

Harrison County School District
ELIGIBILITY DETERMINATION REPORT

PERSONAL DATA		
Child's Name:	MSIS #:	DOB:
District: <i>Harrison County</i>	School: <i>We: Harrison High</i>	Grade:

Based on the attached (re)evaluation report(s) completed, the Multidisciplinary Evaluation Team (MET) or Individual Education Program (IEP) Committee determines that:

- The child meets the criteria for the presence of Autism
- The child meets the criteria for the presence of a Language/Speech Impairment (LS) that is not the primary disability but requires language and/or speech services as a related service _____.
- The child does not meet the criteria for the presence a disability due to:
 - failure to meet required criteria: _____
 - exclusionary factors: _____

Attach any applicable eligibility determination checklists and required statements from professionals.

Date of Meeting: 1-28-19

By signing below, I certify that this report DOES reflect my conclusions.		By signing below, I certify that this report DOES NOT reflect my conclusions. I will submit a separate statement with my conclusions.	
Signature	Position	Signature	Position
<i>Dr. J. White-Moentgen</i>	MET Chairperson		MET Chairperson
<i>Brittany Rogers</i>	General Educator		General Educator
<i>Kathy Decker</i>	Special Educator		Special Educator
	Parent/Guardian		Parent/Guardian
	Parent/Guardian		Parent/Guardian
	Child		Child
<i>Kate Harrison</i>	Language/Speech Pathologist/Therapist		Language/Speech Pathologist/Therapist
<i>Dr. J. White-Moentgen</i>	School Psychologist/Psychometrist		School Psychologist/Psychometrist
<i>[Signature]</i>	Administrator		Other: _____
<i>Shirley Curtis</i>	Other: <i>Director of Special Ed.</i>		Other: _____
<i>[Signature]</i>	Other: <i>Asst. Principal</i>		Other: _____
<i>Thomas Farnell, Ph.D.</i>	Other: <i>Clinical Psychologist</i>		Other: _____
	Other: _____		Other: _____

For children who meet the criteria for a Specific Learning Disability (SLD): The MET/IEP Committee must include the child's general education teacher who is knowledgeable of the child OR a general education teacher licensed to teach children the same age as the child; a special education teacher; and a diagnostic examiner such as a School Psychologist, a Psychometrist, a Speech/Language Pathologist.

For children who meet the criteria for an Emotional Disability (EmD): If the MET/IEP Committee concludes a child does not meet the criteria for EmD because all behavior patterns appear to be the result of social maladjustment, this eligibility determination report must indicate this conclusion and documentation must be included to support the conclusion that the behaviors are indicative of social maladjustment.

*Present. Jeremy Edler for Parents & Child
Wilson Eaton for School District*

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2018-2019

Public Agency/School-District: Harrison County School District Student's Name: _____

IEP Committee Meeting Date: 2/8/19

IEP Implementation Date: (Projected Date when Services and Programs will Begin) 2/8/19

Projected End Date: 5/24/19 Projected Date of Annual Review 2/8/2020

Student's Name: _____ Date of Birth: _____ Age: 17

Race: White Ethnicity: Not Hispanic/Latino/Spanish Gender: M

Primary Eligibility Category Autism Spectrum Disorder Secondary Eligibility Category _____

Subcodes: _____ Subcodes: _____

Current Eligibility Date: 1/28/2019 Projected Reevaluation Date 1/28/2022

MSIS Number: 001611816 Grade: 12 School: West Harrison High School

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Address: _____

Phone Number: _____ Email: _____

IEP COMMITTEE PARTICIPANTS

(Signatures are not required.)

Initial [Written Parental Permission For Initial Placement must be signed before implementation]

Annual

Name	Position	Name	Position
<u>[Signature]</u>	Agency Representative	<u>[Signature]</u>	Other: _____
<u>Brittany Powers</u>	General Educator	<u>[Signature]</u>	Other: _____
<u>Kathy Heath</u>	Special Educator	<u>[Signature]</u>	Other: <u>Attorney for HCSD</u>
_____	Parent/Guardian	<u>Sheila Curtis</u>	Other: <u>SPED Director</u>
_____	Parent/Guardian	<u>C. Flickinger</u>	Other: <u>CASE MANAGER</u>
_____	Child	<u>Thomas Yurube, Ph.D.</u>	Other: <u>Clinical Psychologist</u>

Amelia Chubina - Attorney for

Name and Position of Excused IEP Committee Members

An IEP Committee may be excused in whole or in part of the parent and/or adult student and public agency agree in writing prior to the IEP meeting. If the meeting deals with the excused member's areas, he or she will provide written input to the IEP Committee prior to the meeting. Attach all written documentation to the IEP.

The IEP meeting was conducted via alternate means of technology:

This IEP Meeting was recorded:

N/A Video Conferencing: Conference Call

Yes No

Other (specify): _____

EVALUATIONS

Indicate plans to conduct a Functional Behavioral Assessment (FBA), evaluation for Assistive Technology, or other evaluation(s)/follow-up(s) to determine special education and/or related service needs:

WRITTEN PARENTAL PERMISSION FOR INITIAL PLACEMENT (Sign only AFTER the IEP has been reviewed)

My rights and those of my child as outlined in the Procedural Safeguards Notice have been fully explained to me. I understand that my child has a disability, and I know my child's eligibility category. I hereby give consent for my child to receive special education services as recorded on this Individualized Education Program (IEP).

Parent/Guardian Signature: _____ Date: 2/8/19

PROCEDURAL SAFEGUARDS NOTICE

I have received a copy of the Procedural Safeguards Notice, and my rights and those of my child have been fully explained. The public agency has informed me of whom I may contact if I need additional information.

Parent/Guardian Signature: _____ Date: 2/8/19

Public Agency/School District: Harrison County School District Student's Name: _____

IEP COMMITTEE PARTICIPANTS (Signatures are not required)

IEP Action: Review Revise Amend ESY

Date: _____

Name	Position	Name	Position
	Agency Representative		Other: _____
	General Educator		Other: _____
	Special Educator		Other: _____
	Parent/Guardian		Other: _____
	Parent/Guardian		Other: _____
	Student		Other: _____

Names and Position of Excused IEP Committee Members

An IEP Committee member may be excused in whole or in part if the parent and/or adult student and public agency agree in writing prior to the IEP meeting. If the meeting deals with the excused member's areas, he or she will provide written input to the IEP Committee prior to the meeting. Attach all written documentation to the IEP.

Empty box for names and positions of excused members.

The IEP meeting was conducted via alternate means of technology:

This IEP Meeting was recorded:

N/A Video Conferencing: Conference Call
 Other (specify): _____

Yes No

EVALUATIONS

Indicate plans to conduct a Functional Behavioral Assessment (FBA), evaluation for Assistive Technology, or other evaluation(s)/follow-up(s) to determine special education and/or related service needs:

Empty box for evaluation plans.

PROCEDURAL SAFEGUARDS NOTICE

I have received a copy of the Procedural Safeguards Notice, and my rights and those of my child have been fully explained. The public agency has informed me of whom I may contact if I need additional information.
 I do not wish to receive a copy of the Procedural Safeguards Notice. The public agency has informed me of whom I may contact if I need additional information.

Parent/Guardian Signature _____ Date: _____

SUMMARY OF REVISION

Describe any changes in services and supports in the IEP (e.g., additional or deletion of services provided, increase or decrease in frequency of services provided).

Empty box for summary of revision.

Check to verify that all changes were made in the IEP.

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Student's Strengths, Preferences, and Interests

Identify the student's educational and/or developmental strengths, interest areas, significant personal attributes and personal accomplishments as indicated by formal or informal assessment. Identify the skills or behaviors the student has mastered. Be sure to include specific feedback from the student. If 14 years of age or older, describe the student's strengths, preference and interests related to their postsecondary expectations (education, employment/training and daily living if appropriate).

_____ was identified as a student with a disability in the area of Autism on January 28, 2019. His history teacher indicated that he has the ability to complete any assignment required of him in his class. He comes prepared to class with his supplies. His daily living skills were on target with other students his age. He plans to work as a mechanic or in the oil field upon graduation as noted on his Multidisciplinary Team Summary Report.

List data sources relative to describing the student's strengths, preferences and interests (e.g. interviews, formal assessments, informal assessments etc.)

Assessment Team Report, Multidisciplinary Team Summary Report

Impact of Disability and Student Needs (Critical Skills and Behaviors or Developmentally Appropriate Activities)

Describe the effects of the student's disability on involvement and progress in the general education curriculum, including the impact on the student's current level of functioning in reading and math and the functional implications of the student's skills. For a preschool student, describe the effect of this student's disability on involvement in developmentally appropriate activities. If 14 years of age or older, describe the effect of this student's disability on the pursuit of postsecondary expectations (education, employment/training and daily living if appropriate).

_____ exhibits delayed expressive language skills and oral expression. He scored in the very low range compared to students his age in the area of passage comprehension and math calculation. _____'s excessive absences, lack of participation in class, and unwillingness to complete assignments cause him to fall behind in his classes. His previous behavior where he threatened to harm other students and school personnel, leaving class without permission, and fighting could impact his ability to function in a general education classroom. These behaviors could adversely ^{impact} him obtaining and keeping a job as a mechanic or in the oil field. _____ needs extra time to complete assignments in his classes. _____'s ineffective communication skills contribute to his social difficulties with peers and teachers. Administration of the OWLS- 2 and TOPL-2 indicate a significant expressive language delay and pragmatic language delay. Difficulty was noted with initiating conversation with a peer and formulating age appropriate sentences.

List data sources relative to describing the student's needs and impact of his/her disability (e.g. progress monitoring, observations, assessments, etc.).

Assessment Team Report, Multidisciplinary Team Summary Report,

Parent/Student Input

Include any concerns of the parent and, as appropriate, the student for enhancing the education of the student.

Grandmother's concerns are that he needs more individualized instruction. He does not do well in group setting. How he feels others perceive him is a big concern. His processing of information is distorted by his autism.

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Present Levels of Academic Performance Summary: Reading Math

Present Levels of Functional Performance Summary: Communication Social Emotional Behavioral
 Gross/Fine Motor Skills Career and Technical Education and Employment Adaptive/Daily Living Skills
 Other: _____

Include (a) a clear description of the observable "target" skill or behavior, (b) the condition under which the target skill or behavior can be observed and (c) the current rate of performance based on baseline data.

Administration of the OWLS- 2 and TOPL-2 indicate a significant expressive language delay and pragmatic language delay. Difficulty was noting with initiating conversation with a peer and formulating age appropriate sentences.

Does this area impact the student's academic achievement?

Yes No

Does this area impact the student's functional performance?

Yes No

Goal #	MEASURABLE ANNUAL GOAL	TA*	MOM
1	Measurable Annual Goal	Y	D/P
By the end of the 2018-2019 school year, when given a conversational prompt, _____ will identify how to greet and initiate a conversation with a peer in 3/5 opportunities, and formulate grammatically correct sentences to tell a short narrative with 70% accuracy as measured by SLP.			
Short-Term Instructional Objectives/Benchmarks (STIO/B)			
Objective #1			
By the end of the third nine weeks, _____ will identify how to greet and initiate a conversation with a peer, and will appropriately initiate a conversation with the SLP in 3/5 opportunities provided moderate cues.			
Objective #2			
By the end of the fourth nine weeks, when given a picture or series of pictures, _____ will formulate 3 or more grammatically correct sentences to tell a short narrative describing the picture in 70% of opportunities with moderate cues as measured by SLP.			
Objective #3			
Objective #4			
Objective #5			
Report of Progress			
Methods of Measurement (MOM)			

OBS = Observation

CRT = Criterion-Referenced Test

CBM = Curriculum-Based Measure

WS = Work Samples

D/P = Demonstration/Performance

Other =

Current Level of Performance (CLP) for Report of Progress

Describe the student's current performance on the annual goal based on progress on S1, L, Bs using the identified method of measurement (OBS, CRT, CBM, WS, D/P, etc.).

Date of Report:		PAG:
Date of Report:		PAG:
Date of Report:		PAG:
Date of Report:		PAG:
Date of Report:		PAG:
Date of Report:		PAG:
Date of Report:		PAG:
Date of Report:		PAG:

Progress on Annual Goal (PAG)

- A. The student is making **sufficient** progress to meet the annual goal.
- B. The student is making **insufficient** progress to meet the annual goal. (An IEP meeting must be held to discuss revisions.)
- C. The annual goal has been met or exceeded.
- D. This annual goal has not been introduced yet.

Notification of Progress Provided to Parents/Guardians

Type:	<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Report Cards	<input checked="" type="checkbox"/> Goals Sheet	<input type="checkbox"/> Other: _____
Frequency:	<input type="checkbox"/> Every 4 ½ weeks	<input type="checkbox"/> Every 6 weeks	<input checked="" type="checkbox"/> Every 9 weeks	<input type="checkbox"/> Other: _____

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Present Levels of Academic Performance Summary: Reading Math

Present Levels of Functional Performance Summary: Communication Social Emotional Behavioral
 Gross/Fine Motor Skills Career and Technical Education and Employment Adaptive/Daily Living Skills
 Other: _____

Include (a) a clear description of the observable "target" skill or behavior, (b) the condition under which the target skill or behavior can be observed and (c) the current rate of performance based on baseline data.

When given informational text, _____ can identify the central ideas in the text with 0% accuracy.
 According to Assessment Team Report

Does this area impact the student's academic achievement? Yes No
 Does this area impact the student's functional performance? Yes No

Goal #	MEASURABLE ANNUAL GOAL	TA*	MOM
2	Measurable Annual Goal	Y	WS

By the end of the fourth nine weeks, when given informational text, _____ will identify the central ideas in the text with 65% accuracy.

Short-Term Instructional Objectives/Benchmarks (STIO/B)

Objective #1

By the end of the third nine weeks, when given informational text, _____ will identify the central ideas in the text with 55% accuracy.

Objective #2

Objective #3

Objective #4

Objective #5

Report of Progress

Methods of Measurement (MOM)

OBS = Observation CRT = Criterion-Referenced Test CBM = Curriculum-Based Measure
 WS = Work Samples D/P = Demonstration/Performance Other =

*TA = Transition Activity

Current Level of Performance (CLP) for Report of Progress

Describe the student's current performance on the annual goal based on progress on STI/O/Bs using the identified method of measurement (OBS, CRT, CBM, WS, D/P, etc.).

Date of Report:		PAG:

Date of Report:		PAG:

Date of Report:		PAG:

Date of Report:		PAG:

Date of Report:		PAG:

Date of Report:		PAG:

Date of Report:		PAG:

Date of Report:		PAG:

Progress on Annual Goal (PAG)

- A. The student is making **sufficient** progress to meet the annual goal.
- B. The student is making **insufficient** progress to meet the annual goal. (An IEP meeting must be held to discuss revisions.)
- C. The annual goal has been met or exceeded.
- D. This annual goal has not been introduced yet.

Notification of Progress Provided to Parents/Guardians

Type:	<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Report Cards	<input checked="" type="checkbox"/> Goals Sheet	<input type="checkbox"/> Other: _____
Frequency:	<input type="checkbox"/> Every 4 ½ weeks	<input type="checkbox"/> Every 6 weeks	<input checked="" type="checkbox"/> Every 9 weeks	<input type="checkbox"/> Other: _____

Current Level of Performance (CLP) for Report of Progress

Describe the student's current performance on the annual goal based on progress on STIO/Bs using the identified method of measurement (OBS, CRT, CBM, WS, D/P, etc.).

Date of Report: _____ PAG: _____

Progress on Annual Goal (PAG)

- A. The student is making **sufficient** progress to meet the annual goal.
- B. The student is making **insufficient** progress to meet the annual goal. **(An IEP meeting must be held to discuss revisions.)**
- C. The annual goal has been met or exceeded.
- D. This annual goal has not been introduced yet.

Notification of Progress Provided to Parents/Guardians

Type:	<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Report Cards	<input checked="" type="checkbox"/> Goals Sheet	<input type="checkbox"/> Other: _____
Frequency:	<input type="checkbox"/> Every 4 ½ weeks	<input type="checkbox"/> Every 6 weeks	<input checked="" type="checkbox"/> Every 9 weeks	<input type="checkbox"/> Other: _____

Public Agency/School District: Harrison County School District Student's Name:

SPECIAL CONSIDERATIONS*

Communication (Required)

Does the student have special communication needs? Yes No

Document the basis for the decision:

has an expressive language delay and pragmatic language delay. Difficulty was noting with initiating conversation with a peer and formulating age appropriate sentences. This indicates a need for language speech services.

Assistive Technology (Required)

Does the student need assistive technology services or devices to maintain or improve functional capabilities?

Yes No

Does the student need assistive technology assessment? Yes No

Document the basis for the decision:

No assistive technology assessment is required at this time.

Service for Students who are Blind or Visually Impaired

N/A

In the case of a student who is blind or visually impaired, provide for instruction in and the use of Braille unless the IEP Committee determines, after an evaluation of the student's reading and writing media, Braille instruction is not appropriate.

Instruction in Braille considered? Yes No

Evaluation Date: _____

Is instruction in Braille appropriate? Yes No

Document the basis for the decision:

Were the parents provided information about the Mississippi School for the Blind?

Yes No

Service for Students who are Deaf or Hearing Impaired

N/A

In the case of the student who is deaf or hearing impaired, consider language and communication needs, opportunities for direct communication needs, academic level, and full range of needs, including direct instruction in the student's language and communication mode.

Student's language and communication mode: _____

Is direct instruction in the student's language and communication mode needed? Yes No

Document the basis for the decision:

Were the parents provided information regarding the Mississippi School for the Deaf? Yes No

Behavior Intervention

N/A
2/8/19

In the case of a student whose behavior impedes the student's learning or the learning of other students, consideration must be given to the use of positive behavior interventions, supports, and other strategies to address that behavior.

1. Has the IEP Committee developed goals and interventions to address specific behavior concerns? Yes No

2. Has a Functional Behavioral Assessment (FBA) been conducted?

Yes No Date Completed: _____

3. Has a Behavior Intervention Plan (BIP) based on a Functional Behavioral Assessment been developed? Yes No

Date developed: _____ Implementation Date: _____ Review/Revised Date: _____

Document the basis for the decision:

Due to being in a homebound setting, a BIP will not be done. Parent reports student is seeing outside therapist every other week.

**If a student has a BIP, s/he must have a corresponding annual goal(s) to address behavioral concerns.

Services for Students with Limited English Proficiency

N/A

In the case of a student with limited English Proficiency, consideration is given to the language needs of the student as such needs relate to student's IEP.

Describe the specific needs and document the basis for the decision:

*Indicate Special Considerations in the Summary of Performance.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2019-2020

Public Agency/School District: Harrison County School District Student's Name:

SPECIAL EDUCATION AND RELATED SERVICES

Special Education

Service	Area	Location	Start Date	Duration/Frequency	End Date
Academic instruction	C,d,e	Home	2/11/19	1 hr/day 2 days/wk	5/24/19

Document basis for the decision:

ATR

Instructional/Functional Accommodations

Service	Area	Location	Start Date	Duration/Frequency	End Date
Extra time to complete tests/assignments	C,d,e	Home	2/11/19	30 min/day 2 days/wk	5/24/19
Read aloud tests/assignments	C,d,e	Home	2/11/19	45 min/day 2 days/wk	5/24/19
Copies of notes	C,d,e	Home	2/11/19	2 days/wk	

Document basis for the decision:

Assessment Team Report

Program Modifications

Service	Area	Location	Start Date	Duration/Frequency	End Date

Document basis for the decision:

Related Services

Service	Area	Location	Start Date	Duration/Frequency	End Date
Speech and/or language services	t	Special Education Home	2/11/19	30 minutes 1x/week	05/24/19

Document basis for the decision:

Supports for Personnel

Service	Area	Location	Start Date	Duration/Frequency	End Date

Document basis for the decision:

Area

- | | | | | |
|-------------------|------------------------|--------------------------|---------------|---|
| a. Reading | f. Science | k. Music | p. Title I | t. Other: <u>L/S: Language Impaired</u> |
| b. Spelling | g. Health | l. Art | q. Tech Prep | u. Other: _____ |
| c. English | h. Lunch | m. Computer Science | r. Vocational | v. Other: _____ |
| d. Math | i. PE | n. Clubs | s. Library | w. Other: _____ |
| e. Social Studies | j. Guidance/Counseling | o. Recreation Activities | | x. Other: _____ |

PARTICIPATION IN STATE-WIDE ASSESSMENT PROGRAM

This student is not required to participate in State-wide assessments as she or he is over 18 years of age.

This student meets the criteria for SCD and is under 8 years of age.

Significant Cognitive Disability (SCD) Determination

To be classified as a student having a significant cognitive disability, ALL of the criteria below must be true.

Yes No The student demonstrates significant cognitive deficits and poor adaptive skill levels (as determined by that student's comprehensive evaluation) that prevent participation in the standard academic curriculum or achievement of the academic content standards, even with accommodations and modifications.

Yes No The student requires extensive direct instruction in both academic and functional skills in multiple settings to accomplish the application and transfer of those skills.

Yes No The student's inability to complete the standard academic curriculum is neither the result of excessive or extended absences nor is primarily the result of visual, auditory, or physical disabilities, emotional-behavior disabilities, specific learning disabilities or social, cultural, or economic differences.

The student **MEETS** the criteria for having a significant cognitive disability.

The student **DOES NOT MEET** the criteria for having a significant cognitive disability.

For students classified as having an SCD, indicate the standards in which the student is instructed.

This student meets the criteria for SCD and receives all instruction on alternate academic achievement standards.

This student meets the criteria for SCD and receives instruction on grade-level standards in the following content area(s):

Indicate the assessment(s) in which the Student will participate (State- or district-wide assessments): Students may participate in the standard Grade Level/Subject Area Mississippi Assessment Program, or the Grade Level/Subject Area Mississippi Assessment Program-Alternate. Refer to Testing Students with Disabilities Regulations to determine appropriate assessments.

State- or District-Wide Assessments for Students with a Significant Cognitive Disability

Assessments for students who meet the criteria for significant cognitive disabilities and receive instruction on alternate academic achievement standards include the Mississippi Assessment Program - Alternate, English Language Proficiency Test, and/or additional tests.

Indicate any assessments the student will complete during the current year:	Grade Level (Age for non-graded students)											
	For non-graded students (coded 56, 58, 72, 74, or 78), peer grades are based on the student's age as of September 1st of the applicable school year.											
	PK	K-2	3	4	5	6	7	8	9	10	11	12
	(5-7 yrs)	(8 yrs)	(9 yrs)	(10 yrs)	(11 yrs)	(12 yrs)	(13 yrs)	(14 yrs)	(15 yrs)	(16 yrs)	(17/18 yrs)	
Mississippi Academic Assessment Program -Alternate (ELA)			<input type="checkbox"/>									
Mississippi Academic Assessment Program -Alternate (Math)			<input type="checkbox"/>									
Mississippi Academic Assessment Program -Alternate (Science)					<input type="checkbox"/>			<input type="checkbox"/>				
English Language Proficiency Test (ELPT)		<input type="checkbox"/>										
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACKNOWLEDGEMENT OF REQUIREMENTS FOR PARTICIPATION IN HIGH SCHOOL SUBJECT AREA TESTS

I have had the Mississippi Statewide Assessment System fully explained to me. I understand that all students will be assessed in some way but only those students who meet the graduation requirements under State Board Policy, Chapter 36, rule 36.4 and 36.5 will be eligible to receive a standard high school diploma.

Parent/Guardian Signature _____ Date _____

PARTICIPATION IN STATE-WIDE ASSESSMENT PROGRAM

State- or District-Wide Assessments for Students without an SCD

Assessments for students who receive instruction on grade-level standards include the Mississippi K-3 Assessment Support System (MKAS2), Mississippi Curriculum Test, 3rd Edition (MCT3), Mississippi Science Test 2 (MST2), Subject Area Testing Program, 2nd and 3rd Editions (SATP2/SATP3), Mississippi Writing Assessment Program, 3rd Edition (MWAP3), Mississippi Career Planning and Assessment System, 2nd Edition (MS-CPAS2), American College Test (ACT), Assessing Comprehension and Communication in English State-to-State for English Language Learners (ACCESS for ELL), and/or additional tests.

Indicate any assessments the student will complete during the current year, specifying the edition, if applicable.

Grade Level

	PK	K-2	3	4	5	6	7	8	9	10	11	12
MKAS2/ Kindergarten Readiness Assessment	<input type="checkbox"/>	<input type="checkbox"/>										
MKAS2/ 3rd Grade Summative Assessment			<input type="checkbox"/>									
MAAP (English Language Arts/Literacy)			<input type="checkbox"/>									
MAAP (Mathematics)			<input type="checkbox"/>									
MAAP (Science)			<input type="checkbox"/>									
MAAP-EOC (Algebra I)								<input type="checkbox"/>				
MAAP-EOC (Biology I)									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAAP-EOC (English II)									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MAAP-EOC (US History)									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MS-CPAS2									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACT											<input type="checkbox"/>	<input type="checkbox"/>
English Language Proficiency Test (ELPT)		<input type="checkbox"/>										
Other:	<input type="checkbox"/>											

ACKNOWLEDGEMENT OF REQUIREMENTS FOR PARTICIPATION IN THE MKAS2/3RD GRADE SUMMATIVE ASSESSMENT

I understand that if my child does not meet the minimum cut score on the Mississippi Academic Assessment Program (English Language Arts), he/she will be required to participate in the alternative 3rd Grade Summative Assessment.

Parent/Guardian Signature _____ Date _____

ACKNOWLEDGEMENT OF REQUIREMENTS FOR PARTICIPATION IN HIGH SCHOOL SUBJECT AREA TESTS

I have had the Mississippi Statewide Assessment System fully explained to me. I understand that all students will be assessed in some way but only those students who meet the graduation requirements under State Board Policy Chapter 36, Rules 36.4 and 36.5 will be eligible to receive a traditional high school diploma.

Parent/Guardian Signature _____ Date 2/8/19

STATE-WIDE / DISTRICT-WIDE TEST ACCESSIBILITY / ACCOMMODATIONS

Refer to the current Mississippi Testing Accommodations Manual, and/or American College Test (ACT) Accommodations for Students with Disabilities for information regarding testing accommodations. All accommodations used for State-wide testing must also be used during the student's classroom instruction and assessments.

Presentation Accommodations	Code	Test(s)

Document the basis for the decision:

Response Accommodations	Code	Test(s)

Document the basis for the decision:

Timing and Scheduling Accommodations	Code	Test(s)

Document the basis for the decision:

Assessment Team Report

Setting Accommodations	Code	Test(s)

Document the basis for the decision:

Test

- | | | |
|--------------------------------------|-------------------------|--------------------------|
| a. MKAS2/Kindergarten Readiness | f. MAAP-A (ELA) | i. MAAP-EOC (English II) |
| b. MKAS2/3rd Grade Reading Summative | g. MAAP-A (Math) | m. MAAP-EOC (US History) |
| c. MAAP (ELA) | h. MAAP-A (Science) | n. ACT |
| d. MAAP (Math) | i. ELPT | o. MS-CPAS2 |
| e. MAAP (Science) | j. MAAP-EOC (Algebra I) | p. Other: _____ |
| | k. MAAP-EOC (Biology I) | q. Other: _____ |
| | | r. Other: _____ |

INDIVIDUAL TRANSITION PLAN

Beginning at age 14, or younger if appropriate, a Transition Plan must be completed with consideration of the student's needs, preferences, and interests. This plan must be updated annually.

Postsecondary Goals

Specify appropriate measurable postsecondary goals as identified by the student, parent(s) and IEP Committee. Postsecondary goals are based upon age-appropriate transition assessments related to employment, education and/or training, and, where appropriate, independent living skills.

Education/Training (Required)

Related IEP Goal(s) #: 1, 2, 3

will attend a technical school for training in the area of auto mechanics or oil field work.

Employment (Required)

Related IEP Goal(s) #: 1, 2, 3

will work full-time after technical school in the area of auto mechanics or oil field work.

Independent Living (If Appropriate)

Related IEP Goal(s) #: _____

Age-Appropriate Transition Assessments

Transition Assessments (including student and family survey or interview)	Assessment Type	Responsible Agency/Person	Date Conducted	Report Attached
Education/Training (Required)	Interview with student	Harrison Co./Dr. Tom Yarnell	12/19/18	<input type="checkbox"/> No
Employment (Required)	Interview with student	Harrison Co./Dr. Tom Yarnell	12/19/18	<input type="checkbox"/> No
Independent Living (If Appropriate)				<input type="checkbox"/>

Transition Services

Transition services may include instruction, related services, community experiences, development of employment and other post-school adult living objectives, and acquisition of daily living skills to be provided before graduation to support the student in achieving his/her postsecondary goals.

Instruction (e.g. accommodations, tutoring, skills training, prep for college exam)

List the activities the school, student, parent and any outside agency(ies) will do to help the student reach the stated post- secondary goal(s). Specify any outside agency(ies) that will provide transition services.

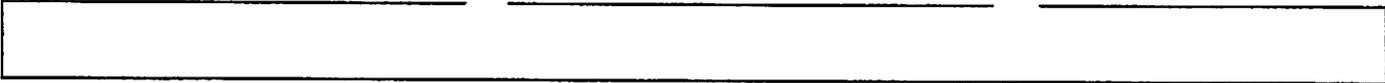
will learn about post school occupational training programs.

Related Services (e.g., parent(s), technology, transportation, medical services, supported services)

List the activities the school, student, parent and any outside agency(ies) will do to help the student reach the stated post- secondary goal(s). Specify any outside agency(ies) that will provide transition services.

Community Experiences (e.g., job shadowing, supported employment, banking, shopping, touring postsecondary ins

List the activities the school, student, parent and any outside agency(ies) will do to help the student reach the stated post- secondary goal(s). Specify any outside agency(ies) that will provide transition services.



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

School Year: 2019-2020

Public Agency/School District: Harrison County School District Student Name: _____

Development Of Employment Objectives and Functional Vocational Evaluation (e.g., career planning, guidance, counseling, job and career interests, aptitudes and skills)

List the activities the school, student, parent and any outside agency(ies) will do to help the student reach the stated post-secondary goal(s). Specify any outside agency(ies) that will provide transition services.

_____ will research job requirements.

Acquisition of Daily Living Skills and Other Post-School Adult Living Objectives (e.g., self-care, home repair, health and safety, money management, registering to vote, adult benefits planning, independent living)

List the activities the school, student, parent and any outside agency(ies) will do to help the student reach the stated post-secondary goal(s). Specify any outside agency(ies) that will provide transition services.

Exit Options

Exit options must be reviewed with the parent and the student, as appropriate before completing this section.

The exit option determined appropriate for the student is:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Traditional Diploma | <input type="checkbox"/> High School Equivalency | <input type="checkbox"/> Mississippi Alternate Diploma
<i>This option is only available to students that meet the criteria for Significant Cognitive Disability.</i> |
| <input type="checkbox"/> Career and Technical Endorsement | <input type="checkbox"/> Mississippi Occupational Diploma
<i>This option is only available to students that entered 9th grade Prior to the 2017-2018 SY</i> | <input type="checkbox"/> Certificate of Completion |
| <input type="checkbox"/> Academic Endorsement | | |
| <input type="checkbox"/> Distinguished Academic Endorsement | | |

I understand to be awarded a Traditional High School diploma my student must meet the graduation requirements set forth in State Board Policy Chapter 36, Rule 36.2, 36.3, 36.4 and 36.5.

_____ Parent/Guardian Signature

I understand that the Alternate Diploma is an exit option available to students identified by their IEP committee as having a Significant Cognitive Disability. I understand to be awarded the Alternate Diploma my student must meet the graduation requirements under State Board Policy, Chapter 78, Rule 78.1. I also understand that the Alternate Diploma is not the equivalent to a Traditional High School diploma.

_____ Parent/Guardian Signature

I understand that the Certificate of Completion is an acknowledgement of my student's participation in and completion of an Individualized Education Program (IEP). The Certificate of Completion is not the equivalent of a Traditional High School Diploma. Students that exit with a Certificate of Completion will have limited access to post-secondary training opportunities, will not be allowed to enroll in the military, and may have limited employment opportunities. I also understand that my student has the right to a Free Appropriate Public Education (FAPE) through age 20.

_____ Parent/Guardian Signature

I understand that the Mississippi Occupational Diploma (MOD) is an option available to students that entered 9th grade prior to the 2017-2018 School Year. I understand that students considered for the MOD will participate in the Mississippi Academic Assessment Program (MAAP). I also understand that the MOD is not the equivalent of a Traditional Diploma. Students that exit with a MOD will have limited access to post-secondary training opportunities, will not be allowed to enroll in the military, and may have limited employment opportunities. I also understand that my student has the right to a Free Appropriate Public Education (FAPE) through age 20.

_____ Parent/Guardian Signature

Course Of Study

Select the course of study that supports the student's postsecondary goal(s):

- | | | |
|---|---|--|
| <input type="checkbox"/> Agriculture, Food and Natural Resources
<input type="checkbox"/> Architecture and Construction Arts, Media, and Communications
<input type="checkbox"/> Business Management and Administration | <input type="checkbox"/> Education and Training
<input type="checkbox"/> Finance
<input type="checkbox"/> Government and Public Administration
<input type="checkbox"/> Health Science
<input type="checkbox"/> Hospitality and Tourism
<input type="checkbox"/> Human Services
<input type="checkbox"/> Information Technology | <input type="checkbox"/> Law, Public Safety, and Security
<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Marketing
<input type="checkbox"/> Science, Technology, Engineering, And Mathematics
<input checked="" type="checkbox"/> Transportation, Distribution, and Logistics |
|---|---|--|

Additional options (SCD only): Supported Employment Daily Living Activities Customized Employment

List the general and special education class(es) in the student's course of study for the previous, current, and projected year selected on the basis of the student's strengths, interests, preferences and desired postsecondary goals.

Previous Year's Class(es)	Current Year's Class(es)	Projected Year's Class(es)
	English 4	
	Algebra 2	
	MS Studies	
	World History	

Student's Invitation to the IEP Committee Meeting

The student was invited to the IEP meeting. Yes No

Interagency Linkages (Participating Agencies)

List any agencies/person(s) (a) currently involved with the student or family, (b) who can provide needed information to the IEP Committee and/or (c) likely to become involved in providing support or services after the student exits high school and transitions to the community, employment and/or postsecondary education/training. Written parental consent must be obtained before inviting any agency/person(s) likely to be responsible for providing/paying for transition services.

Education/Training:

Employment:

Independent Living:

TRANSFER OF RIGHTS

I have been informed of my rights under Part B of the Individuals with Disabilities Education Improvement Act (IDEA) of 2004, as amended, that will transfer to me when I reach the age of majority (21 years of age).

Student's Signature: _____ Date: _____

PLACEMENT CONSIDERATIONS AND LEAST RESTRICTIVE ENVIRONMENT (LRE) DETERMINATIONS

Placement Option(s) Considered

Describe the placement option(s) the IEP Committee considered including any potentially harmful effects each option may have on the student or the quality of services to be provided. Include the level of support required for each placement option.

Document the basis for decision:

The IEP committee considered all general education classes with support and accommodations. The student demonstrated in the past that he would be unsuccessful in a placement that did not offer the needed support and accommodations for his current areas of weakness. A harmful effect of removing for Special Education classes would be embarrassment by the student. The student will have accommodations. *Due to safety concerns in this district and his previous we believe homebound services are his least restrictive environment.*

Non-Participation with Non-Disabled Peers *He does not do well in groups and his ~~intert~~ perception of other people's ~~re~~attempts to communicate with him. ~~As~~ One potential harmful effect would be he will be removed from his non-disabled peers.*

Describe the extent to which the student does not participate with his/her non-disabled peers. **Document the basis for decision:**
He will be placed on homebound for services.

Special Transportation

Is special transportation needed in the selected LRE? Yes No

Document the basis for the decision:

Empty box for documenting the basis for the decision regarding special transportation.

Percentage of Time Student Receives Special Education Outside of the General Education Classroom

Preschool LRE Classification (Check one below for students ages 3 - 5)

- PC/Home
- PE/Residential Facility
- PF/Separate School
- PG/Separate Class
- PH/Service Provider Location
- PI/Regular program ten (10) or more hours per week and served in the regular program
- PJ/Regular program ten (10) or more hours per week and served in another location
- PK/Regular program less than ten (10) hours per week and served in the regular program
- PL/Regular program less than ten (10) hours per week and served in another location

School Age LRE Classification (Check one below for students ages 6 -21)

- SA/Inside general education 80% or more of the day
- SB/Inside general education class 40 to 79% of the day
- SC/Inside general education class less than 40% of the day
- SD/Separate School
- SF/Residential Facility
- SH/Home-Hospital
- SI/Correctional Facilities
- SJ/Parentally Placed in Private Schools

EXTENDED SCHOOL YEAR (ESY)

This student attends a twelve (12) month program.

Determination of ESY Decision

Determination Date: _____

All of the following criteria used in determining eligibility must be considered:

Regression-Recoupment: Refers to a student's loss of a skill on IEP objective(s) after at least two (2) breaks in instruction without regaining the documented level of skill(s) prior to the break within the specified period.

Critical Point of Instruction 1: Refers to the need to maintain a student's critical skill to prevent a loss of general education class time or an increase in special education service time.

Critical Point of Instruction 2: Refers to a point in the acquisition or maintenance of a critical skill during which a length break in instruction would lead to a significant loss of progress.

Extenuating Circumstances: Refers to special situations that jeopardize the student's receipt of a FAPE unless ESY services are provided.

Consideration: The IEP Committee considered all criteria when determining the student's eligibility for receiving ESY services.

NOTE: Although ESY services typically focus on existing annual goals or STIO/Bs, the IEP Committee may determine the student needs to master a new goal or objective to be able to master or maintain the critical skill identified as the basis for ESY services. Only in this situation may the IEP Committee write a new goal and/or objective to address this critical skill.

NOTE: Although ESY services typically focus on existing annual goals or STIO/Bs, the IEP Committee may determine the student needs to master a new goal or objective to be able to master or maintain the critical skill identified as the basis for ESY services. Only in this situation may the IEP Committee write a new goal and/or objective to address this critical skill.

This student's situation MEETS criteria for ESY Services based on:

(Indicate criterion that qualified student)

This student's situation MEETS criteria for ESY Services, but the parent/guardian does not accept the services.

This student's situation DOES NOT MEET the criteria for ESY Services.

Document the basis for the decision. Documentation of how the decision was made MUST be in the student's file.

Measurable Annual Goals or Short-Term Instructional Objectives/Benchmarks (STIO/B) <i>These must be existing measurable goals or STIO/Bs except for situations as described in the note above.</i>	TA	MOM	Report of Progress	
			CLP	PAG

TA = Transition Activity	Methods of Measurement (MOM)		Report of Progress	
	OBS = Observation	WS = Work Samples	CLP = Current Level of Performance	PAG = Progress on Annual Goal
CRT = Criterion Reference Test	D/P = Demonstration/Performance	See Annual Goal page for codes		
CBM = Curriculum Based Measure	Other:			

A Progress Report will be given to parents every _____ weeks(s) or at the end of the student's ESY services on _____ Date(s) progress report given to parent

Types of Service	# of Weeks	Duration/ Frequency	Area <i>(See Special Education and Related Service page for code)</i>	Location	Start Date	End Date
Educational Services						
Related Services**						
Transportation						
Other:						
Other:						

**Any related services provided (except transportation) must have a corresponding measurable annual goal or

HARRISON COUNTY SCHOOL DISTRICT • OFFICE OF SPECIAL EDUCATION

PRIOR WRITTEN NOTICE

Special Services Center
 16049 Orange Grove Road
 Gulfport, MS 39501
 (228) 832-9344

School Information

WHHS
 10399 County Farm Rd
 Gulfport, MS 39503

To: _____ (Parent/Guardian)

Date: 2/8/19

Public agencies are required to provide written notice to the parent when they propose or decline to initiate or change the identification, evaluation, or educational placement of a child or propose or decline to initiate or change the services and supports provided to a child which constitute a Free Appropriate Public Education (FAPE). This letter is your notice of the following action proposed or declined regarding your child, _____:

REQUEST	
On <u>2/8/19</u> (date), HCS D proposed the following action as outlined below:	
ACTION PROPOSED	
<ul style="list-style-type: none"> <input type="checkbox"/> Conduct an initial comprehensive evaluation of your child. <input type="checkbox"/> Conduct a reevaluation of your child. <input type="checkbox"/> Determine your child's eligibility status and disability category. <input type="checkbox"/> Change your child's eligibility status or disability category based on a comprehensive reevaluation. <input type="checkbox"/> Exit your child from special education. <input type="checkbox"/> Begin new special education and/or related services. <input checked="" type="checkbox"/> Develop an Individualized Education Program for your child. <input type="checkbox"/> Change your child's IEP and/or special education and/or related services (e.g., annual goals, participation in State-wide assessments, supplementary aids and services, or supports to school personnel). <input type="checkbox"/> Provide Extended School Year (ESY) services <input type="checkbox"/> Change your child's educational placement. <input type="checkbox"/> Remove your child for disciplinary reasons which results in a change in placement (e.g., a removal for more than 10 days during a school year or removal to an Interim Alternative Educational Setting). <input type="checkbox"/> Other: _____ 	<p><i>Describe the specific action proposed:</i></p> <p>Implement initial IEP with home-bound services</p>
This action will go into effect:	
<input type="checkbox"/> after receiving your informed written consent on the parental consent form enclosed. (for evaluations) <input checked="" type="checkbox"/> on <u>2/8/19</u> (date). <i>Guardian waived 7 day notice.</i>	
ACTION DECLINED	
<ul style="list-style-type: none"> <input type="checkbox"/> Conduct an initial comprehensive evaluation of your child. <input type="checkbox"/> Conduct a reevaluation of your child. <input type="checkbox"/> Change your child's eligibility status or disability category based on a comprehensive reevaluation. <input type="checkbox"/> Change your child's IEP and/or special education and/or related services (e.g., annual goals, participation in State-wide assessments, supplementary aids and services, or supports to school personnel). <input type="checkbox"/> Provide Extended School Year (ESY) services <input type="checkbox"/> Change your child's educational placement. <input type="checkbox"/> Other: _____ 	<p><i>Describe the specific action declined:</i></p>

HARRISON COUNTY SCHOOL DISTRICT • OFFICE OF SPECIAL EDUCATION

REASON / JUSTIFICATION

Provide the reason or justification for taking the proposed action(s) or for declining to take an action(s) requested.

IEP needed to be implemented due to new eligibility. IEP committee determined homebound services are most appropriate placement at this time.

Describe other options that were considered and rejected.

School placement

Describe the evaluations, tests, records, or reports that were used as the basis for the action(s) proposed or declined.

ATR

Describe any other relevant factors to this situation.

None

You and your child have protections under both the Individuals with Disabilities Education Act (IDEA) and State Board of Education Policy 74.19. If you are a parent of a child with a disability, at least once per year you will be provided a copy of the Procedural Safeguards Notice which describes the rights of you and your child. If you have any questions about your rights and would like assistance in understanding your rights, you may contact me or any of the following:

Mississippi Dept. of Education
Post Office Box 771
Jackson, MS 39205-0771
Phone: (601) 359-3498
Fax: (601) 359-1829
Toll Free Parent Hotline
1-877-544-0408

Disability Rights Mississippi
210 E. Capitol Street Suite 600
Jackson, Mississippi 39201
Phone: (601) 968-0600
Fax: (601) 968-0665
Toll Free Number
1-800-772-4057

MS Parent Training & Information Center
2 Old River Place, Ste. M
Jackson, MS 39202
Phone: (601) 969-0601
Fax: (601) 709-0250
Toll Free Number
1-800-721-7255

Please contact me if you have any questions regarding this information.

Sincerely,

K. Heath

Manifestation Determination Review Harrison County School District

The Manifestation Determination Review must be conducted when the school is considering an administrative recommendation for a disciplinary change in placement (e.g., interim disciplinary alternative education placement or expulsion of longer than 10 consecutive school days.) The review must be conducted immediately after the recommendation, and no later than 10 school days after a student is assigned to a disciplinary setting.

Student's Name _____ DOB _____ Grade _____
 School West Harrison High School Date of MDR Meeting 2/8/19
 Student's Disabilities Autism
 (MDR team members should review current evaluation data in making the determination.)

Behavior(s) subject to potential disciplinary action:
Threatened to shoot a teacher

Indicate the documentation considered in the review:
 IEP/BIP Discipline Record Evaluation information
 Information from the parent Teacher Reports Attendance Log Other

1. Was the conduct in question caused by, or directly and substantially related to, the student's disabilities?

YES NO

Summary of team's reasoning:

Under these circumstances (ADHD, bipolar disorder, and Autism) because of that he was unable to bring his behavior under control. He reacted in such a way that it appeared to him he was taking back control.

2. Was the conduct in question the direct result of the school's failure to implement the student's IEP?

YES NO

Summary of team's reasoning:

There was no IEP in place at the time. There is no evidence that IEP would have prevented this incident.

A "Yes" response to either question 1 or 2 results in the **determination** that the behavior in question is a **manifestation** of the student's disability.

The following membership (parent and school personnel) was determined relevant in making the MDR **determination**. All relevant records were considered.

Signature <u>Jeanne Stauder</u>	Date <u>2/8/2019</u>
Signature <u>Brittany Rogers</u>	Date <u>2-8-19</u>
Signature <u>[Signature]</u>	Date <u>2-8-19</u>
Signature <u>[Signature]</u>	Date <u>2-8-19</u>
Signature <u>[Signature] M.S. CEP - SCP</u>	Date <u>2-8-19</u>
Signature <u>[Signature]</u>	Date <u>2-8-19</u>

Kathy Heath
SPED

J. W. [Signature] Atty for HCSB
 Crystal Flickinger

2/8/19
2/8/19