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| --- | --- |
| **Macintosh HD:Users:admin:Desktop:stop.png** | **DO NOT** proceed with the development of this student’s IEP until you have ensured that the Literacy, Numeracy, and Transition Teachers and the RSPs in your cluster have **“closed out”** the Annual Goals by indicating **“Goal Met” OR “Do not anticipate meeting goal”** on the IEP Progress Report **for EVERY GOAL** on the**current (i.e. last finalized) IEP!**  \* (“Anticipate meeting goal” is NOT sufficient.” |

|  |  |
| --- | --- |
|  | **2023-2024 Form**  **Request to OPEN Draft IEP** |

1) Student Name & OSIS:

Official Class:

2) Student Gender: \_\_\_\_\_\_\_\_\_\_\_

3) Do you wish student specific sentence starters to be emailed to your team? \_\_\_ Yes \_\_\_ No

4) Which Periodic Assessments (**REQUIED 2x per year**) will be listed in the Evaluation Results?

\_\_\_ MAP Growth Reading (req. for all Mission Students) \_\_\_ SANDI Reading (req. for all Alt. Students)

\_\_\_ MAP Growth Math (req. for all Mission Students) \_\_\_ SANDI Math (req. for all Alt. Students)

5) How does the student get to school? \_\_\_ Metro/Walk \_\_\_ Yellow Bus

(If Yellow Bus, is Travel Training / Independent Travel being considered? \_\_\_ Yes \_\_\_ No \_\_\_\_ N/A)

6) Is family entitled to translation of IEP (see Column 7 in IEPs Coming Due List) \_\_\_ Yes \_\_\_ No

If yes, in which language should the IEP be translated into? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

7) Consult the List of IEPs Coming Due (Column 8) **and** the student’s current IEP & indicate which of the following Related Services (**incl. Counseling**) are mandated for the student?

Related Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Related Service Provider’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Related Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Related Service Provider’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Related Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Related Service Provider’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Related Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Related Service Provider’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Not Applicable: \_\_\_\_\_\_\_ (Be sure to consult your AP to discuss possible need for Counseling or other RS)

8) Does the last finalized IEP (i.e. current IEP) indicate need for a Behavior Intervention Plan (BIP)?

\_\_\_ Yes, and the recommendation is to continue the BIP.

\_\_\_ Yes, but the recommendation will be to discontinue the BIP.

\_\_\_ No, but the recommendation will be to conduct a Functional Behavior Assessment (FBA)

\_\_\_ No, the student does not need a BIP.

9) Does the student have a 1:1 para according to the last finalized IEP (i.e. current IEP)? \_\_\_ Yes \_\_\_ No

**If yes, indicate all that apply:**

\_\_\_\_ Behavior Support \_\_\_ Health \_\_\_ Alternate Placement (Language Translation)

\_\_\_\_ Transportation (Behavior Support) \_\_\_ Transportation (Health)

10) Who is the student’s PE Teacher? \_\_\_\_\_\_\_\_\_\_\_\_\_

11) Does the student take Yoga as a class here at school? \_\_\_ yes \_\_\_ no

12) Does the student have an Independent Schedule/Program? \_\_\_ yes \_\_\_ no

13) Other concerns the IEP Compliance Team should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_