



Wisconsin Department of Public Instruction (DPI)
SPECIAL NEEDS SCHOLARSHIP PROGRAM (SNSP)
TRANSFER REQUEST
 PI-SNSP-0014 (Rev. 06-24)

*This data collection is a requirement of Admin. Code.
 § PI 49.05(5).*

INSTRUCTIONS: Students currently participating in the SNSP may transfer to a different participating school, except if they were determined to no longer have a disability during an IEP reevaluation.

The parent or guardian must complete this transfer request and return the form, current residency documentation, and the student's IEP or services plan to the school. The student must remain at their current SNSP school until the transfer request is accepted by the new school.

Type or print clearly in ink.

School Transferring To <i>No abbreviations</i> Linus School	School Year Applying For 2024-2025
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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
Charlie		Brown		11/29/2015	4

Check One <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Not Hispanic/Latino	Check all that Apply <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input checked="" type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> Black/African American
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Name of SNSP School Where Currently Enrolled
Linus School

IEP OR SERVICES PLAN

Yes No Has the public school district completed an IEP reevaluation or waiver agreement since the student began participating in the SNSP?

<p><i>If the response to the question above is yes, complete the following:</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Did the IEP reevaluation result in a determination that the student has a disability? If the IEP reevaluation was waived, check yes.</p> <p><i>If "No" is marked above, the student is not eligible to transfer and still retain their SNSP scholarship.</i></p>	<p><i>If the response to the question above is no, complete the following:</i></p> <p>Which document below was most recently developed by a Local Education Agency (LEA) for the student?</p> <p><input checked="" type="checkbox"/> Individualized Education Program (IEP) <input type="checkbox"/> Services Plan (parentally placed at a private school)</p>
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Name of school district that completed the IEP reevaluation <i>No abbreviations</i>	Name of LEA that developed the IEP or services plan <i>No abbreviations</i>
	Milwaukee Public Schools

FAMILY INFORMATION

Parent/Guardian First Name	MI	Last Name	Suffix	Telephone <i>Area/No.</i>
Franklin		Brown		

Parent/Guardian First Name	MI	Last Name	Suffix	Current Resident School District <i>No abbreviations</i>
				Milwaukee Public Schools

Home Street Address	City	State	Zip
1770 James Street	Milwaukee	WI	12345

PARENT OR GUARDIAN CERTIFICATION

PD	Initial here certifying that you received the comparison of the rights of students with disabilities under special education law and under the SNSP.
PD	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 form is true and correct. I understand that any of the information on this form or related to this form, including residency documentation, the IEP/services plan, and IEP reevaluation 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 <i>MUST be the same name as one of the parents/guardians listed above.</i> ➤ Patty Brown	Date Signed <i>Mo./Day/Yr.</i> 07/19/2024
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FOR SCHOOL USE ONLY

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Based on the information provided by the parent or guardian and the email provided by the DPI identifying whether the pupil was counted on the previous count date, the student is eligible.	Date Transfer Received <i>Mo./Day/Yr.</i> 07/19/2024
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I, AS THE ADMINISTRATOR OR DESIGNEE RESPONSIBLE FOR PUPIL ADMISSIONS, have reviewed the transfer request and have determined that it is properly and completely filled out to the best of my knowledge.

Signature of SNSP Administrator or Designee <i>➤ Sally Brown</i>	Printed Name of SNSP Administrator or Designee Sally Brown	Date Signed <i>Mo./Day/Yr.</i> 07/26/2024
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COMPARISON OF RIGHTS OF STUDENTS WITH DISABILITIES AND THEIR FAMILIES UNDER STATE AND FEDERAL SPECIAL EDUCATION LAW AND UNDER THE WISCONSIN SPECIAL NEEDS SCHOLARSHIP PROGRAM

Enrolled in Public School IDEA and Chapter 115	Special Needs Scholarship Program 115.7915 Parentally-Placed Private School
<p>A public school district must provide a free appropriate public education to students with disabilities.</p> <p>A free appropriate public education (FAPE) includes special education and related services that:</p> <ul style="list-style-type: none"> • Are provided at no cost to parents; • Include an appropriate preschool, elementary or secondary school education; • Are provided consistent with an Individualized Education Program (IEP); and • Meet the standards of the Wisconsin Department of Public Instruction. <p>Special education is specially designed instruction to meet the needs of the student with a disability.</p> <p>Examples of related services include speech-language therapy, physical and occupational therapy, audiology services, counseling services, and transportation.</p> <p>A public school district must also provide supplementary aids and services to allow the student to participate in regular education. Examples of supplementary aids and services include assistive technology devices or software, modification of assignments or tests, and use of specialized equipment.</p>	<p>Students participating in the Special Needs Scholarship Program are parentally placed private school students.</p> <p>No FAPE entitlement.</p> <p>A participating student receives a scholarship in an amount set forth in state law to pay for attendance at an approved private school. Additional tuition or fees may be charged to students.</p>
<p>Individualized Education Program (IEP)</p> <p>A public school district is required to develop an IEP for each student with a disability. The IEP must describe how the student is currently performing, and include annual goals and services so the student can make progress both toward attaining the annual goals and meeting grade-level expectations. The IEP must also describe how the student's parents will be informed of the student's progress.</p> <p>The IEP team must meet at least annually to review the IEP, and revise it as necessary.</p> <p>A public school district must fully implement the IEP and provide all services described in the IEP. If the IEP is not fully implemented, the parent can seek relief, including compensatory services, under the state special education complaint process, mediation, or due process.</p>	<p>A participating private school is required to implement the most recent IEP or services plan, as modified by agreement between the private school and the student's parent. There are no rights to relief if disputes arise and no requirement for an annual review of the IEP.</p>
<p>Child Find</p> <p>A public school district is responsible for identifying, locating and evaluating students with suspected disabilities, including parentally-placed students in private schools.</p>	

COMPARISON OF RIGHTS OF STUDENTS WITH DISABILITIES AND THEIR FAMILIES UNDER STATE AND FEDERAL SPECIAL EDUCATION LAW AND UNDER THE WISCONSIN SPECIAL NEEDS SCHOLARSHIP PROGRAM (cont'd)

<p align="center">Enrolled in Public School IDEA and Chapter 115</p>	<p align="center">Special Needs Scholarship Program 115.7915 Parentally-Placed Private School</p>
<p>Reevaluation A public school district must generally reevaluate students with disabilities at least once every three years.</p>	<p>Upon the request of the student's resident school district, the IEP team must conduct a reevaluation no more frequently than once every three years for SNSP eligibility purposes.</p>
<p>Independent Educational Evaluation (IEE) Parents may obtain an IEE free of charge if the parent disagrees with an evaluation conducted by the public school district, unless the school district initiates a due process hearing to defend its evaluation.</p>	<p>Parents of participating students retain the right to an IEE free of charge if they disagree with an evaluation conducted by a public school district, unless the school district initiates a due process hearing to defend its evaluation.</p>
<p>Discipline Students with disabilities are entitled to protections regarding school disciplinary practices. Some of these protections include providing educational services when a student is suspended more than 10 days in a school year.</p>	
<p>Mediation Mediation is available through the Wisconsin Special Education Mediation System (WSEMS) at no cost to parents, to resolve disputes in public schools under special education law. This covers a wide range of issues that include evaluations, development of the IEP, implementation of the IEP, where services will be provided, and disciplinary practices.</p>	<p>Access to the mediation system is limited to disputes with the public school district over the evaluation of their child.</p>
<p>State Special Education Complaints Parents may file a complaint with the Department of Public Instruction (DPI) if they believe the public school district did not follow state or federal special education law. This covers a wide range of issues that include evaluations, development of the IEP, implementation of the IEP, where services will be provided, and disciplinary practices.</p>	<p>Parents may file a state IDEA complaint with the DPI only regarding disputes concerning the evaluation of their child by the public school district.</p>
<p>Due Process Hearings Parents may request a due process hearing about disputes regarding the identification, evaluation, educational placement or provision of a free appropriate public education by a public school district. This covers a wide range of issues that include evaluations, development of the IEP, implementation of the IEP, where services will be provided, and disciplinary practices.</p>	<p>Parents may request a due process hearing only regarding the evaluation of their child by a public school district.</p>
<p>Records Parents of students with disabilities must be allowed to review all special education records maintained by the public school district.</p>	<p>Parents of students with disabilities have the right to review special education records maintained by the public school district.</p>
<p>Prior Written Notice Public school districts must provide parents with written notice before any activity affecting a student's special education identification, evaluation, educational placement or the provision of FAPE.</p>	

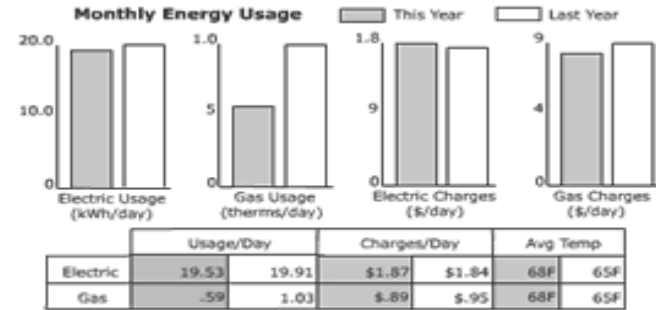


Franklin Brown
 1770 James Street
 MILWAUKEE, WI 12345

Account Number	Date Due	Amount Due
6429-828-764	5/1/2024	\$143.28

Billing Summary

Previous Balance 3/01/2024.....	\$135.00
Payment Received As Of 3/25/2024.....	\$135.00 CR
Balance as Of 4/1/2024.....	\$0.00
Current Energy Charges 4/1/2024.....	\$143.28



Electric Service for 2/25/2024 to 3/25/2024

Electricity Used

Meter Number.....	987654321
Estimated Reading on 3/25/2024.....	52247
Actual Reading on 2/25/2024.....	51542

Total Electricity Used 705 kWh

Next Scheduled Meter Reading Date..... 5/30/2024



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Registration Owner(s)

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Start Over

My Property Information

My Property: 1770 James ST 12345

Tax Key: 01357911

Property Owner of Assessment Record: Great Pumpkin

Current Assessment: \$ 496,100.00 [View City Assessor's details](#)

Year Built: Unknown

NOTE: Assessments change annually in April. Please see [City Assessor's details](#) for specific date.

Special Assessments: [see details](#)

Property Registration, Code Violations, Service Requests and Permits: [see details](#)

POLLING LOCATION: [see details](#)

To access tax record information online [Munis Self-Service Tax Information](#)

Census 2010 tract: 11400 Census 2000 tract: 11400

Census 2010 Block: 1020 Census 2000 Block: 1017

Neighborhood Name: SCHLITZ PARK

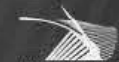


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**INVITATION TO A MEETING OF THE
INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM**

Form I-1 (Rev. 10/06)

Milwaukee 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 Charles M. Schulz at (608) 867-5309.]

Date: September 13, 2023

Dear **Mr. & Ms. Brown**:

You are a participant on the IEP Team that will meet to address the educational needs of your child, **Charles Brown**. 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, 2023 9:45 am, MPS**. If these meeting arrangements are not agreeable to you, please call **Charles M. Schulz** 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	Violet Gray
Parent	Parent/Guardian	Patty Brown
Special Ed Teacher	Special Education Teacher	Charles M. Schulz
Regular Ed Teacher	1st Grade Teacher	Peggy Jean
LEA Representative	Dean of Instruction	Frieda Smith
LEA Representative	Dean of Students	Marcie Holiday
Speech Therapist	Speech/Language Teacher	Lucy van Pelt

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,

Charles Schulz

Charles M. Schulz, Special Education Teacher

EVALUATION REPORT AND IEP COVER HEET

Form I-3 (Rev. 10/06)

Milwaukee School District

Name of student Charles Brown	Age 7yrs 9mos	DOB November 29, 2015	Sex M	Grade 01	Disability SL	Initial Eval August 5, 2023
Parent or legal guardian Mr. & Ms. Brown	Telephone (area/number) Home (608) 606-0842 Work (000) 000-0000					
Local Educational Agency Milwaukee School District	Current School of Placement Milwaukee School District	Race/Ethnic (if parent chooses to identify)				
Student's Address 1770 James St. Milwaukee, 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: **September 27, 2022**

IEP Team Participants Attending or Participating by Alternate Means in the Meeting::		
Role	Title	Name
Diagnostician	Special Education Teacher	Violet Gray
Parent	Parent/Guardian	Patty Brown
Parent	Parent/Guardian	Franklin Brown
Special Ed Teacher	Special Education Teacher	Charles M. Schulz
Regular Ed Teacher	1st Grade Teacher	Peggy Jean
LEA Representative	Dean of Instruction	Frieda Smith

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

Lucy van Pelt

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: Charles Brown

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):

Charles'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:

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

Parent Comments:

Charles 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.

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

Describe the student's present level of academic achievement.

SPEECH AND LANGUAGE: Charles 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, Charles 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. He is unable to consistently follow one step paper and pencil directions involving age appropriate spatial, sequential and temporal concepts in 4/5 trials without cues. Although he has been able to provide a synonym for common words in 4/5 trials during at least one speech session, he struggles with word relationships such as antonyms, definitions and categories.

ACADEMICS: Charles is currently making progress in academics based on his SPED teacher's report. Mr. Schulz states that reading tasks are easier than math tasks. When writing, his letters and numbers are not always placed on the page accurately. The shape, direction, or placement (one, above or below the line) on the page is not always accurate. However, he has shown improvement with writing letters and numbers, especially with cues from an adult. When writing a sentence, he has been spacing his words with his finger with 2 or less cues. He has good word recognition skills, recognizing many of his sight words. Number concepts such as patterns do not make sense to his without multiple cues despite re-teaching and multiple opportunities to learn. Counting and adding skills have improved using a number chart, highlighting skills, and manipulatives. 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 Charles 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.

Charles'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.)

Charles 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)*

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Math | <input type="checkbox"/> Language Arts |
| <input type="checkbox"/> Science | <input type="checkbox"/> Social Studies | <input type="checkbox"/> Other (<i>specify</i>): |

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: Charles Brown

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)

Charles 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 so (Rev. 10/06)

Name of Student: Charles Brown

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

Charles will increase his writing abilities from a K5 to a 1st grade level by writing the alphabet, writing letters on the line in appropriate spaces, placing spaces between words and copying a written message from a model given no more than 1 cue with 85% accuracy.

Short Term Objectives

- Charles will write the alphabet (capital and lower case letters) without a model in 6 out of 7 trials.
- Charles will write letters in the appropriate spaces (on, under, or above the line) in 6 out of 7 trials with one reminder.
- Charles will put spaces between words in 6 out of 7 trials when writing words independently or when using a model to copy.
- Charles will copy a written message from a model (model is close to his, not at a distance on the board) in 6 out of 7 trials.

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: Charles Brown

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

Charles will increase his math skills from a K5 to a 1st grade level by writing numbers accurately from 0 to 100, drawing shapes, adding and subtracting two digit numbers, and solving word problems with pictures with 80% accuracy.

Short Term Objectives

Charles will write numbers 0 to 100 correctly when writing numbers in sequence or when asked to write a number with 80% accuracy.
Charles will draw basic shapes (circle, square, rectangle, triangle... etc.) when asked to draw a shape with 85% accuracy.
Charles will add and subtract two digit numbers with or without manipulatives with two or less cues in 4 out of 5 trials.
Charles will solve word problems using pictures, diagrams, or manipulatives in 4 out of 5 trials when the words are read to his.

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: Charles Brown

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

Charles will increase his reading skills from a K5 to a 1st grade level by blending and segmenting sounds, and memorizing sight words with 85% accuracy.

Short Term Objectives

- Charles will blend sounds to read words containing 4-5 phonemes with stop sounds (/b/,/d/,/g/) and consonant blends with 80% accuracy when presented with familiar words.
- Charles will segment onset and rime to decode unfamiliar words with single consonant, consonant blends, and or digraphs in 4 out of 5 trials.
- Charles will memorize sight words to increase his sight words to at least 75 words with 80% accuracy.

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: Charles Brown

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

Charles will demonstrate understanding of common spatial, sequential and temporal concepts(i.e. front, back, beside, alike, first, second, third, next, last) by following 1-2 step auditory directions utilizing physical objects moving from accuracy in 2/4 consecutive trials when given cues to accuracy in 3/4 consecutive trials given gradually reduced cues.)

Short Term Objectives

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

Treatment data, observation, formal/informal assessment

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 reports will be sent home with regularly scheduled report cards

INDIVIDUALIZED EDUCATION PROGRAM

ANNUAL GOAL

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

Name of Student: Charles Brown

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

Charles will demonstrate understanding and use of word relationships (i.e. synonyms, antonyms, categories, object function) by first identifying 2-3 pictures/words that go together and eventually verbalizing the relationship between these pictures/words moving from accuracy in 2/4 consecutive trials when given cues to accuracy in 3/4 consecutive trials given gradually reduced cues.

Short Term Objectives

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

treatment data, observations, formal/informal assessment

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 reports to be sent 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: Charles Brown

- The student will be in _____ 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 (list accommodations for each content area)	WAA-SwD (list accommodations for each content area)
Reading	<input type="checkbox"/>	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a
Math	<input type="checkbox"/>	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a
Science	<input type="checkbox"/>	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a
Language Arts	<input type="checkbox"/>	<input type="checkbox"/> n/a	
Social Studies	<input type="checkbox"/>	<input type="checkbox"/> n/a	

* 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:
unlimited time

THIS IS A SAMPLE IEP FOR SNSP EDUCATIONAL PURPOSES ONLY.

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: Charles Brown

PROGRAM SUMMARY

Projected beginning and ending date(s) of IEP services & modifications: **September 27, 2023 to September 26, 2024**

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			

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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.)

Charles'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.)

Special Needs Scholarship Program: Agreement of Services

This optional template is being provided by the Department of Public Instruction for the private school and parent or legal guardian ("parent") to document the services the parent and the private school have agreed the private school will provide for the student. If desired, the private school may insert its letterhead in the header. The private school and the parent must agree to the services that will be provided to the SNSP student. In determining the services that will be provided by the private school, the private school and parent should refer to the Individualized Education Program (IEP) or services plan developed by the local education agency. If applicable, this document should include services provided by the private school through a contracted service provider. The services outlined in an IEP or services plan will not be provided by the private school unless they are included below. This document does not include services that are provided by the public school district through a services plan; if the student has a services plan from the public school district, those services are outlined in the services plan from the public school district, which is a separate document.

The school and the parent must agree to the services that will be provided for a student before the school will be eligible to receive a SNSP payment for the student.

A. General Information			
Private School Name	Linus School		
Student Name	Charles Brown	Student Date of Birth:	11/29/2015
Private School Special Education Program Overview <i>Below, the school may provide information about general services the private school offers to students with disabilities that will be available for the student. This should describe general services offered by the school rather than specific services that will be provided for the student.</i>			
N/A			

B. Services Provided to Student

In this section, the private school and parent should identify:

- 1) **Aids, services and other supports** that will be provided to enable the student to be educated with nondisabled children. Examples of these types of services include: an aide, specific assistive technology devices (specify the type that will be used), any staff support for personal care or during school transitions, or any other similar commitment of resources by the private school to educate the student.
- 2) **Specially designed instruction**, regardless of where the instruction is conducted, that is provided to meet the unique needs of a child with a disability, including instruction in physical education. Examples of these types of services may include: a curriculum that is designed to meet the unique needs of a child with a disability or providing additional tools/resources as part of the learning curriculum (such as a specialized computer program to help a child with a subject).
- 3) **Related services** such as transportation or such developmental, corrective, and other supportive services as may be required to assist the child in benefiting from special education. Examples of these types of services include: speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, social work services, school nursing services designed to enable a child with a disability to receive an education, counseling services, including rehabilitative counseling, or orientation and mobility services.

None

Description	Frequency & Amount
One on one aide during math and reading	Daily for 2 hours

C. General Classroom Accommodations

In this section, the private school and parent may include accommodations to the general curriculum that the student needs to meet the educational standards that apply to all students. Examples of these include extra time for examinations, the option to type an assignment rather than handwrite, oral recitation of examination questions or assignments, retelling assignment instructions, etc.

None

Description	Frequency & Amount
Charles will be allowed to leave the classroom and report to the front office or nurses office when he is feeling overwhelmed.	As needed.
Charles will have 20 extra minutes to complete in-class exams and assignments.	As needed.

D. Additional Information

If there are any other items the school and parent have agreed will be provided for the student, identify them below. In this section, identify any activities that will be provided directly to school personnel to help the school personnel meet the needs of the student, if applicable. An example of this would be school personnel attending a training on how the school personnel can meet the needs of the student related to their disability.

Description

None.

E. Parent/Legal Guardian Signature

Printed Name of Parent or Legal Guardian Signing Below		
Signature of Parent or Legal Guardian	Date Signed <i>Mo./Day/Yr</i>	

F. School Representative Signature

Printed Name of School Representative Signing Below	Sally Brown
Signature of School Representative <i>Sally Brown</i>	Date Signed <i>Mo./Day/Yr</i> 8/10/2024