

STATUS: Active

LOOC Student # 54907

Legal Name Younger Skyler SSID 7743084

Preferred Name Synergy # 275730

Gender M DOB 2/11/98 Age 17 Ethnicity Not Hispanic / Latino

Entry Date LO ☐ American Indian Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian Other Pacific Is. ☒ White

Grade 12 Graduate 2016 Admin District Oregon City School District 1928

Outside Placement ☐ Option Student ☐ Resident School OCS 118

Limited English Proficiency ☐ 504 ☐ Resident District Oregon City SD 62 1928

Transportation ☐ Yes ☒ No Attending School OCS 118

Private School Attending District Oregon City SD 62 1928

Last IEP Change 03/12/2015 Initial Eligibility Date 03/13/2014 Federal Placement 30 Agency Serv 30 Status 1

Pending IEP Date 03/12/2015 Current Eligibility Date 03/13/2014 Non-Part Time 5 hrs min Enrollment Type N

IEP Review Date 03/11/2016 Re-eval Date 03/12/2017 Sp. Ed. Time Per Week hours 40 minutes

IEP Revision Date

ISP Meeting Date

ISP Review

Plan 504 Meeting Date Eligibility Date

Projected Date ReEval Date

Initial Placement ☐ Y ☐ N Child Find ☐Private @ Referral ☐ Determination ☐Date consent for eval signed Elig Determination Date # of **School Days** for elig determination Reason over 60 Comment (Reason over 60) Regional Svcs ☐ Autism ☐ Hearing ☐ Ortho ☐ Vision ☐

Disability

Current

Initial

Elia Date

Elia Date

1 60 Emotional Disturbance03/13/201403/13/20142 3 4

Assigned Service Provider Position CMgr

Petroliunas, Ann Learning Specialist ☒Pray, Zella Secretary ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Records sent to:

DNQ ☐ Decertified ☐ Parent Revoked ☐

District/Agency:

Notes

90 QUALIFIER

☐ Mathematics☐ Reading☐ Written Expression☐ Listening Comprehension☐ Calculation☐ Fluency☐ (including broad written language)☐ Oral Expression☐ Problem Solving☐ Comprehension☐ Basic Reading Skills

STUDENT INFORMATION

Skyler Younger

Guardian(s): Custody _____

Ext./Notes

Relationship Father

Home Phone 503-631-7202

Name Jay Younger

Work Phone 503-631-7796

Address 15822 S Neibur Rd
Oregon City OR 97045

Cell Phone 503-632-8222

Message Phone _____

Lives with? ☒

E-mail Youngerww@peoplepc.com



IEP Checklist

OREGON CITY PUBLIC SCHOOLS
1306 12th - Oregon City, OR 97045
(503) 785-8400 - Fax: (503) 657-2505

Name: **Skyler Younger**

IEP Date: **03/12/2015**

Student #: **54907**

Meeting Participants:

Jay Younger, Kyle Laier, Skyler Younger, Sue Acord, Jeff Zeman, Meagan Christopher, Martin Rausch

District provided Interpreter for meeting? If yes, Name _____

Opening

- ☒ Introductions
- ☒ Review agenda
- ☒ Parent rights offered
- Accepted ☐ Yes ☐ No

Meeting

- ☒ Special Factors

Present Level of Academic & Functional Performance

- ☐ Students' overall strengths, interests and preferences
- ☐ Input from parent(s) in the area of academic/functional performance
- ☐ Present level of Academic Achievement-including State & district wide assessment
 - ☐ Strengths
 - ☐ Needs
 - ☐ How the disability affects progress in Gen Ed.

Transition Services

- ☐ Transition Planning-when age appropriate
 - ☐ Results of age appropriate transition assessment
 - ☐ Students preferences, interests, needs & strengths
- ☐ Post-Secondary goals
 - ☐ Training
 - ☐ Education
 - ☐ Employment
 - ☐ Independent Living Skills
- ☐ Transition Services/Activities
- ☐ Course of Study
- ☐ Agency Participation
- ☐ Graduation
- ☐ Transfer of Rights

Introductions

Current class with D was discussed

Progress

Megan Christopher shared Skyler's workbook

Martin shared information about his class; at his point, Skyler has not passed Mr. Rausch said he would be open to retake of four unpassed quizz's to try to gain credit

Skyler noted that he didn't think the people at the high school knew he was on an IEP- Sue said she would make sure the high school people were aware

Transition-

Jr College first, probably CCC then to a four-yr college, Skyler is undecided about future career at this point

skyler said he wanted to take Psychology class

Name: **Skyler Younger** Student#: **54907** Date of IEP: **3/12/2015**Date of IEP: **3/12/2015**

- ☐ ELA-Supports
- ☐ Math-Supports
- ☐ Science-Supports
- ☐ Social Science-Supports
- ☐ ELPA-Supports
- ☐ KG Assessment-Supports

- ☐ ELA-Supports
- ☐ Math-Supports
- ☐ Science-Supports
- ☐ Social Science-Supports
- ☐ ELPA-Supports
- ☐ KG Assessment-Supports

Annual Academic & Functional Goals &

☐ Annual Goal

☐ Review of Progress toward previous Goal

- ☐ Annual Goal
- ☐ Review of Progress toward previous Goal

- ☐ SDI
- ☐ Related Services
- ☐ Supplementary
aids/services/*Accommodations*
- ☐ Supplementary
aids/services/*Modifications*

- ☐ SDI
- ☐ Related Services
- ☐ Supplementary
aids/services/*Accommodations*
- ☐ Supplementary
aids/services/*Modifications*

- ☐ Extent of removal
- ☐ Justification of removal

- ☐ Extent of removal
- ☐ Justification of removal

☐ Regression

☐ Recoupment

☐ Qualifies

☐ Yes ☐ No ☐ To Be Considered

☐ SDI

☐ Related Services

- ☐ Regression
- ☐ Recoupment
- ☐ Qualifies
- ☐ Yes ☐ No ☐ To Be Considered
- ☐ SDI
- ☐ Related Services

- ☐ District Rep
- ☐ Selected Placement

- ☐ District Rep
 - ☐ Selected Placement

(207)

☐ 3 year re-evaluation

☐ Behavior Plan review

- ☐ 3 year re-evaluation
- ☐ Behavior Plan review



Part B: Oregon Standard Individualized Education Program

To be used in conjunction with Individualized Education Program, Part A: IEP Guidelines for Completion

DEMOGRAPHICS

Skyler Younger

Student

Oregon City SD 62

Resident District

03/12/2015

IEP Meeting Date

Gender: ☒ M ☐ F

Grade: **12**

Oregon City SD 62

Attending District

03/11/2016

Annual IEP Review Date

02/11/98

Date of Birth (mm/dd/yy)

OCS

Attending School

Amendment Date

7743084

Secure Student Identifier (SSID)

Petrolunas, Ann

Case Manager

03/13/2014

Most Recent (re)Evaluation Date

60 Emotional Disturbance

Primary Disability Code & Category

Secondary Disability Code & Category - OPTIONAL

03/12/2017

Re-evaluation Due Date

MEETING PARTICIPANTS

Skyler Younger

Student

SUE ACORD LS

Special Education Teacher / Provider

General Education Teacher

Agency Representative, if appropriate

Other: _____

Jay Younger

Parent/Guardian/Surrogate

Special Education Teacher / Provider

General Education Teacher

Other: _____

Other: _____

Parent/Guardian/Surrogate

District Representative

Jeff Zeman LS

Individual Interpreting Instructional Implication of Evaluations

Other: _____

Other: _____

NOTE: If a required team member participates through written input or is excused from all or part of the IEP meeting, attach documentation of parents' and district's agreement to participate by written input or excuse.

A district provided interpreter was used for this meeting: ☐ Yes ☐ No Name _____

PROCEDURAL SAFEGUARD NOTIFICATION

Parent was provided the special education procedural safeguards in his/her native language or other mode of communication

☐ Yes ☐ No

If student is of transition age, he/she was provided the special education procedural safeguards in his/her native language or other mode of communication

☐ Yes ☐ No

Student's Name Skyler Younger IEP Date 03/12/2015 School District Oregon City SD 62

SPECIAL FACTORS

In developing each student's IEP, the IEP team must consider:

A. Does the student exhibit behavior that impedes his /her learning or the learning of others?	
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If YES, the IEP addresses the use of positive behavioral interventions and supports, and other strategies, to address that behavior(s).</i>	
B. Does the student have limited English proficiency?	
<input type="checkbox"/> Yes English Language Level _____	<input checked="" type="checkbox"/> No
<i>If YES, the IEP team must consider the language needs of the student as those needs relate to the student's IEP.</i>	
C. Is the student blind or visually impaired?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If YES, Braille needs are addressed in the IEP, or an evaluation of reading/writing needs is completed and a determination is made that Braille is not appropriate.</i>	
D. Does the student have communication needs?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If YES, the IEP addresses communication supports, services, and/or instruction.</i>	
E. Is the student deaf or hard of hearing?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If YES, the IEP addresses the student's language and communication needs, opportunities for direct communication with peers and professional personnel in the student'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.</i>	
F. Does the student need assistive technology devices or services?	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If YES, the IEP addresses assistive technology devices or services.</i>	
G. Does the student require Accessible Instructional Materials (large print, Braille, audio or digital text)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If YES, alternate format(s) is/are identified in the IEP.</i>	

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

In developing each student's IEP, the IEP team must consider:

Student's overall strengths, interests, and preferences:

SKYLER'S IS A JUNIOR AT CAIS. HIS STRENGTH ACCORDING TO THE WJIII ARE IN READING AND WRITTEN LANGUAGE. HE SCORED A STANDARD SCORE OF 101 IN SPELLING ON THE WJIII

Input from parent(s) in the areas of academic achievement and functional performance, including concerns for enhancing the education of their child:

THAT SUPPORTS ARE IN PLACE TO ASSIST SKYLER IN HIS ACADEMIC CLASSES.

Present level of academic performance (i.e. reading, writing, mathematics, etc), including the student's most recent performance on State or district-wide assessments:

- **Strengths of the student**
- **Needs of the student**
- **How the student's disability affects involvement and progress in the general education curriculum**

MATH: STATE TESTING: ALGEBRA 239 M , GEOMETRY 223 NOT MET, STATISTICS 219 NOT MET.

CURRENT GRADES AT CAIS WRITING FOR UNDERSTANDING 93%, INTRODUCTION TO ELECTRONICS 62%, ECONOMICS IN US HISTORY 86%

SKYLER'S DEPRESSION AND ANXIETY OFTEN INHIBIT SKYLER'S ABILITY TO ENGAGE IN THE ACADEMIC REQUIREMENTS OF HIS CLASSES.

Present level of functional performance (not limited to, but may include communication, social skills, behavior, organization, fine/gross motor skills, self-care, self-direction, etc.), including the results of initial or most recent formal or informal assessments/observations:

- **Strengths of the student**
- **Needs of the student**
- **How the student's disability affects involvement and progress in the general education curriculum**

SOCIAL EMOTIONAL: SKYLER HAS SHOWN IMPROVEMENT IN THE AREA OF HANDLING AND DEALING APPROPRIATELY WITH ANXIETY. SKYLER HAS SUFFERED FROM PANIC ATTACKS. NONE HAVE BEEN OBSERVED IN THE SCHOOL ENVIRONMENT THIS YEAR

2014 SKYLER COMPLETED THE SELF REPORT VERSIONS OF BOTH THE BASC-2 AND CONNERS-3 HIS RESPONSES SHOWED THAT HE EXPERIENCED SCHOOL AS UNPLEASANT PLACE TO BE AND DOES NOT FEEL THAT HIS TEACHERS CARED ABOUT HIM. HE REPORTED SIGNIFICANT PROBLEMS WITH ANXIETY AND DEPRESSION AND FELT THAT HE HAD LITTLE CONTROL OF HIS LIFE OVER WHAT HAPPENED TO HIM. SKYLER HAD A POOR SELF-IMAGES AND FEELS UNABLE TO SOLVE PROBLEMS ON HIS OWN. SKYLER REPORTED SIGNIFICANT PROBLEMS WITH CONCENTRATING IN HIS CLASSES, IGNORING DISTRACTIONS, AND MAINTAINING FOCUS ON HIS SCHOOL WORK. HE ALSO REPORTED

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE CONTINUED

DIFFICULTY LEARNING NEW MATERIAL AND STAYING ORGANIZED.

SKYLER HAS BEEN DIAGNOSED WITH ANXIETY, DEPRESSION, ADHD-INATTENTIVE TYPE, AND HEADACHES.

TRANSITION PLANNING

Beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP team, and updated annually, thereafter, the IEP must include:

Results of age-appropriate transition assessments

Student's preferences, interests, needs and strengths (PINS)

SKYLER IS WORKING ON A STANDARD DIPLOMA. HE IS EXPLORING CLASSES THAT INTEREST HIM. HE HAS TAKEN DIGITAL PHOTOGRAPHY AT OCHS. HE ENJOYS SWIMMING AND PARTICIPATED IN SCOUTS.

Appropriate, measurable post-secondary goals based upon age-appropriate transition assessments

Training

Education

Employment

Independent living skills (where appropriate)

Student's Name Skyler Younger

IEP Date 03/12/2015

School District Oregon City SD 62

Transition Services/Activities: Transition Services include instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and if appropriate, acquisition of daily living skills and provision of a functional vocational evaluation.

STANDARD DIPLOMA

EXPLORING ELECTIVES THAT MATCH INTERESTS

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

CAIS CHARTER SCHOOL

REQUIREMENTS FOR STANDARD DIPLOMA

ELECTIVES THAT MATCH CAREER INTERESTS

Agency Participation: Prior to inviting, parent and/or adult student must consent to the agency's 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 transition planning.

NA

Graduation

Anticipated graduation date 2016 Diploma Type:

☒ With Regular Diploma

☐ With Modified Diploma

☐ With Extended Diploma

☐ With Alternative Certificate

Transfer of Rights

The student and parent were 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:

Date anticipated transfer will occur: 3/12/2015

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.

Statewide Assessment

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

- ☐ No, the Statewide Assessment not conducted at student's grade level (at time of testing)
- ☒ Yes (student's grade level at time of testing 11/12). *If yes, describe participation decisions below:*

Standard 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)	Modified Cut Scores (Only available for regular assessment with or without accommodations)	<u>*Explanation</u> <i>State why student cannot participate in regular assessment and why particular alternate assessment selected is appropriate for student</i>
<input checked="" type="checkbox"/> Standard: English Language Arts/Literacy <input type="checkbox"/> Without accommodation <input type="checkbox"/> With accommodation <input type="checkbox"/> Alternate: Extended Assessment*			
<input checked="" type="checkbox"/> Standard: Mathematics <input type="checkbox"/> Without accommodation <input type="checkbox"/> With accommodation <input type="checkbox"/> Alternate: Extended Assessment*			
<input checked="" type="checkbox"/> Standard: Science <input type="checkbox"/> Without accommodation <input type="checkbox"/> With accommodation <input type="checkbox"/> Alternate: Extended Assessment*			
<input type="checkbox"/> Standard: Social Sciences <input type="checkbox"/> Without accommodation <input type="checkbox"/> With accommodation <input type="checkbox"/> Alternate: Extended Assessment*			

Regular Assessment	Accessibility Supports (includes all accommodations, designated supports, and/or universal tools the team identifies as necessary for statewide assessments)	Exemption Decisions (identify appropriate domains) Due to the nature of some students' disabilities, an IEP team might exempt the student from responding to a particular domain.	Explanation Statement why student cannot participate in select domains
English Language Proficiency Assessment (ELPA) <input type="checkbox"/> Without accommodation <input type="checkbox"/> With accommodation		<input type="checkbox"/> *Listening <input type="checkbox"/> *Reading <input type="checkbox"/> *Writing <input type="checkbox"/> *Speaking	
Kindergarten Assessment (KA) <input type="checkbox"/> Without accommodation <input type="checkbox"/> With accommodation		<input type="checkbox"/> *Early Literacy <input type="checkbox"/> *Early Math <input type="checkbox"/> *Approaches to Learning	

DISTRICT-WIDE ASSESSMENT

District-wide Assessment

Will the student participate in any Districtwide 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 · _____ *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: <i>State why student cannot participate in regular assessment and why particular alternate assessment selected is appropriate for student.</i>
<input type="checkbox"/> Standard District Assessment: _____ <input type="checkbox"/> Without accommodation <input type="checkbox"/> With accommodation <input type="checkbox"/> Alternate District Assessment: _____ <input type="checkbox"/> Without accommodation <input type="checkbox"/> With accommodation		
<input type="checkbox"/> Standard District Assessment: _____ <input type="checkbox"/> Without accommodation <input type="checkbox"/> With accommodation <input type="checkbox"/> Alternate District Assessment: _____ <input type="checkbox"/> Without accommodation <input type="checkbox"/> With accommodation		
<input type="checkbox"/> Standard District Assessment: _____ <input type="checkbox"/> Without accommodation <input type="checkbox"/> With accommodation <input type="checkbox"/> Alternate District Assessment: _____ <input type="checkbox"/> Without accommodation <input type="checkbox"/> With accommodation		

ANNUAL ACADEMIC AND FUNCTIONAL GOALS AND OBJECTIVES

Goal Area: **Math**

Annual Measurable Goal (including conditions and frequency):

GIVEN INSTRUCTION IN A MATH CLASSROOM WITH RESOURCE ROOM SUPPORT, SKYLER WILL IMPROVE HIS MATH SKILLS AS MEASURED BY CURRICULUM BASED TESTS AND STATE TESTING..

Objectives

- SKYLER will
- solve and graph linear equations and inequalities
- Solve and explain solutions of systems of equations
- Understanding properties of exponents and radicals
- Explain problem solving methods orally or in writing.

Related Content Standard(s), if applicable:

How progress will be measured:

70% ACCURACY; , curriculum based measures

How progress will be reported, including frequency:

Progress will be in writing; With schools regular written report cards

Progress Towards Goal

ANNUAL ACADEMIC AND FUNCTIONAL GOALS AND OBJECTIVES

Goal Area: **Self Management**

Annual Measurable Goal (including conditions and frequency):

When Skyler is feeling overwhelmed, he will be able to problem solve with his teachers, strategies for completing class requirements. ‘

Objectives

- SKYLER WILL:
- ASK TO TAKE A BREAK WHEN FEELING OVERWHELMED.
- MEET WEEKLY WITH CASE MANAGER TO GO OVER WEEKLY PROGRESS
- VERBALIZE HIS FEELINGS OF STRESS AND WORK ON CALMING METHODS

Related Content Standard(s), if applicable:

How progress will be measured:

80% of the time; Teacher observation, classwork, completion data

How progress will be reported, including frequency:

Progress will be in writing; With schools regular written report cards

Progress Towards Goal

ANNUAL ACADEMIC AND FUNCTIONAL GOALS AND OBJECTIVES

Goal Area: **Transition**

Annual Measurable Goal (including conditions and frequency):

GIVEN AN EDUCATIONAL PLACEMENT DESIGNED TO EARN A STANDARD DIPLOMA, SKYLER WILL COMPLETE REQUIREMENTS FOR A STANDARD DIPLOMA AND TAKE CLASSES THAT MATCH HIS POST HIGH SCHOOL CAREER INTERESTS.

Objectives

GIVEN AN EDUCATIONAL PLACEMENT, SKYLER WILL ATTEND THIS PLACEMENT AND ACCRUE CREDITS TOWARD HIS GRADUATION WITH A STANDARD DIPLOMA

SKYLER WILL COMPLETE AND MEET STATE STANDARDS IN READING, WRITING, AND MATH.

SKYLER WILL TAKE COURSES AND ELECTIVES THAT MATCH HIS CAREER INTERESTS

Related Content Standard(s), if applicable:

How progress will be measured:

COURSE REQUIREMENTS STANDARD DIPLOMA
MEETING READING, WRITING AND MATH STATE STANDARDS
SUCCESSFUL COMPLETION OF ELECTIVE CLASSES; CREDIT CHECK

STATE EVALUATIONS

TRANSCRIPT

How progress will be reported, including frequency:

Progress will be in writing; With schools regular written report cards

Progress Towards Goal

SERVICES

The IEP team must identify and provide appropriate services to enable the student:

- To advance appropriately towards attaining the annual goals
- To be involved in and make progress in the general education curriculum and to participate in extracurricular and other nonacademic activities
- To be educated and participate with other children with disabilities and nondisabled children in extracurricular and other nonacademic activities

Specially Designed Instruction	Anticipated Amount & Frequency	Anticipated Location	Starting Date	Ending Date	Provider	Role Responsible for Monitoring
Self Management	10 Minute(s) per week	Special Education	3/12/2015	3/11/2016	LEA	
Math	30 Minute(s) per week	Special Education	3/12/2015	3/11/2016	LEA	
Transition	30 Minute(s) per trimester	School Wide	3/12/2015	3/11/2016	LEA	
Related Services	Anticipated Amount & Frequency	Anticipated Location	Starting Date	Ending Date	Provider	Role Responsible for Monitoring
None						

Supplementary Aids/Services; Accommodations	Anticipated Amount & Frequency	Anticipated Location	Starting Date	Ending Date	Provider	Role Responsible for Monitoring
Individual checks for understanding	Daily in all classes	Regular and Special Education	3/12/2015	3/11/2016	LEA	
Opportunity to take a break when feeling overwhelmed	Daily in all classes	Regular and Special Education	3/12/2015	3/11/2016	LEA	
Use of calculator for basic facts	Daily in all classes	Regular and Special Education	3/12/2015	3/11/2016	LEA	
PROGRESS CHECK INS	WEEKLY	Special Education	3/12/2015	3/11/2016	LEA	
Extra time on tests	All assessments	Regular Education	3/12/2015	3/11/2016	LEA	

SERVICES CONTINUED

Preferential seating to reduce distraction and increase support	In all classes daily	Regular and Special Education	3/12/2015	3/11/2016	LEA
May make test correction for understanding only	For assessments below a C	Regular and Special Education	3/12/2015	3/11/2016	LEA
May support written responses on tests with oral response.	For all essay style tests	Regular and Special Education	3/12/2015	3/11/2016	LEA
May test in a distraction free environments with breaks allowed	For all assessments	Regular and Special Education	3/12/2015	3/11/2016	LEA
May listen to relaxing audio (prescribed)	During assessments	Regular and Special Education	3/12/2015	3/11/2016	LEA

**Supplementary Aids/Services;
Modifications**

None

**Program Modifications/Supports for
School Personnel**

	Anticipated Amount & Frequency	Anticipated Location	Starting Date	Ending Date	Provider	Role Responsible for Monitoring
Consultation in the area of behavior	15 Minute(s) per trimester	School Wide	3/12/2015	3/11/2016	LEA	

NONPARTICIPATION JUSTIFICATION

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:

5 HOURS A WEEK

Provide explanation justifying the removal, if any:

Skyler needs specially designed instruction in the areas of self-management (for anxiety) and math

Student's Name Skyler Younger

IEP Date 3/12/2015

School District Oregon City SD 62

EXTENDED SCHOOL YEAR (ESY) SERVICES

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	Anticipated Amount & Frequency	Anticipated Location	Starting Date	Ending Date	Provider	Role Responsible for Monitoring
Related Services	Anticipated Amount & Frequency	Anticipated Location	Starting Date	Ending Date	Provider	Role Responsible for Monitoring

If required, transportation arrangement:

Does student have a medical protocol? ☐ Yes ☐ No

Will the implementation of the medical protocol be required to implement the ESY program? ☐ Yes ☐ No

If yes, explain specifically:

Student's Name Skyler Younger IEP Date 03/12/2015 School District Oregon City SD 62

Special Education Placement Determination

Placement Team (name and title):

Person Knowledgeable About the Child	SUE ACORD LS	Person Knowledgeable About Evaluation Data	Person Knowledgeable About Placement Options
Parent	Other	Other	Other

This placement is based on:

- ☒ the attached IEP, dated: 03/12/2015
- ☐ 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
Full time regular education with consultation	Access to general education curriculum Access to non-disabled peers	May not receive the benefits of individualized instruction	Special education teacher consult with general education teacher	Rejected- Doesn't meet the student's needs at this time. NEEDS SMALL GROUP SUPPORT
Regular class with resource room support	SMALL GROUP SUPPORT	Interrupts general education curriculum	ACCESS TO GENERAL ED CORE CLASSES AND ELECTIVES	Selected- SKYLER BENEFITS FROM SMALL GROUP INSTRUCTION AND SUPPORT



Notice Of Transfer Of Procedural Rights At Age Of Majority

OREGON CITY PUBLIC SCHOOLS
1306 12th - Oregon City, OR 97045
(503) 785-8400 - Fax: (503) 657-2505

Skyler Younger

02/11/1998

54907

Student's Full Legal Name:

Birthdate

Student #

03/12/2015

03/12/15

SUE ACORD

Date of this notice

IEP Meeting Date

Provided by

According to Oregon Administrative Rule 581-015-0101, when a child with a disability reaches the age of majority under ORS 109.510 or 109.520, or is emancipated pursuant to ORS 419B.550 to 419B.558, the rights accorded to the child's parents under the special education laws transfer to the child.

- ☒ The Probate Court may find the child to be incapacitated to make educational decisions and may appoint a guardian to exercise these rights.
- ☒ Under ORS 419B.223, the Juvenile Court may appoint a surrogate parent to exercise these rights if the child is under wardship.
- ☒ School districts are not responsible for the costs of a protective proceeding unless the District is the Petitioner.
- ☒ Even after transfer of rights to the child, the District shall provide any written prior notices and written notices of meeting required by the special education laws to the child and to the parent if the parent can be reasonably located.
- ☒ After transfer of rights to the child, receipt of notice of an IEP meeting does not entitle the parent to attend the meeting unless invited by the child or the school district.
- ☒ Pursuant to OAR 581-105-0099(9), a child to whom rights transfer may request that a surrogate be appointed to exercise the child's special education rights.
- ☒ This notice shall be provided at the IEP meeting and documented on the IEP.
 - at least one year before the child's 18th birthday, or earlier if the child's IEP team determines that earlier notice will aid transition; or
 - upon actual knowledge that within a year the child will likely marry or become emancipated prior to age 18.
- ☒ Written notice shall be provided to the child and to the parent at the time of transfer.
- ☒ Provide a copy of Notice of Procedural Safeguards to the student at the time of transfer.

Student Signature

Parent Signature

(Attach a signed copy of this notice to the IEP)