

# Denver Public School District

204 Main St. Towson, MD 21204

## NOTICE OF MEETING

Date : \_\_\_\_\_

Jennifer	Carter	10/8/1997	_____	08	63089056
Legal Name of Student	Birth Date	C.A.	Grade	Student ID	
School No. 3					
School					

Dear \_\_\_\_\_ :

A meeting has been scheduled to review and discuss your student's educational needs. The specific purpose of this meeting is indicated below. If the meeting is for a student who is 14 years of age or older post school transition planning will be discussed.

### TO DETERMINE ELIGIBILITY FOR SPECIAL EDUCATION:

- ☐ AN INITIAL MEETING TO DETERMINE ELIGIBILITY AND DISABILITY: The purpose of this meeting is to discuss the assessments that have been completed; determine whether your child is in need of special education services, and if the need exists, how those services can be provided; and to develop an individualized education program (IEP) for your child.
- ☐ REEVALUATION MEETING TO DETERMINE ELIGIBILITY AND DISABILITY: The purpose of a triennial review is to discuss the assessments that have been completed; determine whether your child continues to be in need of special education services, and if the need exists, how those services can be provided; and to develop a new IEP for your child. This meeting is also required to change your child's disability, to exit your child from special education, or to make a significant change in placement.

### IEP REVIEW:

- ☐ ANNUAL REVIEW: The purpose of this meeting is to review and update the student's present level of functioning, needs, goals and objectives; and to develop a plan to provide special education and related services for the next year.
- ☐ SPECIAL REQUEST: \_\_\_\_\_

The following will be in attendance at the meeting:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> special education teacher/<br>speech language pathologist | <input type="checkbox"/> school social worker        | <input type="checkbox"/> principal or designee |
| <input type="checkbox"/> general education teacher                                 | <input type="checkbox"/> speech/language pathologist | <input type="checkbox"/> school nurse          |
| <input type="checkbox"/> special education director/designee                       | <input type="checkbox"/> school psychologist         | <input type="checkbox"/> audiologist           |
|  | <input type="checkbox"/> occupational therapist      | Teacher of the Hearing Impaired                |
|  | <input type="checkbox"/> physical therapist          | Teacher of the Visually Impaired               |
|  | other: _____   |  |

The meeting is scheduled for \_\_\_\_\_ at \_\_\_\_\_ at the following location: \_\_\_\_\_

Date Time

We encourage you to attend and participate in this meeting. You may invite other people that you believe will be helpful to you. If the scheduled time and place is not convenient, please contact me immediately so that we can arrange a mutually agreeable time and location for the meeting.

Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

**At age 21, rights transfer to the student (unless parent(s) retain guardianship). At age 20, school must inform student of his/her rights.**

**Denver Public School District****204 Main St. Towson, MD 21204****STUDENT NOTICE OF MEETING**

Date : \_\_\_\_\_

Jennifer Carter  
Legal Name of Student

10/8/1997  
Birth Date

\_\_\_\_\_  
C.A.

63089056  
Student ID

Dear Jennifer Carter

A meeting has been scheduled to review and discuss your educational and transitional needs. Since this meeting is all about you, we encourage you to attend and be a participant. Your ideas, thoughts, and goals are critical in developing plans for the next school year. You may invite other people that you believe will be helpful to you.

The meeting is scheduled for \_\_\_\_\_ at \_\_\_\_\_ at the following location: \_\_\_\_\_  
Date Time Location

Please contact me if you have any questions:

\_\_\_\_\_  
Name Title Telephone Number

# Denver Public School District

204 Main St. Towson, MD 21204

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Date of Meeting: \_\_\_\_\_

Individualized Education Program (IEP) for: Jennifer Carter

### STUDENT INFORMATION

DOB: 10/8/1997	Age: _____
Home School: School No. 126	Medicaid: <input type="checkbox"/> Yes <input type="checkbox"/> No
School of Attendance: School No. 3	District Student ID: 63089056
Grade: 08	Ethnicity: Black (not Hispanic)
Gender: Female	Primary Language: _____
ELL Learner: <input type="checkbox"/> Yes <input type="checkbox"/> No	English Language Proficiency: _____
Colorado English Language Assessment Scores (when applicable):	
Listening _____ Writing _____ Reading _____ Oral _____	
Listening _____ Speaking _____ Overall _____ Comprehension _____	
Anticipated year of Graduation/Completion: _____	

### PARENT/GUARDIAN INFORMATION

Last Name: Carter	Last Name: Carter
First Name: Breanna	First Name: Xavier
Address: 27417 Main St.	Address: 27417 Main St.
City: Towson	City: Towson
State: MD Zip: 21204	State: MD Zip: 21204
Home Phone: (410) 555-2457	Home Phone: (410) 555-2457
Work Phone: (410) 555-6402	Work Phone: (410) 555-7086
Cell Phone: (410) 555-1131	Cell Phone: (410) 555-1131
E-mail: BCarter@isp.com	E-mail: XCarter@isp.com
Relationship to Student: Mother	Relationship to Student: Father
Primary Language: _____	Primary Language: _____

### SPECIAL EDUCATION INFORMATION

Reason for Meeting: <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Reevaluation for Eligibility* <input type="checkbox"/> Special Request	
Date of last Eligibility Meeting: _____ (month/day/year)	Date of last IEP Review: _____ (month/day/year)
Date of next Eligibility Meeting: _____ (month/day/year)	Date of next IEP Review: _____ (month/day/year)
* Required for change in disability, significant change in placement, or exit from special education program	
<b>Before Meeting:</b>	
Primary Disability: _____	Setting Code: _____
<b>After Meeting:</b>	
Primary Disability: _____	Setting Code: _____

The school has informed the student and parent/guardian of the transfer of rights at the age of 21 years of age. ☐ Yes ☐ No

# Denver Public School District

204 Main St. Towson, MD 21204

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Legal Name of Student: Jennifer	Carter	District ID: 63089056
School of Attendance: School No. 3		Date of Meeting: _____

### PARTICIPANTS IN MEETING

The following participants must be in attendance:  
*(please print name and initial if you are in attendance at the meeting)*

Student's Parent/Surrogate Parent/Guardian  
 Parent ☐ did ☐ did not attend. *(Parent Signature Recommended)*

Student's Parent/Surrogate Parent/Guardian  
 Parent ☐ did ☐ did not attend. *(Parent Signature Recommended)*

Special Education Director/Designee

Special Education Teacher/SL Pathologist

General Education Teacher

Student

Building Principal/Designee

Interpreter *(when appropriate)*

### Others with knowledge and expertise regarding this student:

Speech/Language Pathologist

School Nurse

Occupational Therapist

Physical Therapist

School Psychologist

School Social Worker

Audiologist

Other

Other *(specify area represented)*

Other *(specify area represented)*

Area

Area

☐ Parents have been informed of their procedural safeguards.

**Denver Public School District**

204 Main St. Towson, MD 21204

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Legal Name of Student: Jennifer	Carter	District ID: 63089056
School of Attendance: School No. 3		Date of Meeting: _____

**DOCUMENTATION OF EVALUATION DATA, PRESENT LEVEL OF ACADEMIC ACHIEVEMENT,  
FUNCTIONAL PERFORMANCE, AND EDUCATIONAL NEEDS**

Evaluation Language, if other than English: \_\_\_\_\_

Evaluations Administered/Date and/or Information Reviewed	Name of Evaluator	Title of Evaluator	Date
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☐ Not a current area of concern based on review of existing data.

**204 Main St. Towson, MD 21204**

Legal Name of Student: <u>Jennifer</u>	<u>Carter</u>	District ID: <u>63089056</u>
School of Attendance: <u>School No. 3</u>	Date of Meeting: _____	

**Service Delivery:**

Describe services needed to address goals and objectives:

Type of Service Provider (assignment)	Primary	Projected Begin Date	Projected End Date	Freq	Hours			
					Indirect (consultation)	Integrated services in general classroom	Direct outside general classroom	Total Hours per freq
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
School hours per week:					Total hours per week:			

*Special Education Services: To be delivered for the school year only excluding school breaks, summers, holidays, and non-student contact days.*

### Preschool Parent Follow-up Activities:

\_\_\_\_\_

### Preschool Integrated Education Program:

[illegible]

**Does the student require:**

Special Transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	A behavior plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Learning media plan? (For Vision Disability)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	A health care plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A communication plan? (for Hearing Disability)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Assistive technology? (if yes, describe):	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

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Extended School Year? ☐ Yes ☐ No ☐ To be determined by:

**Recommended Placement in Least Restrictive Environment:**

How much time is student with non-disabled students?

Setting Code Selected:

**Rationale:**

\_\_\_\_\_

# Denver Public School District

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## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Legal Name of Student: <u>Jennifer</u>	Carter	District ID: <u>63089056</u>
School of Attendance: <u>School No. 3</u>	Date of Meeting: _____	

### Curricular Accommodations/Modifications:

(In order to justify appropriateness of accommodations for any state mandated tests, the testing accommodations listed below should be used consistently within a student's academic program over the previous year.)

<input type="checkbox"/> Abbreviated assignments <input type="checkbox"/> Abbreviated concepts <input type="checkbox"/> Ability level text <input type="checkbox"/> Assignment book/organizer <input type="checkbox"/> Assistive technology for computer access  <input type="checkbox"/> Auditory aids <input type="checkbox"/> Behavior/performance contracting <input type="checkbox"/> Check for understanding <input type="checkbox"/> Communication device/board with or without braille <input type="checkbox"/> Extended time <input type="checkbox"/> Flexible scheduling/breaks <input type="checkbox"/> Flexible setting/group <input type="checkbox"/> Graphic organizer/learning tools <input type="checkbox"/> Highlighted textbook (student) <input type="checkbox"/> Large print <input type="checkbox"/> Modify complexity of assignment	<input type="checkbox"/> Modify grading scale <input type="checkbox"/> Modify test format <input type="checkbox"/> Oral testing <input type="checkbox"/> Preferential seating <input type="checkbox"/> Provide copies of material to be copied from book or board <input type="checkbox"/> Provide copies of notes <input type="checkbox"/> Read aloud/sign for directions <input type="checkbox"/> Read aloud/sign test items <input type="checkbox"/> Recorded text <input type="checkbox"/> Scribe <input type="checkbox"/> Sensory aids <input type="checkbox"/> Study guide <input type="checkbox"/> Use of calculator <input type="checkbox"/> Use of manipulatives <input type="checkbox"/> Use of recording device <input type="checkbox"/> Visual schedule <input type="checkbox"/> Visual/tactile Aids	<input type="checkbox"/> Word processor with/without talk-text technology <input type="checkbox"/> Other: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <input type="checkbox"/> Other: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <input type="checkbox"/> Other: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <input type="checkbox"/> Other: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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The CSAP or CSAP-A are available in grades 3-10. ACT or ACT with accommodations are available for grade 11. Check whether the student will participate in the CSAP, CSAP-Alternate, District or District Alternate assessments for each content area(s) administered at the student's grade level.

Check all that apply:

	<u>CSAP</u>	<u>CSAP-A</u>	<u>District</u>	<u>District Alternate</u>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>		
Other: <div style="border: 1px solid black; display: inline-block; width: 350px; height: 25px;"></div>			<input type="checkbox"/>	<input type="checkbox"/>
Other: <div style="border: 1px solid black; display: inline-block; width: 350px; height: 25px;"></div>			<input type="checkbox"/>	<input type="checkbox"/>
	<u>Without</u>	<u>With Approved</u>	<u>Online</u>	
	<u>Accommodations</u>	<u>Accommodations</u>	<u>Reporting</u>	
ACT (11th Grade Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

List standard accommodations to be used in the CSAP administration:

List district assessment accommodations:

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## INDIVIDUALIZED EDUCATION PROGRAM (IEP) TRANSITION

Legal Name of Student: Jennifer	Carter	District ID: 63089056
School of Attendance: School No. 3		Date of Meeting: _____

### Post Secondary Transition Outcomes

Projected year of graduation/completion: _____	Type of Completion Document: _____
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Parent and student have been notified that a free and appropriate public education (FAPE) will no longer be available upon graduation with a regular diploma or after the end of the semester the student turns 21 years of age. ☐ Yes ☐ No

Outcome Area	Yes/ No	Measurable Post Secondary Transition Outcomes should reflect student needs, taking into account student strengths, preferences and interests, and be based upon age appropriate transition assessments.
Post Secondary Education/Training	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Career/Employment	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Adult/Independent Living (when appropriate)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>List Age Appropriate Transition Assessment(s)</b>

The student participated in the following work experience(s):

Volunteer		Paid/Competitive Employment		Work Study, Internship	
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<b>Statement of Planned Course of Study</b> <i>Describe recommended course of study related to the students post-secondary goals (general, long range description)</i>



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## INDIVIDUALIZED EDUCATION PROGRAM (IEP) TRANSITION

Legal Name of Student: <u>Jennifer</u>	<u>Carter</u>	District ID: <u>63089056</u>
School of Attendance: <u>School No. 3</u>		Date of Meeting: _____

### Summary of Transition Services

**Statement of Transition Services:** *Describe how the student's programming is designed to improve the student's academic and functional achievement relative to his/her movement from a school setting to a post-school setting.*

<b>Education/Instruction/Related Services:</b>
<b>Career/Employment:</b>
<b>Community Experience:</b>
<b>Adult/Independent Living:</b>

Based on the student's identified Post School Transition Outcome, should Interagency Linkages occur? ☐ Yes ☐ No

If Interagency Linkages do not need to occur at this time, explain why not:

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Interagency Coordination		Interagency Coordination	
<input type="checkbox"/>	Vocational Rehab or SWAP	<input type="checkbox"/>	Community Center Board/Developmental Disabilities Services
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Post-Secondary Education Disability Services
<input type="checkbox"/>	Social Security Administration	<input type="checkbox"/>	Work Force Center
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

# Denver Public School District

204 Main St. Towson, MD 21204

## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

### Permission for Consent Prior to Inviting Agencies to Discuss Transition Services for Students

Legal Name of Student: Jennifer	Carter	District ID: 63089056
School of Attendance: School No. 3	Date of Meeting: _____	

Your permission is required to invite outside agencies likely to provide or pay for transition services that may be appropriate for your student. Please examine the agencies that have been identified as likely to provide services to your student and indicate whether you either do or do not give consent for the school to invite the agency(s) to participate in your student's IEP meeting. It is important to note, however, that even if your permission is granted to provide an invitation to the identified agencies below, the agency representative may not be able to attend.

This permission shall be valid for the following duration: \_\_\_\_\_ Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

School may invite this agency	Please consider the following agencies the school has identified as important in providing information about your child/student's transition and indicate whether you consent to have the agency(s) invited to your child/student's IEP meeting.	Yes	No
<input type="checkbox"/>	Adult Service Provider (please identify and describe):	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Community Center Board (may provide for adult living supports, residential care, and employment support)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Disability Access Center at college/university/trade school (may provide accommodations for learning)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Division of Vocational Rehabilitation (may help find competitive employment and/or specialized instruction or training).	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Local Guardianship Representative (may be court employee, Guardianship Alliance representative, or lawyer familiar with guardianship issues/procedures)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Local Independent Living Center (may help student develop independent living plan and provide supports to realize the plan)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Mental Health Services (may provide for personal therapy, employment support and other mental health needs)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Social Security Administration (may provide for Supplemental Security Income and Medicaid medical coverage)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other (please identify and describe):	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other (please identify and describe):	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other (please identify and describe):	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature of Parent(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

If appropriate, translation provided by:

\_\_\_\_\_  
Signature of Interpreter

\_\_\_\_\_  
Date

**Denver Public School District****204 Main St. Towson, MD 21204****ADDITIONAL INFORMATION**

Legal Name of Student: Jennifer	Carter	District ID: 63089056
School of Attendance: School No. 3		Date of Meeting:

## INDIVIDUALIZED EDUCATION PROGRAM (IEP) GOALS AND OBJECTIVES - TRANSITION

Legal Name of Student: _____	District ID: _____
School of Attendance: _____	Date of Meeting: _____

With the exception of the initial IEP, the committee must review and document progress toward completion of the student's previous goals and objectives prior to the development of new goals and objectives. Based upon this document, parent(s) will be regularly informed of progress to the extent of non-disabled children.

**For Students 15-21 years of age, indicate the Post Secondary Transition Outcome this annual goal will support:**

- ☐ Postsecondary Education/Training
 ☐ Career/Employment
 ☐ Adult/Independent Living

**Measurable Post Secondary Transition Outcome:**

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**Measurable Annual Goal:**

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**Content Standard, Key Component, or Access Skill Annual goal addresses:**

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Short-term Objective/Benchmarks: ESY Objective		Start: _____ End: _____
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Criteria:	Baseline:
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**Method(s) of Measurement:**

Level of Progress	Period #1	Period #2	Period #3	Period #4	Period #5	Period #6	Period #7	Period #8
Obj Status:								

Comments:	
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Short-term Objective/Benchmarks: ESY Objective		Start: _____ End: _____
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Criteria:	Baseline:
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**Method(s) of Measurement:**

Level of Progress	Period #1	Period #2	Period #3	Period #4	Period #5	Period #6	Period #7	Period #8
Obj Status:								

Comments:	
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**Progress Key:**    X - Mastered    O - No Progress    P - Progress    R - Regression    N - Not Introduced

# Denver Public School District

204 Main St. Towson, MD 21204

## PRIOR WRITTEN NOTICE

Legal Name of Student <u>Jennifer</u>	Carter	District ID <u>63089056</u>
School of Attendance <u>School No. 3</u>		Date _____

Prior Written Notice is provided when an action is considered regarding the initiation or change of the identification, evaluation, or educational placement of a student or when an IEP is reviewed or revised.

### Description of the action proposed or refused

☐ **Propose to initiate/change:** Identification, Evaluation, Educational Placement, or the provision of FAPE.

☐ **Refuse to initiate/change:** Identification, Evaluation, Educational Placement, or the provision of FAPE.

Why this action was proposed or refused:

### Description of each evaluation procedure, test, record, or report used as basis for proposed or refused action:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Data from evaluations                | <input type="checkbox"/> Medical/Health records                 | <input type="checkbox"/> Work Samples                             |
| <input type="checkbox"/> Classroom observation/Teacher report | <input type="checkbox"/> Review of educational records          | <input type="checkbox"/> Transition Services information          |
| <input type="checkbox"/> IEP(s)                               | <input type="checkbox"/> Current full and individual evaluation | <input type="checkbox"/> Independent Educational Evaluation (IEE) |
| <input type="checkbox"/> Parent report                        | <input type="checkbox"/> Graduation Criteria                    | <input type="checkbox"/> Other: _____                             |

Describe Selection(s):

### Description of other options considered and the reasons why those options were rejected:

If rejected, reason why:

### Description of any additional factors that are relevant to the proposal or refusal:

☐ No other factors were relevant at this time.

☐ Other:

### Parental Notification

Parents of a child with a disability have protection under the Procedural Safeguards. For a copy of the Procedural Safeguards or assistance in understanding this information, please contact the person named below.

Action will be implemented on this date \_\_\_\_\_

If you have any questions, please contact me before the implementation date \_\_\_\_\_

\_\_\_\_\_  
Name of School Contact and Phone Number