailed home to mom.  
Mom gave permission to hold the meeting without the general ed. teacher.  
Drew shared he was referred to BSAP and struggles academically.  
Mom shared that she has concerns about his success in school and shutting down at times.  
Joe stated he struggles in English and History. He likes Math.  
Drew stated that he is well liked by his peers and feels supported at BHHS.  
Donna recommended that testing be done to gather more recent information.  
Mom and Joe both agree that cognitive testing should be done.  
Testing to be conducted: Kaufman (KTEA-3), WAIS-4,  
Joe stated that he has a difficult time listening in class and paying attention. He stated he learns better by reading the material.  
Mom stated he has a diagnosis of ADHD.  
Donna added the BRIEF to the permission to test. She would also like to conduct the Conner's Rating Scale.  
Mom stated she would come in tomorrow and sign all the forms and provide previous documentation on Joe of his previous eligibility and special ed. services.

\*\*Copies of all forms that are completed as part of this special education team meeting are provided, free of charge, to parents. Copies may also be distributed to the student's special education files located in the building and district office, and to the specialist and teacher's working files.

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**Written Agreement between the Parent and the District  
Attendance at IEP not required**

Student Name JOSEPH ROUNSAVILLE Birth Date 07/28/97 Student ID# 17156270

Attending School Brookings-Harbor High School Case Manager Sidney Moseley

The authorized District staff has explained to the Parent that he or she is not required to enter into this agreement.

Baron Guido 03/05/15  
Authorized District Staff – Print Name Date

**A. CONTENT AREA OF EXCUSED MEMBER NOT DISCUSSED AT MEETING**

☐ The District and the Parent agree that the following member(s) of the IEP team are not required to attend the IEP meeting on \_\_\_\_\_, in whole or in part, because the member's area of the curriculum or related service is not being modified or discussed in the meeting. *List name(s) of member(s):*

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature Date Authorized District Staff Signature Date

**B. CONTENT AREA OF EXCUSED MEMBER DISCUSSED AT MEETING**

☐ The District and the Parent agree that the following member(s) of the IEP team may be excused from attending the IEP meeting on 03/05/15, in whole or in part, when the meeting involves a modification to or discussion of the member's area of the curriculum or related services, if the member submits in writing to the team input into the IEP before the meeting. *List name(s) of member(s):*

Susan Hanscam Lisa Piscitello \_\_\_\_\_

Judy Rounsaville 03/05/15 Baron Guido 03/05/15  
Parent Signature Date Authorized District Staff Signature Date

A copy of this document has been given to the parent(s).

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## Meeting Minutes

<u>JOSEPH ROUNSAVILLE</u>	<u>07/28/97</u>	<u>M</u>	<u>12</u>	<u>6/3/15</u>
Student Name	Birthdate	Gender	Grade	Mo/Day/Year
<u>Brookings-Harbor School District #17C</u>	<u>1974</u>	<u>17156270</u>	<u>Sidney Moseley</u>	
Attending District	Resident District	SSID#	Casemanager Name	
<u>Brookings-Harbor High School</u>				
Attending School				

Type of Meeting: ☐ Parent Meeting ☒ IEP/IFSP Meeting ☐ Staff Meeting ☒ Other initial IEP

FACILITATOR: Moseley RECORDER: Merritt/Guido

Present: (Name and Title)

Jody Rounsaville/parent by phone  
Sidney Moseley/spec educ teacher  
Baron Guido/district rep  
Jonathon Trost/CC juvenile dept

Joe Rounsaville/student  
Alex Merritt/reg educ teacher  
Drew Carter/school counselor

Concerns to be addressed:

- |                            |                               |
|----------------------------|-------------------------------|
| 1. <u>initial consent</u>  | 4. <u>determine placement</u> |
| 2. <u>review progress</u>  | 5. _____                      |
| 3. <u>review draft IEP</u> | 6. _____                      |

### Discussion/Data/Decision/Recommendations

Parent was not at the meeting, so representatives contacted the parent directly to facilitate the meeting. Mom participated by phone during the meeting.

Sidney began review of the IEP.  
Special factors, assistive technology, PLAAFP, goals  
Transition - Joe is to research job options/careers.

Reviewed goals for assignment completion.  
Reviewed placement for Joe: no pull out.

Looking at Options for some classes. Joe's reading skills indicate that he may do well online.



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**PRIOR NOTICE AND CONSENT FOR INITIAL PROVISION OF  
SPECIAL EDUCATION SERVICES**

**DATE:** 06/03/15  
MM/DD/YY

Dear Jody Rounsaville & Manuel Valentine

The team has found JOSEPH ROUNSAVILLE eligible to receive special education services.

These services are described in the individualized education program (IEP), dated 06/03/15 for your child.

**The proposed provision of special education services are recommended because:**

The team determined that he has strengths and weaknesses in his cognitive abilities and he needs specially designed instruction in the area of written expression.

**The proposed provision of special education services are based on the following evaluation procedures, tests, records, and reports.**

Psychological testing, academic testing, observations, file reviews, parent concerns, teacher concerns and academic data.

**Other options considered were:**

To leave him in regular education.

**We decided against these options because:**

Joseph needs specially designed instruction in written expression.

**Other factors considered were:** 504 plan.

If this action includes release of student educational records requiring parent consent, the "Records Release Form(s)" identifies the records to be released, and to whom; see Record Release dated: \_\_\_\_\_

Parents of a child with a disability have protection under procedural safeguards. For a copy of the procedural safeguards or for assistance in understanding this information you may contact:

Baron Guido  
NAME

Special Ed. Director  
TITLE

(541) 412-1488  
PHONE

**Consent for Initial Provision of Special Education Services**

☒ I give my permission for initial provision of special education services as described above. I understand my consent is voluntary and may be revoked for any reason before special education services begin.

☐ I refuse consent for initial provision of special education services for my child. I understand that my child will be treated as a child without a disability and not entitled to the procedural safeguards for children with disabilities.

Jody Rounsaville  
Signature (Parent/Guardian/Surrogate Parent or Adult Student)

06/03/15  
(mm/dd/yy)

**Brookings-Harbor School District #17C**

629 Easy Street  
Brookings, OR 97415  
(541) 469-7443

DATE: 05/14/15  
mm/dd/yy

**NOTICE OF TEAM MEETING****Note:**

Dear Jody Rounsaville & Manuel Valentine and JOSEPH ROUNSAVILLE  
(Parent) (student; required for students who are or will be 16 or older while the IEP is in effect, if a purpose of the meeting is to consider postsecondary goals and transition services)

You are invited to a meeting for JOSEPH MICHAEL ROUNSAVILLE  
(Student's Full Name)

At this meeting we will:

- ☐ Review existing information about your child, and
  - ☐ Decide if your child should be evaluated for special education eligibility.
  - ☐ Decide whether additional testing is needed.
  - ☐ Decide whether your child is eligible for or continues to be eligible for special education.
- ☒ Develop or review an individualized education program (IEP) and placement for your child. The development of the IEP will be based on information from a variety of sources including the most recent evaluation, progress reports, test results, and information from you.
- ☒ Consider your child's transition needs or services for a student age 16 or older. (To the extent appropriate, with the consent of the parents or adult student, the district must invite a representative of any participating agencies likely to be responsible to provide or pay for transition services.)
- ☐ Other:

The meeting is scheduled for Wed. 06/03/15 at 10:30 am  
(Day) (Date) (Time)

The meeting will be held at Brookings Harbor High School, Room 207A  
(Location)

We encourage you to participate in all meetings about your child's special education program. If you cannot attend this meeting, or wish to discuss a different meeting location or time, or would like to participate through alternate means, please contact:

Sidney Moseley at 541-469-2108 by 05/29/15  
(Name) (Phone) (Date)

If you choose not to participate, the meeting may be conducted without you. If you are not going to attend, please contact the individual named above to provide them with information you wish to have considered as part of this meeting.

Individuals invited to attend are: <u>Name/Position/Agency</u>	Individuals required to attend are: <u>Name/Position/Agency</u>
Joseph Rounsaville, Student	Jody Rounsaville, Parent
Drew Carter, Guidance Counselor	Baron Guido, District Rep.
Jonathon Trost, CC Juvenile Department	Sidney Moseley, Special Ed. Case Manager
Alex Merritt, Reg Ed.	Lisa Piscitello, English Teacher

You may invite other individuals who have knowledge or special expertise about your child. Please contact us if you plan to invite others, not listed on this invitation, to the meeting. For an IEP meeting, you and the district may agree to excuse a required participant or allow their participation by submission of written input. See *Written Agreement* form.