

**Prior Written Notice**

Student: Salvador Dali Date of birth: 5/11/1991 Student ID: 123456789

Date prior written notice sent or given to parent/guardian: 8/1/2004 School: Adams High School

The school district:  Proposes to take the action described below  Refuses to take the action described below

**Description of the action proposed or refused:**

Continue special education services for the student upon transferring from another school.

**Explanation of why the school district proposes or refuses to take this action:**

The student was receiving special education at the previous school and has a current IEP indicating the need for services.

**Description of any options the school district considered and the reasons why those options were rejected:**

General education only was rejected because there is a current IEP indicating the need for special education.

**Description of each evaluation procedure, test, record, or report used as a basis for the proposal or refusal:**

- |  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> IEP(s) | <input type="checkbox"/> Report cards                  | <input type="checkbox"/> Teacher report/data | <input checked="" type="checkbox"/> Educational records |
| <input type="checkbox"/> Work samples      | <input checked="" type="checkbox"/> Evaluation results | <input type="checkbox"/> Parent report/data  | <input type="checkbox"/> Discipline records             |
| <input type="checkbox"/> Progress reports  | <input type="checkbox"/> Classroom observation         | <input type="checkbox"/> Medical information | <input type="checkbox"/> Attendance records             |

Other data used:

**Description of the factors that are relevant to the school district's proposal or refusal:**

Special education services will be provided on an interim basis using the previous school's IEP.

Further review of the student's IEP will be conducted on an as-needed basis.

**SAMPLE**

**Parent notice of procedural safeguards:**

Procedural safeguards were explained. Parent declined additional copy. \_\_\_\_\_ Parent initials

Procedural safeguards were explained. Parent received a copy of the rights. \_\_\_\_\_ Initials of person issuing copy

Parents of a child with a disability have protection under the procedural safeguards. You may obtain a copy of your safeguards by contacting the school district. If you have questions or need assistance in understanding your procedural safeguards, you may contact the school district or the agencies listed below:

- AZ Department of Education, Exceptional Student Services • 1535 W. Jefferson, Phx., AZ 85007 • (602) 364-4000
- Arizona Center for Disability Law • 3839 N. 3rd St., Suite 209, Phx., AZ 85012 • 1-800-927-2260
- Raising Special Kids • 2400 N. Central Ave. Ste. 200, Phx, AZ 85004 • 602-242-4366 or 1-800-237-3007

Meeting Notice

Student: Salvador Dali DOB: 5/11/1991 Student ID: 123456789 Notice date: 8/5/2004

MEETING INFORMATION

A meeting regarding the student identified above is proposed on:

Date: 8/14/2004 Time: 9:00 A.M. Location: Adams High School

The purpose of this meeting is to consider:

- Review of existing data for eligibility, Eligibility determination/continuation, Development of IEP, Review/revision of IEP, Placement in special education, Extended school year services, Need for evaluation/re-evaluation, Functional behavioral assessment, Behavior intervention plan, Manifestation determination, Interim alternative ed. setting, Change of placement, Transition services, Discontinuing services

Other:

The following people have been invited to attend the meeting:

- Parent/guardian/surrogate, Student (required for transition), General education teacher(s), Special education teacher, District representative, School representative, Person to interpret test results, Related service provider(s), Counselor, Transition representative, Agency representative

Other:

ALTERNATIVE MEANS OF MEETING PARTICIPATION

The parent and school agree to use the following alternative means of meeting participation:

- Video conference, Conference call, Other

PROCEDURAL RIGHTS NOTICE

SAMPLE

You have the right to invite other individuals who have knowledge or special expertise about your child, and you may review your child's records prior to the meeting. If your child is being served by another public agency, we encourage you to invite the case manager to the meeting. A copy of your rights is provided to you upon your request and at least once each year. If you need help in understanding your rights you may contact the school employee listed below or any of these agencies:

AZ Department of Education, Exceptional Student Services, 1535 W. Jefferson, Phoenix 85007, Tel. (602) 364-4000
Arizona Center for Disability Law, 3839 N. 3rd St., Suite 209, Phoenix 85012, Tel. (800) 927-2260
Raising Special Kids, 2400 N. Central Ave. Ste. 200, Phoenix 85004, Tel. (602) 242-4366

If the above date, time or place for the meeting is not acceptable to you; if you would like to schedule an appointment to review your child's records; or if you have any questions about your rights, please call me.

School contact person: Martha Owens Phone: 786-234-7811

OTHER ATTEMPTS TO ENSURE PARENT PARTICIPATION

One or more of the following actions were taken when the parent(s) did not respond to the original meeting notice.

- Phone call made on: Response:
Second phone call made on: Response:
Third phone call made on: Response:
Second meeting notice mailed on: Response:
Third meeting notice mailed on: Response:
Visit made to home/work on: Response:

**IEP Attendance Form**

Student: Salvador Dali Date of birth: 5/11/1991 Student ID: 123456789

**NON-ATTENDING IEP TEAM MEMBERS**

**IEP meeting date:** 8/14/2004

**Attendance not necessary.** The following IEP team member(s) will not attend the IEP meeting because the parent, guardian, or surrogate and the District agree that the member's curriculum or related services area will not be modified or discussed:

Name: Sarah Johnson Position: Science Teacher

Name: Matt Jeffreys Position: P.E. Teacher

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

**Excusal.** The following IEP team member(s) will not attend the IEP meeting because the parent, guardian, or surrogate and the District agree that the member's curriculum or related services area will be modified or discussed, but the member(s) will submit, in writing to the parents and the team, input for developing the IEP prior to the meeting:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

**Date of parent, guardian, or surrogate contact and agreement:** \_\_\_\_\_

**Parent, guardian, or surrogate approval and signature:** \_\_\_\_\_

**District representative signature:** \_\_\_\_\_

**IEP MEETING NOT NECESSARY**

The parent, guardian, or surrogate and the District agree not to convene an IEP meeting to make revisions to the IEP after the annual IEP meeting for the school year, and instead agreed to develop a written document to amend or modify the student's current IEP.

**Date of parent, guardian, or surrogate contact and agreement:** \_\_\_\_\_

**Parent, guardian, or surrogate approval and signature:** \_\_\_\_\_

**District representative signature:** \_\_\_\_\_

### IEP Meeting Report

**IEP meeting date:** 10/1/2004    **Type of meeting:**    Initial    Review

STUDENT INFORMATION		
Student: <u>Salvador Dali</u>	Date of birth: <u>5/11/1991</u>	Age: <u>15 yrs - 8 mos</u> Student ID: <u>123456789</u>
Gender: <u>Male</u>	Ethnicity: <u>Hispanic</u>	Home school district: <u>Deer Valley Unified</u>
Home language: <u>Spanish</u>	School language: <u>English</u>	English language learner? <u>No</u>
Street address: <u>1428 W. Covina</u>	City: <u>Glendale</u>	Zip: <u>85309</u>
Parent/guardian: <u>Golina and Ferdinand Dali</u>		Email: <u>gofer29@aol.com</u>
Parent/guardian phone: H: <u>123-456-7890</u>	W: <u>100-200-3000</u>	Mobile: <u>980-564-9899</u>
Home school: <u>Adams High School</u>	Service school: <u>Adams High School</u>	Grade: <u>09</u>
Primary disability: <u>ED</u>	Secondary disabilities: _____	Evaluation date: <u>8/19/2003</u>
CEC student? <input checked="" type="radio"/> N/A <input type="radio"/> CEC-A <input type="radio"/> CEC-B		Re-evaluation due date: <u>8/19/2006</u>
Need for three-year re-evaluation: <u>Student does not need a reevaluation at this time.</u>		
Reintegration plan: (For residential treatment center students only) <input type="radio"/> Plan attached <input checked="" type="radio"/> Not applicable		
Hearing screening date: <u>1/1/2001</u>	<input checked="" type="radio"/> Pass <input type="radio"/> Fail	Vision screening date: <u>2/2/2002</u> <input type="radio"/> Pass <input checked="" type="radio"/> Fail

**Notice to parents:** School staff may come to an IEP meeting prepared with a draft of some or all of the IEP content, but the proposed IEP services are only recommendations for review and discussion. Parents have the right to bring questions, concerns, and recommendations to the IEP meeting. Before the IEP is finalized, there must be a full discussion with the child's parents about the drafted IEP, the child's needs, and the services to meet those needs.

IEP PARTICIPANTS	SIGNATURES
Parent/guardian/surrogate	
Student	
General education teacher	
Special education teacher	
Person interpreting evaluation results	
District/school representative	
Related service provider	
Transition representative	
Other	
Other	

#### PARENT CONSENT FOR INITIAL SPECIAL EDUCATION PLACEMENT

I have had the opportunity to participate in the development of this IEP, I have been fully informed of all information relevant to the proposed program placement, and I have received a copy of the Procedural Safeguards. I hereby (check one):

- give consent** for the special education and related services described in this IEP.
- do not give consent** for the special education and related services described in this IEP.

\_\_\_\_\_  
Signature of parent, guardian, or surrogate parent

\_\_\_\_\_  
Date

**Present Levels of Performance & Special Factors - 1**

Student: Salvador Dali Date of birth: 5/11/1991 Student ID: 123456789 IEP date: 10/1/2004

**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE**

**The strengths of the child and the concerns of the parents for enhancing the education of their child:**

Sal's parents speak English, but their primary language is Spanish. Sal's teachers report that the parents do not seem to fully understand the seriousness of his problems in school. The parents appear to be supportive of his education, but they do not attend school conferences. They have reported concerns that Sal is not learning to read and that other children pick on him.

Sal is very creative. He loves to draw and make up elaborate stories. His drawings are quite sophisticated for his age and often have unusual themes. Sal enjoys math and performs well in his math class.

SAMPLE

**The results of the initial or most recent evaluation of the child and, as appropriate, the results of the child's performance on any general State or district-wide assessment programs:**

Academic testing, using the Woodcock-Johnson Tests of Achievement-III, administered on 8/22/03, indicates that Sal's broad reading skills are on a beginning 5th grade level and that his broad written language skills are on an ending 4th grade level. His math skills are an area of strength - he is functioning on an ending 8th grade level, and he has been successful in his regular math class.

Sal is able to answer comprehension questions based on orally read material, such as stories read to him by a teacher. He is slow and hesitant when reading orally, especially when he is reading material that contains multi-syllable words. He has difficulty recalling details, making inferences, and drawing conclusions.

He can write simple sentences, but he has difficulty stringing sentences together to form a paragraph on a given topic. He digresses from the topic as his thoughts wander. Sal's written work shows that he has spelling errors of basic sight words, invented spellings, and limited punctuation skills. He understands and can compose topic sentences, detail sentences, and concluding sentences.

The results of the WISC- IV, administered on 8/23/03, indicate that Sal has average verbal ability (IQ 94) and significantly above average nonverbal ability (IQ 123). The Freedom from Distractibility Index Score (79) suggests that he has difficulty attending to presented tasks. Classroom observation of Sal also indicates that he is distractible and at times hyperactive. He avoids doing his assigned school work, gets frustrated easily, and has difficulty getting along with his teachers and classmates. Recent assessment of Sal's social and emotional adjustment indicates significant problems in the areas of interpersonal relationships, depression, and distractibility. Sal's teachers report that he appears sad much of the time and that he reacts angrily when other children tease him. Sal often misunderstands what is said to him and internalizes this as a negative comment about himself. This can lead to inappropriate verbal outbursts and a fixation on the events that upset him. New experiences and environments are problematic for Sal as are dealing with unfamiliar people.

Last year on the state AIMS assessment, Sal met the Math standards but fell far below the Reading and Writing standards.

**Present Levels of Performance & Special Factors - 2**

Student: Salvador Dali Date of birth: 5/11/1991 Student ID: 123456789 IEP date: 10/1/2004

**How the child's disability affects the child's involvement and progress in the general curriculum or for preschool children, how the child's disability affects the child's participation in appropriate activities:**

Sal's reading and writing problems make it difficult for him to complete assignments on time, understand what he reads in text books, and express his thoughts meaningfully on writing assignments. His social and emotional problems interfere with his ability to participate on group assignments with other students, to follow teacher directives, and to respond appropriately when criticized by others.

**MEDICAL, HEALTH CARE, AND PHYSICAL NEEDS**

- Yes  No The child has a health or medical condition adversely affecting performance in school.
- Yes  No During the school day, the child requires medication.
- Yes  No During the school day, the child requires treatment(s) or other health procedure(s).
- Yes  No The child has mobility limitations.

**For any item checked yes, explain the nature of the child's needs:**

**CONSIDERATION OF SPECIAL FACTORS**

(Check whether each factor is relevant to the child.)

- Yes  No Strategies, positive behavioral interventions and supports for a child whose behavior impedes his or her learning or that of others.
- Yes  No Language needs, for a child with limited English proficiency.
- Yes  No Instruction and the use of Braille if the child is blind or visually impaired, unless determined inappropriate based on evaluation.
- Yes  No Communication needs, and for a deaf or hard of hearing child, the language and communication needs, and opportunities for communication and instruction in the child's language and communication mode.
- Yes  No Assistive technology devices and services.


**For any factor checked yes, explain the team's determinations about the child's need for a particular service or device:**

A behavior intervention plan will be developed for Sal to assist him in improving his social skills and reducing his over reactions to criticism and teasing.

He has been referred for a speech/language evaluation to determine if he has any significant communication problems.

**IEP Annual Goals and Objectives/Benchmarks - 1**

Student: Salvador Dali Date of birth: 5/11/1991 Student ID: 123456789 IEP date: 10/1/2004

<b>Need area:</b> Reading	<b>State standard:</b> Reading Process	<b>Level:</b> Grade 05
<b>Annual goal:</b> R1.4. Acquire and use new vocabulary in relevant contexts.		
<b>Measurable criteria for success:</b> 85% accuracy in 3 consecutive tries		<b>State Code:</b> R1.4
<b>Progress monitoring method:</b> Informal testing		<b>Frequency:</b> Daily
<b>Progress monitoring method:</b> Teacher-made tests/quizzes		<b>Frequency:</b> Weekly
<b>Person(s) responsible:</b> Special & general education teachers		
<b>Objectives/benchmarks: (required for students participating in alternate assessment)</b>		
		

<b>Need area:</b> Writing	<b>State standard:</b> Writing Process	<b>Level:</b> Grade 04
<b>Annual goal:</b> W1.2. Create a first draft containing the necessary elements for a specific purpose.		
<b>Measurable criteria for success:</b> 85% accuracy in 3 consecutive tries		<b>State Code:</b> W1.2
<b>Progress monitoring method:</b> Classroom performance		<b>Frequency:</b> Daily
<b>Progress monitoring method:</b> Informal testing		<b>Frequency:</b> Weekly
<b>Person(s) responsible:</b> General education teacher/student		
<b>Objectives/benchmarks: (required for students participating in alternate assessment)</b>		
PO 02. Organize writing into a logical sequence that is clear to the audience.		
PO 02. Organize writing into a logical sequence that is clear to the audience.		
PO 01. Use a prewriting plan to develop a draft with main idea(s) and supporting details.		
PO 01. Use a prewriting plan to develop a draft with main idea(s) and supporting details.		

**Frequency of reporting progress toward the annual goals** Quarterly, in addition to regular report cards.

**IEP Annual Goals and Objectives/Benchmarks - 2**

Student: Salvador Dali Date of birth: 5/11/1991 Student ID: 123456789 IEP date: 10/1/2004

<b>Need area:</b> Social/emotional/behavioral	<b>State standard:</b> Workplace Skills	<b>Level:</b> Low Essentials
<b>Annual goal:</b> 4WP-E1. Identify ways to build mutual trust and respect and develop an action plan for negotiating concerns.		
<b>Measurable criteria for success:</b> 80% of the time while in class each week		<b>State Code:</b> 4WP-E1
<b>Progress monitoring method:</b> Teacher observation		<b>Frequency:</b> Daily
<b>Progress monitoring method:</b>		<b>Frequency:</b>
<b>Person(s) responsible:</b> Special education teacher/student		
<b>Objectives/benchmarks: (required for students participating in alternate assessment)</b>		
<div style="font-size: 48px; opacity: 0.5;">SAMPLE</div>		

<b>Need area:</b> Social/emotional/behavioral	<b>State standard:</b> Physical Activity	<b>Level:</b> High Essentials
<b>Annual goal:</b> 5PA-E3. Cooperate with a group to achieve group goals in competitive as well as cooperative settings.		
<b>Measurable criteria for success:</b> 4 out of 5 times per day		<b>State Code:</b> 5PA-E3
<b>Progress monitoring method:</b> Teacher observation		<b>Frequency:</b> Daily
<b>Progress monitoring method:</b> Point sheets		<b>Frequency:</b> Weekly
<b>Person(s) responsible:</b> School social worker		
<b>Objectives/benchmarks: (required for students participating in alternate assessment)</b>		

**Frequency of reporting progress toward the annual goals** Quarterly, in addition to regular report cards.

**IEP Educational Services**

Student: Salvador Dali Date of birth: 5/11/1991 Student ID: 123456789 IEP date: 10/1/2004

All IEP educational services will be based on the school day and school calendar.

SPECIAL EDUCATION SERVICES	Start date	Frequency	Amt of time	Location	Provider	End date
Reading instruction	10/2/2004	Daily	45 min.	Sp ed room	Sp ed teacher	5/20/2005
Writing instruction	10/2/2004	Daily	45 min.	Sp ed room	Sp ed teacher	5/20/2005
Social/emotional/behavioral support	10/2/2004	Daily	30 min.	Sp ed room	Sp ed teacher	5/20/2005

**SAMPLE**

RELATED SERVICES	Start date	Frequency	Amt of time	Location	Provider	End date
Counseling	10/2/2004	Weekly	60 min.	Counselor's room	Counselor	5/20/2005
Transportation	10/2/2004	Daily	75 min.	School bus/van	Bus driver	5/20/2005

NURSE/HEALTH AIDE RELATED SERVICES	Start date	Frequency	Amt of time	Location	Provider	End date

- Yes  No If nursing or health aide services are provided, they are provided in accordance with the student's IEP.  
 Yes  No If nursing or health aide services are provided, they are medically necessary to enable the student to begin and/or continue receiving education in the public setting.

SUPPLEMENTARY AIDS/SERVICES	Start date	Frequency	Amt of time	Location	Provider	End date
Sequential units of instruction	10/2/2004	Daily	45 min.	Sp ed room	Sp ed teacher	5/20/2005
Extra practice on lessons	10/2/2004	Daily	15 min.	Sp ed room	Sp ed teacher	5/20/2005
Simplified curriculum	10/2/2004	Daily	120 min.	Sp ed room	All teachers	5/20/2005
Preferential seating	10/2/2004	Daily	60 min.	Gen ed room	All teachers	5/20/2005
Simple, clearly stated instructions	10/2/2004	Daily	15 min.	Gen ed room	All teachers	5/20/2005
Behavior plan or contract	10/2/2004	Weekly	30 min.	Sp ed room	Counselor	5/20/2005

SUPPORTS FOR SCHOOL STAFF	Start date	Frequency	Amt of time	Location	Provider	End date
Special education consultation	10/2/2004	Weekly	30 min.	Gen ed room	Sp ed teacher	5/20/2005
Provide staff with IEP	10/2/2004	Per semester	15 min.	Gen ed room	Sp ed teacher	5/20/2005
Behavior management training	10/2/2004	Per semester	120 min.	Gen ed room	Psychologist	5/20/2005

**IEP General Education Participation, Least Restrictive Environment, & ESY**

Student: Salvador Dali Date of birth: 5/11/1991 Student ID: 123456789 IEP date: 10/1/2004

PARTICIPATION IN GENERAL EDUCATION CLASSES			
CLASS	SUPPORT LEVEL	CLASS	SUPPORT LEVEL
Algebra	None needed	Art	None needed
Physical Education	Behavior intervention/support	English	Classroom resource teacher

PARTICIPATION IN NONACADEMIC AND EXTRACURRICULAR ACTIVITIES	
<input checked="" type="checkbox"/> Recess <input checked="" type="checkbox"/> Lunch <input checked="" type="checkbox"/> Clubs <input checked="" type="checkbox"/> Assemblies <input checked="" type="checkbox"/> Recreation <input checked="" type="checkbox"/> Field trips <input type="checkbox"/> Athletics <input checked="" type="checkbox"/> Counseling <input checked="" type="checkbox"/> Health services	
Other: _____	
Reason for any lack of participation:	
Participation in competitive sports is too stressful for Sal.	

**SAMPLE**

LEAST RESTRICTIVE ENVIRONMENT
<p><b>Selected placement:</b>                      Outside general education for at least 21% but not more than 60% of the day</p> <p><b>Justification for selected placement:</b>                      The student needs individualized instruction and teaching methods not available in general education classes.                      The student needs a structured environment for supervising behavioral needs.</p> <p><b>Potential harmful effects of selected placement:</b>                      The student will have less opportunity to interact with non-disabled peers and participate in general education classes.</p> <p> <input checked="" type="radio"/> Yes                       <input type="radio"/> No                       <b>The selected setting is the home school.</b>  <input checked="" type="radio"/> Yes                       <input type="radio"/> No                       <b>The selected setting is as close as possible to the student's home.</b>  <input checked="" type="radio"/> Yes                       <input type="radio"/> No                       <b>The selected setting is based on the student's IEP.</b>  <input checked="" type="radio"/> Yes                       <input type="radio"/> No                       <b>The student will be educated, to the maximum extent appropriate, with non disabled peers.</b> </p> <p><b>Explanation if "No" is checked:</b></p>

EXTENDED SCHOOL YEAR SERVICES
<p><b>Is the student eligible for extended school year services?</b>     <input type="radio"/> Yes   <input checked="" type="radio"/> No   <input type="radio"/> Insufficient data</p> <p>If there is insufficient data, indicate the date on which the need for ESY services will be determined: _____</p> <p><b>Justification for the team's decision:</b>                      The student does not require an excessive amount of time to regain mastered skills after regular breaks in instruction.</p>

**IEP State and District Test Participation**

Student: Salvador Dali Date of birth: 5/11/1991 Student ID: 123456789 IEP date: 10/1/2004

**PARTICIPATION IN DISTRICT TESTING**

The student will participate with no accommodations in the following areas:  Reading  Writing  Math  
 The student will participate with accommodations in the following areas:  Reading  Writing  Math  
 The student will take an out-of-level test: Reading level: 5th grade Writing level: 4th grade Math level: \_\_\_\_\_  
 The student will not participate because of private school placement  District testing is not age appropriate   
 Additional information:

**PARTICIPATION IN STATE TESTING**

The student will participate with no accommodations in the following areas:  Reading  Writing  Math  
 The student will participate with accommodations in the following areas:  Reading  Writing  Math  
 The student will participate in an alternate assessment in the following areas:  Reading  Writing  Math  
 Check if State testing is not age appropriate   
 Additional information:

**ALTERNATE ASSESSMENT ELIGIBILITY CRITERIA**

(Alternate Assessment Eligibility Criteria Form I must be completed if the student will be considered for alternate assessments.)

**Results of Alternate Assessment Eligibility Criteria Form I, if applicable:**

- Yes**  **No** This student meets the definition of *significant cognitive disability* (SCD).
- Yes**  **No** The IEP team determined that this student will take the **Level I** alternate assessment.
- Yes**  **No** The IEP team determined that this student will take the **Level II** alternate assessment.

Additional information:

**SAMPLE**

**STATE TESTING ACCOMMODATIONS**

Under "State Test" indicate content area(s) in which accommodation is needed. (Reading, Math, Writing)

<b>Standard accommodations:</b>	<b>State Test</b>
Extended testing time (same day)	Reading, Writing
Familiar test administrator	Reading, Writing, Math
Student given preferential seating	Reading, Writing, Math
<b>Non-standard accommodations:</b>	<b>State Test</b>
Provide dictionary, spell check	Writing

Additional information:

**IEP Transition Needs & Services - 1**

Student: Salvador Dali Date of birth: 5/11/1991 Student ID: 123456789 IEP date: 10/1/2004

**THE STUDENT'S POSTSECONDARY GOALS**

**Training:**

Attend a vocational/trade school

**Education:**

Attend a two-year community college

**Employment:**

Become a chef or graphic designer

**Independent living:**

Live independently in an apartment or house

**COURSES OF STUDY**

School year: 2004-05		School year: 2005-06	
Basic English	Integrated Science 1	English 1	Biology
Beginning Algebra	Art 1	Intermediate Algebra	AZ/US History
Physical Education	Photography 1	Art 2	Psychology
School year: 2006-07		School year: 2007-08	
English 2	World History/Geography	English 3	Driver Education
AZ/US Government	Health Education	English 4	Trigonometry
Geometry	Spanish 1	Economics	Spanish 2

**GRADUATION REQUIREMENTS**

**SAMPLE**

**Selected option:**

A regular diploma using the previous district's graduation requirements. (Transfer students only.)

**Specify the student's graduation plan if modified graduation requirements are needed:**

(Graduation with a regular diploma is a change of placement that ends the district's obligation to provide educational services.)

**TRANSFER OF PARENTAL RIGHTS**

Yes  No Have the student and parents been notified no later than the student's 17th birthday of the rights under IDEA that will transfer to the student upon reaching the age of majority (age 18)? (Notice of the transfer of rights is required except for a disabled student whose rights remain with a court-appointed guardian.)

**IEP Transition Needs & Services - 2**

Student: Salvador Dali Date of birth: 5/11/1991 Student ID: 123456789 IEP date: 10/1/2004

<b>TRANSITION ACTIVITIES</b>	
<p><b>Postsecondary education:</b> Prepare for attending a two-year community college</p>	<p><b>Community participation:</b> Independently take a driver's education class Explore joining a community recreation facility Explore joining a club</p>
<p><b>Vocational training:</b> Explore trade apprenticeship programs Explore/seek funding for vocational/trade schools</p>	<p><b>Instruction:</b> Collect information about postsecondary education options Learn about the rights provided by Section 504 and the ADA Learn about supports for disabled students in college</p>
<p><b>Integrated employment: (including supported employment)</b> Explore elective classes that support my career goals Explore available career exploration and development services</p>	<p><b>Related services:</b> Not needed</p>
<p><b>Continuing and adult education:</b> Not needed</p>	<p><b>Community experiences:</b> Participate independently in activities I enjoy Participate at community parks and recreation facilities Participate in activities with my family &amp; friends</p>
<p><b>Adult services:</b> Not needed</p>	<p><b>Daily living skills:</b> Work on improving social skills with community support Work on developing effective coping strategies Work on anger management</p>
<p><b>Independent living:</b> Learn about how to rent an apartment or house Register with Selective Service Identify/visit key community institutions (hospital, bank, etc.)</p>	<p><b>Functional vocational evaluation:</b> Take a career exploration test or inventory</p>
<p><b>Additional activities:</b></p>	

<b>INTERAGENCY RESPONSIBILITIES OR LINKAGES, IF APPROPRIATE</b>