



Wisconsin Department of Public Instruction (DPI)
SPECIAL NEEDS SCHOLARSHIP PROGRAM (SNSP)
 APPLICATION PI-SNSP-0002 (Rev. 05-24)

This collection is a requirement of Wis. Stat. § 115.7915.

INSTRUCTIONS: The parent or guardian must complete this application. Type or print clearly in ink.

Return completed form and current residency documentation to the school.

School Applying To *No abbreviations* **The Falcon School**

School Year Applying For: **2024-25**

STUDENT INFORMATION

Student's First Name <i>Legal Name Only</i>	MI	Last Name <i>Legal Name Only</i>	Suffix	Date of Birth <i>Mo./Day/Yr.</i>	2024-25 Grade Level
Bruce		Banner		05/10/2006	

Check One	Check all that Apply
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American
<input checked="" type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> White <input checked="" type="checkbox"/> Native Hawaiian/Other Pacific Islander

IEP OR SERVICES PLAN REQUIREMENT

The student must either have: (1) an Individualized Education Program (IEP) or services plan that is currently being implemented **or** (2) an IEP or services plan that was developed no earlier than September 15, 2021, AND have not subsequently been determined to no longer have a disability.

Check which one the student has:	Name of Local Education Agency (LEA) That Developed the IEP or Services Plan <i>No abbreviations</i>	Date of Last IEP or Services Plan Evaluation or Reevaluation
<input checked="" type="checkbox"/> IEP <input type="checkbox"/> Services Plan (for student parentally placed at a private school)	Green Bay Area School District	10/15/2020

Yes No Since the IEP or services plan identified above was developed, did the student have a reevaluation that determined the student **no longer had a disability**?

FAMILY INFORMATION

Parent/Guardian First Name	MI	Last Name	Suffix	Telephone <i>Area/No.</i>
Brian Banner		Banner		123-456-1232

Parent/Guardian First Name	MI	Last Name	Suffix	Current Resident School District <i>No abbreviations</i>
Rebecca	A	Banner		

Home Street Address	City	State	Zip
838 Greenwood Ave, #1	Green Bay	WI	12345

PARENT OR GUARDIAN CERTIFICATION

Initial here certifying that you received the comparison of the rights of students with disabilities under special education law and under the SNSP.

Initial here certifying that you have received a profile of the private school's special education program.

I, AS THE PARENT OR GUARDIAN, CERTIFY that all of the information on this application is true and correct. I understand that any of the information on this application or related to this application, including the IEP/services plan and residency documentation, may be subject to further review and verification by school and/or state officials. **I ALSO UNDERSTAND** that, no more frequently than once every three years, I must make the student available for an IEP reevaluation within 60 days following a request from the public school district for the student to continue to be eligible. I give LEAs permission to release any IEP, services plan, or evaluation for my student to the private school listed above for use in connection with Wis. Stat. §115.7915 and Wis. Admin. Code PI 49. Further, the private school listed above may provide any IEP, services plan, or evaluation to SNSP auditors and the DPI.

Signature of Parent or Guardian MUST be the same name as one of the parents / guardians listed above. ➤ Brian Banner	Date Signed <i>Mo./Day/Yr.</i> 6/20/24
Digitally signed by Brian Banner Date: 2024.06.20 18:18:09 -05'00'	

FOR SCHOOL USE ONLY

Yes No Based on the information provided by the parent or guardian, the student is eligible pending verification that the IEP/services plan requirement was met.

Date Application Received *Mo./Day/Yr.*
07/10/2024

The LEA provided a copy of the following in response to the request that the LEA verify that the student had an IEP or services plan that meets the requirements described in the IEP or services plan requirement section. *Retain a copy of the verification from the LEA with the application.*

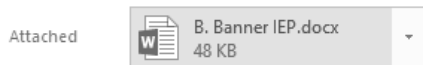
IEP (the student is eligible) Services Plan (the student is eligible)
 Neither an IEP or a Services Plan **or** the student was determined to no longer have a disability (the student is **not** eligible)

I, AS THE ADMINISTRATOR OR DESIGNEE RESPONSIBLE FOR PUPIL ADMISSIONS, have reviewed the student application and have determined that it is properly and completely filled out to the best of my knowledge. I attest that I have received the residency document(s) and IEP/ services plan from the LEA in response to the IEP/services plan verification request.

Signature of SNSP Administrator or Designee ➤ Doc Sampson	Printed Name of SNSP Administrator or Designee Doc Sampson	Date Signed <i>Mo./Day/Yr.</i> 7/20/24
Digitally signed by Doc Sampson Date: 2024.07.20 18:18:39 -05'00'		

Doc Samson

From: Jones, Rick <rick.jones@email.address>
Sent: Tuesday, July 6, 2024 11:35 AM
To: Doc Samson <doc.samson@email.address>
Subject: Re: SNSP IEP/Services Plan LEA Verification Request



Hello Doc Samson,

I have attached Bruce Banner's IEP.

Please let me know if you have any questions.

Thank you,

Rick Jones

From: Doc Samson <doc.samson@email.address>
Sent: Friday, July 2, 2024 7:35 AM
To: Jones, Rick <rick.jones@email.address>
Subject: SNSP IEP/Services Plan LEA Verification Request

Dear Rick Jones,

This email is to notify you that the following student has been found eligible by our school to participate in the Special Needs Scholarship Program (SNSP), pending verification that the student has an individualized education program (IEP) or services plan that meets one of the following requirements. You are receiving this email because the student's SNSP application identified that your LEA developed the IEP or services plan. The information for this applicant is as follows:

Student First and Last Name: Bruce Banner

Date of Birth: May 10, 2006

Date Application Received: July 10, 2024

Student Resides in Your District: Yes

Name of Private School Applying To: The Falcon School

Private School Phone Number: 123-456-7899

The above individual must meet one of the following to be eligible:

- The student has an IEP or services plan that is being implemented as of the date application received listed above; or
- The student has an IEP or services plan that was developed no earlier than September 15, 2020 AND the student has not had a more recent reevaluation since the plan was developed that determined that he or she no longer had a disability.

Wis. Stat. 115.7915 (2) (bm) and Wis. Admin. Code PI 49.05 require that the LEA that developed the IEP or services plan verify the student meets the above requirement within five (5) business days of receiving this verification request from the private school. **Please reply to this email within five (5) business days with one of the following:**

- If the student meets the above requirements, provide a copy of the student's most recent IEP or services plan.
- If the student does not meet the above requirements, indicate the LEA has no record that the student meets the above requirements.

If you have any questions, please reply to this email or call the school phone number listed above. The Department of Public Instruction has a Frequently Asked Questions for public school districts at <https://dpi.wi.gov/parental-education-options/special-needs-scholarship/student-applications> that has information on the SNSP in general and the LEA's verification that the student has an IEP or services plan that meets the SNSP requirements.

Thank you,
Doc Samson

**INVITATION TO A MEETING OF THE
INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM**

Form I-1 (Rev. 10/06)

Green Bay 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 Bruce M. Stark at (608) 867-5309.]

Date: September 14, 2020

Dear **Mr. & Ms. Banner**:

You are a participant on the IEP Team that will meet to address the educational needs of your child, **Bruce Banner**. 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: **September 27, 2020, 9:45 am, Green Bay High School**. If these meeting arrangements are not agreeable to you, please call **Tony Stark** at **(608) 867-5309**. You may bring other people who 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)*
- Alternate Assessments
- Other (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

THIS IS A SAMPLE IEP FOR SNSP EDUCATIONAL PURPOSES ONLY.

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.

IEP Team Participants Attending or Participating by Alternate Means in the Meeting:		
Role	Title	Name
Diagnostician	Special Education Teacher	Steven Rogers
Parent	Parent/Guardian	Brian Banner
Parent	Parent/Guardian	Rebecca Banner
Special Ed Teacher	Special Education Teacher	Tony Stark
Regular Ed Teacher	7th Grade Teacher	Janet van Dyne
LEA Representative	Dean of Instruction	Natasha Romanoff
LEA Representative	Dean of Students	Clinton Barton
Speech Therapist	Speech/Language Teacher	Thor Odinson

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 CESA #1 at 262-787-9500 if you have questions about your rights.

Sincerely,

Tony Stark, Special Education Teacher

EVALUATION REPORT AND IEP COVER SHEET

Form I-3 (Rev. 10/06)

Green Bay School District

Name of student Bruce Banner	Age 14yrs 6mos	DOB May 10, 2006	Sex M	Grade 07	Disability SL	Initial Eval October 15, 2020
Parent or legal guardian Mr. & Ms. Banner	Telephone (area/number) Home (608) 606-0842 Work (000) 000-0000					
Local Educational Agency Green Bay School District	Current School of Placement Green Bay School District	Race/Ethnic (if parent chooses to identify)				
Student's Address 838 Greenwood Ave Green Bay, WI 12345	For students transferring between public agencies: IEP reviewed and adopted by On					
	For students transferring between public agencies: Evaluation report reviewed and adopted by On					

PURPOSE OF MEETING (Check all that apply):

- Evaluation including determination of eligibility
- Initial or Annual IEP Development
- IEP Review/Revision
- Develop a statement of transition goals and services (required for students age 14 and older or younger if appropriate)
- Placement
- Manifestation determination
- Alternate assessment
- Determine setting for services during disciplinary change in placement
- Other:
- Other:

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

Date of meeting: **October 14, 2019**

IEP Team Participants Attending or Participating by Alternate Means in the Meeting::		
Role	Title	Name
Diagnostician	Special Education Teacher	Steven Rogers
Parent	Parent/Guardian	Brian Banner
Parent	Parent/Guardian	Rebecca Banner
Special Ed Teacher	Special Education Teacher	Tony Stark
Regular Ed Teacher	7th Grade Teacher	Janet van Dyne
LEA Representative	Dean of Instruction	Natasha Romanoff
LEA Representative	Dean of Students	Clinton Barton
Speech Therapist	Speech/Language Teacher	Thor Odinson

The following IEP Team Participants did not attend one or more meetings: None

If the 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 3 good faith efforts to involve the parents:

Was the child present at the IEP Team meeting? Yes No

How long did the IEP Team meeting last? 40 minutes

**INDIVIDUALIZED EDUCATION PROGRAM: PRESENT LEVEL
OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

Form I-4 (Rev. 10/06)

Name of Student: Bruce Banner

Describe how the student's disability affects his or his involvement and progress in the general curriculum (for preschool children, describe how the disability affects involvement in age-appropriate activities):

Bruce's delayed communication abilities as well as his ability to process math skills affect his progress in the general education curriculum. Delayed receptive and expressive language skills affect his ability to communicate in the classroom and impact the area of reading. Difficulties with spatial skills interfere with his writing.

Describe the student's strengths and the concerns of the parents about the student's education:

Bruce is a social student who is well liked by his peers.

Parent Comments:

Bruce has Turner syndrome which is a genetic condition. As part of his medical condition he is of short stature, has a heart murmur and an abnormally shaped kidney. They have noticed that he is clumsy (accidentally knocking over his milk when he reaches for it). He has struggled with academics since he began school in K4.

Bruce will be starting growth hormones soon. This should not affect him in the classroom. Lately, Bruce has been a bit emotional for "little" things.

Describe the student's present level of academic achievement.

SPEECH AND LANGUAGE: Bruce was given the Clinical Evaluation of Language Fundamentals (CELF)-4 prior to his last IEP. All areas of receptive and expressive language were considered to be delayed. The most significant delays were noted on subtests involving following directions (which required knowledge of spatial, sequential and temporal concepts) and the subtests involving knowledge of word relationships. Annual speech and language goals were based on these areas of difficulty. Although progress has been made, Bruce continues to have difficulty with many of these concepts particularly if responses are paper and pencil or if they require choices in a complex picture.

ACADEMICS: Bruce is currently making progress in academics based on his SPED teacher's report. Mr. Stark states that reading tasks are easier than math tasks. When writing, he struggles to write complete paragraphs. However, he has shown improvement, especially with cues from an adult. His sentences tend to be very short. His number sense is not at grade level, and he struggles with multiplication and division. Socially he seems to interact well with students although needs reminders to follow rules.

The regular education teacher Ms. Jean agrees with parent (above) that Bruce has been a bit emotional recently. He does well in class otherwise but can use more practice with strategies creating independence with work in the regular classroom setting.

Describe the student's present level of functional performance.

Bruce's functional performance is similar to his peers. He may need additional help due to his short stature when items are beyond his reach.

Will the student be involved full-time in the general education curriculum or, for preschoolers, in age-appropriate activities? Yes No

(If no, describe the extent to which the student will not be involved full-time in the general curriculum or, for preschoolers, in age appropriate activities.)

Bruce will participate in additional activities and lessons designed to address his specific needs.

The student will participate in an alternate or replacement curriculum that is aligned with alternate achievement standards in: *(check all that apply)*

Reading

Math

Language Arts

Science

Social Studies

Other *(specify)*:

SPECIAL FACTORS

After consideration for special factors (behavior, limited English proficiency, Braille needs, communication needs including deaf/hard of hearing, assistive technology), is there a need in any of the areas?

Yes No *(If yes or student has a visual impairment, attach I-5 "Special Factors" page.)*

INDIVIDUALIZED EDUCATION PROGRAM

SPECIAL FACTORS

Form I-5 (Rev. 7/06)

Note: For any need(s) identified below, there must be a statement of the service(s) to meet that need (including amount/frequency, location, and duration) on the "Program Summary" page (I-9).

Name of Student: Bruce Banner

SPECIAL FACTORS

Note: For any need(s) identified below, there must be a statement of the service(s) to meet that need (including amount/frequency, location, and duration) on the "Program Summary" page (I-9).

A. Does the student's behavior impede his/his learning or that of others? Yes No
(If yes, include the positive behavioral interventions, strategies, and supports to address that behavior)

B. Is the student a student with limited English proficiency? Yes No
(If yes, include the language needs that relate to this IEP)

C. If visually impaired, does the student need instruction in Braille or the use of Braille?
 Yes No Cannot be determined at this time Not Applicable
(If yes, include Braille needs; If no or cannot be determined, attach ER-3, "Determining Braille Needs" from the latest evaluation/reevaluation.)

D. Does the student have communication needs that could impede his/his learning? Yes No
(If yes, include communication needs)

Bruce has receptive and expressive language deficits that affect his ability to communicate effectively in the classroom.

(If yes and the student is deaf or hard of hearing, identify the communication needs including (a) the student's language; (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):

E. Does the student need assistive technology services or devices? Yes No
{If yes, specify particular devices(s) and service(s)}

INDIVIDUALIZED EDUCATION PROGRAM

ANNUAL GOAL

Form I-6 (Rev. 10/06)

Name of Student: Bruce Banner

Measurable annual academic or functional goal to enable the student to be involved in and progress in the general education curriculum, and to meet others educational needs that result from the student's disability. (Note: present levels of academic achievement and functional performance must include information that corresponds with each annual goal.)

Upon review: Goal met Goal not met

Annual Goal

Bruce will increase his writing abilities from a 4th grade to a 6th grade level and read at a 6th grade level with 85% accuracy.

Short Term Objectives

- | |
|--|
| Bruce will write paragraphs with at least five sentences. |
| Bruce will include topic sentences in his paragraphs. |
| Bruce will outline a five paragraph essay. |
| Bruce will read his writing aloud. |

Procedures for measuring the student's progress toward meeting the annual goal.

Progress will be monitored through work samples, teacher observation, and informal or formal assessments.

Will the student participate in an alternate assessment aligned with alternate achievement standards for students with disabilities in any subject area? Yes No

When will reports about the student's progress toward meeting the annual goal be provided to parents?

Progress will be reported to parents with regularly scheduled report cards

INDIVIDUALIZED EDUCATION PROGRAM

ANNUAL GOAL

Form I-6 so (Rev. 10/06)

Name of Student: Bruce Banner

Measurable annual academic or functional goal to enable the student to be involved in and progress in the general education curriculum, and to meet other educational needs that result from the student's disability. *(Note: present levels of academic achievement and functional performance must include information that corresponds with each annual goal.)*

Upon review: Goal met Goal not met

Annual Goal

Bruce will increase his math skills from a 4th grade to a 6th grade level.

Short Term Objectives

Bruce will add and subtract fractions.
Bruce will convert fractions to decimals.
Bruce will solve basic equations.
Bruce will solve word problems.

Procedures for measuring the student's progress toward meeting the annual goal.

Progress will be monitored through work samples, teacher observation, and informal or formal assessments.

Will the student participate in an alternate assessment aligned with alternate achievement standards for students with disabilities in any subject area? Yes No

When will reports about the student's progress toward meeting the annual goal be provided to parents?

Progress will be reported to parents with regularly scheduled report cards

INDIVIDUALIZED EDUCATION PROGRAM

ANNUAL GOAL

Form I-6 so (Rev. 10/06)

Name of Student: Bruce Banner

Measurable annual academic or functional goal to enable the student to be involved in and progress in the general education curriculum, and to meet other educational needs that result from the student's disability. (Note: present levels of academic achievement and functional performance must include information that corresponds with each annual goal.)

Upon review: Goal met Goal not met

Annual Goal

Bruce will increase his reading skills from a 5th grade to 6th grade level and read at a 6th grade level with 85% accuracy.

Short Term Objectives

- | |
|--|
| Bruce will summarize what he reads to a teacher. |
| Bruce will make connections between his life and texts. |
| Bruce will read at least 30 minutes each day. |
| Bruce will read aloud to increase fluency. |

Procedures for measuring the student's progress toward meeting the annual goal.

Progress will be monitored through work samples, teacher observation, and informal or formal assessments.

Will the student participate in an alternate assessment aligned with alternate achievement standards for students with disabilities in any subject area? Yes No

When will reports about the student's progress toward meeting the annual goal be provided to parents?

Progress will be reported to parents with regularly scheduled report cards

**INDIVIDUALIZED EDUCATION PROGRAM:
PARTICIPATION IN STATEWIDE ASSESSMENTS**
Form I-7 (Rev. 11/07)

*To be completed for students participating in
statewide and/ or district-wide assessments*

Name of Student: **Bruce Banner**

- The student will be in 7 grade when the Wisconsin Knowledge and Concepts Examination-Criteria Reference Test (WKCE-CRT) is given.
- Student will not be in 3rd, or 4th, or 5th, or 6th, or 7th, or 8th, or 10th grade when the Wisconsin Knowledge and Concepts Examination (WKCE) & Wisconsin Knowledge and Concepts Examination-Criteria Reference Test (WKCE-CRT) are given.

Check only one of the two boxes below.

- The student will be taking the WKCE for all content areas required at this grade level.
For students taking the WKCE, complete the assessment and accommodations grid below. Document the accommodations, if any, needed for each of the content areas for students taking the WKCE.

OR

- The student will be taking the WAA-SwD for all content areas required at this grade level.
If yes, the Wisconsin Alternate Assessment (WAA) Participation Checklist is included with the IEP. For students taking the WAA-SwD document the accommodations, if any, needed for the alternate assessment.

Student will participate in the:	WKCE <u>without</u> accommodations in the content areas of:	WKCE <u>with</u> accommodations (<i>list accommodations for each content area</i>)	WAA-SwD (<i>list accommodations for each content area</i>)
Reading	<input type="checkbox"/>	<input checked="" type="checkbox"/> n/a unlimited time	<input type="checkbox"/> n/a
Math	<input type="checkbox"/>	<input checked="" type="checkbox"/> n/a unlimited time	<input type="checkbox"/> n/a
Science	<input type="checkbox"/>	<input checked="" type="checkbox"/> n/a unlimited time	<input type="checkbox"/> n/a
Language Arts	<input type="checkbox"/>	<input checked="" type="checkbox"/> n/a unlimited time	
Social Studies	<input type="checkbox"/>	<input checked="" type="checkbox"/> n/a unlimited time	

* The attached WAA participation checklist describes why the student cannot participate in the regular assessment and why the alternate assessment is appropriate.

PARTICIPATION IN DISTRICT-WIDE ASSESSMENTS

- District-wide assessments given
 District-wide assessments not given
 Student will not be in the grade when a district-wide assessment is given

List district-wide assessment(s) student will take:

MAPS
Stanford Diagnostic

Describe appropriate testing accommodations, if any:

THIS IS A SAMPLE IEP FOR SNSP EDUCATIONAL PURPOSES ONLY.

unlimited time

Stanford Diagnostic: unlimited time, read or reread for all items that are allowed per the test book, breaks allowed

Alternate Assessment – If the student does not take the regular district-wide assessment, *describe why* the student cannot participate in the regular assessment and an alternate district-wide assessment is appropriate.

n/a

**INDIVIDUALIZED EDUCATION PROGRAM:
SUMMARY**

Form I-9 (Rev. 10/06)

Name of Student: Bruce Banner

PROGRAM SUMMARY

Projected beginning and ending date(s) of IEP services & modifications: **October 27, 2020 to June 1, 2021**

Physical education: Regular Specially designed

Vocational education: Regular Specially designed

Include a statement for each of I, II, III and IV below to allow the student (1) to advance appropriately toward attaining the annual goals; (2) to be involved and progress in the general education curriculum; (3) to be educated and participate with other students with disabilities and nondisabled students to the extent appropriate, and (4) to participate in extracurricular and other nonacademic activities. Include frequency, location, and duration (if different from IEP beginning and ending dates).

I. Special education

Special education	Frequency/Amount	Location	Duration
speech and language	30 minutes per day/2 days per week	special education	IEP effective dates
ELA to support language skills and writing	225 minutes per week.	special education	IEP effective dates
math -- to support language skills and nonverbal problem solving	150 minutes per week.	special education	IEP effective dates

II. Related services needed to benefit from special education including frequency, location, and duration *(if different from IEP beginning and ending dates)*

None needed to benefit from special education

Related Service	Frequency/Amount	Location	Duration
Assistive Technology			
Audiology			
Counseling			
Educational Interpreting			
Medical services for diagnosis and evaluation			
Occupational Therapy			
Orientation and mobility (VI only)			
Physical Therapy			

THIS IS A SAMPLE IEP FOR SNSP EDUCATIONAL PURPOSES ONLY.

Related Service	Frequency/Amount	Location	Duration
Psychological services			
Recreation			
Rehabilitation counseling services			
School health services			
School social work services			
Speech and language			
Transportation			
Other:			

III. Supplementary aids and services: aids, services, and other supports provided to or on behalf of the student in regular education or other educational settings.

Yes No
(If yes, describe:)

Supplementary Aids and Services	Frequency/Amount	Location	Duration
when given material to copy from a distance on to his paper (from the board) a copy will be given to his at his desk or he will be allowed to move close to the board to copy (support for visual spatial weakness)	daily/ when asked to copy material from the board or from a distance	regular education	IEP effective dates
repetition of verbal directions, given in short amounts of information to ensure comprehension	when directions are given	regular education	IEP effective dates

IV. Program modifications or supports for school personnel that will be provided.

Yes No
(If yes, describe:)

Program Modifications or Supports	Frequency/Amount	Location	Duration
Special education and regular education staff consultation	10 minutes per month	regular education	IEP effective dates

V. Participation in Regular Education Classes

- The student will participate full-time with non-disabled peers in regular education classes, or for preschoolers, in age-appropriate settings.
- The student will not participate full-time with non-disabled peers in regular education classes, or for preschoolers, in age-appropriate settings. *(If you have indicated a location other than regular education classes or age-*

THIS IS A SAMPLE IEP FOR SNSP EDUCATIONAL PURPOSES ONLY.

appropriate settings in the case of a preschooler in I, II, or III above, you must check this box and explain why full-time participation with non-disabled peers is not appropriate.)

Bruce's communication needs require a distraction free environment where skills can be worked on in isolation. He also needs one on one instruction in math in order to make progress on skills.

VI. Participation in Extracurricular and Nonacademic Activities

Will the student be able to participate in extracurricular and nonacademic activities with non-disabled students?

Yes No

(If yes, include under I., II., III., and IV. Any special education, related services, supplementary aids and services, and program modifications or supports necessary to assist the student. If no, describe the extent to which the student will not be involved in extracurricular and nonacademic activities with non-disabled students.)

DETERMINATION AND NOTICE OF PLACEMENT

Form P-2 (Rev. 7/06)

Green BaySchool District

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Bruce M. Stark at (608) 867-5309.]

Date of the placement determination: October 27, 2020

Date parent provided with notice of placement: October 29, 2020

Name of student: **Bruce Banner**

Dear **Mr. & Ms. Banner**:

The IEP developed on **October 27, 2020** will be implemented at Green Bay School District with a projected date of implementation on **October 27, 2020**.

Will the child attend the school he/he would attend if nondisabled?

Yes [] No *(If no, explain)*

List other options considered, if any, related to the placement site (school building or school district), frequency, location, and duration of the special education and related services, supplementary aids and services, program modifications and supports, and the place of those services. List the reasons(s) rejected, and a description of any other factors relevant to the proposed action: None

You previously received a copy of your child's evaluation report and a copy of his/his 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 school district at the telephone number above. In addition to district staff, you may also contact CESA #1 at 262-787-9500 if you have questions about your rights.

Sincerely,

Tony Stark, Special Education Teacher

**NOTICE OF AGREEMENT THAT A
THREE-YEAR REEVALUATION NOT NEEDED**
Form RE-3 (Rev. 05/2018)

GREEN BAY SCHOOL DISTRICT

Dear **Mr. & Ms. Banner**

Date 10/18/2023

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 Bruce Banner 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):

Bruce continues to require special education programming as it is currently structured.

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 10/10/2023 we met 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 Ronald Green at 920-555-1234 if you have questions about your rights.

Sincerely,

Ronald Green

Ronald Green, Special Education Director

RESIDENTIAL RENTAL CONTRACT

(For month-to-month tenancy or definite lease term, not intended for agricultural or mobile home purposes)

1 This Contract for the rental or lease of the Premises identified below is entered into by and between the Landlord and Tenant (referred to in the
2 singular whether one or more) on the following terms and conditions:

3 **TENANT:** Number of occupants 3 Names: _____
4 Brian Banner Bruce Banner
5 Rebecca Banner

LANDLORD: S.H.I.E.L.D.
Agent for service of process: Nick Fury
Address for service of process: 454 Strange Tales Ln, Green Bay, WI

6 **PREMISES:** Building Address: 838 Greenwood Ave, Green Bay, WI 12345
7 _____
8 Apartment/room/unit Apt 1
9 Other _____

Agent & address for maintenance, management: Nick Fury

Agent & address for collection of rents: _____

10 Included furnishings: appliances: refrigerator, range, oven and: All
11 _____ [STRIKE AS APPLICABLE]

12 **RENT:** Rent of \$ 150.00 for Premises and \$ _____
13 for other (specify _____) is due on the
14 1st day of each month. If payment is received or postmarked
15 by the 15th day of the month when due, rent is \$ \$17.00
16 _____ for the Premises and \$ _____ for other. Charges

TERM: [STRIKE EITHER (a) OR (b)]
(a) Month to month beginning on: April 1, 2023 OR _____
(b) For a term of _____ months, beginning on _____
_____ and continuing to _____

17 Incurred by Landlord for Tenant's returned checks are payable by
18 Tenant. Landlord shall provide a receipt for cash payments of rent. All
19 Tenants, if more than one, are jointly and severally liable for the full
20 amount of any payments due under this Contract (STRIKE if not appli-
21 cable). Acceptance of a delinquent payment does not constitute a
22 waiver of that default or any other default under this Contract.

(Note: A lease for a fixed term expires without further notice. If
tenancy is to be continued beyond stated lease term, parties should
make arrangements for this in advance of lease expiration.)

23 **SECURITY DEPOSIT:** Upon execution of this Contract, Tenant shall
24 pay a security deposit in the amount of \$ \$1,000
25 to be held by _____

UTILITIES: Check if paid by:
Landlord Tenant Landlord Tenant
Electricity Sewer / Water
Gas Hot Water
Heat Trash
Air Conditioning Other _____

26 **PETS:** Pets (are) (are not) permitted. [STRIKE ONE] If neither is
27 struck, pets are not permitted.) See Special provisions for additional
28 provisions relating to pets.

If any utilities or services payable by Tenant are not separately
metered, Tenant's share is allocated as follows: _____

29 **TIME IS OF THE ESSENCE:** Time is of the essence as to all dates and deadlines set in this Contract or by law, unless otherwise provided in
30 Special Provisions. PARTIES FAILING TO PERFORM BY A "TIME IS OF THE ESSENCE" DEADLINE WILL BE IN BREACH OF THIS CONTRACT
31 IMMEDIATELY UPON PASSAGE OF THE DEADLINE.

32 **SPECIAL PROVISIONS:** _____
33 _____
34 _____
35 _____

36 **ATTACHMENTS:** Attachments checked below are attached to this Contract and incorporated herein by reference.

Attachment	✓ Check	Attachment	✓ Check
Guarantee/Renewal/Assignment/Sublease		Nonstandard Rental Provisions	
Rules and Regulations		Promises to Repair	
Smoke Detector Notice		Code Violations	
Lead-Based Paint Disclosure & Pamphlet		Real Estate Agency Disclosure	
Other		Other	

43 Landlord shall provide Tenant with a copy of this Contract and any rules and regulations. Landlord shall give Tenant a check-in
44 sheet on or before the commencement of this tenancy. NOTE: SIGNING THIS CONTRACT CREATES LEGALLY ENFORCEABLE
45 RIGHTS. LANDLORD AND TENANT SHOULD CONSULT LEGAL COUNSEL REGARDING QUESTIONS AS TO THEIR LEGAL
46 RIGHTS UNDER THIS CONTRACT. THIS CONTRACT INCLUDES THE PROVISIONS ON PAGE TWO.
47 IN WITNESS WHEREOF, the Parties have executed this Rental Contract.

48 LANDLORD: S.H.I.E.L.D. Nick Fury 3-25-2023
49 _____

TENANTS: _____ (Date)

51 _____ (Date)
52 TENANT: _____ (Date)
53 _____ (Date)

Notice: You may obtain information about the sex offender registry and persons registered with the registry by contacting the Wisconsin Department of Corrections on the Internet at <http://www.wdcoffenders.org> or by phone at 877-23 Christensen lease.z:fx

54 PROMISES TO REPAIR.

55 Any promise to repair, clean, or improve the Premises (including the promised date of completion) that was made by Landlord before execution of this
56 Contract, is listed under Special Provisions or in a separate addendum to this Contract. Time being of the essence as to completion of repairs does
57 not apply to any delay due to causes beyond the Landlord's control. Landlord shall give timely notice of any delay to Tenant.

58 **CODE VIOLATIONS; ADVERSE CONDITIONS.** If the Premises or the building in which they are located are currently cited for uncorrected
59 building or housing code violations, or contain conditions adversely affecting habitability (including no hot or cold running water, plumbing or sewage
60 disposal facilities not in good operating order, unsafe or inadequate heating facilities (incapable of maintaining at least 67°F in living areas), no
61 electricity, electrical wiring or components not in safe operating condition, or structural or other conditions that are substantially hazardous to health
62 or safety), these are listed under Special Provisions, or in a separate addendum to this Contract, and Landlord shall exhibit copies of any
63 uncorrected code notices or orders to Tenant, all before this Contract is signed or any deposit is accepted.

64 **INSPECTION; SECURITY DEPOSIT.** Tenant has 8 days after the start of tenancy to inspect the dwelling unit and notify Landlord of any
65 preexisting damage or defect. Landlord shall provide Tenant a written description of the physical damages or defects charged to the previous
66 tenant's security deposit if Tenant, within the first 8 days of the tenancy, provides Landlord with a written request for such list. Tenant's security
67 deposit, less any amounts legally withheld, will be returned in person or mailed to Tenant's last known address within 21 days after Tenant
68 surrenders the Premises. Surrender shall occur on the last day of the tenancy pursuant to this Contract, subject to the exceptions described in
69 Wis. Admin. Code § ATCP 134.06. Upon surrender, Tenant shall vacate the Premises and return, or account for, any of Landlord's property held
70 by Tenant, such as keys, garage door openers, etc. If any portion of the deposit is withheld, Landlord will provide an accompanying itemized
71 statement specifically describing any damage and accounting for any amount legally withheld. The reasonable cost of repairing any waste, neglect
72 or damages for which Tenant is responsible, normal wear and tear excepted, may be deducted from the security deposit. No deduction may be
73 made for any damage charged against the previous tenant's security deposit. Tenant may not use the security deposit as payment of the last
74 month's rent without the written permission of the Landlord.

75 **USE; GUESTS.** Tenant shall use the Premises for residential purposes only. Neither party may (1) make or knowingly permit use of the Premises
76 for any unlawful purposes, (2) engage in activities which unduly disturb neighbors of, or tenants in, the building in which the Premises are located,
77 or (3) do, use, or keep in or about the Premises anything which would adversely affect coverage under a standard fire and extended insurance
78 policy. Tenant may have guests residing temporarily in the Premises if their presence does not interfere with the quiet enjoyment of other
79 occupants, and if the number of guests is not excessive for the size of the facilities of the Premises. No guest may remain for more than two weeks
80 without written consent of the Landlord, which will not be unreasonably withheld. Tenant shall be liable for any property damage, waste or neglect
81 caused by the negligence or improper use of the Premises or the building or development in which they are located, by Tenant or Tenant's guests
82 and invitees.

83 **MAINTENANCE.** All requests by Tenant for non-emergency maintenance services by Landlord must be in writing, provide authorization for
84 Landlord to enter, and identify reasonable time periods during which entry for maintenance is authorized. Tenant shall maintain the Premises under
85 Tenant's control in a clean and as good a general condition as they were at the beginning of the term or as subsequently improved by Landlord,
86 normal wear and tear excepted. Tenant is responsible for minor repairs including but not limited to replacement of smoke detector batteries, light
87 bulbs, fuses, and washers. Tenant shall not, without permission in the building rules or specific written approval of Landlord, physically alter or
88 redecorate the Premises, cause any contractor's lien to attach to the Premises, commit waste to the Premises or the property of which it is a part,
89 or attach or display anything which subsequently affects the exterior appearance of the Premises of the property of which it is a part. Whichever
90 party is obligated to provide heat for the Premises shall maintain a reasonable level of heat to insure the habitability of the Premises and prevent
91 damage to the Premises and the building in which they are located. Landlord shall give Tenant written notice of parties' responsibilities regarding
92 the maintenance of smoke detectors.

93 **ENTRY BY LANDLORD.** Landlord may enter the Premises occupied by Tenant at reasonable times upon advance notice to inspect the Premises,
94 make repairs, show the Premises to prospective tenants or purchasers, or comply with applicable laws or regulations. Landlord may enter without
95 advance notice upon consent of the Tenant, or when a health or safety emergency exists, or if Tenant is absent and Landlord believes entry is
96 necessary to protect the Premises or the building in which they are located from damage. Tenant shall not add or change locks without obtaining
97 Landlord's written permission AND immediately providing Landlord keys to permit access to the premises. Landlord shall not add or change locks
98 without obtaining Tenant's written permission unless the addition or change of locks is made pursuant to court order. Improper denial of access
99 to the Premises is a breach of the Contract.

100 **RULES.** Landlord may make reasonable rules governing the use and occupancy of the Premises and the building in which they are located. Tenant
101 acknowledges receipt of the rules prior to signing this Contract. Any failure by Tenant to comply substantially with the rules is a breach of the
102 Contract. Landlord may make reasonable amendments to the rules and any amendment shall become effective no sooner than 14 days after the
103 amendment is mailed or delivered to Tenant. If an amendment materially and adversely affects Tenant's use of the Premises, Tenant may at any
104 time before it becomes effective terminate this Contract by giving Landlord not less than 28 days' written notice, effective as of the end of a rent-
105 paying period, citing the amendment and its effect on Tenant's use of the Premises.

106 **POSSESSION; ABANDONMENT.** If Tenant abandons the Premises before the end of the tenancy, or if the tenancy is terminated on Tenant's
107 breach of this Contract, Landlord shall make reasonable efforts to re-rent the Premises and apply the rent received, less costs of re-renting, to
108 Tenant's obligations under this Contract. Tenant shall remain liable for any deficiency. If Tenant is absent from the Premises for three successive
109 weeks without notifying Landlord in writing of this absence, Landlord may deem the Premises abandoned unless rent has been paid for the full
110 period of the absence. If Tenant's personal property is left on the Premises after Tenant vacates or abandons the Premises, Tenant shall be
111 deemed to have abandoned the property and Landlord shall deal with it as provided by Wis. Stat. § 704.05(5) or any written lien agreement
112 (Nonstandard Rental Provision).

113 **ASSIGNMENT.** Tenant shall not assign this Contract or sublet the Premises or any part thereof without the written consent of Landlord, which will not
114 be unreasonably withheld. This Contract may be terminated or modified by written agreement of Landlord and Tenant. The parties may terminate this
115 Contract and enter a new Contract instead of renewing it, assigning it or subleasing the premises.

116 **CONTROLLING LAW.** Landlord and Tenant understand that their rights and obligations under the Contract are subject to the federal and state lead-based
117 paint laws, Wis. Stat. Chapter 704, Wis. Admin. Code Chapter ATCP 134, applicable local ordinances and housing codes, and any other applicable law.
118 Both parties shall obey all governmental orders, laws, rules, and regulations related to the Premises.

119 **SALE OF PROPERTY** Upon voluntary or involuntary transfer of ownership of the Premises, Landlord's obligations under this lease are expressly
120 released by Tenant. The new owner of the Premises shall be solely responsible for Landlord's obligations under this Contract.

121 **LEAD-BASED PAINT PROVISIONS (Applicable only if the Premises is a "target property" constructed before 1978.)** Tenant has received,
122 read and understands the Landlord's lead-based paint (LBP) disclosures and the *Lead-Based Paint: Protect Your Family* Pamphlet (Pamphlet). Tenant
123 agrees to follow the practices recommended in the Pamphlet in order to protect tenant and other guests and occupants from injuries caused by
124 exposure to lead. Tenant shall immediately notify Landlord in writing if Tenant, Tenant's guests or any other occupant observes any other
125 conditions indicating the presence of a potential LBP hazard, as described in the Pamphlet. Tenant's guests and any other occupant are
126 prohibited from disturbing paint and performing lead-based paint activities on the property without proper State of Wisconsin certification.

127 **AGENCY NOTICE.** Tenant understands that any property manager, rental agent or employees thereof are representing the Landlord.



838 Greenwood Ave. Green Bay, WI

V3 STATEWIDE PARCELS (2016):

Parcel ID	01358911
Tax Parcel ID	
Tax Roll Year	2016
Primary Owner Name	S.H.I.E.L.D.
Secondary Owner Name	
Full Mailing Address	838 Greenwood Ave. Apt. 1, Green Bay WI 12345
Full Physical Address	838 Greenwood Ave. Apt. 1
Place Name	CITY OF GREEN BAY
School District	GREEN BAY AREA PUBLIC SCHOOL DISTRICT
School District Number	2289
Improved Structure	YES
Total Assessed Value	99,800.00
Assessed Value of Land	24,500.00
Assessed Value of Improvements	75,300.00
Assessed Forested Value	
Estimated Fair Market Value	97,785.62
Net Property Tax	2,176.40
Gross Property Tax	2,409.60
Class of Property	2
Auxiliary Class of Property	
Assessed Acres	
Deeded Acres	0.20
GIS Acres	0.20
County Name	BROWN
Parcel Source	BROWN

[Zoom to](#)

60ft

N 40

1500

1500

The Falcon School and Bruce Banner's parents hereby agree that The Falcon School will provide the services in the IEP as written for Bruce Banner.

Brian Banner, 10/15/2024

Rebecca Banner, 10/15/2024

The Falcon School, Doc Sampson, 10/12/2024