

DISTRICT-WIDE ASSESSMENT**District-wide Assessment:****Will the student participate in any District-wide Assessment during this IEP period?**

- ☐ No, District-wide Assessment not conducted at student's grade level (at time of testing)
- ☒ Yes, student's grade level at time of testing 12. If yes, describe participation decisions below:

Regular Assessment or Alternate Assessment (select one)	Accessibility Supports (includes all accommodations, designated supports, and/or universal tools the team identifies as necessary for statewide assessments)	*Explanation: State why student cannot participate in standard assessment and why particular alternate assessment selected is appropriate for student.
<input checked="" type="checkbox"/> Standard District Assessment <u>Reading - Essential Skills</u> <input type="checkbox"/> Without accessibility supports <input type="checkbox"/> With accessibility supports <input type="checkbox"/> Alternate District Assessment <hr/> <input type="checkbox"/> Without accessibility supports <input type="checkbox"/> With accessibility supports		
<input checked="" type="checkbox"/> Standard District Assessment <u>Writing - Essential Skills</u> <input type="checkbox"/> Without accessibility supports <input type="checkbox"/> With accessibility supports <input type="checkbox"/> Alternate District Assessment <hr/> <input type="checkbox"/> Without accessibility supports <input type="checkbox"/> With accessibility supports		

Student's Name: Hernandez-Hernandez, Yosainn

Date: 10/12/2015

School District: McMinnville School District

<input type="checkbox"/> Standard District Assessment _____ <input type="checkbox"/> Without accessibility supports <input type="checkbox"/> With accessibility supports <input type="checkbox"/> Alternate District Assessment _____ <input type="checkbox"/> Without accessibility supports <input type="checkbox"/> With accessibility supports		
<input type="checkbox"/> Standard District Assessment _____ <input type="checkbox"/> Without accessibility supports <input type="checkbox"/> With accessibility supports <input type="checkbox"/> Alternate District Assessment _____ <input type="checkbox"/> Without accessibility supports <input type="checkbox"/> With accessibility supports		

Student's Name: Hernandez-Hernandez, Yosalin

Date: 10/12/2015

School District: McMinnville School District

ANNUAL ACADEMIC AND FUNCTIONAL GOALS AND OBJECTIVES

Goal Area:		34 CFR 300.320(a)(2)(i)
Annual Measurable Goal (including conditions and frequency):		1
Reading: Given instruction and support, Yosalin will successfully complete two reading tasks to meet the Essential Skills requirement for graduation as measured by student work samples.		
Related Content Standard(s), if applicable:		
How progress will be measured:	How progress will be reported, including frequency:	
-Written Report	34 CFR 300.320(a)(3)(i) -At the end of each grading period	

Student's Name: Hernandez-Hernandez, Yosalin

Date: 10/12/2015

School District: McMinnville School District

ANNUAL ACADEMIC AND FUNCTIONAL GOALS AND OBJECTIVES

Goal Area:	34 CFR 300.320(a)(2)(i)	
Annual Measurable Goal (including conditions and frequency):	2	
: Given instruction and prompts, Yosalin will ask for help from an adult or peer at least one time per week in each class as measured by data probes and teacher records.		
Related Content Standard(s), if applicable:		
How progress will be measured:	How progress will be reported, including frequency:	34 CFR 300.320(a)(3)(i)

Student's Name: Hernandez-Hernandez, Yosainn

Date: 10/12/2015

School District: McMinnville School District

ANNUAL ACADEMIC AND FUNCTIONAL GOALS AND OBJECTIVES

Goal Area:		34 CFR 300.320(a)(2)(i)
Annual Measurable Goal (including conditions and frequency):	3	
Written Language: Given instruction and a support, Yosainn will successfully complete three writing samples to meet the Essential Skills writing requirements for graduation.		
Related Content Standard(s), if applicable:		
How progress will be measured:		How progress will be reported, including frequency: 34 CFR 300.320(a)(3)(i)
-Written Report		-At the end of each grading period

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

Specially Designed Instruction <i>34 CFR 300.39</i>	Anticipated Amount & Frequency	Anticipated Location	Starting Date	Ending Date	Provider	Role Responsible for Monitoring
Reading	45minutes per week	General Ed Classroom	10/13/2015	10/12/2016	LEA	Regular Education Teacher
Social Skills	60 minutes per month	Special Ed Classroom	10/13/2015	10/12/2016	LEA	Special Education Teacher
Written Language	45 minutes per week	General Ed Classroom	10/13/2015	10/12/2016	Regular Education Teacher	Regular Education Teacher
Related Services <i>34 CFR 300.34</i>	Anticipated Amount & Frequency	Anticipated Location	Starting Date	Ending Date	Provider	Role Responsible for Monitoring
The team determined no related service necessary			10/13/2015	10/12/2016		
Supplementary Aids/Services; Accommodations <i>34 CFR 300.320(a)(4)(i)-(iii)</i>	Anticipated Amount & Frequency	Anticipated Location	Starting Date	Ending Date	Provider	Role Responsible for Monitoring
Access to resource room	For assistance with assignments	Special Ed Classroom	10/13/2015	10/12/2016	LEA	Special Education Teacher
Check for understanding	Following assignment of tasks and homework	General Ed Classroom	10/13/2015	10/12/2016	LEA	Regular Education Teacher
Extended time	To complete quizzes and tests	Special Ed Classroom	10/13/2015	10/12/2016	LEA	Regular Education Teacher
Resource supported study hall	180 minutes per week	Special Ed Classroom	10/13/2015	10/12/2016	LEA	Special Education Teacher

Supplementary Aids/Services, Modifications <i>34 CFR 300.320(a)(4)(i)-(iii)</i>	Anticipated Amount & Frequency	Anticipated Location	Starting Date	Ending Date	Provider	Role Responsible for Monitoring
None needed			10/13/2015	10/12/2016		
Program Modifications/Supports for School Personnel <i>34 CFR 300.320(a)(4)(i)-(iii)</i>	Anticipated Amount & Frequency	Anticipated Location	Starting Date	Ending Date	Provider	Role Responsible for Monitoring
Autism Specialist consult	2 hours per year	Attending School	10/13/2015	10/12/2016	LEA	Autism Specialist
Learning Specialist consult	1 hour per year	Attending School	10/13/2015	10/12/2016	LEA	Special Education Teacher

NONPARTICIPATION JUSTIFICATION *34 CFR 300.320(a)(5)*

Describe the extent (including amount), if any, to which the child will not participate with nondisabled children in the regular classroom and in extracurricular and other nonacademic activities:

180 minutes per week

Provide explanation justifying the removal, if any:

Yosalinn will receive academic support in a resource supported study hall.

EXTENDED SCHOOL YEAR (ESY) SERVICES *34 CFR 300.106; OAR 581-015-2065*

Criteria/Inquiry:

Does the student experience regression on his/her IEP goals and objectives?

☐ Yes ☒ No ☐ More information needed

Explanation:

Does the student experience a prolonged recoupment period of time to relearn previously learned skills?

☐ Yes ☒ No ☐ More information needed

Explanation:

Other factors considered by the team:

Decision:

Does the student require ESY services?

☐ Yes (described below, including goals to be addressed)

☒ No

☐ To be determined by _____

Specially Designed Instruction <small>34 CFR 300.39</small>	Anticipated Amount & Frequency	Anticipated Location	Starting Date	Ending Date	Provider	Role Responsible for Monitoring

Special Education Placement Determination

Placement Team (name and title):

Person Knowledgeable About the Child: **SAVAGE, KERIE**Person Knowledgeable About Evaluation Data: **Blanco, Therese**Person Knowledgeable About Placement Options: **Jones, Linda**Parent: **Hernandez, Maria**Other: **Amy Fast**Other: **Yosalin Hernandez**

- This placement is based on:**
- ☒ the attached IEP, dated: 10/12/2015
- ☐ attached evaluation information
- ☐ evaluation information listed here:

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

Placement Option(s) Considered	Benefits	Possible Harmful Effects on the Child and/or the Services to be Provided	Modifications/Supplementary Aids & Services Considered to Reduce Harmful Effects	Indicate Whether Option is Selected and Reason(s) Rejected or Selected
General education classroom with push-in resource support	With non-disabled peers Regular curriculum Resource support	Lack of small group instruction and/or 1:1 support	Access to resource room Extended time	Rejected - Does not meet the needs of the student
General education classroom with push-in resource support and a resource supported study hall	With non-disabled peers most of the day Regular curriculum Resource support Small group instruction	Away from non-disabled peers part of the day Loss of elective	Access to non-disabled peers whenever possible Preferential scheduling	Selected - Best meets the needs of the student

Placement: School Age

Federal Placement Code (SECC)

☐ Parent provided with copy of placement determination