

Wallowa High School

P.O. Box 425
Wallowa, OR 97885
(541) 886-2951

Oregon Standard INDIVIDUALIZED EDUCATION PROGRAM

For students age 16 or older when IEP is in effect

Student's Name: Jazmyne Staples **Gender:** F **Date of Birth:** 08/28/99 **SSID:** 8877602

Grade: 9 **District:** Wallowa High School **Home School:** Wallowa High School

Attending School/District: Wallowa High School **Case Manager:** Charissa McCulloch

Primary Disability Code: 80 **Secondary Disability:** _____

Annual IEP Meeting Date: 03/19/15 **Revision date(s) to annual IEP (if needed):** _____

Reevaluation Due: 03/19/18

*** IEP Meeting Participants**

Parent(s)	Student	Other
Special Education Teacher / Provider	Regular Education Teacher	Other
District Representative	Individual Interpreting Evaluations	Other
Other	Other	Other
Other	Other	Other
Other	Other	Other
Other	Other	Other
Other	Other	Other

**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.*

Parent received a copy of the procedural safeguards. _____3/19/15