**REFERRAL FOR SPECIAL**

**EDUCATION EVALUATION**

**Form R-1 (Rev. 05/2022)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of child (last, first, middle) | | DOB | Grade | School | WISEid (if known) |
| Name of parent or legal guardian | Address (street, city, state, zip) | | | | Telephone (area code/number) |
| Person making referral/title | | | Date and method of notifying parent of intent to refer  Date \_\_\_\_\_\_\_\_\_\_\_\_\_  □ Conference □ Phone call □ Written | | |
| Parent’s native language or other primary mode of communication, if other than English (specify):  Is an interpreter needed? ☐ Yes □ No  Student’s native language or other primary mode of communication, if other than English (specify): | | | | | |

**Date referral received by school district/LEA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(*month/day/year*)

|  |
| --- |
| The date the district receives the referral begins the 15-business day deadline by which to complete the review of existing information and to notify the parents of whether additional assessments are needed. In completing the following information, consider concerns about the student’s academic and functional performance that affect access, engagement and progress in age/grade level general education curriculum, instruction, environment, or other school activities. For additional information, see [Guide to Special Education Forms](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms). |

1. Describe why you believe this student has a disability:
2. What are your areas of concern (e.g., academics, cognitive learning, communication, independence and self-determination, physical/health, social and emotional learning)?

1. If known, include information about any of the following:
   1. Early learning or academic achievement (including early literacy or reading achievement):
   2. Functional performance (e.g., cognitive learning, communication, independence and self-determination, social and emotional learning):
   3. Relevant medical information (physical/health including vision and hearing):
   4. Programs, services, or interventions that have been used to address this student’s needs and the results of such interventions (including academic or behavior interventions and assistive technology):

NOTICE OF RECEIPT OF REFERRAL AND

**START OF INITIAL EVALUATION**

**Form IE-1 (Rev. 05/2019)**

**Notice sent with Statement of**

**Parental Rights \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Initials/Date)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the school district received a referral to evaluate your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to determine whether your child has a disability (impairment and need for special education) and your child’s educational needs. The individualized education program (IEP) team is responsible for this evaluation and will conduct this evaluation at no cost to you. You are a participant on the IEP team. You may include others on the IEP team who have knowledge or special expertise about your child.

|  |  |
| --- | --- |
| **You and your child (if appropriate) are IEP team participants**  In addition, the following people are being appointed to the IEP team by the school district | |
| **Role** | **Name, if known** |
| Representative of local educational agency (LEA) – authorized to commit the resources of the LEA |  |
| Special Ed. Teacher(s) |  |
|  |  |
| Regular Ed. Teacher(s) |  |
|  |  |
| Related Services Personnel |  |
|  |  |
| Others |  |
|  |  |
| **For SLD evaluations using response to intervention only\*,** a licensed person who is qualified to assess data on individual rate of progress using a psychometrically valid and reliable methodology. |  |
| **For SLD evaluation using response to intervention only**\*, a licensed person who has implemented scientific, research-based or evidence-based, intensive interventions with the referred pupil. |  |
| **For SLD evaluation using response to intervention only**\*, a licensed person who is qualified to conduct individual diagnostic evaluations of children. |  |

**\*A public agency may designate a public agency member of the IEP team to also serve in these roles, if criteria are met.**

Other options, if any, such as the selection of IEP team participants which were considered and the reason(s) they were rejected and a description of any other factors relevant to the proposed action:

□ None

IEP team participants will first review existing information available on your child, including information provided by you. The IEP team will then determine what, if any, further evaluation is necessary to assist in making a determination of whether your child has or does not have a disability and their educational needs. You will be sent a notification of this determination within 15 business days of the school district receiving the referral to evaluate your child. This notification will be sent by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(month/day/year)*

If the IEP team determines that additional assessments and other evaluation materials are necessary, the school district needs your written consent (permission) before administering any assessments or other evaluation materials to obtain further information about your child. You will be informed about what assessments or other evaluation materials will be given before they are administered. You will also be informed of the names of the individuals who will conduct those evaluations, if known at the time of the notice. Upon completion of the evaluation the IEP team will prepare an evaluation report which will include documentation of your child’s eligibility for special education. You will be provided with a copy of the evaluation report.

Within 60 calendar days of receiving your consent for evaluation or being provided with a notice that no further assessment of your child is necessary, the IEP team will meet to determine whether your child has a disability and to identify their educational needs. If the IEP team determines that your child is a child with a disability, the team will meet to develop an IEP to address your child’s needs and determine a placement to carry out the IEP within 30 calendar days. You will be provided with a notice of placement and a copy of your child’s IEP. The school district needs your written consent (permission) before initially providing special education to your child. If it is determined that your child is not a child with a disability, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child’s eligibility for special education, develop an IEP, or determine a placement, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided subject to the time limitations described above. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances.

You and your child have protection under the procedural safeguards (rights) of special education law. Please read the brochure of parent and child rights enclosed with this notice. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

**INITIAL EVALUATION: NOTICE THAT**

**NO ADDITIONAL ASSESSMENTS NEEDED**

**Form IE-2 (Rev. 05/2019)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previously you were notified of the school district’s intent to evaluate your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The individualized education program (IEP) team is responsible for this evaluation. You are a participant on the IEP team. The IEP team considered existing evaluation assessments, procedures, records or reports as documented on the Existing Data Review To Determine If Additional Assessments Or Evaluations Are Needed (DPI Model Form ED-1).

The IEP team has determined that additional assessments or other evaluation materials do not need to be administered to your child to determine whether they have a disability (impairment and a need for special education) and your child’s educational needs.

□ You participated in making this determination on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the following way: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

□ You did not participate in making this determination and the school district made 3 attempts to involve you

as follows:

The reason(s) for this determination (including a description of any other options considered and reasons rejected, and other relevant factors) are:

The IEP team’s next step will be to determine whether your child has a disability and their educational needs based upon its review of the existing information available on your child, including information provided by you. As a participant on the IEP team, you will be involved in this determination. Upon completion of the evaluation, the IEP team will prepare an evaluation report. The report will include documentation of your child’s eligibility for special education. You will be provided with a copy of the evaluation report. If the IEP team determines that your child is a child with a disability, the team will develop an IEP to address your child’s needs and determine a placement to carry out the IEP. You will be provided with a notice of placement and a copy of your child’s IEP. If it is determined that your child is not a child with a disability, you will be provided with a notice of that finding.

If at any point during an IEP team meeting, to determine your child’s eligibility for special education, develop an IEP, or determine a placement, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances.

You and your child have protection under the procedural safeguards (rights) of special education law. Previously you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

**INITIAL EVALUATION: NOTICE AND**

**CONSENT REGARDING NEED TO**

**CONDUCT ADDITIONAL ASSESSMENTS**

**Form IE-3 (Rev. 05/2018)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previously you were notified of the school district’s intent to evaluate your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to determine whether your child has a disability (impairment and need for special education) and your child’s educational needs. The individualized education program (IEP) team is responsible for this evaluation. You are a participant on the IEP team. The IEP team considered existing evaluation assessments, procedures, records or reports as documented on the Existing Data Review To Determine If Additional Assessments Or Evaluations Are Needed (DPI Model Form ED-1).

The IEP team has determined that additional assessments or other evaluation materials are needed to determine whether your child has a disability*.*

□ You participated in making this decision on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the following way: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

□ You did not participate in making this decision and the school district made 3 attempts to involve you as follows:

The school district needs your written consent (permission) before it can administer assessments or other evaluation materials to your child. With your consent the following assessments or other evaluation materials will be administered.

|  |  |  |
| --- | --- | --- |
| Areas to be evaluated | **Description of assessments and other evaluation materials and titles, if known** | Name of evaluator,if known |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Other evaluation options considered, if any, and reasons rejected and a description of any other factors relevant to the proposed evaluation of this child:

□ None

Following the administration of these assessments or other evaluation materials the IEP team will meet to review the results of these assessments and other evaluation materials as well as other existing information available on your child, including information provided by you. Using the results of these assessments or other evaluation materials along with other available information, the IEP team will make a determination of whether your child has a disability including their educational needs. As a participant on the IEP team, you will be involved in this determination. Upon completion of the evaluation, the IEP team will prepare an evaluation report which will include documentation of your child’s eligibility for special education. You will be provided with a copy of the evaluation report. If the IEP team determines that your child is a child with a disability, the team will develop an IEP to meet your child’s needs and determine a placement to carry out the IEP. You will be provided with a notice of placement and a copy of your child’s IEP. If it is determined by the IEP team that your child does not have a disability, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child’s eligibility for special education, develop an IEP, or determine a placement, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances

You and your child have protection under the procedural safeguards (rights) of special education law. Previously you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the school district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

------------------------------------------------------------------------------------------------------------------------------------------

#### PARENT CONSENT/PERMISSION TO ADMINISTER ASSESSMENTS AND

#### OTHER EVALUATION MATERIALS AS PART OF AN INITIAL EVALUATION

I understand the action proposed by the school district and

*(please check appropriate box below, sign and date, and return one copy to the school district)*

□ I give my consent for the school district to administer these assessments or other evaluation materials described in this notice to my child as part of an initial evaluation. I understand my consent is voluntary and may be revoked at any time before the administration of assessments or other evaluation materials.

□ I do not give my consent for the school district to administer these assessments or other evaluation materials described in this notice to my child as part of an initial evaluation. I understand that if I do not consent for the school district to administer these assessments or other evaluation materials, the school district may request mediation or initiate a due process hearing regarding whether those assessments or other evaluation materials should be administered.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or legal guardian or adult student Date

**For School District Use Only**

**Date school district received parent consent**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(month/day/year)

**NOTICE OF REEVALUATION**

**Form RE-1 (Rev. 05/2022)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This letter is to inform you that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District intends to reevaluate your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The school district must reevaluate your child if the educational or related services needs of your child warrant a reevaluation, or you or your child’s teacher requests a reevaluation. However, a child is not to be reevaluated more than once a year unless you and the school district agree. The school district must also reevaluate your child at least once every three years unless the school district and you agree that a reevaluation is unnecessary. The purpose for this reevaluation is to determine whether your child continues to have a disability (impairment and need for special education), and to identify your child’s current educational needs. The reason that the school district intends to reevaluate your child is:

□ The school district received a request for a reevaluation on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from:

□ You *(statement of your parental rights enclosed)*

□ Your child’s teacher (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other (specify) \_\_

Areas of concern (e.g., academics, cognitive learning, communication, independence and self-determination, physical/health, social and emotional learning):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ The school district determined that the educational or related services needs of your child warrant a reevaluation *(explain/describe)*:

Areas of concern: (e.g., academics, cognitive learning, communication, independence and self-determination, physical/health, social and emotional learning):

□ The last evaluation/reevaluation of your child was completed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and therefore a reevaluation is due.

The individualized education program (IEP) team is responsible for this reevaluation and will conduct this reevaluation at no cost to you. You are a participant on the IEP team. You may include others on the IEP team who have knowledge or special expertise about the child.

|  |  |
| --- | --- |
| **You and your child (if appropriate) are IEP team participants**  In addition, the following people are being appointed to the IEP team by the school district | |
| **Role** | **Name, if known** |
| Representative of local educational agency (LEA) – authorized to commit the resources of the LEA |  |
| Special Ed. Teacher(s) |  |
|  |  |
| Regular Ed. Teacher(s) |  |
|  |  |
| Related Services Personnel |  |
|  |  |
| Others |  |
|  |  |

Other options, if any, such as the selection of IEP team participants which were considered and the reason(s) they were rejected and a description of any other factors relevant to the proposed action:

□ None

IEP team participants will first review existing information available on your child including information provided by you and then determine what, if any, further evaluation or assessment is necessary to assist in identifying the educational needs of your child and in making a determination of whether your child continues to have a disability. You will be sent a notification of this determination within 15 business days of: □ the date that the school district received the request to reevaluate your child; □ the date of this notice *(when a request did not initiate the reevaluation)*. This notification will be sent by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(month/day/year)*

If the IEP team determines that additional assessments or other evaluation materials are necessary, the school district needs your written consent (permission) before it may administer any assessments or other evaluation materials to obtain further information about your child. You will be informed about what assessments or other evaluation materials will be given before they are administered. You will also be informed of the names of the individuals who will conduct those evaluations, if known at the time of the notice. Upon completion of the reevaluation, the IEP team will prepare an evaluation report, which will include documentation of your child’s eligibility for special education. You will be provided with a copy of the evaluation report.

Within 60 calendar days of receiving your consent for this reevaluation or being provided with a notice that no further assessment of your child is necessary, the IEP team will meet to determine whether your child continues to be a child with a disability. If the IEP team determines that your child continues to have a disability, the team will review and revise, as appropriate, your child’s IEP and determine a placement to carry out the IEP within 30 calendar days. You will be provided with a notice of placement and a copy of your child’s IEP. If it is determined by the IEP team that your child no longer needs special education, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child’s continued eligibility for special education and educational needs, to review or revise your child’s IEP, or to determine a placement to carry out the IEP, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided subject to the time limitations described above. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team’s most recent evaluation report.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year.

□ You received a copy of your procedural safeguard rights in a brochure about parent and child rights earlier this year. If you would like another copy of this brochure, please contact the district at the telephone number above.

□ A copy of the parent and child rights brochure is enclosed with this notice.

In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

**NOTICE OF AGREEMENT TO CONDUCT**

**A REEVALUATION MORE THAN ONCE A YEAR**

**Form RE-2 (Rev. 07/2006)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It has been less than a year since your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was last evaluated. Under federal special education law, evaluations of children with disabilities do not occur more often than once a year unless the child’s parent and school district agree that an evaluation is needed.

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ we [met or spoke on the phone or exchanged emails] and agreed that a reevaluation of your child is necessary at this time for the following reason(s):

Other options, if any, related to the above action which were considered and the reason(s) they were rejected including a description of any other relevant factors, include:

□ None

The individualized education program (IEP) team is responsible for this reevaluation and will conduct this reevaluation at no cost to you. You are a participant on the IEP team. You may include others on the IEP team who have knowledge or special expertise about the child.

|  |  |
| --- | --- |
| **You and your child (if appropriate) are IEP team participants**  In addition, the following people are being appointed to the IEP team by the school district | |
| **Role** | **Name, if known** |
| Representative of local educational agency (LEA) – authorized to commit the resources of the LEA |  |
| Special Ed. Teacher(s) |  |
|  |  |
| Regular Ed. Teacher(s) |  |
|  |  |
| Related Services Personnel |  |
|  |  |
| Others |  |
|  |  |

Other options, if any, related to the selection of IEP team participants which were considered and the reason(s) they were rejected and a description of any other factors relevant to the proposed action:

□ None

IEP team participants will first review existing information available on your child, including information provided by you, and then determine what, if any, further evaluation or assessment is necessary to assist in identifying the educational needs of your child and in making a determination of whether your child continues to have a disability. You will be sent a notification of this determination within 15 business days of the date you and the school district agreed that a reevaluation of your child was necessary. This notification will be sent by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*(month/day/year)*

If the IEP team determines that additional assessments or other evaluation materials are necessary, the school district needs your written consent (permission) before it may administer any assessments or other evaluation materials to obtain further information about your child. You will be informed about what assessments or other evaluation materials will be given before they are administered. You will also be informed of the names of the individuals who will conduct those evaluations, if known at the time of the notice. Upon completion of the reevaluation, the IEP team will prepare an evaluation report, which will include documentation of your child’s eligibility for special education. You will be provided with a copy of the evaluation report.

Within 60 calendar days of receiving your consent for this reevaluation or being provided with a notice that no further assessment of your child is necessary, the IEP team will meet to determine whether your child continues to be a child with a disability. If the IEP team determines that your child continues to have a disability, the team will review and revise, as appropriate, your child’s IEP and determine a placement to carry out the IEP within 30 calendar days. You will be provided with a notice of placement and a copy of your child’s IEP. If it is determined by the IEP team that your child no longer needs special education, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child’s continued eligibility for special education and educational needs, to review or revise your child’s IEP, or to determine a placement to carry out the IEP, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided subject to the time limitations described above. This IEP team process may be concluded in one meeting, or may require more than one meeting, depending on individual circumstances. In addition and upon request, you may receive a copy of the team’s most recent evaluation report.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

**NOTICE OF AGREEMENT THAT A**

**THREE-YEAR REEVALUATION NOT NEEDED**

**Form RE-3 (Rev. 05/2018)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under federal special education law, school districts are required to reevaluate children with disabilities once every three years unless the child’s parent and school district agree a reevaluation is not needed.

We agree a reevaluation to determine whether your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ continues to be a child with a disability (impairment and a need of special education) and your child’s educational needs is not necessary at this time. We base this on the following reason(s):

Other options, if any, related to the above action which were considered and the reason(s) they were rejected, including a description of any other relevant factors include:

□ None

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ we [met or spoke on the phone or exchanged emails] and you agreed with district staff that a reevaluation was not necessary at this time. If at any time in the future, you believe a reevaluation is necessary, please contact your child’s special education teacher.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

**REEVALUATION: NOTICE THAT NO**

**ADDITIONAL ASSESSMENTS NEEDED**

**Form RE-4 (Rev. 05/2019)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previously you were notified of the school district’s intent to reevaluate your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The individualized education program (IEP) team is responsible for this reevaluation. You are a participant on the IEP team. The IEP team considered existing evaluation assessments, procedures, records or reports as documented on the Existing Data Review To Determine If Additional Assessments Or Evaluations Are Needed (DPI Model Form ED-1).

The IEP team has determined that additional assessments or other evaluation materials do not need to be administered to your child to determine whether your child continues to have a disability (impairment and a need for special education) and your child’s educational needs.

□ You participated in making this determination on \_\_\_\_\_\_\_\_\_\_ in the following way: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

□ You did not participate in making this determination and the school district made 3 attempts to involve you as follows:

The reason(s) for this determination (including a description of any other options considered and reasons rejected, and other relevant factors) are:

You have the right to request additional assessment or other evaluation materials if you disagree with the IEP team’s decision. Upon your request and with your written consent, the school district will administer additional assessments or other evaluation materials related to determining your child’s continuing eligibility for special education and their educational needs at no cost to you.

If you do not request additional assessments or other evaluation materials, the IEP team will next determine whether your child continues to have a disability and identify their educational needs based upon its review of existing information available on your child, including information provided by you. As a participant on the IEP team, you will be involved in this determination. Upon completion of the reevaluation, the IEP team will prepare an evaluation report. The report will include documentation of your child’s eligibility for special education. You will be provided with a copy of the evaluation report. If the IEP team determines that your child continues to have a disability, the team will review and revise, as appropriate, your child’s IEP and determine a placement to carry out the IEP. You will be provided with a notice of placement and a copy of your child’s IEP. If it is determined by the IEP team that your child no longer needs special education, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child’s continued eligibility for special education and educational needs, to review or revise your child’s IEP, or to determine a placement to carry out the IEP, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team’s most recent evaluation report.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

**REEVALUATION: NOTICE AND CONSENT**

**REGARDING NEED TO CONDUCT**

**ADDITIONAL ASSESSMENTS**

**Form RE-5 (Rev. 05/2018)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previously, you were notified of the school district’s intent to reevaluate your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The individualized education program (IEP) team is responsible for this reevaluation. You are a participant on the IEP team. The IEP team considered existing evaluation assessments, procedures, records or reports as documented on the Existing Data Review To Determine If Additional Assessments Or Evaluations Are Needed (DPI Model Form ED-1).

The IEP team has determined that additional assessments or other evaluation materials are needed to determine whether your child continues to have a disability (impairment and a need for special education), and to identify your child’s current educational needs.

□ You participated in making this determination on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the following way: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

□ You did not participate in making this determination and the school district made 3 attempts to involve you as follows:

The school district needs your written consent (permission) before it can administer assessments or other evaluation materials to your child. With your consent the following assessments or other evaluation materials will be administered:

|  |  |  |
| --- | --- | --- |
| **Areas to be evaluated** | **Description of assessments and other evaluation materials and titles, if known** | **Name of evaluator,**  **if known** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Other evaluation options, if any, considered and reasons rejected, including a description of any other factors relevant to the proposed evaluation of this child:

□ None

Following the administration of these assessments or other evaluation materials, the IEP team will meet to review the results of these assessments and other evaluation materials along with other existing information available on your child, including information provided by you. Using the results of these assessments or other evaluation materials along with other available information, the IEP team will make a determination of whether your child continues to have a disability. As a participant on the IEP team, you will be involved in this determination. Upon completion of the reevaluation, the IEP team will prepare an evaluation report which will include documentation of your child’s eligibility for special education. You will be provided with a copy of the evaluation report. If the IEP team determines that your child continues to have a disability, the team will review and revise, as appropriate, your child’s IEP and determine a placement to carry out the IEP. You will be provided with a notice of placement and a copy of your child’s IEP. If it is determined by the IEP team that your child no longer needs special education, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child’s continued eligibility for special education or educational needs, review or revise your child’s IEP, or determine a placement to carry out the IEP, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team’s most recent evaluation report.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

**PARENT CONSENT/PERMISSION TO ADMINISTER ASSESSMENTS AND**

**OTHER EVALUATION MATERIALS AS PART OF A REEVALUATION**

I understand that if I do not respond to the school district’s requests for my written consent (permission) to administer these assessments or other evaluation materials, the school district is permitted to proceed with the assessments or other evaluation materials without my written consent.

I understand the action proposed by the school district and

*(please check appropriate box below, sign and date, and return one copy to the school district)*

□ I give my consent for the school district to administer these assessments or other evaluation materials described in this notice to my child as part of a reevaluation. I understand that my consent is voluntary and may be revoked at any time before the administration of assessments or other evaluation materials.

□ I do not give my consent for the school district to administer these assessments or other evaluation materials described in this notice to my child as part of a reevaluation. I understand that if I do not give my written consent for the school district to administer these assessments or other evaluation materials, the school district may request mediation or initiate a due process hearing regarding whether those assessments or other evaluation materials should be administered.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or legal guardian or adult student Date

**For School District Use Only**

**Date school district received parent consent**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(month/day/year)

**EXISTING DATA REVIEW Page \_\_\_\_ of \_\_\_\_**

**TO DETERMINE IF ADDITIONAL ASSESSMENTS**

**OR EVALUATION DATA ARE NEEDED**

**Form ED-1 (Rev. 05/2022)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid \_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| The purpose of the review of existing evaluation data is to determine whether there is sufficient information needed to conduct a comprehensive evaluation to determine eligibility and to identify all of the student’s special education and related services needs.  The review of existing data is conducted:   * **After** the parent(s) receives the *Notice of Receipt of Referral and Start of Initial Evaluation* orthe *Notice of Reevaluation*, and * **Before** sending the *Notice and Consent Regarding Need to Conduct Additional Assessments or Notice that No Additional Assessments Needed*.   If a meeting is held to consider existing data, this form is used as documentation of that meeting, along with a Cover Sheet. If no meeting is held, this form is used to document the input and decisions of required participants. |

☐ Notice of receipt of referral and start of initial evaluation/notice of reevaluation was provided to parent(s)

(Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

Information from referral for special education/notice of reevaluation was reviewed☐ Yes ☐ No

**I. Review of existing evaluation data to identify what additional data, if any, are needed to assess areas of concern identified on the referral.**

|  |  |  |
| --- | --- | --- |
| **Existing Data**  For additional information, see [Guide to Special Education Forms](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms).  *Check all reviewed:* | **Sources of Information**  *Check all that apply:* | **Additional Data**  **Needed** |
| Information about the student’s (including preschool children) academic achievement:   * Early literacy/Reading achievement * Speaking and listening achievement * Language achievement * Writing achievement * Mathematics achievement * Physical education (PE) achievement * Academic achievement in other areas (e.g., science, social studies, etc.)   Information about the student’s (including preschool children) functional performance:   * Cognitive learning (e.g. executive function skills, information processing) * Communication (e.g., sound production, fluency, voice, social and pragmatic language) * Independence/Self-determination (e.g., self-advocacy, self-care and hygiene) * Physical/Health (e.g., vision, hearing, fine and gross motor skills, mobility) * Social and Emotional Learning (e.g., perspective taking, self-management and regulation) | ◻ Information or evaluations provided by the parent(s)/family  ◻ Previous evaluations    ◻ Current classroom-based, district-wide, or state assessment results  ◻ Observations by teachers, related service providers and others (including current classroom-based observations and observations by reading teacher/specialist, if applicable).  ◻ Previous interventions and effects  ◻ Behavioral records (including but not limited to discipline data, suspensions, office referrals, and data tracking a behavior)  ◻ Assistive technology assessment (including but not limited to assessment for accessible educational materials and augmentative and alternative communication)  ◻ Functional behavioral assessment  ◻ Adaptive PE Assessment  ◻ Information from other sources (including but not limited to postsecondary transition, medical, Birth-to-3) | ◻ Yes  *(specify under Section III below)*  ◻ No |

**II. Additional areas of concern identified during the review of existing data, if any:**

☐ **None**

**III.** **Describe additional assessments and other evaluation materials needed to complete a sufficiently comprehensive evaluation to assess the areas of concerns and determine if a student meets criteria for a disability category and needs specially designed instruction:**

☐ **None**

**III. List of IEP team participants involved in the review of existing data to determine if additional information is needed.**

|  |  |  |  |
| --- | --- | --- | --- |
| Role | Name | Date | Method of involvement |
| Parent(s) |  |  |  |
| Student, as appropriate |  |  |  |
| Special Education Teacher of the student (as applicable) |  |  |  |
| Regular Education Teacher of the student (as applicable) |  |  |  |
| LEA Representative |  |  |  |
| Others: |  |  |  |

If the parent did not attend or participate in the review of existing data, document three efforts to involve the parent:

|  |  |  |
| --- | --- | --- |
| Date | Method | Result |
|  |  |  |
|  |  |  |
|  |  |  |

Form Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVALUATION REPORT INCLUDING: Page \_\_\_\_ of \_\_\_\_**

**DETERMINATION OF DISABILITY CATEGORY AND**

**NEED FOR SPECIALLY DESIGNED INSTRUCTION**

**Form ER-1 (Rev 05/2022)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SCHOOL DISTRICT**

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID \_\_\_\_\_\_\_\_\_\_

Type of Evaluation: ☐ Initial ☐ Reevaluation

**Date** when the determination of disability category and need for specially designed instruction was made \_\_\_\_\_\_\_\_\_\_\_\_.

|  |
| --- |
| The evaluation report must be sufficiently comprehensive to document the IEP team’s determination of the disability category and need for specially designed instruction.The IEP team must include information about academic achievement and functional performance*.* For additional information, see [Guide to Special Education Forms](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms).  Documentation regarding all areas of concern identified in the referral or during the review of existing data must be included under *Information from Existing Data* and/or *Information from Additional Assessments*. |

**I. INFORMATION FROM EXISTING DATA (**Refer to the Referral (R-1 Form) and Existing Data Review (Form ED-1) to ensure the data is reflected in this section. Must include information about the student’s academic and functional **early literacy** or **reading** skills. Include information from any relevant areas identified as concerns from the referral or during the review of existing data related to **academic or functional skills** such as achievement in content areas, cognitive learning, communication, independence and self-determination, physical and health, social and emotional learning.)

1. **Information provided by**

Parent(s)/family:

Teachers, related service providers:

Other sources (e.g., postsecondary transition, medical, Birth to 3, etc.):

**B. Summary of previous evaluations and assessments**

Classroom-based, district-wide or state assessment results:

Other evaluations and assessments:

**C.** **Previous interventions and the effects of those interventions**

☐ Not Applicable

|  |  |
| --- | --- |
| Previous intervention | Effect of the intervention  (Include data on reading achievement/early literacy and other  areas as applicable.) |
|  |  |
|  |  |
|  |  |
|  |  |

**II. INFORMATION FROM ADDITIONAL ASSESSMENTS AND OTHER EVALUATION MATERIALS**

Must include information about the student’s academic and functional **early literacy** or **reading** skills. Include any information collected during the evaluation related to areas of concern (e.g., academic or functional skills such as achievement in content areas, cognitive learning, communication, independence and self-determination, physical and health, social and emotional learning).

☐ Yes ☐ No Information from additional assessments or other evaluation materials was gathered. *(If yes, attach report(s) or summarize below.)*

Academic:

Functional:

**III.** Information regarding all areas of concern identified in the referral and any additional areas identified during the review of existing data are documented under *Information from Existing Data* and/or *Information from Additional Assessments*.

☐ Yes ☐ No

**IV. DETERMINATION OF DISABILITY CATEGORY AND NEED FOR SPECIALLY DESIGNED INSTRUCTION**

|  |
| --- |
| The IEP team must determine if a student meets the disability category criteria under PI 11.36, Wis. Admin. Code. A student is identified as having a disability if the IEP team determines the student has a disability that adversely affects the student’s educational performance, and as result needs specially designed instruction. Use the disability category criteria forms to assist in documentation of required elements for each disability category. Additional documentation is required for Specific Learning Disabilities and Blind and Visually Impaired (see below). |

1. DETERMINATION OF DISABILITY CATEGORY
   * + 1. When considering whether the student meets the criteria for one or more disability categories, the IEP team may not find the student eligible if the determining factor is due to a lack of appropriate instruction in reading or math, or due to limited English proficiency. If one of these reasons applies, describe:

◻ Not Applicable

* + - 1. The district must take steps to address the lack of appropriate instruction or the student’s limited English proficiency.  
         Recommendations:

◻ Not Applicable

* + - 1. This student meets the criteria for one or more of the following disability categories (*check all that apply)*:

|  |  |
| --- | --- |
| ☐ Autism | ☐ Other Health Impairment |
| ☐ Blind and Visually Impaired  *(complete ER-3, “Determining Braille Needs”)* | ☐ Significant Developmental Delay  *(first consider other disability categories)* |
| ☐ Deaf and Hard of Hearing | ☐ Specific Learning Disability  *(complete ER-2A or 2B)* |
| ☐ Deafblind | ☐ Speech or Language Impairment |
| ☐ Emotional Behavioral Disability | ☐ Traumatic Brain Injury |
| ☐ Intellectual Disability | ☐ None found *(complete A.3.b. and A.4. below)* |
| ☐ Orthopedically Impaired |  |

1. For each disability category identified, attach the Criteria for Disability Category form.
2. Were disability categories considered and rejected? ☐ Yes ☐ No  
   If yes, document which disability categories were rejected and how the student did not meet the criteria (attach Criteria for Disability Category form, if used):
3. If **no** disability categories are identified under A.3., the student is not eligible for special education. The IEP team does not complete Section B. NEED FOR SPECIALLY DESIGNED INSTRUCTION. Include recommendations other than special education, if any:

B. NEED FOR SPECIALLY DESIGNED INSTRUCTION

|  |
| --- |
| In order to be eligible for an IEP, the IEP team must determine that the identified disability(ies) adversely affects educational performance and the student needs specially designed instruction as a result. Specially designed instruction means adapting, as appropriate, the content, methodology, or delivery of instruction to address the unique needs of the student that result from the student’s disability; and ensure access of the student to the general curriculum, so the student can meet the educational standards of the public agency that apply to all students. |

1. Describe **how the student’s disability affects** their access, engagement and progress in the grade-level general education curriculum, including how the disability affects academic or functional skills (e.g., achievement in content areas including early literacy/reading, cognitive learning, communication, independence and self-determination, physical and health, social and emotional learning).

1. Based on a root cause analysis of the effects of the student’s disability, describe the student’s academic and/or functional **disability-related needs**. What skills and/or behaviors does the student need to develop and/or improve so the student can meet age/grade level standards and expectations (e.g., decoding, identifying the main idea, basic math calculations, and word problems)?  
     
   (*The student needs to develop/improve…*)

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

*(Add more rows, if needed.)*

1. Can the student’s disability-related needs be addressed **without** specially designed instruction? *(Check Yes or No)*

☐ Yes   
If Yes, the student does not need specially designed instruction. Describe other supports the student may need, such as accommodations through a Section 504 Plan or supports through the general education program, if any:

☐ No   
 If No, explain why the student requires specially designed instruction and the adaptations to content, methodology or delivery of instruction needed to address the student’s disability-related needs. *(Check “Yes” in #4 below.)*

4. By reason of the identified disability category(ies) that adversely affects the student’s education performance, does the student **need specially designed instruction** or in the case of a reevaluation, continue to **need specially designed instruction**?   
☐ Yes ☐ No

# CRITERIA FOR DISABILITY CATEGORY

### AUTISM

### Form ER-1-AUT (Rev. 06/2023)

Date form completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid\_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial evaluation or considering new disability category *(must complete all sections)*

Reevaluating category for continuing identification *(must complete all sections)*

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under [Chapter 115, Wis. Stats](https://docs.legis.wisconsin.gov/statutes/statutes/115)., and [PI 11.36, Wis. Admin. Code](https://docs.legis.wisconsin.gov/code/admin_code/pi/11/36). The IEP team should complete this form to document whether or not the student meets the disability category criteria or continues to meet the criteria during a reevaluation. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Autism means a developmental disability significantly affecting a child's social interaction and verbal and nonverbal communication, generally evident before age 3, that adversely affects learning and educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. [PI 11.36 (8)(a), Wis. Admin. Code](http://docs.legis.wisconsin.gov/code/admin_code/pi/11/36/8/a). Refer to [Forms Guide](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms) for more information.

Criteria for the disability category of autism can be documented as follows:

## SECTION I. SOCIAL PARTICIPATION AND COMMUNICATION

*Both must be checked yes.*

Yes  No The student displays difficulties or differences or both in interacting with people and events. The student may be unable to establish and maintain reciprocal relationships with people. The student may seek consistency in environmental events to the point of exhibiting rigidity in routines. *Explain or reference data or evidence:*

Yes  No The student displays problems which extend beyond speech and language to other aspects of social communication, both receptively, and expressively. The student’s verbal language may be absent or, if present, lacks the usual communicative form which may involve deviance or delay or both. The student may have a speech or language disorder or both in addition to communication difficulties associated with autism. *Explain or reference data or evidence:*

## SECTION II. OTHER CHARACTERISTICS

*At least one must be checked yes.*

Yes  No The student exhibits delays, arrests, or regressions in motor, sensory, social or learning skills. The student may exhibit precocious or advanced skill development, while other skills may develop at normal or extremely depressed rates. The student may not follow developmental patterns in the acquisition of skills. *Explain or reference data or evidence:*

Yes  No The student exhibits abnormalities in the thinking process and in generalizing. The student exhibits strengths in concrete thinking while difficulties are demonstrated in abstract thinking, awareness and judgment. Perseverant thinking and impaired ability to process symbolic information may be present. *Explain or reference data or evidence:*

Yes  No The student exhibits unusual, inconsistent, repetitive, or unconventional responses to sounds, sights, smells, tastes, touch or movement. The student may have a visual or hearing impairment or both in addition to sensory processing difficulties associated with autism. *Explain or reference data or evidence:*

Yes  No The student displays marked distress over changes, insistence on following routines, and a persistent preoccupation with or attachment to objects. The student’s capacity to use objects in an age-appropriate or functional manner may be absent, arrested or delayed. The student may have difficulty displaying a range of interests or imaginative activities or both. The student may exhibit stereotyped body movements. *Explain or reference data or evidence:*

## SECTION III. EDUCATIONAL PERFORMANCE

*Must be checked yes.*

Yes  No There is an adverse effect on the student's learning, academic achievement, or functional performance. *Explain or reference data or evidence:*

## SECTION IV. EXCLUSIONARY FACTOR

The disability category of autism does not apply if the student’s educational performance is adversely affected primarily because the child has an emotional behavioral disability.

The student’s educational performance is not primarily adversely affected due to an emotional behavioral disability (check to confirm that this is true).

## SECTION V. DISABILITY CATEGORY CRITERIA DETERMINATION

Yes  No The documentation of the criteria above demonstrates developmental disability significantly affecting a student's social interaction and verbal and nonverbal communication that adversely affects learning and educational performance. The student meets the disability category criteria for **autism**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

# CRITERIA FOR DISABILITY CATEGORY

## BLIND AND VISUALLY IMPAIRED

### Form ER-1-BVI (Rev. 06/2023)

Date form completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid\_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial evaluation or considering new disability category *(must complete all sections)*

Reevaluating category for continuing identification *(sections I and II optional, must complete section III)\**

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under [Chapter 115, Wis. Stats](https://docs.legis.wisconsin.gov/statutes/statutes/115)., and [PI 11.36, Wis. Admin. Code](https://docs.legis.wisconsin.gov/code/admin_code/pi/11/36). As a member of the IEP team, the licensed teacher of the blind and visually impaired should attend both initial and reevaluation meetings. The IEP team should complete this form to document whether or not the student meets the disability category criteria or if reevaluating, the student’s disability continues to adversely affect the student’s educational performance. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

If this is a student with a confirmed or suspected hearing loss (clinical or functional) in addition to vision loss, also refer to the deafblind criteria form.

Blind and visually impaired means even after correction a student’s visual functioning adversely affects educational performance. [PI 11.36 (3), Wis. Admin. Code](https://docs.legis.wisconsin.gov/document/administrativecode/PI%2011.36(3)). Refer to [Forms Guide](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms) for more information.

Criteria\* for the disability category of blind and visually impaired can be documented as follows:

## SECTION I. FUNCTIONAL VISION EVALUATION

*Both must be checked yes.*

Yes  No A teacher of the blind and visually impaired [PI 34.051](https://docs.legis.wisconsin.gov/document/administrativecode/PI%2034.051) conducted a functional vision evaluation, including all of the following *(all must be checked):*

Review of medical information from an ophthalmologist or optometrist. *Explain or reference data or evidence:*

Formal / informal tests of visual functioning. *Explain or reference data or evidence:*

Determination of the educational implications and curricular needs. *Explain or reference data or evidence:*

Yes  No The student’s visual functioning adversely affects educational performance. *Explain or reference data or evidence:*

## SECTION II. ORIENTATION AND MOBILITY NEEDS

*Orientation and mobility needs must be assessed.*

Yes  No An orientation and mobility specialist evaluated the student to determine if there are related orientation and mobility needs in home, school, or community environments.

Yes  No The student has orientation and mobility needs. *Explain or reference data or evidence and include a description of the orientation and mobility needs:*

## SECTION III. DISABILITY CATEGORY CRITERIA DETERMINATION

*A student may meet criteria for blind and visually impaired even if they do not have orientation and mobility needs.*

Initial evaluation or considering new disability category

Yes  No The documentation of the criteria above demonstrates even after correction a student’s visual functioning adversely affects educational performance*.* The student meets the disability category criteria for **blind and visually impaired.** A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluating category for continuing identification\*

Yes  No The student was previously found eligible for special education, having met the disability category criteria for **blind and** **visually impaired,** and continues to have a disability that adversely affects the student’s educational performance. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). *Explain or reference data or evidence:*

*\** A student previously found eligible for special education, having met the disability category criteria for blind and visually impaired**,** is not required to meet initial identification criteria upon reevaluation.

# CRITERIA FOR DISABILITY CATEGORY

## DEAF AND HARD OF HEARING

### Form ER-1-DHH (Rev. 06/2023)

Date form completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid\_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial evaluation or considering new disability category *(must complete all sections)*

Reevaluating category for continuing identification *(sections I and II optional, must complete section III)\**

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under [Chapter 115, Wis. Stats](https://docs.legis.wisconsin.gov/statutes/statutes/115)., and [PI 11.36, Wis. Admin. Code](https://docs.legis.wisconsin.gov/code/admin_code/pi/11/36). As a member of the IEP team, the licensed teacher of the deaf and hard of hearing should attend initial evaluation and reevaluation meetings. The IEP team should complete this form to document whether or not the student meets the disability category criteria or if reevaluating, the student’s disability continues to adversely affect the student’s educational performance. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

If this is a student with a confirmed or suspected hearing loss (clinical or functional) in addition to vision loss, also refer to the deafblind criteria form.

Deaf and hard of hearing means a decreased ability to detect sound in one or both ears with or without amplification, whether permanent or chronically fluctuating, which adversely affects a child’s educational performance. This includes academic performance, speech perception, speech production, or communication including language acquisition or expression. [PI 11.36 (4), Wis. Admin. Code](https://docs.legis.wisconsin.gov/document/administrativecode/PI%2011.36(4))*.* Refer to [Forms Guide](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms) for more information.

Criteria\* for the disability category of deaf and hard of hearing can be documented as follows:

## SECTION I. HEARING EVALUATION

*All must be checked yes.*

Yes  No A teacher of the deaf or hard of hearing licensed under s. [PI 34.050 Wis. Admin. Code](https://docs.legis.wisconsin.gov/document/administrativecode/PI%2034.050) was a member of the IEP team when determining if the student meets criteria.

Yes  No The IEP team reviewed a current evaluation conducted by an audiologist licensed under [ch. 459, Wis. Stats](https://docs.legis.wisconsin.gov/statutes/statutes/459). when determining if the student meets criteria. *Explain or reference data or evidence:*

Yes  No There is a decreased ability to detect sound in one or both ears with or without amplification, whether permanent or chronically fluctuating. *Explain or reference data or evidence:*

## SECTION II. EDUCATIONAL PERFORMANCE

*At least one must be checked yes.*

Yes  No The student’s decreased ability to detect sound has an adverse effect on **academic performance** (e.g., phonemic awareness, vocabulary, general word knowledge, independent reading with comprehension, reading for information, as it applies to all courses of study). *Explain or reference data or evidence:*

Yes  No The student’s decreased ability to detect sound has an adverse effect on **speech perception** (e.g., the ability to listen with comprehension to spoken messages in a variety of settings). *Explain or reference data or evidence:*

Yes  No The student’s decreased ability to detect sound has an adverse effect on **speech production** (e.g., the ability to produce speech that is intelligible to others). *Explain or reference data or evidence:*

Yes  No The student’s decreased ability to detect sound has an adverse effect on communication including language acquisition or expression (e.g., vocabulary comparable to same age peers, general knowledge, ability to ask questions, apply information, communicate effectively with peers and adults in a variety of situations in order to have needs met (self-advocacy), know the nuances of communication exchange (manners)). *Explain or reference data or evidence:*

## SECTION III. DISABILITY CATEGORY CRITERIA DETERMINATION

Initial evaluation or considering new disability category

Yes  No The documentation of the criteria above demonstrates a decreased ability to detect sound in one or both ears with or without amplification, whether permanent or chronically fluctuating, which adversely affects the student’s educational performance. The student meets the disability category criteria for **deaf and hard of hearing**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluating category for continuing identification\*

Yes  No The student was previously found eligible for special education, having met the disability category criteria for deaf and **hard of hearing**, and continues to have a disability that adversely affects the student’s educational performance. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). *Explain or reference data or evidence:*

*\** A student previously found eligible for special education, having met the disability category criteria for deaf and hard of hearing, is not required to meet initial identification criteria upon reevaluation.

# CRITERIA FOR DISABILITY CATEGORY

### DEAFBLIND

### Form ER-1-DB (Rev. 06/2023)

Date form completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid\_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial evaluation or considering new disability category *(must complete all sections)*

Reevaluating category for continuing identification *(sections I and II optional, must complete section III)\**

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under [Chapter 115, Wis. Stats](https://docs.legis.wisconsin.gov/statutes/statutes/115)., and [PI 11.36, Wis. Admin. Code](https://docs.legis.wisconsin.gov/code/admin_code/pi/11/36). The IEP team should complete this form to document whether or not the student meets the disability category criteria or if reevaluating, the student’s disability continues to adversely affect the student’s educational performance. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Deafblind means concomitantly deaf or hard of hearing and blind or visually impaired, the combination of which causes severe communication and other developmental and educational needs such that the individual disability-related needs of the student extend beyond the instruction and supports required for a student who is solely deaf or hard of hearing or blind or visually impaired. [PI 11.36 (4m), Wis. Admin. Code](https://docs.legis.wisconsin.gov/document/administrativecode/PI%2011.36(4m))*.* Refer to [Forms Guide](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms) for more information.

Criteria\* for the disability category of deafblind can be documented as follows:

## SECTION I. VISION AND HEARING EVALUATION

*Both must be checked yes.*

Yes  No **Conducted a comprehensive evaluation that includes completion of the criteria forms for Deaf and Hard of Hearing and Blind and Visually Impaired (must be checked yes).**

Yes  No The student meets one of the following conditions:

Meets the criteria for deaf and hard of hearing specified in PI 11.36 (4) and blind and visually impaired specified in PI 11.36 (3).

Meets deaf and hard of hearing criteria and has a documented clinical or functional vision loss.

Meets blind and visually impaired criteria and has a documented clinical or functional hearing loss.

Has a documented diagnosis of a progressive medical condition that will result in concomitant hearing and vision losses (e.g. Usher’s Syndrome).

*Explain or reference data or evidence to support (may reference Deaf and Hard of Hearing and Blind and Visually Impaired criteria forms):*

## SECTION II. EDUCATIONAL IMPACT

*All three must be checked yes.*

Yes  No There is an adverse effect on communication (e.g., apply information, communicate effectively with peers and adults in a variety of situations, express needs and be able to self-advocate, understand the nuances of communication exchange). *Explain or reference data or evidence:*

Yes  No There is an adverse effect on developmental performance (e.g., the ability to learn and problem solve, concept development, sensory awareness). *Explain or reference data or evidence:*

Yes  No There is an adverse effect on educational performance (e.g., academic achievement, measured by classroom performance and standardized tests, and functional performance, including engaging with peers and adults, executive functioning skills, and sensory regulation). *Explain or reference data or evidence:*

## SECTION III. DISABILITY CATEGORY CRITERIA DETERMINATION

Initial evaluation or considering new disability category

Yes  No The documentation of the criteria above demonstrates concomitantly deaf or hard of hearing and blind or visually impaired, the combination of which causes severe communication and other developmental and educational needs such that the individual disability-related needs of the student extend beyond the instruction and supports required for a student who is solely deaf or hard of hearing or blind or visually impaired. The student meets the disability category criteria for **deafblind**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluating category for continuing identification\*

Yes  No The student was previously found eligible for special education, having met the disability category criteria for **deafblind,** and continues to have a disability that adversely affects the student’s educational performance. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). *Explain or reference data or evidence:*

*\** A student previously found eligible for special education, having met the disability category criteria for deafblind**,** is not required to meet initial identification criteria upon reevaluation.

# CRITERIA FOR DISABILITY CATEGORY

### EMOTIONAL BEHAVIORAL DISABILITY

### Form ER-1-EBD (Rev. 06/2023)

Date form completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid\_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial evaluation or considering new disability category *(must complete all sections)*

Reevaluating category for continuing identification *(must complete all sections)*

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under [Chapter 115, Wis. Stats](https://docs.legis.wisconsin.gov/statutes/statutes/115)., and [PI 11.36, Wis. Admin. Code](https://docs.legis.wisconsin.gov/code/admin_code/pi/11/36). The IEP team should complete this form to document whether or not the student meets the disability category criteria or continues to meet the criteria during a reevaluation. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Emotional behavioral disability, pursuant to 115.76 (5)(a) 5., Wis. Stats., means a condition in which a child demonstrates frequent and intense observable behaviors, either over a long period of time or of sudden onset due to an emerging mental health condition which includes a diagnosis by a licensed mental health professional, which adversely affects the child’s educational performance. The behaviors shall occur in an academic setting in school, in a non-academic setting in school, and in the child’s home or community. [PI 11.36 (7)(a), Wis. Admin. Code](https://docs.legis.wisconsin.gov/code/admin_code/pi/11/36/7/a). Refer to [Forms Guide](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms) for more information.

**The IEP team for a child being evaluated for emotional behavioral disability may include the LEA staff member, identified by the child when possible, as having a positive or the most positive relationship with the child.**

Criteria for the disability category of emotional behavioral disability can be documented as follows: ***(all must be checked yes):***

## SECTION I. EMOTIONAL BEHAVIORAL FUNCTIONING

*All three yes/no questions must be checked yes.*

Yes  No The student exhibits at least one of the following (check all that apply):

Behaviors that interfere with the development and maintenance of age and grade appropriate interpersonal relationships. *Explain or reference data or evidence:*

Observable affective or behavioral responses during routine daily activities inconsistent with the norms of the student or the student’s community. *Explain or reference data or evidence:*

Pervasive unhappiness, depression, or anxiety. *Explain or reference data or evidence:*

Physical symptoms or fears associated with personal or school problems. *Explain or reference data or evidence:*

Insufficient progress toward meeting age or grade level academic standards that cannot be explained by intellectual, sensory, or health factors. *Explain or reference data or evidence:*

Isolation from peers or avoidance of social interactions impacting the student’s access and engagement in instructional activities. *Explain or reference data or evidence:*

Patterns of behaviors across settings and individuals presenting risks to the physical safety of the student or others. *Explain or reference data or evidence:*

Yes  No The behaviors occur in an academic setting in school, in a non-academic setting in school and in the student’s home or community (all must be checked):

Academic setting in school. *Explain or reference data or evidence:*

Non-academic setting in school. *Explain or reference data or evidence:*

Home or community. *Explain or reference data or evidence:*

Yes  No The student demonstrates frequent and intense observable behaviors which adversely affect the student’s educational performance, either:

Over a long period of time; or

Of sudden onset due to an emerging mental health condition which includes a diagnosis by a licensed mental health professional.

*Explain or reference data or evidence:*

## SECTION II. REQUIREMENTS

Yes  No The IEP team conducted a comprehensive evaluation and considered current data from the following *(all must be checked):*

The results of **evidence-based positive behavioral interventions** implemented within general education settings. *(Document evidence-based positive behavioral interventions under previous interventions and their effects on the evaluation report, ER-1.)*

Systematic observations of the student in both academic and non-academic settings documenting intensity, frequency, rate or duration of observable target behaviors, as well as other ecological factors that may be impacting the student’s behavior.

Interviews of the student and parent or family that include gathering information regarding the student and family’s norms and values, as well as other ecological factors that may impact the student’s behavior.

Interviews of the student’s teachers that include gathering information regarding the student’s strengths and ecological factors that may impact the student’s behavior.

Interview of an LEA staff member, identified by the student when possible, as having the most positive or a positive relationship with the student, that includes gathering information regarding the student’s strengths and ecological factors that may impact the student’s behavior. The LEA staff member may have been interviewed as one of the interviews of the student’s teachers and may be a member of the IEP team.

Review of educational information maintained by the LEA, including health, academic and disciplinary records.

Results of standardized behavior rating scales, which are normed using nationally representative samples:

From a minimum of two sources from school OR documented why the team was unable to gather valid rating scale results from two sources on the ER-1.

From at least one source from the home or community.

The IEP team confirmed that normative data reflects the child’s background OR documented that it did not in the ER-1.

*If needed, explain or reference data or evidence not already provided under Section I:*

## SECTION III. ADDITIONAL REQUIREMENTS

*Both must be checked.*

The IEP team considered the effects of any known history of trauma or mental health disorder on the student’s functioning and did not identify or refuse to identify emotional behavioral disability based solely on a known history of trauma or mental health disorder. *Summarize discussion:*

The IEP team discussed and determined, based on information and data collected, whether behaviors are a result of a difference between the norms of the child’s family and community or an emotional behavioral disability. The IEP team did not identify a student as a student with an emotional behavioral disability when there is evidence that the difference is the primary causal factor of the behaviors. *Summarize discussion:*

## SECTION IV. DISABILITY CATEGORY CRITERIA DETERMINATION

Yes  No The documentation of the criteria above demonstrates a condition in which the student demonstrates frequent and intense observable behaviors, either over a long period of time or of sudden onset due to an emerging mental health condition which adversely affects the student’s educational performance. The student meets the disability category criteria for **emotional behavioral disability.** A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

# CRITERIA FOR DISABILITY CATEGORY

### INTELLECTUAL DISABILITY

### Form ER-1-ID (Rev. 06/2023)

Date form completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid\_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial evaluation or considering new disability category *(must complete all sections)*

Reevaluating category for continuing identification *(sections I - III optional, must complete section IV)\**

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under [Chapter 115, Wis. Stats](https://docs.legis.wisconsin.gov/statutes/statutes/115)., and [PI 11.36, Wis. Admin. Code](https://docs.legis.wisconsin.gov/code/admin_code/pi/11/36). The IEP team should complete this form to document whether or not the student meets the disability category criteria or if reevaluating, the student’s disability continues to adversely affect the student’s educational performance. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Intellectual disability means significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills and manifested during the developmental period that adversely affects the student’s educational performance. [PI 11.36 (1), Wis. Admin. Code](https://docs.legis.wisconsin.gov/document/administrativecode/PI%2011.36(1)). Refer to [Forms Guide](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms) for more information.

Criteria\* for the disability category of intellectual disability can be documented as follows:

## SECTION I. INTELLECTUAL FUNCTIONING

Yes  No The student has a standard score of 2 or more standard deviations below the mean on at least one individually administered intelligence test that takes into account the student’s mode of communication and is developed to assess intellectual functioning using this mode. More than one intelligence test may be used to produce a comprehensive result. *Explain or reference data or evidence:*

## SECTION II. ADAPTIVE FUNCTIONING

Yes  No The student has significant limitations in adaptive behavior as demonstrated by a standard score of 2 or more standard deviations below the mean on standardized or nationally normed measures, as measured by comprehensive, individual assessments that include interviews of the parents, tests, and observations of the student in adaptive behavior which are relevant to the student's age, in at least one of the following:

Conceptual Skills. *Explain or reference data or evidence:*

Social Adaptive Skills. *Explain or reference data or evidence:*

Practical Adaptive Skills. *Explain or reference data or evidence:*

An overall composite score on a standardized measure of conceptual, social, and practical skills. *Explain or reference data or evidence:*

## SECTION III. EDUCATIONAL PERFORMANCE

*One yes/no question must be checked yes.*

Yes  No The student is **age 3 through 5** and has a standard score of 2 or more standard deviations below the mean on standardized or nationally-normed measures, as measured by comprehensive, individual assessments, in **both** of the following areas:

Language Development and Communication. *Explain or reference data or evidence:*

Cognition and General Knowledge. *Explain or reference data or evidence:*

**OR**

Yes  No The student is age **6 to 21** and has a standard score of 2 or more standard deviations below the mean on standardized or nationally-normed measures, as measured by comprehensive, individual assessments in **all** of the following areas.

Written language. *Explain or reference data or evidence:*

Reading. *Explain or reference data or evidence:*

Mathematics. *Explain or reference data or evidence:*

**OR**

Yes  No Reliable and valid assessment results are not possible due to functioning level or age (for ages 3 to 5 or 6 to 21), and a standardized developmental scale or body of evidence including informal measures was used. *Explain or reference data or evidence:*

## SECTION IV. DISABILITY CATEGORY CRITERIA DETERMINATION

Initial evaluation or considering new disability category

Yes  No The documentation of the criteria above demonstrates significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills and manifested during the developmental period that adversely affects the student’s educational performance. The student meets the disability category criteria for **intellectual disability** (all sections above must be checked yes)**.** A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluating category for continuing identification\*

Yes  No The student was previously found eligible for special education, having met the disability category criteria for **intellectual disability,** and continues to have a disability that adversely affects the student’s educational performance. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). *Explain or reference data or evidence:*

*\** A student previously found eligible for special education, having met the disability category criteria for intellectual disability, is not required to meet initial identification criteria upon reevaluation.

# CRITERIA FOR DISABILITY CATEGORY

### ORTHOPEDIC IMPAIRMENT

### Form ER-1-OI (Rev. 06/2023)

Date form completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid\_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial evaluation or considering new disability category *(must complete all sections)*

Reevaluating category for continuing identification *(sections I and II optional, must complete section III)\**

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under [Chapter 115, Wis. Stats](https://docs.legis.wisconsin.gov/statutes/statutes/115)., and [PI 11.36, Wis. Admin. Code](https://docs.legis.wisconsin.gov/code/admin_code/pi/11/36). The IEP team should complete this form to document whether or not the student meets the disability category criteria or if reevaluating, the student’s disability continues to adversely affect the student’s educational performance. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes, but is not limited to, impairments caused by congenital anomaly, such as a clubfoot or absence of some member; impairments caused by disease, such as poliomyelitis or bone tuberculosis; and impairments from other causes, such as cerebral palsy, amputations, and fractures or burns that cause contractures. [PI 11.36 (2), Wis. Admin. Code](https://docs.legis.wisconsin.gov/document/administrativecode/PI%2011.36(2))*.* Refer to [Forms Guide](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms) for more information.

Criteria\* for the disability category of orthopedic impairment can be documented as follows:

## SECTION I. IMPAIRMENT

*One must be checked yes.*

Yes  No **Does the student have a congenital anomaly?** (Including, but not limited to, clubfoot.\*)*Explain or reference data or evidence:*

Yes  No **Does the student have impairments caused by disease?** (Including, but not limited to, poliomyelitis or bone tuberculosis.\*) *Explain or reference data or evidence:*

Yes  No **Does the student have impairments from other causes?** (Including, but not limited to, cerebral palsy, amputations, and fractures or burns that cause contractures.\*)

**Examples of other conditions** which may qualify a student for Orthopedic Impairment include, but are not limited to, arthrogryposis, spina bifida, juvenile arthritis, muscular dystrophy, and osteogenesis imperfecta. These examples are provided as those noted in federal and state law have been mostly eradicated in the United States.

**NOTE:** A diagnosis from a licensed physician is not required for the IEP team to consider Orthopedic Impairment. However, medical diagnosis and medical information are helpful.

*Explain or reference data or evidence:*

## SECTION II. EDUCATIONAL PERFORMANCE

*Must be checked yes.*

Yes  No **Is the student’s educational performance in one or more of the following areas adversely affected as a result?**

*If yes, check ALL that apply. Consider academic achievement and functional performance.*

Maintaining and changing positions

Using classroom materials

Hygiene/self-care

Clothing management

Mobility

Eating

Classroom performance

Pre-academic or academic achievement

Social/Emotional functioning

Communication

Vocational skills

Behavior

Participation in physical education

Safety issues

Accessing the community

Other. *Describe:*

*Explain or reference data or evidence:*

## SECTION III. DISABILITY CATEGORY CRITERIA DETERMINATION

Initial evaluation or considering new disability category

Yes  No The documentation of the criteria above demonstrates a severe orthopedic impairment that adversely affects the student’s educational performance. The student meets the disability category criteria for **orthopedic impairment**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluating category for continuing identification\*

Yes  No The student was previously found eligible for special education, having met the disability category criteria for **orthopedic impairment,** and continues to have a disability that adversely affects the student’s educational performance. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). *Explain or reference data or evidence:*

*\** A student previously found eligible for special education, having met the disability category criteria for orthopedic impairment, is not required to meet initial identification criteria upon reevaluation.

# CRITERIA FOR DISABILITY CATEGORY

### OTHER HEALTH IMPAIRMENT

### Form ER-1-OHI (Rev. 06/2023)

Date form completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid\_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial evaluation or considering new disability category *(must complete all sections)*

Reevaluating category for continuing identification *(must complete all sections)*

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under [Chapter 115, Wis. Stats](https://docs.legis.wisconsin.gov/statutes/statutes/115)., and [PI 11.36, Wis. Admin. Code](https://docs.legis.wisconsin.gov/code/admin_code/pi/11/36). The IEP team should complete this form to document whether or not the student meets the disability category criteria or continues to meet the criteria during a reevaluation. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Other health impairment means having limited strength, vitality, or alertness, due to chronic or acute health problems. The term includes but is not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, or acquired injuries to the brain caused by internal occurrences or degenerative conditions, which adversely affects a child's educational performance. [PI 11.36 (10), Wis. Admin. Code](https://docs.legis.wisconsin.gov/document/administrativecode/PI%2011.36(10)). Refer to [Forms Guide](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms) for more information.

Criteria for the disability category of other health impairment may be documented as follows **(all yes/no questions must be checked yes):**

## SECTION I. HEALTH CONDITION

Yes  No Does the student have a health problem? (Including, but not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, or acquired brain injuries caused by internal occurrences or degenerative conditions.) **NOTE:** A prior diagnosis from a licensed physician is not required for the IEP team to consider OHI. *Explain or reference data or evidence:*

Yes  No Is the health problem chronic or acute? *If yes, check ALL that apply.*

Chronic (long-standing, continuous over time, or recurring frequently). *Explain or reference data or evidence:*

Acute (severe or intense). *Explain or reference data or evidence:*

Yes  No Does the student’s health problem result in limited strength, vitality, or alertness? *If yes, check ALL that apply.*

Limited strength (inability to perform typical or routine tasks at school). *Explain or reference data or evidence:*

Limited vitality (inability to sustain effort or endure throughout an activity). *Explain or reference data or evidence:*

Limited alertness (inability to manage and maintain attention, to organize or attend, to prioritize environmental stimuli, including a heightened alertness). *Explain or reference data or evidence:*

## SECTION II. EDUCATIONAL PERFORMANCE

Yes  No Is the student’s educational performance in one or more of the following areas adversely affected as a result? *If yes, check ALL that apply. Consider both academic and nonacademic skills and progress.*

Pre-academic or academic achievement

Adaptive behavior

Behavior

Classroom performance

Communication

Motor skills

Social/Emotional Functioning

Vocational skills

Other. *Describe:*

*Explain or reference data or evidence (required):*

## SECTION III. DISABILITY CATEGORY CRITERIA DETERMINATION

Yes  No The documentation of the criteria above demonstrates limited strength, vitality, or alertness, due to chronic or acute health problems which adversely affects the student’s educational performance. The student meets the disability category criteria for **other health impairment.** A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

# CRITERIA FOR DISABILITY CATEGORY

### SIGNIFICANT DEVELOPMENTAL DELAY

### Form ER-1-SDD (Rev. 06/2023)

Date form completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid\_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial evaluation or considering new disability category *(must complete all sections)*

Reevaluating category for continuing identification *(sections I and II optional, must complete section III)\**

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under [Chapter 115, Wis. Stats](https://docs.legis.wisconsin.gov/statutes/statutes/115)., and [PI 11.36, Wis. Admin. Code](https://docs.legis.wisconsin.gov/code/admin_code/pi/11/36). The IEP team should complete this form to document whether or not the student meets the disability category criteria or if reevaluating, the student’s disability continues to adversely affect the student’s educational performance. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Significant developmental delay means children, ages 3 through 9 years of age, who are experiencing significant delays in the areas of physical, cognition, communication, social-emotional, or adaptive development. [PI 11.36 (11), Wis. Admin. Code](https://docs.legis.wisconsin.gov/document/administrativecode/PI%2011.36(11)(a)). Refer to [Forms Guide](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms) for more information.

Criteria\* for the disability category of significant developmental delay can be documented as follows:

## SECTION I. DEVELOPMENTAL DELAY

*All yes/no questions must be checked yes.*

Yes  No **AGE:** Is the child’s age 3 through 9 years old? (Statutory limit)

Yes  No **OTHER SUSPECTED IMPAIRMENTS:** Have all other suspected impairments been considered before identifying the category of significant developmental delay?

Yes  No **SIGNIFICANCE OF DELAYS:** Are delays of at least 1.5 standard deviations below the mean present that significantly challenge the child in **2 or more** of the following major life activities? *Check areas of delay:*

Physical activity in gross motor skills, such as the ability to move around and interact with the environment with appropriate coordination, balance and strength; or fine motor skills, such as manually controlling and manipulating objects such as toys, drawing utensils, and other useful objects in the environment. *Explain or reference data or evidence:*

Cognitive activity, such as the ability to acquire, use and retrieve information as demonstrated by the level of imitation, discrimination, representation, classification, sequencing, and problem-solving skills often observed in a child's play. *Explain or reference data or evidence:*

Communication activity in expressive language, such as the production of age-appropriate content, form and use of language; or receptive language, such as listening, receiving and understanding language. *Explain or reference data or evidence:*

Emotional activity such as the ability to feel and express emotions, and develop a positive sense of oneself; or social activity, such as interacting with people, developing friendships with peers, and sustaining bonds with family members and other significant adults. *Explain or reference data or evidence:*

Adaptive activity, such as caring for their own needs and acquiring independence in age-appropriate eating, toileting, dressing and hygiene tasks. *Explain or reference data or evidence:*

Yes  No The delays demonstrate an adverse effect on the child's daily life, including learning, academic achievement, or functional performance. *Explain or reference data or evidence:*

## SECTION II. ASSESSMENT REQUIREMENTS

*All must be checked.*

Yes  No Are ***all*** of the following qualitative and quantitative measures being used to document delays and their detrimental effect upon the child’s life? *All must be checked.*

Developmental and health history, including results from vision and hearing screenings and other pertinent information from parents and, if applicable, other caregivers or service providers. *Describe source of information*:

Observation of the child in their daily living environment such as the child's home, with a parent or caregiver, or an early education or care setting which includes peers who are typically developing. If observation in these settings is not possible, observation in an alternative setting is permitted. *Include dates and settings of observations*:

Results from norm-referenced instruments were used to document significant delays of at least 1.5 standard deviations below the mean in 2 or more of the developmental areas which correspond to the major life activities. *Describe source of information:*

If it clearly was not appropriate to use norm-referenced instruments, other instruments, such as criterion referenced measures, were used to document the significant delays. *If a norm-referenced instrument was not used, explain why*:

## SECTION III. DISABILITY CATEGORY CRITERIA DETERMINATION

Initial evaluation or considering new disability category

Yes  No The documentation of the criteria above demonstrates the child is experiencing significant delays in the areas of physical, cognition, communication, social-emotional, or adaptive development that adversely affects the child's major life activities. The child meets the disability category criteria for **significant developmental delay.** A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluating category for continuing identification\*

Yes  No The student was previously found eligible for special education, having met the disability category criteria for **significant developmental delay,** and continues to have a disability that adversely affects the student’s educational performance. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). In conducting the reevaluation, the IEP team shall consider all other suspected impairments before continuing to identify the child’s impairment as significant developmental delay. *Explain or reference data or evidence:*

*\** A student previously found eligible for special education, having met the disability category criteria for significant developmental delay, is not required to meet initial identification criteria upon reevaluation.

# CRITERIA FOR DISABILITY CATEGORY

### SPEECH OR LANGUAGE IMPAIRMENT

### Form ER-1-SLI (Rev. 06/2023)

Date form completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid\_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial evaluation or considering new disability category *(must complete appropriate sections I-V and VI-IX*

Reevaluating category for continuing identification *(sections I-VII optional, must complete sections VIII-IX)*

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under [Chapter 115, Wis. Stats](https://docs.legis.wisconsin.gov/statutes/statutes/115)., and [PI 11.36, Wis. Admin. Code](https://docs.legis.wisconsin.gov/code/admin_code/pi/11/36). The IEP team should complete this form to document whether or not the student meets the disability category criteria or continues to meet the criteria during a reevaluation. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Speech or language impairment means an impairment of speech or sound production, voice, fluency, or language that adversely affects educational performance or social, emotional, or vocational development. [PI 11.36 (5), Wis. Admin. Code](https://docs.legis.wisconsin.gov/document/administrativecode/PI%2011.36(5)). Refer to [Forms Guide](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms) for more information.

Criteria for the disability category of speech or language impairment can be documented as follows (the IEP team must check all boxes in at least one of the five areas):

## SECTION I. LANGUAGE

*Both yes/no questionsmust be checked yes.*

Not applicable: no concerns with this area of communication.

Yes  No Following consideration of the student’s age, culture, language background and dialect, the student demonstrates characteristics of a language impairment in the area of language form, content, or use.

As evidenced through an **observation in a natural environment** *(must be checked).* *Explain or reference data or evidence:*

At least **two** of the following measurements were used:

Language sample

Dynamic assessment

Criterion-referenced assessment, such as developmental scales

Norm-referenced assessment\*\* of comprehensive language

*Explain or reference data or evidence for all measurement boxes checked above. If a norm-referenced assessment was used, explain whether the student demonstrated a significant discrepancy:*

Yes  No There is a delay in communication that adversely impacts the student’s educational performance or social, emotional, or vocational development. *Explain or reference data or evidence:*

## SECTION II. SPEECH SOUND PRODUCTION-ARTICULATION

*All four yes/no questions must be checked yes.*

Not applicable: no concerns with this area of communication.

Yes  No Following consideration of the student’s age, culture, language background, and dialect, the student’s speech sound production (i.e., articulation) is documented to be delayed.

As evidenced through an **observation in a natural environment** *(must be checked).* *Explain or reference data or evidence:*

At least **one** of the following measurements were used:

Criterion-referenced assessment, such as developmental scale or phonetic inventory

Norm-referenced assessment\*\*

*Explain or reference data or evidence for all measurement boxes checked above. If a norm-referenced assessment was used, explain whether the student demonstrated a significant discrepancy:*

Yes  No The student’s intelligibility is below the expected range for their age. Intelligibility ratings as documented by school staff or caregivers indicate an impact across environments. *Explain or reference data or evidence:*

Yes  No The student is less than 30% stimulable for speech sounds found in error. *Explain or reference data or evidence:*

Yes  No There is a delay in communication that adversely impacts the student’s educational performance or social, emotional, or vocational development. *Explain or reference data or evidence:*

## SECTION III. SPEECH SOUND PRODUCTION- PHONOLOGY

*All three yes/no questions must be checked yes.*

Not applicable: no concerns with this area of communication.

Yes  No Following consideration of the student’s age, culture, language background, and dialect, the student’s phonological process use is documented to be non-developmental or outside of the expected developmental range.

As evidenced through an **observation in a natural environment** *(must be checked).* *Explain or reference data or evidence:*

At least **one** of the following measurements were used:

Presence of one of more disordered phonological processes occurring at least 40%

Norm-referenced assessment\*\* of phonology

*Explain or reference data or evidence for all measurement boxes checked above. If a norm-referenced assessment was used, explain whether the student demonstrated a significant discrepancy:*

Yes  No The student’s intelligibility is below the expected range for their age and not due to influences of home languages or dialect. Intelligibility ratings as documented by school staff or caregivers indicate an impact across environments. *Explain or reference data or evidence:*

Yes  No There is a delay in communication that adversely impacts the student’s educational performance or social, emotional, or vocational development. *Explain or reference data or evidence:*

## SECTION IV. VOICE

*All three yes/no questions must be checked yes.*

Not applicable: no concerns with this area of communication.

Yes  No There is documentation of a vocal impairment not due to temporary physical factors (such as allergies, short-term vocal abuse, or puberty) and not due to an acute respiratory virus or infection. *Explain or reference data or evidence:*

As evidenced through an **observation in a natural environment** *(must be checked).* *Explain or reference data or evidence:*

Yes  No Following consideration of the student’s age, culture, language background, or dialect, the student demonstrates characteristics of impairment, which include **any** of the following *(must check at least one):*

The student’s vocal volume, including loudness

The student’s vocal pitch, including range, inflection, or appropriateness

The student’s vocal quality, including breathiness, hoarseness, or harshness

The student’s vocal resonance, including hypernasality

*Explain or reference data or evidence for all boxes checked above:*

Yes  No This impairment in communication adversely impacts the student’s educational performance or social, emotional, or vocational development. *Explain or reference data or evidence:*

## SECTION V. FLUENCY

*Both yes/no questions must be checked yes.*

Not applicable: no concerns with this area of communication.

Yes  No Following consideration of the student’s age, culture, language background, and dialect, the student has speaking behaviors characteristic of a fluency disorder. *(The evaluation must include a variety of measures, including case history, observation in natural environment, norm-referenced assessment or disfluency analysis, and result in evidence of atypical fluency.)*

At least **one** of the following measurements were used:

Observation in a **natural environment**

Case history

Norm-referenced assessment\*\*

Disfluency analysis

*Explain or reference data or evidence for all measurement boxes checked above. If a norm-referenced assessment was used, explain whether the student demonstrated a significant discrepancy:*

The presence of one or more of the following characteristics indicates a fluency disorder *(check all that apply):*

Speech disfluencies associated with stuttering or atypical disfluency, which include repetitions of phrases, words, syllables, and sounds or dysrhythmic phonations such as prolongations of sounds or blockages of airflow typically in excess of 2% of total syllables, one second of duration, and two or more iterations in a repetition. Non-verbal physical movements, such as eye blinking or head jerking, may accompany the stuttering. Negative feelings about oral communication may be significant enough to result in avoidance behaviors in an attempt to hide or diminish stuttering. *Explain or reference data or evidence:*

A speech rate that is documented to be rapid, irregular, or both and may be accompanied by sound or syllable omissions, sequencing errors, or a high number of non-stuttering speech disfluencies such as interjections, phrase and whole word repetitions, and revisions. The resulting speech fluency pattern is considered to be significantly disruptive to efficient communication. Negative feelings and attitudes about oral communication may or may not be present under this disfluency profile. *Explain or reference data or evidence:*

Yes  No This impairment in communication adversely impacts the student’s educational performance or social, emotional, or vocational development. *Explain or reference data or evidence:*

## SECTION VI. AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC)

Yes  N/A The IEP team evaluated the student’s language by assessing the student’s augmentative and alternative communication skills, when appropriate, to determine the student’s needs. *Explain or reference data or evidence:*

## SECTION VII. EXCLUSIONARY FACTORS

The IEP may not identify a Speech or Language Impairment when differences in speech or language are based on home languages, culture, or dialect unless the student has a Speech or Language Impairment within the student’s home languages, culture, or dialect. In determining whether the student has a Speech or Language Impairment, the IEP team must consider the following:

* The student’s background knowledge, stage of language acquisition, experience with narratives, and exposure to vocabulary to discern speech or language ability from speech or language difference, such as differences due to lack of exposure, stage of language acquisition, cultural or behavioral expectations.
* Based on information and data collected, the IEP team must determine whether the student’s speech or language skills are a result of a speech or language impairment or a difference due to culture, language background, or dialect.

Yes  N/A There are exclusionary factors. *If yes, list exclusionary factors present (differences in speech or language are based on home languages, culture, or dialect):*

## SECTION VIII. DOCUMENTATION OF REQUIRED IEP TEAM MEMBERS

Yes  No A speech-language pathologist was an IEP team participant and attended IEP meetings when the team discussed eligibility for a speech or language impairment or identified the student’s speech or language needs (or both).

Yes  No An educator with foundational knowledge in first and second language instruction and

Not applicable second language acquisition if the student is identified as an English Learner under 20 USC 7801(20) was an IEP team participant and attended IEP meetings when the team discussed eligibility for a speech or language impairment or the need for speech and language services (or both).

## SECTION IX. DISABILITY CATEGORY CRITERIA DETERMINATION

Initial evaluation or considering new disability category

*The student must meet criteria in one of the sections (I-V) above and no exclusionary factors exist.*

Yes  No The documentation of the criteria above demonstrates an impairment of speech or sound production, voice, fluency, or language that adversely affects educational performance or social, emotional, or vocational development. The student meets the disability category criteria for **speech or language impairment.** A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluating category for continuing identification\*

Yes  No The student was previously found eligible for special education, having met the disability category criteria for **speech or language impairment**, and continues to have a disability that adversely affects the student’s educational performance or social, emotional, or vocational development. A student whose disability has an adverse effect on educational performance or social, emotional, or vocational development must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). *Explain or reference data or evidence that indicates the student continues to have a disability that adversely affects the student’s educational performance or social, emotional, or vocational development:*

*\** A student previously found eligible for special education, having met the disability category criteria for speech or language impairment, is not required to meet initial identification criteria upon reevaluation.

*\*\** If a norm-referenced assessment was used, the student must demonstrate a significant discrepancy. For further clarification of the term “significant discrepancy,” please review relevant guidance on the Department’s [speech-language webpage](https://dpi.wi.gov/sped/program/speech-language).

# CRITERIA FOR DISABILITY CATEGORY

### TRAUMATIC BRAIN INJURY

### Form ER-1-TBI (Rev. 06/2023)

Date form completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid\_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial evaluation or considering new disability category *(must complete all sections)*

Reevaluating category for continuing identification *(sections I-III optional, must complete section IV)\**

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under [Chapter 115, Wis. Stats](https://docs.legis.wisconsin.gov/statutes/statutes/115)., and [PI 11.36, Wis. Admin. Code](https://docs.legis.wisconsin.gov/code/admin_code/pi/11/36). The IEP team should complete this form to document whether or not the student meets the disability category criteria or if reevaluating, the student’s disability continues to adversely affect the student’s educational performance. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Traumatic brain injury means an acquired injury to the brain caused by an external physical force resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; speech and language; memory; attention; reasoning; abstract thinking; communication; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and executive functions, such as organizing, evaluating and carrying out goal-directed activities. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma. [PI 11.36 (9), Wis. Admin. Code](https://docs.legis.wisconsin.gov/document/administrativecode/PI%2011.36(9))*.* Refer to [Forms Guide](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms) for more information.

Criteria\* for the disability category of traumatic brain injury can be documented as follows:

## SECTION I. TRAUMATIC BRAIN INJURY

*All yes/no questions must be checked yes.*

Yes  No Does the student have an acquired injury to the brain that occurred following a period of normal development?

The acquired injury may not be due to congenital causes (such as PKU or Down Syndrome) or degenerative causes (such as Multiple Sclerosis or Muscular Dystrophy) or induced by birth trauma (such as a perinatal stroke). Children whose educational performance is adversely affected as a result of acquired injuries to the brain caused by internal occurrences, such as vascular accidents, infections, anoxia, tumors, metabolic disorders and the effects of toxic substances or degenerative conditions may meet the criteria of one of the other disability categories.

If medical information from a licensed physician is available, it was considered by the IEP team. *(If available, the IEP team must consider it.)*

*Describe the nature of the acquired injury and source(s) of evidence:*

Yes  No Was the student’s acquired brain injury caused by an external physical force from a strike or blow to the head or from movement of the brain within the skull? (E.g., due to a bike or car accident, a fall, a sports injury, an object like a nail penetrating the brain, or whiplash to the head.) *Explain or reference data or evidence:*

## SECTION II. EDUCATIONAL PERFORMANCE

*Must be checked yes.*

Yes  No Is the student’s educational performance adversely affected due to total or partial functional disability or psychosocial impairment, or both, in one or more of the following areas? In other words, is the student’s educational performance in one or more of the areas below partially or totally affected by the acquired brain injury*? (When examining the student’s educational performance, consider both academic and nonacademic skills and progress.)*

*If yes, check ALL that apply:*

Cognition

Speech and language

Memory

Attention

Reasoning

Abstract thinking

Communication

Judgment

Problem solving

Sensory, perceptual, and motor abilities

Physical functions

Information processing

Psychosocial behavior (psychological or social functioning)

Executive functions (e.g. organizing, evaluating, and goal-directed activities)

*Explain or reference data or evidence:*

## SECTION III. EXCLUSIONARY FACTORS

The student does not have a brain injury that is congenital or degenerative, or a brain injury induced by birth trauma (check to indicate agreement).

## SECTION IV. DISABILITY CATEGORY CRITERIA DETERMINATION

Initial evaluation or considering new disability category

Yes  No The documentation of the criteria above demonstrates an acquired injury to the brain caused by an external physical force resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects the student’s educational performance. The student meets the disability category criteria for **traumatic brain injury**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluating category for continuing identification\*

Yes  No The student was previously found eligible for special education, having met the disability category criteria for **traumatic brain injury,** and continues to have a disability that adversely affects the student’s educational performance. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). *Explain or reference data or evidence:*

*\** A student previously found eligible for special education, having met the disability category criteria for traumatic brain injury, is not required to meet initial identification criteria upon reevaluation.

**REQUIRED DOCUMENTATION FOR**

**SPECIFIC LEARNING DISABILITY (SLD) – INITIAL EVALUATION**

**Form ER-2A (Rev. 05/2022)**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Eligibility Determination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The responses to items #1, #2, **and** #3 under **Documentation of Eligibility** must be marked “Yes" for the student to meet the eligibility criteria for the impairment of Specific Learning Disability (SLD). In addition, these criteria must be documented in at least one of the **same** area(s) of concern. If any item is marked "No”, the student **does not** meet eligibility criteria for the impairment of SLD. Prompts for additional information must be completed as appropriate. If information is addressed elsewhere in the IEP team evaluation report, reference where the information can be found.

**DOCUMENTATION OF ELIGIBILITY**

**1. Insufficient Progress**

Yes  No The student does not make sufficient progress to meet age or grade-level standards following at least two intensive, scientific research-based or evidence-based interventions implemented with adequate fidelity and closely aligned to individual student needs. Check “Yes” if the student **did not** make sufficient progress in one or more of the area(s) considered. Check “No” if the student made sufficient progress in all area(s) considered.

**Data Used to Support Insufficient Progress Determination**

*Check the area(s) considered and whether the student did or did not make sufficient progress in the chart below.*

| **Area(s) Considered** | **Decision Rule**  *The student’s rate of progress was:* | **Progress Monitoring Data**  *Briefly summarize data collected. Attach supporting data as appropriate.* |
| --- | --- | --- |
| Basic Reading Skill  The student did not demonstrate sufficient progress  The student demonstrated sufficient progress | The same or less than same age peers.  Greater than same age peers, but will not result in the student reaching the average range of achievement as same age peers in a reasonable period of time.  Greater than same age peers, but the intensity of resources necessary to obtain this rate of progress cannot be maintained in general education. |  |
| Reading Comprehension  The student did not demonstrate sufficient progress  The student demonstrated sufficient progress | The same or less than same age peers.  Greater than same age peers, but will not result in the student reaching the average range of achievement as same age peers in a reasonable period of time.  Greater than same age peers, but the intensity of resources necessary to obtain this rate of progress cannot be maintained in general education. |  |
| Reading Fluency Skills  The student did not demonstrate sufficient progress  The student demonstrated sufficient progress | The same or less than same age peers.  Greater than same age peers, but will not result in the student reaching the average range of achievement as same age peers in a reasonable period of time.  Greater than same age peers, but the intensity of resources necessary to obtain this rate of progress cannot be maintained in general education. |  |
| Mathematics Calculation  The student did not demonstrate sufficient progress  The student demonstrated sufficient progress | The same or less than same age peers.  Greater than same age peers, but will not result in the student reaching the average range of achievement as same age peers in a reasonable period of time.  Greater than same age peers, but the intensity of resources necessary to obtain this rate of progress cannot be maintained in general education. |  |
| Mathematics Problem Solving  The student did not demonstrate sufficient progress  The student demonstrated sufficient progress | The same or less than same age peers.  Greater than same age peers, but will not result in the student reaching the average range of achievement as same age peers in a reasonable period of time.  Greater than same age peers but the intensity of resources necessary to obtain this rate of progress cannot be maintained in general education. |  |
| Written Expression  The student did not demonstrate sufficient progress  The student demonstrated sufficient progress | The same or less than same age peers.  Greater than same age peers, but will not result in the student reaching the average range of achievement as same age peers in a reasonable period of time.  Greater than same age peers but the intensity of resources necessary to obtain this rate of progress cannot be maintained in general education. |  |
| Oral Expression  The student did not demonstrate sufficient progress  The student demonstrated sufficient progress | The same or less than same age peers.  Greater than same age peers, but will not result in the student reaching the average range of achievement as same age peers in a reasonable period of time.  Greater than same age peers but the intensity of resources necessary to obtain this rate of progress cannot be maintained in general education. |  |
| Listening Comprehension  The student did not demonstrate sufficient progress  The student demonstrated sufficient progress | The same or less than same age peers.  Greater than same age peers, but will not result in the student reaching the average range of achievement as same age peers in a reasonable period of time.  Greater than same age peers but the intensity of resources necessary to obtain this rate of progress cannot be maintained in general education. |  |

The instructional strategies used with the student, including intensive intervention, were applied in a manner highly consistent with the design, closely aligned to student need, and culturally appropriate.

The student’s parent(s) were informed about the amount and nature of their child’s performance data collected; the general education services provided; progress monitoring data collected; the strategies for increasing their child’s rate of learning, including the intensive interventions used; and their right to request an evaluation.

Additional Notes (*if any*):

**2. Inadequate Classroom Achievement**

Yes  No The student does not achieve adequately for their age or grade-level **after** intensive intervention.

If “Yes,” achievement is inadequate in the following area(s) (*check all that apply*):

Oral Expression  Basic Reading Skill  Mathematics Calculation

Listening Comprehension  Reading Comprehension  Mathematics Problem Solving

Written Expression  Reading Fluency Skills

Data Used to Support Determination:

If the 1.25 standard deviation (SD) requirement was not used to make this determination, provide the reason why valid and reliable standard scores could not be attained and document inadequate achievement using other empirical evidence:

Additional Notes (*if any*):

**3. Exclusionary Factors as a primary reason DO NOT apply.**

Yes  No Check "Yes" if none of the exclusionary factors are the primary reason for the student’s inadequate achievement or insufficient progress. Check "No" if the student’s inadequate achievement or insufficient progress are primarily due to one or more exclusionary factor, and check the factor(s) below. If the student’s inadequate achievement or insufficient progress is primarily due to one or more exclusionary factor, the student is not a student with a specific learning disability.

The student does not meet general education expectations primarily because of (*check all that apply)*:

Environmental, cultural, or economic factors

Limited English proficiency

Lack of appropriate instruction in the identified area(s) of concern: oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, or mathematics problem solving

Other impairment (*specify*):

Additional Considerations (*complete whether or not an exclusionary factor applies*)—The IEP team considered:

Data demonstrating, prior to or as part of the evaluation, the student was or was not provided appropriate instruction.

Evidence the student received repeated assessments of achievement reflecting student progress.

The student’s parent(s) were informed of such assessments.

Additional Notes (*if any*):

**ADDITIONAL DOCUMENTATION REQUIRED WHEN STUDENT IS EVALUATED FOR SLD**

Relevant behavior noted during observations of the student in their learning environment including the regular education classroom and during intensive intervention, and the relationship of that behavior to the student’s academic functioning.

Educationally relevant medical findings

Yes, relevant medical findings~~,~~ (*specify*):

No relevant medical findings.

**SUMMARY of ELIGIBILITY CRITERIA CONSIDERATION**

List the area(s) of concern in the box below (e.g., reading fluency, math calculation, and reading comprehension).

For each area of concern listed, check “Yes” or “No” to indicate.

(1) Inadequate classroom achievement,

(2) Insufficient progress, **and**

(3) Exclusionary factors as a primary reason DO NOT apply.

If all three are checked “Yes” for **at least one area of concern**, then the student meets eligibility criteria for SLD.

|  |  |  |  |
| --- | --- | --- | --- |
| Area(s) of Concern  Considered  *(please list)* | Insufficient Progress | Inadequate Classroom Achievement | Exclusionary Factors  DO NOT apply |
|  | Yes  No | Yes  No | Yes  No |
|  | Yes  No | Yes  No | Yes  No |

*If there are more areas of concern, add rows to this chart*

The IEP team decision of whether the child has a specific learning disability was based on information from a variety of sources and not on any single measure or assessment as the sole criterion.

**DISABILITY CATEGORY CRITERIA DETERMINATION**

Yes  No The documentation of the criteria above demonstrates the student meets the disability category criteria for **Specific Learning Disability**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Each IEP team participant must sign below and indicate whether they agree with the conclusions regarding whether or not the child is a child with a specific learning disability. If this does not reflect their conclusions, then that IEP team participant must also attach a statement with their conclusions.

|  |  |  |
| --- | --- | --- |
| **Name and title** | **Signature** | **Agree or disagree** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Additional Notes (*if any*):

**REQUIRED DOCUMENTATION FOR**

**SPECIFIC LEARNING DISABILITY (SLD) – REEVALUATION**

**Form ER-2B (Rev. 05/2022)**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Eligibility Determination: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A student who met initial SLD identification criteria and continues to demonstrate a need for special education, including specially designed instruction, is a student with a continuing disability unless one or more exclusionary factors now apply. If the student no longer needs special education to address needs resulting from impairment, then the student is **no longer** a student with a disability under Ch. 115, Wis. Stats., and the Individuals with Disabilities Education Act (IDEA). **A student continues to be a student with the impairment of specific learning disability (SLD) who needs special education if all items are marked "YES."** If information is addressed elsewhere in the IEP team evaluation report, please reference where the information can be found.

**CONSIDERATION OF EXIT CRITERIA AND CONTINUING NEED FOR SPECIAL EDUCATION**

Yes  No The student was previously found eligible as having the impairment of SLD. If "No", the IEP team

should consider whether the student meets initial SLD criteria.

Yes  No The student does not perform to generally accepted expectations in the general education

classroom without specially designed instruction.

Yes  No The student continues to need special education to address needs resulting from the impairment of

SLD.

Reason for determination including data used (*document on model forms ER-1 Evaluation Report or explain below*):

**CONSIDERATION OF EXCLUSIONARY FACTORS**

Yes  No **Exclusionary Factors as a primary reason DO NOT apply.** *Check "Yes" if none of the exclusionary factors apply*

*and complete the section Consideration of Exit Criteria and Continuing Need for Special Education. Mark "NO" if one or more exclusionary factors apply and check the factor(s) below. If one or more factors apply, the student is not a student with a specific learning disability and is not eligible for special education.*

The student does not meet general education expectations primarily because of *(check all that apply)*:

Environmental, cultural, or economic factors

Limited English proficiency

Lack of appropriate instruction in the identified area(s) of concern: oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, or mathematics problem solving

Other impairment (*specify*):

Additional Notes (*if any*):

**ADDITIONAL DOCUMENTATION REQUIRED WHEN STUDENT IS EVALUATED FOR SLD**

Relevant behavior noted during observation of the student in their learning environment, including the regular classroom, and the relationship of that behavior to the student’s academic functioning.

Educationally relevant medical findings

Yes, relevant medical findings (*specify*):

No relevant medical findings.

The IEP team assures that the decision of whether the child has a specific learning disability was based on information from a variety of sources and not on any single measure or assessment as the sole criterion.

**DISABILITY CATEGORY CRITERIA DETERMINATION**

Yes  No The student was previously found eligible as meeting the disability category criteria for Specific Learning Disability and continues to have a disability that adversely affects the student’s educational performance. A student who previously met criteria under the disability category of **Specific Learning Disability** is not required to meet initial identification criteria upon reevaluation.

A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1).

Each IEP team participant must sign below and indicate whether they agree with the conclusions regarding whether or not the child is a child with a specific learning disability. If this does not reflect their conclusions, then that IEP team participant must also attach a statement with his/her conclusions.

|  |  |  |
| --- | --- | --- |
| **Name and title** | **Signature** | **Agree or disagree** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Additional Notes (*if any*):

**REQUIRED DOCUMENTATION FOR**

**SPECIFIC LEARNING DISABILITY (SLD) – INITIAL EVALUATION USING**

**SIGNIFICANT DISCREPANCY**

**Form ER-2C (Rev. 06/2023)**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Eligibility Determination: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Significant discrepancy may be used, but is not required, for initial evaluations of parentally placed private school students and students enrolled in home-based private education (homeschool).** **If significant discrepancy is used, this form is required.** Districts may use progress data from a student’s response to intensive scientific research-based or evidence-based intervention (see form ER-2A).

If #1, #2, and #3 are marked “YES", the student meets the eligibility criteria for the impairment of Specific Learning Disability (SLD). If any item is marked "No”, the child **does not** meet the eligibility criteria for an impairment of SLD. Prompts for additional information must be completed as appropriate. If such information is addressed elsewhere in the IEP team evaluation report, please reference where the information can be found.

**DOCUMENTATION OF ELIGBILITY**

Yes  No **1. Insufficient Progress.** The student has made insufficient progress based on Significant

Discrepancy.

If Yes, the student has a significant discrepancy between ability and achievement in one or more of the following areas(*check all that apply*).

Oral Expression  Basic Reading Skill  Mathematics Calculation

Listening Comprehension  Reading Comprehension  Mathematics Problem Solving

Written Expression  Reading Fluency Skills

Data Used to Support Determination:

If the regression formula was not used to make this determination, the reasons why it was not appropriate to use the regression procedure and documentation that a significant discrepancy exists, including documentation of a variable pattern of achievement or ability, in at least one of the eight areas of potential specific learning disabilities using other empirical evidence.

Additional Notes (*if any*):

Yes  No **2. Inadequate Classroom Achievement.** The student does not achieve adequately for

their age/grade-level.

If Yes, achievement is inadequate in the following area(s) (*check all that apply*):

Oral Expression  Basic Reading Skill  Mathematics Calculation

Listening Comprehension  Reading Comprehension  Mathematics Problem Solving

Written Expression  Reading Fluency Skills

Data Used to Support Determination:

Additional Notes (*if any*):

Yes  No **3. Exclusionary Factors as a primary reason DO NOT apply.**

Mark "Yes" if none of the exclusionary factors are the primary reason for the student’s inadequate achievement or insufficient progress. Mark "NO" if the student’s inadequate achievement or insufficient progress are primarily due to one or more exclusionary factor, and check the factor(s) below. If the student’s inadequate achievement or insufficient progress is primarily due to one or more exclusionary factor, the student is not a student with a specific learning disability.

The student does not meet general education expectations primarily because of (*check all that apply*):

Environmental, cultural, or economic factors

Limited English proficiency

Lack of appropriate instruction in the identified area(s) of concern: oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, or mathematics problem solving

Other impairment (*specify*):

Additional Considerations (*complete whether or not an exclusionary factor applies*)—The IEP team considered:

Data demonstrating, prior to or as part of the evaluation, the student was or was not provided appropriate instruction.

Evidence the student received repeated assessments of achievement reflecting student progress.

The student’s parent(s)/guardian(s) were informed of such assessments.

Additional Notes (*if any*):

**ADDITIONAL DOCUMENTATION REQUIRED WHEN STUDENT IS EVALUATED FOR SLD**

Relevant behavior noted during observation of the student, in their learning environment, and the relationship of that behavior to the student’s academic functioning.

Educationally relevant medical findings

Yes, relevant medical findings (*specify*):

No relevant medical findings.

**SUMMARY of ELIGIBILITY CRITERIA CONSIDERATION**

List the area(s) of concern in the box below (e.g., reading fluency, math calculation, and reading comprehension).

For each area of concern listed, check “Yes” or “No” to indicate

(1) Inadequate classroom achievement,

(2) Insufficient progress, **and**

(3) Exclusionary factors as a primary reason DO NOT apply.

If all three are checked “Yes” for **at least one area of concern**, then the student meets eligibility criteria for SLD.

|  |  |  |  |
| --- | --- | --- | --- |
| Area(s) of Concern  Considered  *(please list)* | Insufficient Progress | Inadequate Classroom Achievement | Exclusionary Factors  DO NOT apply |
|  | Yes  No | Yes  No | Yes  No |
|  | Yes  No | Yes  No | Yes  No |

*If there are more areas of concern, add rows to this chart*

The IEP team decision of whether the child has a specific learning disability was based on information from a variety of sources and not on any single measure or assessment as the sole criterion.

**DISABILITY CATEGORY CRITERIA DETERMINATION**

Yes  No The documentation of the criteria above demonstrates the student meets the disability category criteria for **Specific Learning Disability**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Each IEP team participant must sign below and indicate whether they agree with the conclusions regarding whether or not the child is a child with a specific learning disability. If this does not reflect their conclusions, then that IEP team participant must also attach a statement with their conclusions.

|  |  |  |
| --- | --- | --- |
| **Name and title** | **Signature** | **Agree or disagree** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Additional Notes (*if any*):

**EVALUATION REPORT: DOCUMENTATION**

**FOR DETERMINING BRAILLE NEEDS FOR**

**A CHILD WITH A VISUAL IMPAIRMENT**

**FORM ER-3 (Rev. 7/1999)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SCHOOL DISTRICT**

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation of the child’s reading and writing skills, needs, and appropriate reading and writing media:

Does this child demonstrate a current need for instruction in Braille or the use of Braille?

□ Yes □ No

*(If no, why not?)*

Does this child demonstrate a future need for instruction in Braille or the use of Braille?

□ Yes □ No □ Cannot be determined at this time *(If cannot be determined, explain)*

*(If no, why not?)*

**NOTICE OF IEP TEAM FINDINGS THAT CHILD**

**IS NOT A CHILD WITH A DISABILITY**

**Form ER-4 (Rev. 7/2006)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recently the individualized education program (IEP) team met to determine if your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has or continues to have a disability (impairment and need for special education). The IEP team determined the following:

□ Initial evaluation: your child does not have a disability (impairment and need for special education).

□ Reevaluation: your child no longer has a disability (impairment and need for special education). As a result, special education and related services will no longer be provided to your child as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Enclosed is a copy of the IEP team’s evaluation report which includes documentation that your child is not eligible for special education.

Other options, if any, related to the above proposal which were considered and the reason(s) they were rejected including a description of any other factors relevant to the proposed action include:

□ None

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

**NOTICE OF MEETING OF THE**

**INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM**

**Form I-1 (Rev. 05/2019)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SCHOOL DISTRICT**

*[If you need this invitation in a different language or communicated in a different way, or have*

*questions about this invitation, please contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You are a participant on the IEP Team which will meet to address the educational needs of your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. IEP team meetings must be held at a mutually agreeable time and place. An IEP team meeting has tentatively been scheduled for the following date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If these meeting arrangements are not agreeable to you, please call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. You may bring other people who you believe have knowledge or special expertise about your child to the meeting with you. If your child is transferring from a Birth to 3 Early Intervention Program we will, at your request, send to the Birth to 3 coordinator or other representative an invitation to the IEP meeting.

The purpose of this IEP team meeting is *(check all that apply):*

EVALUATION AND REEVALUATION

□ Determine initial eligibility for special education

□ Determine continuing eligibility for special education

INDIVIDUALIZED EDUCATION PROGRAM (IEP) *(if student is eligible)*

□ Develop an initial IEP

□ Develop an annual IEP

□ Review/revise IEP

□ Transition – the consideration of postsecondary goals and transition services

*(required for students beginning at age 14)*

PLACEMENT *(if student is eligible)*

□ Determine initial placement

□ Determine continuing placement

OTHER

□ Review existing information to determine need for additional assessments or other evaluation materials *(meeting optional)*

□ Conduct a manifestation determination *(check appropriate boxes under IEP and placement if changes in either are contemplated)*

□ Determine setting for services during disciplinary change in placement *(must also check appropriate boxes under IEP & placement)*

□ Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If transition is checked as one of the purposes of this meeting, your child will be invited to attend. Because you provided your consent we are also inviting representatives from the following agencies who may assist in the transition planning for your child: □ None

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Name *(if known)*, and Title/Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Name *(if known)*, and Title/Position

If at any point during this meeting you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. Decisions related to the purpose(s) checked above may be made in one meeting or may require more than one meeting, depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team’s most recent evaluation report.

The following individuals have been appointed as IEP team participants and will attend the meeting.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Reg. Ed. Teacher Name/Sp. Ed. Teacher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/LEA Representative Name &Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Title Name & Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Title Name & Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Title Name & Title

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year.

□ You received a copy of your procedural safeguard rights in a brochure about parent and child rights earlier this year. If you would like another copy of this brochure, please contact the district at the telephone number above.

□ A copy of the parent and child rights brochure is enclosed with this invitation.

In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_if you have questions about your rights.

Sincerely,

Name and Title of District Contact Person

**REQUEST TO INVITE OUTSIDE AGENCY REPRESENTATIVE(S)**

**TO THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING**

**Form I-1-A (Rev. 05/2019)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*]

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A purpose of your child’s upcoming individualized education program (IEP) meeting is to discuss their post high school goals and the transition services needed to achieve those goals. We would like to invite individuals or representatives from the following agencies who may assist with the transition planning for your child.

Name, if known Agency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before we can invite these individuals or representatives, the district needs your written consent (permission).

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

------------------------------------------------------------------------------------------------------------------------------------------------

I understand the action proposed by the school district and

*(Please check the appropriate box below, sign, date and return one copy of this request to the school district)*

🞏 I give my consent for all of the above identified individuals or representatives to be invited to my child’s IEP meeting. I understand that my consent is voluntary and may be revoked at any time before the identified individuals or representatives have been invited.

🞏 I give my consent for the following above identified individuals or representatives to be invited to my child’s IEP meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

🞏 I do not give my consent for any of the above identified individuals or representatives to be invited to my child’s IEP meeting.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or legal guardian or adult student Date

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

**REQUEST TO INVITE BIRTH TO 3 PROGRAM REPRESENTATIVE(S)**

**TO THE INITIAL INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING**

**Form I-1-B (New 5/2012)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*]

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As your child approaches the age of three, you will begin preparing for your child to transition from the Birth to 3 Program to school. In Wisconsin, early intervention services for children between birth and three years of age are coordinated by Birth to 3 Programs, and children over the age of three receive special education services provided by the local school district (Local Educational Agency or LEA). Birth to 3 Programs and LEAs work closely together to support smooth and effective early childhood transitions. With your written permission, we must invite the Birth to 3 Program service coordinator or other representative to your child’s initial IEP team meeting with the LEA. We would like your written consent to invite the following Birth to 3 Program representatives who may assist with the transition planning for your child. We cannot invite the following individual(s) unless we receive your written permission.

Name, if known Agency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

--------------------------------------------------------------------------------------------------------------------------------------------

I understand the action proposed by the school district and

*(Please check the appropriate box below, sign, date and return one copy of this request to the school district)*

🞏 I give my consent for all of the above identified individuals or representatives to be invited to my child’s IEP meeting. I understand that my consent is voluntary and may be revoked at any time before the identified individuals or representatives have been invited.

🞏 I give my consent for the following above identified individuals or representatives to be invited to my child’s IEP meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

🞏 I do not give my consent for any of the above identified individuals or representatives to be invited to my child’s IEP meeting.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or legal guardian or adult student Date

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

**REQUEST TO INVITE OTHERS WITH KNOWLEDGE OR SPECIAL**

**EXPERTISE TO AN INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING**

**Form I-1-C (Rev. 5/2019)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*]

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A purpose of your child’s upcoming individualized education program (IEP) meeting is to discuss their present level of performance, annual goals, and services needed to achieve those goals. We would like to invite individuals not employed by the school district who work with your child and may assist with planning for your child. We cannot invite the individual(s) unless we receive your written permission.

Name, if known Agency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

--------------------------------------------------------------------------------------------------------------------------------------------

I understand the action proposed by the school district and

*(Please check the appropriate box below, sign, date and return one copy of this request to the school district)*

🞏 I give my consent for all of the above identified individuals or representatives to be invited to my child’s IEP meeting. I understand that my consent is voluntary and may be revoked at any time before the identified individuals or representatives have been invited.

🞏 I give my consent for the following above identified individuals or representatives to be invited to my child’s IEP meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

🞏 I do not give my consent for any of the above identified individuals or representatives to be invited to my child’s IEP meeting.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or legal guardian or adult student Date

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

**AGREEMENT ON IEP TEAM PARTICIPANT**

**ATTENDANCE AT IEP MEETING**

**Form I-2 (Rev. 05/2019)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SCHOOL DISTRICT**

*[If you need this agreement in a different language or communicated in a different way, or have*

*questions about this agreement, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An IEP team meeting for your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is scheduled for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ we [met or spoke on the phone or exchanged emails] and agreed the following individual(s) is/are not required to attend all or part of the meeting ***(include name and title)***.

□ We agree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will not attend the IEP meeting because their area of curriculum or related service is not being changed or discussed at the meeting.

□ We agree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will not attend the IEP meeting during which their area of curriculum or related service will be discussed at the meeting. However, they will prepare and provide to you prior to the IEP meeting written information that can be used in developing or revising your child’s IEP.

□ We agree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be or was present for that portion of the meeting during which their area of curriculum or related service will be or was discussed or changed and their attendance is no longer required.

Other options, if any, related to the above action that were considered and the reason(s) they were rejected including a description of any other relevant factors include:

□ None

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

**--------------------------------------------------------------------------------------------------------------------------------------------------**

Your agreement or consent to excuse the above identified IEP team participant(s) from attending the meeting must be in writing. *(Please sign, date and return one copy of this agreement to the school district)*

I agree that the above named IEP team participant(s) need not attend all or part of my child’s IEP meeting. I understand that my consent is voluntary and may be revoked at any time before the excusal of the team participant(s) takes effect. I understand that I may request to meet with the excused team participant(s) before agreeing or consenting to excusing the participant(s) from attending the IEP team meeting.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or legal guardian or adult student Date

**INDIVIDUALIZED EDUCATION PROGRAM (IEP) Page\_\_\_\_ of\_\_\_\_**

**TEAM MEETING COVER PAGE**

**Form I-3 (Rev. 05/2019)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Student | DOB | Grade | WISEid | LEA’s Student ID |
| Identified impairment area(s), if applicable | | | | |
| Parent(s) or Legal Guardian(s) | | | Telephone (area code/number) | |
| Address | | | | |
| District of Residence | | Current District of Placement | | |
| For students transferring between public agencies:  Evaluation Report reviewed and adopted (if applicable) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | For students transferring between public agencies:  IEP reviewed and adopted (if applicable) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

Date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(month/day/year)*

PURPOSE OF MEETING *(check all that apply):*

EVALUATION AND REEVALUATION

☐ Evaluation including determination of initial eligibility for special education

☐ Reevaluation including determination of continuing eligibility for special education

INDIVIDUALIZED EDUCATION PROGRAM (IEP) *(if student is eligible)*

☐ Develop an initial IEP

☐ Develop an annual IEP

☐ Review/revise IEP

☐ Transition – the consideration of post-secondary goals and transition services

*(Required for students beginning at age 14.)*

PLACEMENT *(must be determined when the IEP is developed or reviewed/revised)*

☐ Determine initial placement

☐ Determine continuing placement

OTHER

☐ Review existing information to determine need for additional assessments or other evaluation materials *(IEP team meeting optional)*

☐ Conduct a manifestation determination *(check appropriate boxes under IEP and PLACEMENT if changes in either are contemplated)*

☐ Determine setting for services during disciplinary change in placement *(must check appropriate boxes under IEP & PLACEMENT)*

☐ Other. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a purpose of this meeting is *IEP development, review, and/or revision* related to the academic, developmental and functional needs of the child, the IEP team considered the results of:

Initial or most recent evaluation □ Yes □ Not applicable

Statewide assessments □ Yes □ Not applicable

District-wide assessments □ Yes □ Not applicable

IEP Team Participants Attending or Participating by Alternate Means in the Meeting:

|  |  |  |
| --- | --- | --- |
| Parent(s)/Guardian(s) | Regular education teacher/title: | Regular education teacher/title: |
| Student (if appropriate): | Special education teacher/title: | Special education teacher/title: |
| LEA Representative/title: | Other: | Other: |
| Other: | Other: | Other: |

If a parent did not attend or participate in the meeting by other means and did not agree to the time and place of the IEP team meeting, document three efforts to involve the parent(s)/guardian(s):

|  |  |  |
| --- | --- | --- |
| Date | Method | Result |
|  |  |  |
|  |  |  |
|  |  |  |

**INDIVIDUALIZED EDUCATION PROGRAM: Page\_\_\_\_ of\_\_\_\_**

**Linking Present Levels, Needs, Goals, and Services Form**

**Form I-4 (Rev. 06/2023)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid \_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **INFORMATION ABOUT THE STUDENT**

|  |
| --- |
| Information about the student, including strengths, effects of the disability/special factors, present level of academic achievement and functional performance, and any concerns must be considered when identifying the student’s disability-related needs and developing goals and services to address those needs. Include strategies that have been effective in improving the student’s academic achievement and functional performance and access to general education.  Refer to [Forms Guide](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms) for more information.  **Parents are important members of the IEP team and are encouraged to share information throughout the process. The student should be included, whenever appropriate, and encouraged to provide input throughout the process.** |

* 1. **Strengths**

Describe the student’s strengths that can be used to engage the student in learning *(including academics, cognitive learning, communication, independence and self-determination, physical/health, social and emotional learning).*

* 1. **Current Academic Achievement and Functional Performance** *(including academics, cognitive learning, communication, independence and self-determination, physical/health, social and emotional learning)*

|  |
| --- |
| **Academic achievement** generally refers to a student’s performance in academic content areas (e.g., reading, math, written language, etc.). For preschool children, academic achievement generally refers to knowledge and skills such as early language development/communication, early literacy, cognition and general knowledge. Academic achievement statements must include information about student achievement and/or progress compared to age/grade-level standards. Sources of information may include state, district-wide, or classroom assessments, rubrics, screeners, recent evaluations, etc. |

* + 1. Describe the student’spresent level of academic achievement (including reading achievement). For preschool children, describe the child’s acquisition and use of knowledge and skills (including early language/communication and early literacy).

|  |
| --- |
| **Functional performance** includes activities and nonacademic skills needed for independence, access to instruction and performance at school, in the home, in the community, for leisure time, and for post-secondary and lifelong learning (including reading). Some examples include activities of everyday living, school/work/play habits, health-enhancing physical activity and social and emotional skills. Functional performance statements must include information about student achievement and/or progress compared to age/grade-level expectations. |

* + 1. Describe the student’s present level of functional performance). For preschool children, describe the child’s positive social and emotional skills (including social relationships) and use of appropriate behaviors to meet their needs and the impact on early literacy.
  1. **Special Factors**

|  |
| --- |
| Special Factors must be considered when developing the individualized education program. Consider the special factors when identifying the effects of disability, summarizing disability related needs, developing goals, and determining services in the Program Summary. |

* + 1. Does the student’s behavior impede their learning or that of others?  
       □ Yes  □ No

If yes, describe the student’s behavioral needs:

Has a functional behavioral assessment (FBA) been conducted?

□ Not Applicable □ Yes (Date:\_\_\_\_\_\_\_\_\_\_\_  □ No

*Document positive behavioral interventions, strategies, and supports, and other services in the Program Summary.*

* + 1. Is the student an English Learner (EL)?   
       □ Yes □ No

If yes, describe how this factor affects the student’s needs related to this IEP:

* + 1. In the case of a child who is blind or visually impaired, does the student need instruction in Braille or the use of Braille? (Attach Determining Braille Needs (ER-3) from the latest evaluation/reevaluation or any updated information.)  
        □ Not Applicable □ Yes □ No □ Cannot be determined at this time

If yes, describe needs, including Braille needs:

If no, explain why not:

* + 1. Does the student have communication needs that could impede their learning?   
       □ Yes □ No  
       a. If yes, describe the communication needs (including speech and language needs):

b. If the student is deaf, hard of hearing, or deafblind, describe (a) the student’s language and communication needs; (b) opportunities for direct communication with peers and professional personnel in the student’s language and communication mode; and, (c) academic level and full range of needs including opportunities for direct instruction in the student’s language and communicative mode:

5. Does the student need assistive technology services or devices?  
□ Yes □ No

*Consider any item, piece of equipment, product system, or service to increase, maintain, or improve the student’s functional capabilities. In addition to other needs that require assistive technology, discuss if the student accesses, uses, and derives meaning from age or grade level standard printed text when considering accessible education materials (AEM) and the need for assistive technology.*

If yes, describe the student’s assistive technology needs:

*Document necessary services or devices in the Program Summary.*

* 1. **Concerns of the Parent(s)/Family**
     1. Describethe concerns of the parent(s)/family for enhancing the education of the student. This may include concerns about reading achievement, early language/communication or early literacy skills, other academic areas, health-enhancing physical activity, social and emotional needs, sensory needs, behavior, the child’s future and postsecondary transition, etc.:
     2. Describe the concerns (if any) of the student for enhancing their education:
  2. **Effects of Disability**

|  |
| --- |
| Effects of the disability identifies **how** the student’s disability affects academic achievement and functional performance. The effects are what the IEP team observes when the student has difficulty accessing, engaging and making progress in the general education curriculum, instruction, and environments. This item must be addressed for all students, regardless of the disability category, including students identified as having a speech or language impairment. |

1. Describe how the student’s disability affects their access, involvement and progress in the general education curriculum, **including how the disability affects reading**. For preschool children, describe how the disability affects participation in age-appropriate activities, including language development, communication and/or early literacy. Consider special factors when identifying the effects of the disability on academic achievement and functional performance.
2. Does the student’s disability adversely affect their progress toward meeting age/grade-level reading standards? For preschoolers, does the disability adversely affect progress toward the early learning standards for language development, communication and/or early literacy?   
   □ Yes □ No
3. Is this a student with the most significant cognitive disability whose achievement will be aligned with **alternate** achievement standards? (*See DPI Model Form I-7-A-Participation Guidelines for Alternate Assessment for the definition of most significant cognitive disability.)*

□ Yes □ No

* 1. **Summary of Disability-Related Needs**

|  |
| --- |
| A disability-related need:   1. Addresses the **effect** of the student’s disability on access, engagement, and progress in the general curriculum and environment; 2. Addresses the **root cause** why a student is not meeting age/grade level academic standards and functional expectations; and 3. Specifies what **skill/behavior** the student needs to develop/improve so the student can meet age/grade level standards and expectations.   If the IEP team determines the student has a disability-related need(s) that affects reading (academic and/or functional), the IEP must include a minimum of one goal to address this need(s). Each identified disability-related need must have at least one corresponding goal and/or service to address the need. A goal or service may address more than one need. Services include special education, related services, supplementary aids and services, or program modifications or supports for school personnel. |

Based on a root cause analysis of the effects of the student’s disability, **list and number** the disability-related needs. Include reading needs, or early literacy needs, and needs due to special factors, if identified(e.g., decoding, identifying the main idea, basic math calculations, and word problems). Reference numbered needs in the measurable annual goal statements *(add rows, as needed).*(*The student needs to develop/improve skill…*)

|  |  |
| --- | --- |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

1. **FAMILY ENGAGEMENT**

How will school staff engage parent(s)/families in the education of the student (e.g. sharing resources, communicating with parent(s)/families, building upon family strengths, connecting parent(s)/families to learning activities, etc.)?

**III. MEASURABLE ANNUAL GOALS**

|  |
| --- |
| Each goal must address at least one disability-related need.  Develop / revise one or more measurable annual academic or functional goal to:   * Address any lack of expected progress toward the annual goals, if appropriate; * Address the unique needs of the student that result from the student’s disability *(see section I.F. above)*; * enable the student to progress toward age/grade-level reading standards, or for preschoolers, early learning standards for language development, communication and early literacy; * Enable the student to be involved in the general education curriculum i.e., the same curriculum as for nondisabled students; * Enable the student to progress toward meeting age/grade-level academic standards; and * Enable the student to be educated and participate with nondisabled students.   If the IEP team determines the student has a disability-related need that affects reading (academic or functional), the IEP must include a minimum of one goal to address this need.  Refer to [Forms Guide](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms) for more information. |

1. **Before developing annual goals,** review the previous IEP goals and progress *(document review and student’s progress on the   
   I-5, Annual Review of IEP Goals)*

Previous IEP goals reviewed:□ Yes □ No □ Not Applicable

*.*

1. **Goal #\_\_\_\_\_** *(The Goal # changes as goals are added. Complete 1 through 5 below for each goal****.****)*
   * + 1. Goal Statement**:**
   1. Baseline (Student’s current level of performance from which progress toward this goal will be measured):
   2. Level of Attainment (Must relate to the baseline measurement and reflect progress):
      * 1. Benchmarks or Short-Term Objectives *(Required for students with the most significant cognitive disability expected to participate in an assessment aligned with alternate academic achievement standards.)*:

□ Not Applicable

* + - 1. Annual goal addresses disability-related need(s) #\_\_\_\_\_\_\_ of the student. *(Needs identified in Section I.F)*.
      2. What procedures will be used for measuring the student’s progress toward meeting the annual goal from baseline to level of attainment (i.e., what methods or procedures will be used to collect data needed to make ongoing decisions about student progress toward annual goal achievement and to report progress to parents)?
      3. When will reports about the student’s progress toward meeting the annual goal be provided to parent(s)? *(Document reviews and student’s progress on the I-6, Interim Review of IEP Goals.)*

1. **PROGRAM SUMMARY**

|  |
| --- |
| Include a statement for each of A, B, C and D below to allow the student to (1) access, be involved in and make progress in the general education curriculum, (2) be educated and participate with other students with and without disabilities to the extent appropriate, (3) participate in extracurricular and other nonacademic activities, and (4) advance appropriately toward attaining the annual IEP goals. Include frequency, amount, location, & duration (if different from projected IEP beginning and ending dates). The services must be stated in the IEP so the level of the LEA’s commitment of resources is clear to the parent(s) and other IEP team members. At least one special education service must be specified; include other services, if needed. Refer to [Forms Guide](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms) and the [Department Bulletin Describing Special Education, Related Services, Supplementary Aids and Services, and Program Modifications or Supports](https://dpi.wi.gov/sped/laws-procedures-bulletins/bulletins/) for more information. |

**Projected beginning and ending date(s) of IEP services & modifications from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_.**

*(month/day/year) (month/day/year)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A. Supplementary Aids and Services**  Aids, services, and other supports (accommodations) that are provided in regular education, other educational settings, and in extracurricular and nonacademic settings, to enable students with disabilities to be educated with nondisabled students to the maximum extent appropriate. The amount of time specified for each service must be appropriate to the service and stated in a manner that can be understood by all involved in developing and implementing the IEP. *For each supplementary aid and service, identify the corresponding annual goal(s). In some situations, there may not be a corresponding goal. In those situations it is acceptable to identify the disability-related need(s). If assistive technology devices are provided, specify the type that will be used.*  □ None needed | | | | | |
| Describe | Frequency & Amount *(describe the circumstances, if appropriate)* | Location | Duration | Addresses  Goal(s) #\_\_\_\_\_\_\_ | Addresses  Need(s)  #\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **B. Special Education / Specially Designed Instruction**  Adapting, as appropriate to the needs of an eligible student, the content, methodology, or delivery of instruction to address the unique needs of the student that result from the student’s disability; and ensure access of the student to the general curriculum, so the student can meet the educational standards of the public agency that apply to all students. *For each special education service, identify the corresponding annual goal(s).* | | | | | |
| Describe | Frequency | Amount | Location | Duration | Addresses Goal(s) #\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **C. Related Services Needed to Benefit from Special Education**  Transportation and such developmental, corrective, and other supportive services as are required to assist a student with a disability to benefit from special education. *For each related service, identify the corresponding annual goal(s). In some situations, there may not be a corresponding goal. In those situations it is acceptable to identify the disability-related need(s).*  □ None needed | | | | | | |
| Describe | Frequency | Amount | Location | Duration | Addresses  Goal(s) #\_\_\_\_\_\_\_ | Addresses  Need(s)  # \_\_\_\_\_\_ |
| □ Assistive Technology  *Describe service or device:* |  |  |  |  |  |  |
| □ Audiology |  |  |  |  |  |  |
| □ Counseling |  |  |  |  |  |  |
| □ Educational Interpreting |  |  |  |  |  |  |
| □ Intervener *(For students meeting criteria under deafblind)* |  |  |  |  |  |  |
| □ Medical Services for Diagnosis and Evaluation |  |  |  |  |  |  |
| □ Occupational Therapy |  |  |  |  |  |  |
| □ Orientation and Mobility *(For students meeting criteria under blind and visually impaired or deafblind)* |  |  |  |  |  |  |
| □ Physical Therapy |  |  |  |  |  |  |
| □ Psychological Services |  |  |  |  |  |  |
| □ Recreation |  |  |  |  |  |  |
| □ Rehabilitation Counseling Services |  |  |  |  |  |  |
| □ School Health Services |  |  |  |  |  |  |
| □ School Nurse Services |  |  |  |  |  |  |
| □ School Social Work Services |  |  |  |  |  |  |
| □ Speech / Language |  |  |  |  |  |  |
| □ Transportation  *Describe details:* |  |  |  |  |  |  |
| □ Other: specify |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **D. Program Modifications or Supports *for School Personnel***  Services or activities for school personnel to meet the needs of the student. *Identify the goal(s) or need(s) addressed.*  □ None needed | | | | | | |
| Describe | Frequency | Amount | Location | Duration | Addresses  Goal(s) #\_\_\_\_\_\_\_ | Addresses  Need(s) #\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. **STUDENT PARTICIPATION**
2. **Participation in Regular Education Environment** *(location, including regular education classrooms, extracurricular and nonacademic activities, and workplace settings).* **Ensure any supplementary aids and services needed for the student to participate in the regular education environment, including regular education classrooms, extracurricular and nonacademic activities, and workplace settings, are included in the Program Summary.** Refer to Placement Form (Form P-1 or P-2) and [Forms Guide](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms) for more information.

□ The student will participate full-time with non-disabled peers **in the regular education environment**, or for preschoolers, with non-disabled peers in age-appropriate settings.

*If you have indicated in the Program Summary a location other than regular education environment, or age-appropriate settings for preschoolers, you must check the box below and answer question 1.*

□ The student will **not** participate full-time with non-disabled peers **in the regular education environment**, or for preschoolers, with non-disabled peers in age-appropriate settings. This includes students on a shortened day.

* 1. Describe the extent to which the student will **not** participate with non-disabled peers in the regular education environment, or age-appropriate settings in the case of a preschooler, including extracurricular and nonacademic activities:

1. **Participation in Physical Education**  □ Not Applicable (If the student is in a grade-level where physical education is not offered **and** the student does not require adapted physical education as part of a free appropriate public education.)

□ General Physical Education

□ Adapted Physical Education

|  |
| --- |
| If the IEP team determines the student requires adapted physical education, there must be a corresponding disability-related need and goal, and this service must be included in the Program Summary with the appropriate frequency and amount. |

**ANNUAL REVIEW OF IEP GOALS Page\_\_\_\_ of\_\_\_\_**

**Form I-5 (Rev. 05/2018)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid \_\_\_\_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Annual Goal Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Before** developing annual goals, review the previous IEP goals and progress.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Annual goal, including baseline and level of attainment. Include benchmark or short-term objectives, if appropriate. | Student’s current progress (include data). Ensure the data matches the measurement in the annual goal. *(May attach progress report, if applicable)* | Include factors affecting lack of progress and plan to address in new IEP. |
| Goal #: \_\_\_\_  □ Met  □ Not met |  |  | □ N.A. |
| Goal #: \_\_\_\_  □ Met  □ Not met |  |  | □ N.A. |
| Goal #: \_\_\_\_  □ Met  □ Not met |  |  | □ N.A. |
| Goal #: \_\_\_\_  □ Met  □ Not met |  |  | □ N.A. |
| Goal #: \_\_\_\_  □ Met  □ Not met |  |  | □ N.A. |
| Goal #: \_\_\_\_  □ Met  □ Not met |  |  | □ N.A. |
| Goal #: \_\_\_\_  □ Met  □ Not met |  |  | □ N.A. |

**INTERIM REVIEW OF IEP GOALS Page\_\_\_\_ of\_\_\_\_**

**Form I-6 (Rev. 05/2018)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid \_\_\_\_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of review | Annual goal, including baseline and level of attainment. Include benchmark or short-term objectives, if appropriate. | Student’s current progress (include data). Ensure the data matches the measurement in the annual goal. | Is student making sufficient progress to meet the annual goal during the term of the IEP? | How will the IEP be revised to address any lack of sufficient progress? | Date shared with parent(s) |
|  | Goal # \_\_\_ |  | □ Yes  □ No | □ N.A. |  |
|  | Goal # \_\_\_ |  | □ Yes  □ No | □ N.A. |  |
|  | Goal # \_\_\_ |  | □ Yes  □ No | □ N.A. |  |
|  | Goal # \_\_\_ |  | □ Yes  □ No | □ N.A. |  |

*(Add rows as needed)*

**Participation Guidelines for Alternate Assessment**

**Form I-7-A (Rev. 05/2019)**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IEP teams are responsible for deciding whether students with disabilities will participate in general education assessments with or without testing accommodations, or in the alternate assessment with or without accommodations.In a given year, a student must participate in either all general education assessments or all alternate assessments, not parts of both.

Participation in the alternate assessment must not be based solely on any of the following:

1. A disability category or label
2. Poor attendance or extended absences
3. Native language/social/cultural or economic difference
4. Expected poor performance on the general education assessment
5. Academic and other services student receives
6. Educational environment or instructional setting
7. Percent of time receiving special education
8. English Learner (EL) status
9. Low reading level/achievement level
10. Anticipated student’s disruptive behavior
11. Impact of student scores on accountability system
12. Administrator decision
13. Anticipated emotional distress
14. Need for accommodations (e.g., assistive technology/Augmentative and Alternative Communication) to participate in assessment

|  |  |  |  |
| --- | --- | --- | --- |
| **Participation Criterion** | **Participation Criterion Descriptors** | **Agree (Yes) or**  **Disagree (No)?** | **Document evidence used to make determination** |
| **1.** The student has a most significant cognitive disability. | In order to define a student as having a most significant cognitive disability, the IEP team must review student records and agree:   * The student is typically characterized as functioning at least two and a half to three standard deviations below the mean in both adaptive behavior **and** cognitive functioning; **and** * The student performs substantially below grade level expectations on the academic content standards for the grade in which they are enrolled, even with the use of adaptations and accommodations; **and** * The student requires extensive, direct, individualized instruction and substantial supports to achieve measurable gains, across all content areas and settings. | Yes / No |  |
| **2.** The student is instructed using the alternate achievement standards across all content areas. | Goals listed in the IEP for this student are linked to the enrolled grade level alternate achievement standards and address knowledge and skills that are appropriate and challenging for this student. | Yes / No |  |
| **3.** Parent/guardian notification | The parent(s)/guardian(s) and LEA have discussed:   * The differences between the alternate achievement standards and academic content standards for the grade in which the child is enrolled, **and** * That the student’s achievement will be measured based on alternate achievement standards, **and** * How the student’s participation in alternate standards and assessment(s) may delay or otherwise affect the student from completing the requirements for a regular high school diploma. | Yes / No |  |
| The IEP team agrees that all three of the criteria describe the student, and determined the student must participate in alternate assessment(s). | | Yes / No |  |

**INDIVIDUALIZED EDUCATION PROGRAM: *To be completed for students participating in***

**PARTICIPATION IN DISTRICT-WIDE ASSESSMENTS *district-wide assessments***

**Form I-7 District-wide Assessment (Rev. 05/2022)**

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District-wide assessments (including the high school civics test requirement and the assessment for reading readiness) are tests given at the district level and can apply to students in all grade levels (4K-12).

Students with disabilities must be included in district-wide assessments unless the IEP team determines that an alternate to the district-wide assessment is appropriate. Alternate assessments are intended only for students with the most significant cognitive disabilities. If the student will be taking an alternate assessment, *the I-7-A Participation Guidelines for Alternate Assessment* (<https://dpi.wi.gov/sites/default/files/imce/sped/doc/form-i-7-a.doc>) must be included with the IEP.

**District-wide Assessment**: If the IEP team determines the student will take district-wide assessments, the IEP must contain a statement of any individual appropriate accommodations needed to measure the academic achievement and functional performance of the student on district-wide assessments.

Students with IEPs must take the civics exam unless the IEP team determines it is not appropriate, but graduation cannot be conditioned upon passing a certain number of questions correctly. If the student will take the civics exam, list it as a district-wide assessment and include a statement of any needed accommodations.

⬜ The student has already taken the civics test.

⬜ The student is not eligible.

⬜ The student is eligible to take the civics test this year. (*Chose one):*

⬜ It is appropriate to administer the civics test to the student. *(Complete district-wide table below)*

⬜ It is not appropriate to administer the civics test to the student.

|  |  |  |
| --- | --- | --- |
| District-wide assessment(s) the student will take | Are accommodations needed? (yes/no) | If yes, describe the accommodations needed |
|  |  |  |
|  |  |  |
|  |  |  |

**Alternate District-wide Assessment**: If the IEP team determines the student will take an alternate assessment, the IEP must describe why the student cannot participate in the regular assessment, why the particular alternate district-wide assessment is appropriate and contain a statement of any needed accommodations.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Alternate district-wide assessment(s) the student will take | Describe why the student cannot participate in the district-wide assessment | Describe why the particular alternate district-wide assessment is appropriate. | Are accommodations needed? (yes/no) | If yes, describe the accommodations needed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**INDIVIDUALIZED EDUCATON PROGRAM: *To be completed for students***

**PARTICIPATION IN STATEWIDE ENGLISH *required to participate in* *statewide***

**LANGUAGE PROFICENCY ASSESSMENT English *language proficiency***

**CHECKLIST AND ACCOMMODATIONS *assessment***

**Form I-7 ACCESS for ELLs®/Alt. ACCESS for ELLs™ (Rev 05/2019)**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Elementary and Secondary Education Act requires all English learners (EL) to take an annual assessment in English language proficiency in all four language domains (reading, writing, speaking and listening) regardless of disability status. Individualized Education Program (IEP) teams are required to decide annually whether students who are classified as EL and who have a disability will participate in (1) the ACCESS for ELLs® with or without accommodations, or (2) the Alternate ACCESS for ELLs™ with or without accommodations.

Accommodations for the ACCESS for ELLs® or Alternate ACCESS for ELLs™ are specific to these assessments. Please check the Office of Student Assessment website (<http://dpi.wi.gov/assessment/ell/accommodations>) for the current accommodation policies.

The Elementary and Secondary Education Act (ESEA) requires that students whose disabilities preclude assessment in one or more domains of the annual proficiency assessment be assessed in the remaining domains available to them, and a score created which accounts for the missing domain(s). For example, a deaf student who is unable to hear the Listening Test. To qualify for this exemption, a student must be a student with a disability for which there are no appropriate accommodations for the affected domain.

As this exemption will require a manual score calculation and potentially requires manual changes to the test sessions in the WIDA Assessment Management System (AMS) portal, the Department of Public Instruction must be made aware of students receiving this waiver. Prior to the student beginning testing, you must provide the information required to support the student through the link on the Office of Student Assessment website at (<http://dpi.wi.gov/assessment/ell/accommodations>).

*Complete “1” OR “2”*

□ **1.** **The student will take the ACCESS for ELLs®.** For students taking the ACCESS for ELLs®, complete Sections A-C below. Note: ACCESS for ELLs® is available for students in grades kindergarten through 12.

Section A: Test Administration Procedures: Certain procedures can be used for all ELs but may be required by a student with disability in order to access the assessment. Please list any *test administration procedures* necessary for the student:

Section B: Accessibility Tools: Accessible tools are available for all ELs but dependent upon whether the assessment is taking an online or paper assessment. Please list any *accessibility tools* necessary for the student:

Section C: Accommodations (complete all 4 charts)

|  |  |  |  |
| --- | --- | --- | --- |
| Speaking | 🞏 ACCESS for ELLs® without accommodations in the language domain of speaking. | 🞏 ACCESS for ELLs® with accommodations in the language domain of speaking (*list)*: | 🞏 Domain Waived |

|  |  |  |  |
| --- | --- | --- | --- |
| Listening | 🞏 ACCESS for ELLs® without accommodations in the language domain of listening. | 🞏 ACCESS for ELLs® with accommodations in the language domain of listening (list): | 🞏 Domain Waived |

|  |  |  |  |
| --- | --- | --- | --- |
| Reading | 🞏 ACCESS for ELLs® without accommodations in the language domain of reading. | 🞏 ACCESS for ELLs® with accommodations in the language domain of reading (list): | 🞏 Domain Waived |

|  |  |  |  |
| --- | --- | --- | --- |
| Writing | 🞏 ACCESS for ELLs® without accommodations in the language domain of writing. | 🞏 ACCESS for ELLs® with accommodations in the language domain of writing (list): | 🞏 Domain Waived |

Any additional considerations:

**OR**

□ **2.** **The student will take the Alternate ACCESS for ELLs™** (the I-7-A *Participation Guidelines for Alternate Assessments* must be included with the IEP). For students taking the Alternate ACCESS for ELLs™, complete all four assessment and accommodations charts below. Note: Alternate ACCESS for ELLs™ is available for students only in grades 1-12. Kindergarten students take the regular ACCESS for ELLs with appropriate accommodations.

|  |  |  |  |
| --- | --- | --- | --- |
| Speaking | 🞏 Alternate ACCESS for ELLs™ without accommodations in the language domain of speaking. | 🞏 Alternate ACCESS for ELLs ™with accommodations in the language domain of speaking (list): | 🞏 Domain Waived |

|  |  |  |  |
| --- | --- | --- | --- |
| Speaking | 🞏 Alternate ACCESS for ELLs™ without accommodations in the language domain of speaking. | 🞏 Alternate ACCESS for ELLs ™with accommodations in the language domain of speaking (list): | 🞏 Domain Waived |

|  |  |  |  |
| --- | --- | --- | --- |
| Listening | 🞏 Alternate ACCESS for ELLs™ without accommodations in the language domain of listening. | 🞏 Alternate ACCESS for ELLs™ with accommodations in the language domain of listening (list): | 🞏 Domain Waived |

|  |  |  |  |
| --- | --- | --- | --- |
| Reading | 🞏 Alternate ACCESS for ELLs™ without accommodations in the language domain of reading. | 🞏 Alternate ACCESS for ELLs™ with accommodations in the language domain of reading (list): | 🞏 Domain Waived |

|  |  |  |  |
| --- | --- | --- | --- |
| Writing | 🞏 Alternate ACCESS for ELLs™ without accommodations in the language domain of writing. | 🞏 Alternate ACCESS for ELLs ™with accommodations in the language domain of writing (list): | 🞏 Domain Waived |

Any additional considerations:

**INDIVIDUALIZED EDUCATION PROGRAM: *To be completed for students participating in***

**PARTICIPATION IN STATEWIDE ASSESSMENTS *The ACT with writing***

**Form I-7 The ACT****with writing (Rev. 09/2022)**

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student will be in11th grade when the ACT® with writing assessment is given. The ACT with writing assessment is administered in the content areas of Reading, English, Writing, Mathematics and Science. The student will be taking general education assessments1 for all content areas required at this grade level.

The ACT with writing has specific policies and guidance regarding Universal Supports, Designated Supports, and Accommodations permitted on the assessment. Refer to the *ACT Accessibility Supports Guide* available on the Office of Educational Accountability website (https://dpi.wi.gov/assessment/act/accommodations) for current policies and guidance. It is important to note that while some accommodations or supports may be appropriate for instructional use, they may not be appropriate for use on a standardized assessment.

Section A: **Universal Support****s** are embedded into testing practices and are available to all students administered the ACT with writing. Universal Supports do not require prior submission to ACT. Refer to the *ACT Accessibility Supports Guide* for a list of Universal Supports.

List all Universal Supports required for the student at the time of testing:

Section B: **Designated Supports**, also known as local arrangements, are available to any student for whom a need has been identified, as long as test security is not compromised, and testing environment requirements are met. These supports are planned locally to ensure proper delivery and do notrequire prior authorization by ACT. Refer to the *ACT Accessibility Supports Guide* for a list of allowable Designated Supports.

List all Designated Supports required for the student at the time of testing:

Section C: **Accommodations** available to students with an Individualized Education Program (IEP) should be consistent with day-to-day instructional practices and must be documented in a student’s IEP. Refer to the *ACT Accessibility Supports Guide* for a list of all allowable Accommodations.

Accommodations for the ACT with writing **must** be requested and authorized for use by ACT prior to being used on the ACT with writing**. Use of unauthorized accommodations on the ACT with writing will result in a misadministration.** Local educational agencies must submit a student’s IEP to ACT when they submit requests for ACT accommodations.Refer to the *ACT Accessibility Supports Guide* for detailed instructions on how to submit ACT accommodation requests.

**The ACT with writing** (complete all 5 charts below)

|  |  |  |
| --- | --- | --- |
| Reading | 🞏 Reading **without** accommodations | 🞏 Reading **with** accommodations (*list*): |

|  |  |  |
| --- | --- | --- |
| English | 🞏 English **without** accommodations | 🞏 English **with** accommodations (*list*): |

|  |  |  |
| --- | --- | --- |
| Writing | 🞏 Writing **without** accommodations | 🞏 Writing **with** accommodations (*list*): |

|  |  |  |
| --- | --- | --- |
| Mathematics | 🞏 Mathematics **without** accommodations | 🞏 Mathematics **with** accommodations (*list*): |

|  |  |  |
| --- | --- | --- |
| Science | 🞏 Science **without** accommodations | 🞏 Science **with** accommodations (*list*): |

**INDIVIDUALIZED EDUCATION PROGRAM: *To be completed for students participating in***

**PARTICIPATION IN STATEWIDE ASSESSMENTS *PreACT Secure***

**Form I-7 PreACT Secure (Rev. 09/2022)**

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student will be in grade 9 or 10 when the PreACT® Secure is given in Reading, English, Mathematics and Science. The student will be taking general education assessments1 for all content areas required at this grade level.

PreACT Secure has specific policies and guidance regarding Universal Supports, Designated Supports, and Accommodations permitted on the assessment. Refer to the *PreACT Secure Accessibility Supports Guide* available on the Office of Educational Accountability website (https://dpi.wi.gov/assessment/PreACT/accommodations) for current policies and guidance. It is important to note that while some accommodations or supports may be appropriate for instructional use, they may not be appropriate for use on a standardized assessment.

Section A: **Universal Supports** are embedded into testing practices and are available to all students administered the PreACT Secure. Universal Supports do not require prior submission to ACT.

List all Universal Supports required for the student at the time of testing:

Section B: **Designated Supports**, also known as local arrangements, are available to any student for whom a need has been identified, as long as test security is not compromised, and testing environment requirements are met. These supports are planned locally to ensure proper delivery. Some Designated Supports may need to be entered into the test administration platform prior to a student being placed in a test session. Refer to the *PreACT Secure Accessibility Supports Guide* for a list of allowable Designated Supports.

List all Designated Supports that may be required for the student at the time of testing:

Section C: **Accommodations** available to students with an Individualized Education Program (IEP) should be consistent with day-to-day instructional practices and must be documented in a student’s IEP. Accommodations must be entered into the test administration platform in advance of the student being placed into a test session. Disability related documentation is not submitted to ACT for the PreACT Secure assessment. Refer to the *PreACT Secure Accessibility Supports Guide* for a list of allowable Accommodations.

1General Education Assessments in Wisconsin refer to content reflective of the Wisconsin Academic Standards.

**PreACT Secure** (complete all 4 charts below)

|  |  |  |
| --- | --- | --- |
| Reading | 🞏 Reading **without** accommodations | Reading **with** accommodations (*list*): |

|  |  |  |
| --- | --- | --- |
| English | 🞏 English **without** accommodations | English **with** accommodations (*list*): |

|  |  |  |
| --- | --- | --- |
| Mathematics | 🞏 Mathematics **without** accommodations | Mathematics **with** accommodations (*list*): |

|  |  |  |
| --- | --- | --- |
| Science | 🞏 Science **without** accommodations | Science **with** accommodations (*list*): |

1General Assessments in Wisconsin refer to content reflective of the Wisconsin Academic Standards.

**INDIVIDUALIZED EDUCATION PROGRAM: *To be completed for students participating***

**PARTICIPATION IN STATEWIDE ASSESSMENTS *in Dynamic Learning Maps***

**Form I-7-DLM (Rev. 05/2019)**

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student will be in a grade when the Dynamic Learning Maps (DLM) assessment is administered in English language arts in grades 3-11, mathematics in grades 3-11, and science in grades 4 and 8-11. Individualized education program (IEP) teams do not need to document accommodations for social studies in grades 4, 8, and 10 as it is rated based on classroom observation using a teacher rating form. The student will be taking the alternate assessment1 for all content areas required at this grade level (the I-7-A *Participation Guidelines for Alternate Assessment* must be included with the IEP).

The DLM was designed using the principles of universal design for learning, as such the term ‘accommodation’ is replaced with the phrases ‘accessibility features’ and ‘supports’. IEP determinations regarding the use of accommodations on the DLM assessment apply to all of the content areas the student is participating in based on their grade level. Please check the Office of Student Assessment website for the current accommodation policies: <http://dpi.wi.gov/assessment/dlm/accommodations>.

Category 1: Accessibility features/supports provided *within* the DLM system must be activated via the Personal Needs Profile (PNP) prior to administering the assessment. Please list required supports:

Category 2: Accessibility features/supports requiring *additional* tools/materials. Please list required supports:

Category 3: Accessibility features/supports provided *outside* of the DLM system. Please list required supports:

1 Alternate assessments in Wisconsin assess content reflective of the Wisconsin Essential Elements.

**INDIVIDUALIZED EDUCATION PROGRAM: *To be completed for students participating***

**PARTICIPATION IN STATEWIDE ASSESSMENTS *in the Forward Exam***

**Form I-7 Forward (Rev 05/2022)**

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student will be in a grade when the Forward Exam is given. Students in grades 3-8 will participate in English language arts (ELA) and mathematics. Science is administered in grades 4 and 8. Social Studies is administered in grades 4, 8, and 10. The student will be taking general education assessments1 for all content areas required at this grade level.

The Forward Exam has specific policies and guidance regarding the universal tools, designated supports, and accommodations permitted on the assessments in each content area. Refer to the Forward Exam Accessibility Guide available on the Office of Educational Accountability website (<http://dpi.wi.gov/assessment/forward/accommodations>) for the current accommodation policies. It is important to note that while some accommodations or supports may be appropriate for instructional use, they may not be appropriate for use on a standardized assessment.

Universal tools are available to all students. These tools **cannot** be turned off on an individual basis and therefore all students should be familiar with their use.

**Section A: Designated Supports**

Designated supports are also available for any student for whom the need has been indicated and are a part of their classroom instruction. Refer to the Forward Exam Accessibility Guide for information about allowable designated supports. Please list any designated supports that may be required for the student at the time of testing:

**Section B: Accommodations**

Accommodations are available if the need is documented below and the student uses a similar accommodation as part of their classroom instruction (complete all applicable charts). Refer to the Forward Exam Accessibility Guide for information about allowable accommodations.

|  |  |  |
| --- | --- | --- |
| English language arts  (grades 3-8) | □ ELA **without** accommodations | □ ELA **with** accommodations (list): |
| Mathematics  (grades 3-8) | □ Mathematics **without** accommodations | □ Mathematics **with** accommodations (list): |
| Science  (grades 4 and 8) | □ Science **without** accommodations | □ Science **with** accommodations (list): |
| Social Studies  (grades 4, 8 and 10) | □ Social Studies **without** accommodations | □ Social Studies **with** accommodations (list): |

1General Education assessments in Wisconsin assess content reflective of the Wisconsin Academic Standards and the Wisconsin Model Academic Standards. Students identified as English Learners are required to participate annually in a language assessment.

**INDIVIDUALIZED EDUCATION PROGRAM:**

**POSTSECONDARY TRANSITION PLAN WORKSHEET** [**Postsecondary Transition Plan (PTP)**](https://sped.dpi.wi.gov/ptpv2)

**PTP (Rev. 05-2022)**

Complete this worksheet when PTP application is unavailable, then enter information into the online PTP when available.

Name of Student:       Date of Birth:

School:

Date of IEP team meeting:

Date student was invited to the IEP team meeting:

Method of inviting the student to the IEP team meeting

☐ Written ☐ Verbal

Did the student attend the IEP team meeting?

☐ Yes

☐ No – List the steps that were taken to ensure that the student’s preferences and interests are considered:

Has an age-appropriate transition assessment been conducted?

☐ Yes

☐ No – The IEP team **must** complete an age-appropriate transition assessment before measurable postsecondary goals for the student can be identified or developed. The IEP Team should not proceed until such assessment takes place. Depending on the type of transition assessment to be used, it may be possible to complete such an assessment at the IEP Team meeting.

Describe the results of the assessment (*optional*):

**Postsecondary education or training goal**

After high school the student will: (*select one*)

☐ Attend a 2-year technical college or school and earn an associate degree or

certificate.

☐ Attend a 2-year college or community college.

☐ Attend a 4-year college or university and earn an undergraduate degree.

☐ Attend a vocational school or other short-term education program.

☐ Receive on-the-job training (including apprenticeship).

☐ Participate in a humanitarian program, e.g., Peace Corps, Vista, etc.

☐ Enlist in the military.

☐ Other:

(“Other” responses are subject to review by the Department of Public Instruction and may result in identified noncompliance.)

Additional information the IEP team may wish to include related to the student’s education or training goal:

**Postsecondary employment goal** (*Please select from* [*PTP Career Cluster Master List*](https://witig.org/resources/ptp-master-career-clusters-list/)*. Responses not selected from Appendix B are subject to review by the Department of Public Instruction and may result in identified noncompliance.)*

After completing or obtaining postsecondary education or training, the student will be employed in the field of:

Additional information the IEP team may wish to include related to the student’s employment goal:

Does the student have a need for a postsecondary goal(s) related to independent living skills?

☐Yes ☐No

If yes, after high school the student will:

Does the student’s IEP contain at least one annual goal or short-term objective that will help the student make progress toward meeting all of the stated postsecondary goals?

☐Yes

☐No - The IEP Team must develop an annual goal(s) to be included in the annual goals section of the IEP that will help the student make progress toward meeting the stated postsecondary goals.

Record the relevant annual goal(s) here (*optional*):

List at least one transition service that will assist the student in achieving their postsecondary goals. (*Please select from the* [*list of transition services in the PTP*](https://witig.org/resources/transition-services-outlined-in-the-ptp/)*. Other responses are subject to review by the Department of Public Instruction and may result in identified noncompliance.)*

|  |  |  |  |
| --- | --- | --- | --- |
| Category | Transition Service | School Year | Person(s) responsible |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Will other agencies likely be involved in providing or paying for any transition services during the term of this IEP?

☐Yes  ☐No

If yes, did the local education agency obtain the written consent of the parents or the adult student to invite a representative(s) of the outside participating agency(ies) to attend the IEP Team meeting?

☐Yes

☐No

☐Parent or adult student refused consent, or the LEA was unable to obtain consent after three good faith attempts.

If consent was obtained, was a representative(s) of the outside participating agency(ies) invited to the IEP Team meeting?

☐Yes  ☐No

Agencies invited to the meeting (*optional*)

List the classes the student will take while in high school focusing on the academic and functional achievement needed to assist the student in reaching their postsecondary goals (attach additional pages as needed).

|  |  |
| --- | --- |
| Course Title | School Year |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Will the student reach their 17th birthday during the timeframe of the IEP or has the student reached the age of 18?

☐Yes  ☐No

*(If yes, specify how the student and parents have been informed of the rights which will transfer or have transferred to the student at age 18 if no legal guardian has been appointed)*

Will the student be exiting school because of graduation or exceeding the age of eligibility for a Free Appropriate Public Education (FAPE) at the conclusion of the current academic school year?

☐Yes  ☐No

If yes, eligibility for a Free Appropriate Public Education (FAPE) ends when a student is granted a regular high school diploma, or at the end of the school term in which the student turns age 21. Under these circumstances, the local education agency must provide the child with a summary of the child’s academic achievement and functional performance, including recommendations on how to assist the child in meeting the child’s postsecondary goals. 34 CFR 300.305(e)(2) and (3), IDEA

The summary of performance must be provided at a reasonable point prior to graduation. It is not necessary to conduct an IEP meeting to develop the summary of performance.

**NOTICE OF CHANGES TO IEP**

**WITHOUT AN IEP TEAM MEETING**

**Form I-10 (Rev. 05/2017)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ you and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name(s) and Title(s)*

[met or spoke on the phone or exchanged emails] and agreed to change the IEP for your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ without a meeting. Enclosed is a copy of your child’s current IEP along with the changes. The changes will begin on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and be implemented in your child’s current placement.

|  |  |
| --- | --- |
| The changes are: | The reason(s) for making the changes are: |
|  |  |
|  |  |
|  |  |
|  |  |

Other options, if any, related to the above action which were considered and the reason(s) they were rejected including a description of any other relevant factors include:

□ None

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

# EXTENDED SCHOOL YEAR

# Form I-11 (Rev. 05/2018)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child require extended school year (ESY) services to receive a free and appropriate public education (FAPE)?

□ Yes □ No (*If no, explain reasons rejected)*

If yes, specify all needed services:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Describe | Frequency | Amount | Location | Duration *(beginning and ending dates)* | Address Goals(s) #\_\_\_\_\_ | Address Need(s) #\_\_\_\_\_ |
| I. Supplementary Aids and Services |  |  |  |  |  |  |
| II. Special Education/Specially Designed Instruction |  |  |  |  |  |  |
| III. Related Services Needed to Benefit from Special Education |  |  |  |  |  |  |
| IV. Program modifications or Supports *for School Personnel* |  |  |  |  |  |  |

**MANIFESTATION DETERMINATION REVIEW**

**Form I-12 (Rev. 10/2006)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School District**

Name of student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date change of placement determined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(month/day/year)*

Date manifestation determination made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(month/day/year)*

Review team participants *(if cover sheet I-3 not used)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I. SUMMARY OF INFORMATION CONSIDERED

A. Description of behavior subject to disciplinary action

1. In terms of the behavior described above, document consideration of all relevant information in the student’s file, including the student’s IEP, any teacher observations, and any relevant information provided by the parent(s).
2. DETERMINATION

In terms of the behavior subject to the disciplinary action document the following:

A. The behavior was caused by or had a direct and substantial relationship to the student’s disability.

□ Yes □ No

Discussion:

B. The behavior was the direct result of the school district not implementing the student’s IEP.

□ Yes □ No

Discussion:

SUMMARY *(Note: You may answer “no” to the following question only if A and B above are answered “no”)*

Is the behavior subject to disciplinary action a manifestation of the student’s disability?

□ Yes □ No

*(Note: If yes, the IEP and placement must be reviewed and revised as appropriate, including development or review of a behavioral intervention plan. If no, disciplinary action may be taken, but the school district must continue to make FAPE available to the student.)*

**WORKSHEET FOR DOCUMENTING EDUCATIONAL SERVICES PROVIDED DURING DISCIPLINARY REMOVALS THAT DO NOT CONSTITUTE A DISCIPLINARY CHANGE OF PLACEMENT**

**Worksheet DW-1 (Rev. 07/2014)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

# Name of student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION I. DATES AND LENGTH OF CURRENT DISCIPLINARY REMOVAL**

*(Disciplinary removals include, but are not limited to: out of school suspensions; certain in-school suspensions; certain bus suspensions; and de facto suspensions.) Attach attendance records.*

**SECTION II. DOCUMENTATION OF EDUCATIONAL SERVICES**

After a student with a disability has been removed for a violation of a code of student conduct from the student’s current placement for 10 cumulative school days in the same school year, during any subsequent days of removal, the public agency must continue to provide educational services so as to enable the student to continue to participate in the general education curriculum, although in another setting, and to progress toward meeting the goals set out in the student’s IEP.

If the current disciplinary removal is not a disciplinary change of placement, school personnel, in consultation with at least one of the student’s teachers, determine the extent to which services are needed, so as to enable the child to continue to participate in the general education curriculum, although in another setting, and to progress toward meeting the goals set out in the student’s IEP.

School Personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Title Date

Student’s Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Title Date

|  |  |  |  |
| --- | --- | --- | --- |
| **EDUCATIONAL SERVICES TO BE PROVIDED:** | **LOCATION:** | **DATE AND TIME:** | **PROVIDED BY:** |

**DETERMINATION AND NOTICE OF PLACEMENT:**

**CONSENT FOR INITIAL PLACEMENT**

**Form P-1 (Rev. 06-2023)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

**Date of the placement determination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date parent(s) provided with notice of placement and IEP: \_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The IEP developed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be implemented at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District/City, with a projected date of implementation on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Will the student attend the school they would attend if nondisabled?

□ Yes □ No *(If no,* *you must complete a and b below)*:

1. List other options considered, if any, related to the school determination (e.g., physical place where attending):
2. Explain the reason(s) for rejecting the other school options considered, and describe any other factors relevant to the proposed action:

2. Other options considered and rejected. Refer to Form I-4, Section V. Is the student participating full-time in the regular education environment?

□ Yes □ No *(If no, you must complete a and b below)*:

1. List other options considered, if any, (e.g., frequency, amount, location, and duration of the specially designed instruction, related services, supplementary aids and services, program modifications and supports):
2. Explain why full-time participation in the regular education environment or age-appropriate settings with the use of supplementary aids and services cannot be achieved satisfactorily, the reason(s) for rejecting the other options considered, and describe any other factors relevant to the proposed action:

□ You previously received a copy of your child’s evaluation report and a copy of their IEP is enclosed.

□ A copy of your child’s evaluation report and IEP are enclosed.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Previously you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

**PARENT CONSENT/PERMISSION FOR INITIAL PLACEMENT**

Before the school district can provide special education to your child as described in their IEP your written consent (permission) is needed. Your consent is voluntary and can be revoked prior to the initial provision of special education. You can also revoke consent in writing for your child’s receipt of special education services after the child is initially provided special education and related services.

I understand the action proposed above and

*(please check appropriate box below, sign and date, and return one copy to the school district)*

□ I give my consent for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive special education services.

□ I do not give my consent for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive special education services.

{I understand that if I refuse to give my consent for my child to receive special education services the school district is not required to convene an IEP meeting or develop an IEP for my child. I further understand that the district will not be in violation of the requirement, under the federal Individuals with Disabilities Education Act (IDEA) and Sub. V, Chapter 115, Wis. Stats., the state special education law, to make available a free appropriate public education (special education and related services) for my child.}

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent, legal guardian, or adult student Date

**DETERMINATION AND NOTICE OF PLACEMENT**

**Form P-2 (Rev. 06-2023)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

**Date of the placement determination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date parent(s) provided with notice of placement and IEP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of student: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The IEP developed or revised on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be implemented at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District/City, with a projected date of implementation on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. Will the student attend the school they would attend if nondisabled?

□ Yes □ No *(If no, you must complete a and b below)*:

1. List other options considered, if any, related to the school determination (e.g., physical place where attending):
2. Explain the reason(s) for rejecting the other school options considered, and describe any other factors relevant to the proposed action:

2. Other options considered and rejected. Refer to Form I-4, Section V. Is the student participating full-time in the regular education environment?

□ Yes □ No *(If no, you must complete a and b below)*:

1. List other options considered, if any, (e.g., frequency, amount, location, and duration of the specially designed instruction, related services, supplementary aids and services, program modifications and supports):
2. Explain why full-time participation in the regular education environment or age-appropriate settings with the use of supplementary aids and services cannot be achieved satisfactorily, the reason(s) for rejecting the other options considered, and describe any other factors relevant to the proposed action:

□ You previously received a copy of your child’s evaluation report and a copy of their IEP is enclosed.

□ A copy of your child’s evaluation report and IEP are enclosed.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

**NOTICE OF GRADUATION**

**Form P-3 (Rev. 07/2006)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Date *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the school district conducted a meeting to review the individualized education program (IEP) for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

□ You participated in this meeting.

□ You did not participate in the meeting and the school district made three attempts to involve you as follows:

The purpose of the meeting was to consider whether graduation requirements will be met by the end of the current school year, whether the IEP goals will be substantially completed, and whether new goals are needed for the coming school year. At the meeting, the IEP team participants reviewed the following evaluation procedures, tests, records or reports as the basis for making decisions regarding graduation:

The IEP team participants determined that the graduation requirements will be met at the end of the current school year. The IEP team also decided that the IEP goals will be substantially completed, and new IEP goals are not needed for the coming school year. Therefore, your child is expected to graduate on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Other options, if any, (related to graduation requirements, substantial completion of IEP goals, and the need for new IEP goals for the coming school year) which were considered and the reason(s) they were rejected, and a description of any other factors relevant to the proposed action:

□ None

Graduation will permanently end your child’s entitlement to a free and appropriate public education (FAPE) under the federal Individuals with Disabilities Education Act (IDEA) and Sub. V, Chapter 115, Wis. Stats., the state special education law. Therefore, after graduation your child will no longer be entitled to receive special education and related services from a school district or other local education agency.

Upon graduation the school district is required to provide you with the following summary information about your child.

Summary of academic achievement:

Summary of functional performance:

Recommendation to assist in meeting postsecondary goals:

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

**NOTICE OF ENDING OF SERVICES DUE TO AGE**

**Form P-4 (Rev. 05/2019)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School districts are responsible for providing special education and related services to students below age 21 or to those students who turn age 21 during the school term. On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ your child

*(date)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will no longer be eligible to receive services due to their age.

With the ending of services the school district is required to provide you with the following summary information about your child.

Summary of academic achievement:

Summary of functional performance:

Recommendation to assist in meeting postsecondary goals:

Other options, if any, related to the above action which were considered and the reason(s) they were rejected including a description of any other relevant factors include:

□ None

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

**PARENT REVOCATION OF CONSENT**

**FOR SPECIAL EDUCATION**

**Form P-5 (New 12/2008)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

An individualized education program (IEP) team has determined that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has a disability and is eligible to receive special education and related services, and I gave consent for these services. I am now **revoking consent for my child to receive all special education and related services**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of parent, legal guardian, or adult student Date**

I understand the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District will promptly provide me with a prior written notice explaining when my child’s special education and related services will stop. Special education and related services will stop a reasonable time after I receive the notice.

I further understand, once special education and related services end, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District:

1. Is not required to make a free and appropriate education (FAPE) available to my child.
2. Is not required to have an IEP meeting or develop an IEP for my child.
3. Is not required to offer my child the discipline protections under the Individuals with Disabilities Education Act (IDEA).
4. Is not required to amend my child’s education records to remove any reference to my child’s receipt of special education and related services.

I further understand by revoking consent for special education and related services for my child I am not waiving my right for my child to be evaluated in the future or for my child to receive special education and related services in the future. I understand any future request for evaluation will be treated as a request for an initial evaluation.

**NOTICE OF CESSATION OF SPECIAL EDUCATION AND**

**RELATED SERVICES IN RESPONSE TO**

**PARENTAL REVOCATION OF CONSENT**

**Form P-6 (New 12/2008)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ you revoked consent, in writing, for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District to provide special education and related services to your child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This notice is to inform you that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District will stop providing special education and related services to your child on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). Because you have revoked consent, your child is no longer entitled to any special education and related services specified in your child’s individualized education program (IEP) (*attached*).

A parent has the unilateral authority to stop special education and related services. The district cannot refuse to cease providing special education and related services. The district cannot consider any evaluation procedures, assessments, records, or reports. The IEP team cannot consider other options. There are no other factors relevant to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District’s stopping the provision of special education and related services.

The parents of a child with a disability have protection under the procedural safeguards of special education law. Previously, the school district provided you with a copy of the procedural safeguards. If you would like a copy of your procedural safeguard rights in a brochure, please contact the district at the telephone number above. As of \_\_\_\_\_\_\_\_\_\_\_\_ (date) the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District stops providing special education and related services), you and your child will not have protection under the procedural safeguards of special education law.

Once your child’s special education and related services end, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District:

1. Is not required to make a free and appropriate public education (FAPE) available to your child.
2. Is not required to have an IEP meeting or develop an IEP for your child.
3. Is not required to offer your child the discipline protections under the Individuals with Disabilities Education Act (IDEA).
4. Is not required to amend your child’s education records to remove any reference to your child’s receipt of special education and related services.

By revoking special education and related services for your child, you are not waiving your right for your child to be evaluated in the future or for your child to receive special education and related services in the future. Any future request for evaluation will be treated as a request for an initial evaluation.

In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(phone/email) if you have questions about special education law.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

**NOTICE OF RESPONSE TO AN ACTIVITY**

**REQUESTED BY A PARENT**

**Form M-1 (Rev. 07/2006)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ you requested that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District

take / **not take** the following action regarding your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

This notice is to inform you that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District

□ Proposes the following action regarding your request *(explain, including options considered, if any, and reasons rejected)*

□ Refuses your request *(explain, including options considered, if any, and reasons rejected)*

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

**NOTICE OF AGREEMENT TO EXTEND TIME LIMIT**

**TO COMPLETE EVALUATION FOR TRANSFER STUDENT**

**Form M-2 (Rev. 07/2006)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recently your family moved to our school district. Your last school district started an evaluation to determine whether your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a child with a disability. Our school district must complete the evaluation.

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ we [met or spoke on the phone or exchanged emails] and agreed that this evaluation will be completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The reason(s) for this action are:

*(month/day/year)*

Other options, if any, related to the above action which were considered and the reason(s) they were rejected including a description of any other relevant factors include:

□ None

If at any point during an IEP team meeting to determine your child’s eligibility for special education, develop an IEP, or determine a placement, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded in one meeting or may require more than one meeting, depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team’s most recent evaluation report.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

**AGREEMENT TO EXTEND THE TIME LIMIT TO**

**COMPLETE THE EVALUATION OF A CHILD SUSPECTED**

**OF HAVING A SPECIFIC LEARNING DISABILITY**

**Form M-3 (Rev. 05/2019)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]*

Dear\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As you know school district staff are in the process of evaluating your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to determine whether they have a specific learning disability and needs special education services. School district staff assigned to your child’s individualized education program (IEP) team believe that additional time is needed to complete this evaluation. On \_\_\_\_\_\_\_*(date)* we [met or spoke on the phone or exchanged emails] and agreed that this evaluation will be completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The reason(s) for extending the evaluation are: *(month/day/year)*

Other options, if any, related to the above action which were considered and the reason(s) they were rejected, including a description of any other relevant factors include:

□ None

Your agreement to the above must be in writing.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

------------------------------------------------------------------------------------------------------------------------------

*(Please sign, date and return one copy of this agreement to the school district*.*)*

I agree to the extension as described above for completing the evaluation on my child and understand that my agreement is voluntary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or legal guardian or adult student Date

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards (rights) once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguards (rights) in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have questions about your rights.

**Consent to bill Wisconsin Medicaid**

**for Health-related special**

**education and related services**

**Form M-5 (Rev. 05/2017)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Through the Medicaid school-based services benefit, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District may submit claims to Wisconsin Medicaid for covered services provided to Medicaid-eligible children enrolled in special education programs. These services include: attendant care services, nursing services, physical therapy, occupational therapy, or speech and language pathology services, specialized medical transportation, psychological services, counseling, social work services, and developmental testing and assessment. The Wisconsin Medicaid school-based services benefit is a way for school districts and Cooperative Educational Service Agencies to receive federal funds to help pay for health-related special education and related services. Obtaining reimbursement from Wisconsin Medicaid for these services helps the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District receive additional federal revenue.

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District is seeking your consent to bill Wisconsin Medicaid to pay for the health-related educational services in your child’s individualized education program (IEP).

To bill for these services, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District may need to disclose the following education records:

Your consent allows the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District to disclose to Wisconsin Medicaid, if necessary, the above education records for the purpose of billing Wisconsin Medicaid for health-related educational services provided to your child that are in your child’s IEP. You or your child may, upon your request, receive copies of your child’s records that are shared with Wisconsin Medicaid.

Your consent is voluntary and can be revoked at any time. If you do revoke consent, the revocation is not retroactive (i.e., it does not negate any billing that occurred after consent was given and before it was revoked).

Your consent **will not** result in denial or limitation of community-based services provided outside the school. If you refuse to consent for the school district to access Wisconsin Medicaid to pay for health-related special education and/or related services, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District still must ensure that all required special education and related services are provided at no cost to you.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

Your written agreement/consent is needed before the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District can bill Wisconsin Medicaid to pay for health-related educational services identified in your child’s IEP and release the education records identified above when necessary for such billing.

I understand and agree that the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District may bill Wisconsin Medicaid for payment of health-related educational services in my child’s IEP, and to release my child’s education records as identified above as necessary for such billing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or legal guardian Date

**NOTIFICATION OF UPCOMING**

**TRANSFER OF RIGHTS**

**Form M-6 (New 05/2019)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent(s)) & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student)

According to our records, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of student) will soon turn 17 years old. We wanted to let you know of a change that is coming when the student turns 18.

All parental rights under state and federal special education law will transfer to the student on their 18th birthday including all of the procedural safeguard rights. At age 18, the student will be responsible for making all decisions related to future educational services, unless a legal guardian has been appointed. The parent(s) will continue to receive any future notices required by state and federal laws and rules regarding educational programming.

There are a number of different legal decisions that you should consider as you make this transition.

If the student has a functional impairment and would like to have additional support as an adult student, your family can consider entering into a supported decision-making agreement. The student could enter into a supported decision-making agreement with the parent(s) or another trusted adult. Information about supported-decision making, including the language needed to create a supported decision-making agreement, the definitions, and the termination process for the agreement is located in [Chapter 52 of Wisconsin Law](https://docs.legis.wisconsin.gov/statutes/statutes/52.pdf) (<https://docs.legis.wisconsin.gov/statutes/statutes/52.pdf>). If you would like more information about supported-decision making, please see Disability Rights Wisconsin’s support-decision making webpage at [http://www.disabilityrightswi.org/resources/supported-decision-making/](http://secure-web.cisco.com/1WXUbpdyXeIaA7RSw7UzaXUTMZTo0i9Tmf2EuOWX-nci0L6_D0HskwxU8-Dfslnr8tJqBm0p5ga2VSCaZg2mCEprkk-18Ln0wGAZoC7FzsqFRcwIgPdPBA1_5e6c1X8GuyduwwrMaOdNYLGI7p7-HgAG9gQ-hbTI2E1feA0Qyg_bUJviQFq-xHpFnm2HR5tofrXPpX1EwwkNgW_sVdEAKsSxMdbPaWwzGn31QmcxfENUpPxO43S-n13dHUQkuKNdy/http%3A%2F%2Fwww.disabilityrightswi.org%2Fresources%2Fsupported-decision-making%2F).

You may want to consider whether the student needs a guardian or limited guardianship. Guardianship is when the court appoints a person to provide for the student’s health and safety and to manage their finances. The court could also appoint a guardian for the student in some, but not all areas, which is called a limited guardianship. Information about guardianship and limited guardianship is located in [Chapter 54 of Wisconsin Law](https://widpiprd-my.sharepoint.com/personal/ryan_mcnamara_dpi_wi_gov/Documents/Forms%20and%20Checklists/Chapter%2054%20of%20Wisconsin%20Law) (<https://docs.legis.wisconsin.gov/statutes/statutes/54>).

Regardless of what your family decides to do regarding the legal rights of the student at age 18, it is important that the adult student remain active and involved in their education. The student has the right to a free, appropriate, public education until the student receives a regular high school diploma or the end of the school year in which the student turns 21. One of the most important things the student can do is attend and participate in any school meetings about their education. The student should ask questions if they need help or do not understand. Please speak with the student’s teachers at the IEP meeting about strategies to remain engaged the student’s education. This will also be discussed when the IEP Team completes the student’s post-secondary transition plan (PTP).

If a guardian has been appointed or you have any questions about this notice, please contact [District Contact] at xxx-xxx-xxxx.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

**STUDENT NOTIFICATION OF**

**TRANSFER OF RIGHTS**

**Form M-7 (New 05/2019)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student)

According to our records, you have turned 18 years old. We wanted to remind you that unless a legal guardian was appointed for you, all parental rights under state and federal special education law transferred to you on your 18th birthday. This includes all of the procedural safeguard rights. You are now responsible for making all decisions related to future educational services. Your parent(s) will continue to receive any future notices required by state and federal laws and rules regarding educational programming.

If you have a functional impairment and would like to have additional support as an adult student, you can consider creating a supported decision-making agreement. You may enter into a supported decision-making agreement with your parent(s) or another trusted adult. Information about supported-decision making, including the language needed to create a supported decision-making agreement, the definitions, and the termination process for the agreement is located in [Chapter 52 of Wisconsin Law](https://docs.legis.wisconsin.gov/statutes/statutes/52.pdf) (<https://docs.legis.wisconsin.gov/statutes/statutes/52.pdf>). If you would like more information about supported-decision making, please see Disability Rights Wisconsin’s support-decision making webpage at [http://www.disabilityrightswi.org/resources/supported-decision-making/](http://secure-web.cisco.com/1WXUbpdyXeIaA7RSw7UzaXUTMZTo0i9Tmf2EuOWX-nci0L6_D0HskwxU8-Dfslnr8tJqBm0p5ga2VSCaZg2mCEprkk-18Ln0wGAZoC7FzsqFRcwIgPdPBA1_5e6c1X8GuyduwwrMaOdNYLGI7p7-HgAG9gQ-hbTI2E1feA0Qyg_bUJviQFq-xHpFnm2HR5tofrXPpX1EwwkNgW_sVdEAKsSxMdbPaWwzGn31QmcxfENUpPxO43S-n13dHUQkuKNdy/http%3A%2F%2Fwww.disabilityrightswi.org%2Fresources%2Fsupported-decision-making%2F).

You may want to consider whether you need a guardian or limited guardianship. Guardianship is when the court appoints a person to provide for your health and safety and to manage your finances. The court could also appoint a limited guardian where someone is in charge of guardian for you in some, but not all areas, of life. Information about guardianship and limited guardianship is located in [Chapter 54 of Wisconsin Law](file:///\\FPSPWV01\Shared\SE\Sample%20Forms-Policies-Procedures\Sample%20IEP%20Forms%20Package\Spring%202019%20revision\Substantive%20Forms\Chapter%2054%20of%20Wisconsin%20Law) (https://docs.legis.wisconsin.gov/statutes/statutes/54).

Regardless of what you decided to do, it is important that you remain active and involved in your education. You have the right to a free, appropriate, public education until you receive a regular high school diploma or the end of the school year in which you turn 21. One of the most important things you can do to stay active in your education is to attend and participate in any school meetings. You should ask questions if you need help or don’t understand. Speak with your teachers at your IEP meeting about strategies to remain engaged your education. This will also be discussed when the IEP Team completes your post-secondary transition plan (PTP).

If a guardian has been appointed or you have any questions about this notice, please contact [District Contact] at xxx-xxx-xxxx.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person

**PARENT NOTIFICATION OF**

**TRANSFER OF RIGHTS**

**Form M-8 (New 05/2019)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL DISTRICT**

*[If you need this notice in a different language or communicated in a different way, or have*

*questions about this notice, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.]*

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent(s))

According to our records, \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of student) has turned 18 years old. We wanted to remind you that unless a legal guardian was appointed for the student, all parental rights under state and federal special education law transferred to the adult student on the 18th birthday. This includes all of the procedural safeguard rights. The student is now responsible for making all decisions related to future educational services. You will continue to receive any future notices required by state and federal laws and rules regarding educational programming.

If the adult student has a functional impairment and would like to have additional support, you can consider creating a supported decision-making agreement. The adult student may enter into a supported decision-making agreement with the parent(s) or another trusted adult. Information about supported-decision making, including the language needed to create a supported decision-making agreement, the definitions, and the termination process for the agreement is located in [Chapter 52 of Wisconsin Law](file:///\\FPSPWV01\Shared\SE\Sample%20Forms-Policies-Procedures\Sample%20IEP%20Forms%20Package\Spring%202019%20revision\Substantive%20Forms\Chapter%2052%20of%20Wisconsin%20Law) (<https://docs.legis.wisconsin.gov/statutes/statutes/52.pdf>). If you would like more information about supported-decision making, please see Disability Rights Wisconsin’s support-decision making webpage at [http://www.disabilityrightswi.org/resources/supported-decision-making/](http://secure-web.cisco.com/1WXUbpdyXeIaA7RSw7UzaXUTMZTo0i9Tmf2EuOWX-nci0L6_D0HskwxU8-Dfslnr8tJqBm0p5ga2VSCaZg2mCEprkk-18Ln0wGAZoC7FzsqFRcwIgPdPBA1_5e6c1X8GuyduwwrMaOdNYLGI7p7-HgAG9gQ-hbTI2E1feA0Qyg_bUJviQFq-xHpFnm2HR5tofrXPpX1EwwkNgW_sVdEAKsSxMdbPaWwzGn31QmcxfENUpPxO43S-n13dHUQkuKNdy/http%3A%2F%2Fwww.disabilityrightswi.org%2Fresources%2Fsupported-decision-making%2F)

You may want to consider whether the adult student needs a guardian or limited guardianship. Guardianship is when the court appoints a person to provide for the adult student’s health and safety and to manage their finances. The court could also appoint a limited guardian where someone is in charge for the adult student in some, but not all areas, of life. Information about guardianship and limited guardianship is located in [Chapter 54 of Wisconsin Law](file:///\\FPSPWV01\Shared\SE\Sample%20Forms-Policies-Procedures\Sample%20IEP%20Forms%20Package\Spring%202019%20revision\Substantive%20Forms\Chapter%2054%20of%20Wisconsin%20Law) (https://docs.legis.wisconsin.gov/statutes/statutes/54).

Regardless of what you decide to do, it is important that the adult student remain active and involved in their education. The adult student has the right to a free, appropriate, public education until they receive a regular high school diploma or the end of the school year in which they turn 21. One of the most important things the adult student can do to stay active in their education is to attend and participate in any school meetings. The adult student should ask questions if they need help or do not understand. Speak with your teachers at your IEP meeting about strategies to remain engaged in the adult student’s education. This will also be discussed when the IEP Team completes the adult student’s post-secondary transition plan (PTP).

If a guardian has been appointed or you have any questions about this notice, please contact [District Contact] at xxx-xxx-xxxx.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of District Contact Person