

**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:

| <b>Regular Assessment or<br/>Alternate Assessment<br/>(select one)</b>  | <b>Accessibility Supports</b><br>(includes all accommodations, designated supports, and/or universal tools the team identifies as necessary for statewide assessments) | <b>*Explanation:</b><br><i>State why student cannot participate in standard assessment and why particular alternate assessment selected is appropriate for student.</i> |
|---|--|---|
| <input checked="" type="checkbox"/> Standard District Assessment<br><b>Reading - Essential Skills</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Without accessibility supports</li> <li><input type="checkbox"/> With accessibility supports</li> </ul> <input type="checkbox"/> Alternate District Assessment<br><hr/> <ul style="list-style-type: none"> <li><input type="checkbox"/> Without accessibility supports</li> <li><input type="checkbox"/> With accessibility supports</li> </ul> |  |   |
| <input checked="" type="checkbox"/> Standard District Assessment<br><b>Writing - Essential Skills</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Without accessibility supports</li> <li><input type="checkbox"/> With accessibility supports</li> </ul> <input type="checkbox"/> Alternate District Assessment<br><hr/> <ul style="list-style-type: none"> <li><input type="checkbox"/> Without accessibility supports</li> <li><input type="checkbox"/> With accessibility supports</li> </ul> |  |   |

Student's Name: Hernandez-Hernandez, Yosalinn

Date: 10/12/2015

School District: McMinnville School District

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

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## ANNUAL ACADEMIC AND FUNCTIONAL GOALS AND OBJECTIVES

|   |   |
|---|---|
| <b>Goal Area:</b>   | 34 CFR 300.330(a)(2)(ii)  |
| <b>Annual Measurable Goal (including conditions and frequency):</b>   | 1   |
| <b>Reading:</b> Given instruction and support, Yosalinn will successfully complete two reading tasks to meet the Essential Skills requirement for graduation as measured by student work samples. |   |
| <b>Related Content Standard(s), if applicable:</b>  |   |
| <b>How progress will be measured:</b>   | <b>How progress will be reported, including frequency:</b><br>34 CFR 300.320(a)(3)(i) |
| -Written Report   | -At the end of each grading period  |

## ANNUAL ACADEMIC AND FUNCTIONAL GOALS AND OBJECTIVES

|  |  |
|--|--|
| <b>Goal Area:</b>  | <b>34 CFR 300.320(a)(2)(i)</b>                             |
| <b>Annual Measurable Goal (including conditions and frequency):</b>  | 2  |
| : Given instruction and prompts, Yosalinn 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. |  |
| <b>Related Content Standard(s), if applicable:</b>   |  |
| <b>How progress will be measured:</b>  | <b>How progress will be reported, including frequency:</b> |
|  | 34 CFR 300.320(a)(3)(i)                                    |

Student's Name: Hernandez-Hernandez, Yosalinn

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**ANNUAL ACADEMIC AND FUNCTIONAL GOALS AND OBJECTIVES**

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

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

| <b>Specialty Designed Instruction</b><br><i>34 CFR 300.39</i>                              | <b>Anticipated Amount &amp; Frequency</b>  | <b>Anticipated Location</b> | <b>Starting Date</b> | <b>Ending Date</b> | <b>Provider</b>           | <b>Role Responsible for Monitoring</b> |
|--|--|-----------------------------|----------------------|--------------------|---------------------------|--|
| 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              |
| <b>Related Services</b><br><i>34 CFR 300.34</i>  | <b>Anticipated Amount &amp; Frequency</b>  | <b>Anticipated Location</b> | <b>Starting Date</b> | <b>Ending Date</b> | <b>Provider</b>           | <b>Role Responsible for Monitoring</b> |
| The team determined no related service necessary   |  |                             | 10/13/2015           | 10/12/2016         |                           |  |
| <b>Supplementary Aids/Services; Accommodations</b><br><i>34 CFR 300.320(a)(4)(i)-(iii)</i> | <b>Anticipated Amount &amp; Frequency</b>  | <b>Anticipated Location</b> | <b>Starting Date</b> | <b>Ending Date</b> | <b>Provider</b>           | <b>Role Responsible for Monitoring</b> |
| 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<br>34 CFR 300.320(a)(4)(i)-(iii) | Anticipated Amount & Frequency | Anticipated Location | Starting Date | Ending Date | Provider | Role Responsible for Monitoring |
|---|--------------------------------|----------------------|---------------|-------------|----------|---------------------------------|
| None needed   |                                |                      | 10/13/2015    | 10/12/2016  |          |                                 |

**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 581-045-2065****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 recuperation period of time to relearn previously learned skills?

Yes    No    More information needed

Explanation:

Student's Name: Hernandez-Hernandez, Yosalinn

Date: 10/12/2015

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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 \_\_\_\_\_

| Specialty Designed Instruction<br>24 CFR 300.39 | 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,**  
**KERRIE**

Person Knowledgeable About Evaluation Data:  
**Blanco, Therese**

Person Knowledgeable About Placement Options:  
**Jones, Linda**

Parent: **Hernandez, Maria**

Other: **Amy Fast**

Other: **Yosalinn 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<br>Regular curriculum<br>Resource support  | Lack of small group instruction and/or 1:1 support                       | Access to resource room<br>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<br>Regular curriculum<br>Resource support<br>Small group instruction | Away from non-disabled peers<br>Loss of elective                         | Access to non-disabled peers whenever possible<br>Preferential scheduling        | Selected - Best meets the needs of the student                         |

Placement: School Age      Federal Placement Code (SECC)       Parent provided with copy of placement determination