

Oregon Standard INDIVIDUALIZED EDUCATION PROGRAM

DEMOGRAPHICS

Student's Name: DARCY, JAMIE FRANCIS ELIZABETH
Gender: Female
Date of Birth (mm/dd/yy): 03/15/2000
Grade: 10
Secure Student Identifier (SSID): 9918264
Primary Disability Code & Category: 90-Specific Learning Disability

District: Junction City School District
Home School: Oaklea Middle School
Attending District: Junction City School District
Attending School: Junction City High School
Case Manager: Gillow-Wiles, Kathleen
Secondary Disability Code & Category :
OPTIONAL:

IEP Meeting Date: 11/6/2015
Annual IEP Review Date: 11/5/2016
Amendment Date:
Most Recent (re)Evaluation Date: 11/8/2013
Reevaluation Due: 11/7/2016

MEETING PARTICIPANTS:

Student: DARC, JAMIE FRANCIS ELIZABETH

Parent(s): DARC, DARCY

Special Education Teacher/Provider: Gillow-Wiles, Kathleen

Special Education Teacher/Provider:

General Education Teacher: Limbo, Todd

General Education Teacher:

Agency Representative, if appropriate:

Other: Jones, Steve - Administrator

Parent(s): DARC, TED

District Representative Bradford, Katie

Individual Interpreting Evaluations:

Other: Miller, Brian - Counselor

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

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

Special Education Placement Determination

Placement Team (name and title): <u>Kate Silloway</u>	Person Knowledgeable About the Child: <u>Jamie Darcy</u>	Person Knowledgeable About Evaluation Data: <u>Kate Silloway</u>	Person Knowledgeable About Placement Options: <u>Muriel</u>
Parent: <u>Jamie Darcy</u>	Other: Jamie Darcy	Other:	

This placement is based on:

☒ the attached IEP, dated: 11/6/2015

☐ 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 classes with math and language resource support	with receive specialized instruction in the areas of math and writing	will have less exposure to the general education curriculum including one elective class a term	none needed	Selected: Best meets the needs of Jamie at this time
-31-Resource Room (40-79% Reg Class)				
General education classes for all periods of the school day	will be exposed to the general education curriculum for all classes	will not receive specialized instruction	accommodations provided as addressed in the IEP	Rejected: Does not meet the needs of Jamie at this time
-30-Regular Class (80% or more Reg Class)				

Placement: 31-Resource Room (40-79% reg class) Federal Placement Code (SECC) ☒ Parent provided with copy of placement determination

Junction City School District
325 Maple St
Junction City, Oregon 97448

Date 11/08/2013

**Statement of Eligibility for Special Education
(Specific Learning Disability 90)**

Student's Name Jamie Darcy Birthdate 03/15/2000
School Oaklea Middle School District Junction City School District
Date of Initial Eligibility 11/10/2010 Date of Reestablished Eligibility 11/08/2013

A. Indicate the primary evaluation model used in determining eligibility for this student [Select only one box to indicate the primary model used, however, districts are not precluded from completing other portions of this form if additional elements are used.]

- ☐ The Response to Intervention (RTI) model was the primary model used for this evaluation.
- ☐ The Patterns of Strengths and Weaknesses (PSW) model was the primary model used for this evaluation.
- ☒ The discrepancy model was the primary model used for this evaluation.

B. The team has completed the following evaluation components (attach evaluation report):

1. Review of existing information from a variety of sources, including the parents, teacher recommendations (including Oregon state assessments, if available), the student's cumulative records, previous IEPs or IFSPs, teacher collected work samples, and information about the child's physical condition, background, and adaptive behavior. Evaluation report includes relevant information from these sources used in the eligibility determination.

11/08/2013
Report Date

11/08/2013
Date Reviewed

2. An assessment of the child's academic achievement toward Oregon grade-level standards. [Add lines as necessary]

Sue Menen Jessing, PsyD

WJ-III/OAKS

10/30/2013

11/08/2013

Examiner/Title

Assessment

Date Conducted

Date Reviewed

3. An observation of the child's academic performance and behavior in a regular classroom setting, or in the case of a child less than school age or out of school, an observation in an age-appropriate environment. (Describe relevant behavior noted during observation, and its relationship to academic functioning in evaluation report).

Tim Hoff, School Psych

01/30/1999

02/12/2009

11/08/2013

Observer/Title

Date Conducted

Report Date

Date Reviewed

4. Progress monitoring data: (described in evaluation report)

Data that demonstrate that before or as part of the referral process, the child was provided with appropriate instruction in regular education settings by qualified personnel.

11/08/2013
Report Date

11/08/2013
Date Reviewed

Data-based documentation of repeated assessments of achievement at reasonable intervals, reflecting formal assessment of student progress that is directly linked to instruction.

11/08/2013
Report Date

11/08/2013
Date Reviewed

5. If using a response-to intervention (RTI) model: list scientifically-based interventions attempted (based on the district's RTI Model) and describe the child's response in the evaluation report.

Prior to Consent
for evaluation:

Intervention Type

Intervention Period

Report Date

Date Reviewed

Post Consent
for evaluation:

Intervention Type

Intervention Period

Report Date

Date Reviewed

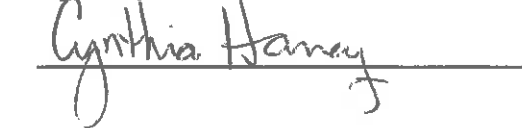
Statement of Eligibility for Special Education (Specific Learning Disability 90)

Student's Name Jamie Darcy

Date 11/08/2013

D. The student ☒ does ☐ does not qualify for special education.

1. This statement reflects my conclusions (*Note: If the report does not reflect a member's conclusions, the member must submit a separate statement presenting the differing conclusion*):

Signatures of Team Members	Title	Agree	Disagree
	School Psychologist	☒	☐
	Physical Ed Teacher	☒	☐
	Science Teacher	☒	☐
	SPED Teacher	☒	☐
_____	Title	☐	☐
_____	Title	☐	☐
_____	Title	☐	☐
_____	Title	☐	☐
_____	Title	☐	☐
_____	Title	☐	☐

2. The following have been provided to the child's parents:

- ☒ A copy of the evaluation report and the eligibility statement.
- ☐ If using response to intervention model, a copy of the previous notice, provided to parents in a timely manner, including:
 - ODE and district policies describing the amount and nature of student performance data to be collected and the general education services to be provided as part of the district's response to intervention model;
 - Strategies for increasing the child's rate of learning; and
 - The parents' right to request an evaluation.

	School Psychologist	11/8/13
Signature of person completing eligibility form	Position	Date