



Augusta County Public Schools

6 John Lewis Rd
Fishersville, VA 22939
540-245-5131

Student ID:
FTE Number:
Student Testing ID:
Date of Birth:

Meeting Notice

To: _____ Letter Dates: _____

Student's Name: _____ Date Sent To Participants: _____

This is to notify you that an IEP team meeting has been scheduled for the above student. Your participation and attendance at this meeting are very important. This IEP meeting must be scheduled at a mutually agreed upon time and place. The purpose of this meeting is to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Develop an Initial IEP | <input type="checkbox"/> Review Current IEP |
| <input type="checkbox"/> Develop Annual IEP | <input type="checkbox"/> Discuss Transition Services |
| <input type="checkbox"/> Discuss Graduation | <input type="checkbox"/> Discuss Annual Goal Progress |
| <input type="checkbox"/> Review Instructional Needs | <input type="checkbox"/> Consider Termination of Services |
| <input type="checkbox"/> Determine Placement | <input type="checkbox"/> Develop ESY IEP |
| <input type="checkbox"/> Discuss Attendance Issues | <input type="checkbox"/> Manifestation Determination |
| <input type="checkbox"/> Behavioral Intervention Plan | <input type="checkbox"/> Functional Behavioral Assessment |
| <input type="checkbox"/> Discuss transition/post-secondary goals | <input type="checkbox"/> Other |

This meeting has been scheduled for: Date _____ Time _____

Location _____

The following are invited to attend and participate in the IEP meeting:

_____	_____
_____	_____
_____	_____

* If the purpose of the meeting includes the development of transition services needs (beginning at age 14 or younger) the student will be invited. If the purpose of the meeting is the consideration of needed transition services (beginning at age 16 or younger) the student and representatives of the following agencies will be invited:

The parent/adult student or school division may invite individuals who have knowledge or special expertise regarding the student, including related services personnel, to participate. The determination of the knowledge or special expertise shall be made by the person/party extending the invitation. If you, the parent or adult student, are bringing other individuals to the meeting, please let us know. This will ensure that the meeting space will accommodate all team members.

If you have any questions or would like additional information or assistance to help you prepare for this IEP meeting, please contact _____ at _____, e-mail _____.



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Meeting Notice

Date of IEP meetings: _____

Student: _____

To the Parent/Student

Please check your choice. Detach and return this section to _____ Fax _____

- Parent Student WILL ATTEND the IEP meeting as scheduled.
- Parent Student CANNOT ATTEND the IEP meeting as scheduled.
- I understand the importance of attending. You may hold this meeting in my absence.
- Please reschedule this meeting.

(month/day/year)_____ at (time/place)_____.

Please contact me at _____ to determine a mutually agreeable date, time, and place for this IEP meeting.

- I can participate by an alternate method (Select an option below).

Other: _____

- I give permission to proceed without a meeting.
- No parental response - Will proceed with meeting.

- Parent Student would like my preferences, interests, concerns shared with the IEP team.

I will provide my input to you by: ___ Mail, ___ Telephone, ___ other means _____ prior to the meeting.

I will need the following accommodations for this IEP meeting:

Parent Signature _____ Date _____ Date received by the school _____



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Student ID:
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Excused Team Members

Student's Name: _____ ID#: _____ Date of Birth: _____

Attending School: _____ Grade: _____

Home School: _____

Parent/Guardian/Surrogate Name: _____

Address: _____

Home#: _____ Work#: _____

There is a meeting in reference to your child to be held on (date) _____ at (time) _____
at (place) _____

The following team members have requested excusal from the meeting:

Name	Title	Reason

If the member's area of the curriculum or related service will not be discussed, the member may be excused without submitting comments in writing. If the member's area of curriculum or related service will be discussed, they may be excused but must provide comments in writing and submit this to the team in lieu of their appearance.

We agree to excuse the above team members from the meeting.

Signature of Parent

Date

Signature of District Representative

Date



Student ID:
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IEP Cover Page

Student's Name: _____ Date: _____

Student ID Number: _____ Grade: _____

DOB: _____ Age*: _____

Disability(ies) (if identified): _____

Parent/Guardian Name: _____

Home Address: _____

Phone # (H): _____ Phone # (W): _____

Most recent Eligibility date _____

Most recent re-evaluation date _____

Next re-evaluation must occur before this date _____

Date of Plan meeting _____

This IEP will be reviewed no later than this date _____

Date parent notified of Plan meeting _____

Date student notified of Plan meeting (if transition will be discussed) _____

Copy of Plan given to parent/student by (Name): _____ Date: _____

IEP Teacher/Manager: _____ Phone Number: _____

Participants Involved:

The list below indicates that the individual participated in the development of this Plan and the placement decision; it does not authorize consent. Parent or student (age 18 or older) consent is indicated on the "Prior Notice/Consent" page.

Excused	Name of Participant	Title
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

*** The student must be informed at least one year prior to turning 18 that the IDEA procedural safeguards (rights) transfer to him/her at age 18 and be provided with an explanation of those procedural safeguards.**

Date informed: _____

If the parent did not attend, what method was used to ensure their participation:



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Secondary Transition

I. Transition Goals

II. Desired Post-School Outcomes: Define and project the desired post-secondary outcomes as identified by the student, parent, and IEP team in the following areas. State how each transition activity/service needed to assist the student in reaching goals will be provided. Indicate whether an IEP goal will be written.

Activity/Service (Including Courses of Study)	Agency Responsible	IEP Goal (Y/N)
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III. Transition Details



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Student ID:
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Summary of Performance

Student Information

Student's Name: _____ Birthdate: _____
Primary Disability: _____ Secondary Disability: _____
IEP Case Manager: _____ Date: _____

Summary of Academic Achievement: (Reading, Math, Written Language)

Summary of Functional Performance: (including, as appropriate, communication skills, social and behavioral skills, independent living skills, mobility skills, job training/skills, medical concerns)

Recommendations to assist student in meeting postsecondary goals:
(accommodations, adult services, adaptive devices, and/or compensatory strategies)



Student ID:
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Team Considerations

Student's Name: _____ Meeting Date: _____

Student ID Number: _____

During the IEP meeting the following factors must be considered by the IEP team. Best practice suggests that the IEP team document that the factors were considered and any decision made relative to each. The factors are addressed in other sections of the IEP if not documented on this page. (for example: see Present Levels of Academic and Functional Performance)

- The strengths of the student and the concerns of the parents for enhancing the education of their child.
- The results of the initial evaluation or most recent evaluation of the student including state and district-wide assessments.
- The communication needs of the student.
- The student's assistive technology devices and services needs.
- Extended School Year (ESY)
- In the case of a student whose behavior impedes his or her learning or that of others, consider, when appropriate, strategies, including positive behavioral interventions, strategies, and supports to address that behavior.
- In the case of a student with limited English proficiency, consider the language needs of the child as such needs relate to the child's IEP.
- In the case of a student who is blind or has a visual impairment, provide for instruction in Braille and the use of Braille unless the IEP team determines, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the student.
- In the case of a student who is deaf or hard of hearing, consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode.



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Present Levels of Academic and Functional Performance

Student's Name: _____ **Meeting Date:** _____

Student's Number: _____

The Present Levels of Academic and Functional Performance describes the effect of the student's disability on the student's involvement and progress in the general education curriculum and area(s) of need. This includes the student's performance in academic areas (reading, math, science, history/social sciences, etc.) and functional areas (socialization, communication, behavior, personal management, self-determination, etc.). Test scores should include an explanation. For preschool age students this section should include how the student's disability affects the student's participation in appropriate activities. There should be a direct relationship between the Present Levels of Academic and Functional Performance and the other components of the IEP.

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Participation in State Accountability/Assessment System, Diploma and Transition Status

Student's Name: _____ Date: _____

Student ID Number: _____

PARTICIPATION IN THE STATE ACCOUNTABILITY/ASSESSMENT SYSTEM: Discuss annually. If this is a testing year, based on the Present Levels of Academic and Functional Performance, is this student being considered for participation in the Virginia Alternate Assessment Program (VAAP), which is based on Aligned Standards of Learning? ___ **No** ___ **Yes**

If yes, complete the "VAAP Participation Criteria" prior to making this decision.

Does the student meet the VAAP participation criteria? ___ **No** ___ **Yes**

If yes, refer to the Aligned Standards of Learning for developing annual goals and short-term objectives or benchmarks.

DIPLOMA STATUS: Discuss annually. This student is a candidate for a:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Advanced Studies Diploma | <input type="checkbox"/> Certificate of Program Completion | <input type="checkbox"/> GED Certificate | <input type="checkbox"/> Modified Standard Diploma |
| <input type="checkbox"/> Not Discussed | <input type="checkbox"/> Special Diploma | <input type="checkbox"/> Standard Diploma | <input type="checkbox"/> |

Projected Graduation/Exit Date: _____

Comments:

Is the student projected to graduate/exit school this year? ___ **No** ___ **Yes**

If yes, inform the student and parents that a Summary of Performance will be provided prior to graduating/exiting school.

*Selecting the Modified Standard Diploma option is determined by the IEP team and the student, where appropriate, at any point after the student's eighth grade year. In pursuing a Modified Standard Diploma, the IEP team shall consider the student's need for occupational readiness upon school completion, including consideration of courses to prepare the student as a career and technical education program completer.

Note: Special education and related services end upon receiving an Advanced Studies Diploma or Standard Diploma. If the student receives a Modified Standard Diploma, Special Diploma, Certificate of Program Completion, or a GED Certificate, the student remains entitled to a free appropriate public education through age 21.

SECONDARY TRANSITION STATUS: Discuss annually beginning the year prior to entering high school course work, or younger. This must be discussed beginning not later than the first IEP to be in effect when the student is age 16.

Is secondary transition being addressed? ___ **No** ___ **Yes**

If yes, complete the "Secondary Transition" pages before developing measurable annual goals.

Will the student be graduating or exceeding the age of eligibility this year? ___ **No** ___ **Yes**

If yes, a Summary of Performance must be provided to the student prior to graduating or exceeding the age of eligibility.



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Annual Goals

Student's Name: _____ Date: _____

Student ID Number: _____

_____ Annual Goal: _____

By _____, _____ will

How will progress toward this goal be measured? (check all that apply)

- Checklist
- Classroom Participation
- Criterion-referenced test:
- Classwork
- Homework
- Norm-referenced test:
- Observation
- Special Projects
- Other:
- Tests and quizzes
- Written Reports

Report of Student Progress: 4.5 weeks 6 weeks 9 weeks Other

Progress of Goals:	1	2	3	4	5	6	7	8
Date of Review:								
Progress toward goal:								

Progress on this goal will be reported using the following codes.

- ES. Emerging Skill demonstrated but may not achieve annual goal within duration of IEP.
- IP. Insufficient Progress demonstrated to meet this annual goal and may not achieve annual goal within duration of IEP.
- M. Mastered this annual goal.
- NI. Not been provided Instruction on this goal.
- SP. Sufficient Progress being made to achieve annual goal within duration of IEP.

Comments:

_____ Annual Goal: _____

By _____, _____ will

How will progress toward this goal be measured? (check all that apply)

- Checklist
- Classroom Participation
- Criterion-referenced test:
- Classwork
- Homework
- Norm-referenced test:
- Observation
- Special Projects
- Other:
- Tests and quizzes
- Written Reports

Report of Student Progress: 4.5 weeks 6 weeks 9 weeks Other

Progress of Goals:	1	2	3	4	5	6	7	8
Date of Review:								
Progress toward goal:								

Progress on this goal will be reported using the following codes.

- ES. Emerging Skill demonstrated but may not achieve annual goal within duration of IEP.
- IP. Insufficient Progress demonstrated to meet this annual goal and may not achieve annual goal within duration of IEP.
- M. Mastered this annual goal.
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Comments:



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Objectives/Benchmarks

Student's Name: _____ Date: _____
Student ID Number: _____

Objective/Benchmark #: _____

By _____,

Comments:

Last Updated: _____

Mastery Criteria:

Evaluation method: _____

Other evaluation method: _____

Objective/Benchmark #: _____

By _____,

Comments:

Last Updated: _____

Mastery Criteria:

Evaluation method: _____

Other evaluation method: _____



Student ID:
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Accommodations/Modifications

Student's Name: _____ Date: _____

Student ID Number: _____

This student will be provided access to the general education, special education, other school services and activities including non-academic activities and extracurricular activities, and education related settings:

- with no accommodations/modifications
- with the following accommodations/modifications

Accommodations/modifications provided as part of the instructional and testing/assessment process will allow the student equal opportunity to access the curriculum and demonstrate achievement. Accommodations/modifications also provide access to non-academic and extracurricular activities and educationally related settings. Accommodations/modifications based solely on the potential to enhance performance beyond providing equal access are inappropriate.

Accommodations may be in, but not limited to, the areas of time, scheduling, setting, presentation, and response. The impact of any modifications listed should be discussed. This includes the earning of credits for graduation.

Accommodations/Modifications (please list, as appropriate):

Accommodation(s)/Modification(s)	Frequency	Location	Duration m/d/y to m/d/y

State and District-Wide Assessments

This student's participation in state or district-wide assessments must be considered and discussed. During the duration of this IEP:

- Will the student be at an age or a grade level for which the student is eligible to participate in state or district-wide assessment? No Yes
- Will the student be enrolled in a course for which there is a SOL End-of-Course test or district-wide-assessment? No Yes
- Will the student be participating in a SOL remediation recovery program? No Yes
- Will the student need to take a state assessment as a requirement to earn a Modified Standard Diploma, Standard Diploma, or Advanced Studies Diploma? No Yes



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Accommodations/Modifications

If Yes to any of the above, check the assessment(s) considered and attach the assessment page(s), which will document the assessments and decisions made about participation and any needed accommodations and/or modifications.

- State Assessments
- SOL Assessments and retake (SOL)
 - Virginia Grade Level Alternative (VGLA)*
 - Virginia Substitute Evaluation Program (VSEP)*
 - Virginia Alternate Assessment (VAAP)**
 - Other State Approved Substitute(s): _____
- District Wide Assessments (list)

* Refer to Procedures for Determining Participation in the Assessment Component of Virginia's Accountability System and the Procedural Manuals for VGLA and VSEP.

**Refer to Virginia Alternate Assessment Program (VAAP) Participation Criteria and Procedural Manual.



Student ID:
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Calculator SOL Accommodations

Course Content Teacher(s): _____ Date: _____

Test: _____ Test Administration Date: _____

The IEP team /504 committee is considering the student named above for the calculator accommodation(s) checked below:

- Use of a calculator with additional functions (a calculator other than those routinely supplied to students on the Standards of Learning Mathematics assessments);
- Use of a calculator on sections of the Standards of Learning Mathematics assessments in which a calculator is not allowed. (SOL mathematics tests for grades 3-7)

To qualify for these accommodations, a student’s IEP team/504 committee must determine that a student is eligible based the impact of the student’s disability. Please respond to each of the three questions below. A response of “No” to any question indicates that the student is NOT eligible for the calculator accommodation. Note: This accommodation is not intended for students with disabilities whose skills in performing mathematical calculations are merely below grade level.

- 1) Does the student have a current IEP/504 Plan that documents the student’s disability and the need for a calculator to access the SOL assessment? No Yes
- 2) Does the student have a specific disability that involves attention to sequence and /or memory (short term, long term, or active working) that severely limits or prevents mathematical calculation at any level of difficulty? No Yes
- 3) As a result of a specific disability, is the student able to perform calculations only with a calculator routinely used in instruction? No Yes

If the answers to all three questions is Yes, provide a justification statement in the space provided below describing the student’s specific disability, and

1) the need for a calculator with additional functions in order to access the SOL mathematics assessment.

2) the need for a calculator on sections of the SOL tests in which a calculator is not allowed.

IEP/504 Committee Member Signatures:

Signature	Date



Student ID:
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Services and Least Restrictive Environment

Student's Name: _____ Date: _____

Student ID Number: _____

Least Restrictive Environment (LRE):

When discussing least restrictive environment and placement options, the following must be considered:

- To the maximum extent appropriate, the student is educated with children without disabilities.
- Special classes, separate schooling, or other removal of the student from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.
- The student's placement should be as close as possible to the child's home and unless the IEP of the student with a disability requires some other arrangement, the student is educated in the school that he or she would attend if he or she did not have a disability.
- In selecting the LRE, consideration is given to any potential harmful effect on the student or on the quality of services that he/she needs.
- The student with a disability is not removed from education in age-appropriate regular classrooms solely because of needed modifications in the general curriculum.

Free Appropriate Public Education (FAPE):

When discussing FAPE for this student, it is important for the IEP Team to remember that FAPE may include, as appropriate:

- Educational Programs and Services
- Proper Functioning of Hearing Aids
- Assistive Technology
- Transportation
- Non-academic and Extracurricular Services and Activities
- Physical Education
- Extended School Year Services
- Length of School Day

Services: Identify the service(s), including frequency, duration, and location, that will be provided to or on behalf of the student in order for the student to receive a free appropriate public education (see above). These services are the special education services and, as necessary, the related services, supplementary aids and services, assistive technology, supports for personnel, accommodations and/or modifications*, and extended school year services* the student will receive that will address area(s) of need as identified by the IEP team. Address any needed transportation and physical education services including accommodations and/or modifications.

Service(s)	Provider	Frequency	Location	Duration

* These services are listed on the "Accommodations/Modifications" page and "Extended School Year Services" page, as needed.

Medical Limitations/Concerns: No Yes



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Services and Least Restrictive Environment

Nursing Services Required: No Yes

Placement

The team may consider placement options in conjunction with discussing any needed supplementary aids and services, accommodations/modifications, assistive technology, and supports for school personnel. In considering the placement continuum options, check those the team discussed. Then, describe the placement selected in the **Placement Decision** section below. Determination of LRE and placement may be one or a combination of options along the continuum.

Placement Continuum Options Considered:

- Public Day School
- Private Separate School Facility
- Private Residential Facility
- Hospital
- Other

- Public Separate School Facility
- Public Residential Facility
- Home Based Program
- Correctional Education Program

Placement Decision:

Based upon identified services and the consideration of least restrictive environment (LRE) and placement continuum options, describe in the space below the placement. Additionally, summarize the discussions and decision around LRE and placement. This must include an explanation of why the student WILL NOT be participating with students without disabilities in the general education class(es), programs, and activities. Attach additional pages as needed.

Placement Continuum Option Chosen: _____



Student ID:
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Prior Notice

Student's Name: _____ Date: _____

Student ID Number: _____

Placement Decision

The school division proposes to implement this IEP and the placement decision as written. This proposed IEP and placement will allow the student to receive a free appropriate public education in the least restrictive environment. This decision is based upon a review of current records, current assessments, and the student's performance as documented in the Present Levels of Academic and Functional Performance. Other options considered, if any, and the reason for their rejection are attached, or can be found in the Placement Decision section of this IEP. Additionally, other factors, if any, that are relevant to this proposal are attached. When the parent(s) and adult student were notified of the meeting to develop this IEP, they were provided a copy of the procedural safeguards that explains their rights. If you, the parent(s) and adult student, need another copy of the procedural safeguards or need assistance in understanding this information, please contact

_____ at _____
e-mail _____ or
_____ at _____
e-mail _____.

_____ Parent(s) initials here indicate that the parent(s) has read the above prior notice and attachments, if any, before giving permission to implement this IEP and the placement decision.

Parent/Adult Student Consent: Indicate your response by checking the appropriate space and sign below.

- I give** permission to implement this IEP and the placement decision.
- I do not give** permission to implement this IEP and the placement decision.

I understand that my child's IEP committee met on _____ and determined, based on a review of data obtained, that my child is no longer eligible for the related service of _____

- I give** consent for the termination of this related service, _____, for my child.
- I do not** consent for the termination of this related service, _____, for my child.
- I have received a copy of my rights as a parent of a child eligible for special education services.
- I have been given information on assessment participation for students with disabilities.

Parent Signature or Adult Student Signature (if appropriate) _____ Date _____

Transfer of Rights at the Age of Majority (Age 18):

Indicate the date that the student and parent were informed of the transfer of parental rights under IDEA to the adult student at the age of 18. This must occur at least one year prior to the age of 18.	
_____	_____
Date	School Official Signature
I was informed of the parental rights under IDEA and that these rights transfer to me at age 18.	
_____	_____
Date	Student Signature
I was informed of the parental rights under IDEA that transfer to my child at age 18.	
_____	_____
Date	Parent Signature



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Actions proposed or refused by Augusta County Public Schools:

Rationale for why actions were proposed or refused:

Other options considered:

Reasons why options were rejected:



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Description of any assessment data or reports used to make the decision:

Other factors relevant to proposal or refusal:

Follow-up meeting date, if appropriate: _____

Note:

The parents of a child with a disability have protection under the procedural safeguards of the Individuals with Disabilities Education Act. A copy of the procedural safeguards has already been given to you OR is enclosed with this document. Should you need an additional copy of the procedural safeguards, please contact the Special Education Office. To obtain assistance in understanding the provisions of this notice, contact the Office of Special Education at:

_____ at _____
e-mail _____ or

_____ at _____
e-mail _____



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Virginia Grade Level Alternative

To qualify for the Virginia Grade Level Alternative (VGLA) assessment, a student's IEP team/504 committee must determine that a student is eligible based on answering the three questions below for each content area considered. A response of "No" for any question indicates that the student is NOT eligible for the VGLA for that content area.

Student's Name: _____ Date: _____

Student ID Number: _____

Virginia Grade Level Alternative (VGLA) Assessment Participation Criteria:

The VGLA is available for students in grades 3 - 8 as an alternative for SOL testing. To qualify for the VGLA, a student's IEP team/504 committee must answer the following questions for each content area considered: (a "No" for any question indicates that the student is NOT eligible for the VGLA for that content area). Decisions about participation are made on a test by test and individual basis.

1. Does the student have a current IEP/504 Plan or LEP Student Assessment Participation Plan?
 Yes **No**
2. Does the student demonstrate his/her individual achievement of Standards of Learning content by means other than multiple-choice formats?
 Yes **No**
3. As a result of a disability, is the student unable to demonstrate his/her individual achievement on the Standards of Learning test for the assigned course or grade level using available standard and/or non-standard accommodations and/or formats?
 Yes **No**

Refer to the Virginia Department of Education's VGLA Procedural Manual



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Virginia Substitute Evaluation Program participation criteria

Student's Name: _____ Date: _____

Student ID Number: _____

Virginia Substitute Evaluation Program (VSEP) Participation Criteria:

The VSEP is available for students taking any course with an associated End of Course (EOC) SOL test and for the literacy and numeracy tests associated with the Modified Standard Diploma.

1. Does the student have a current IEP or 504 plan?
 Yes **No**

2. The student is enrolled in a course that has a Standards of Learning End of Course test and/or the student is pursuing a Modified Standard Diploma and seeking certification for having met the literacy and/or numeracy requirements.
 Yes **No**

3. The impact of the student's disability demonstrates to the IEP team or 504 committee that the student will not be able to access the Standards of Learning assessments even with standard and/or non-standard testing accommodations and therefore requires a substitute evaluation.
 Yes **No**

Refer to the Virginia Department of Education's VSEP Procedural Manual.



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VAAP Guidelines

Student's Name: _____ Date of Birth: _____

School Division: _____ Date: _____

A completed alternate assessment shall be submitted for students participating in the Virginia Alternate Assessment Program (VAAP) at the elementary, middle, and high school levels. Alternate assessments shall be completed as follows:

Grades 3, 5, 8 and 11 Reading, Math, Science, History/Social Science

Grades 4, 6, 7 Reading and Math

NOTE: If your school division has a content specific History/Social Science exam during a certain year (check with the local Division Director of Testing) you must have a corresponding VAAP collection that year for History/Social Science.

Directions

The IEP team determines participation in the alternate assessment. Team members must consider current and historical documentation (to be noted on page 2 of this form). Documentation may include, but is not limited to, evaluation data, school records, parent/teacher observations, anecdotal notes, previous IEPs, etc. The following reasons alone are not sufficient for decision-making:

- * Poor Attendance;
- * English as a Second Language;
- * Social, culture, and economic differences;
- * Disruptive behavior;
- * Student's reading level;
- * Expectations of poor performance;
- * Amount of time receiving special education services;
- * Low achievement in general education;
- * Categorical disabilities labels;
- * Place where the student receives services

The IEP Team has the responsibility to determine and document that the student meets ALL of the following criteria by marking the "Y" checkbox for each of the statements. If the team members determine that the student DOES NOT MEET a specific criterion, "N" should be marked. This indicates the student is not a candidate for alternate assessment and participation in a different option in the State Standards of Learning Assessment System.

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VAAP Guidelines

(Complete for all students considered for the VAAP)

IEP Team Must Answer ALL the Following Questions

- Y N The student has a current IEP or one is being developed.
- Y N The student demonstrates significant cognitive disabilities.
Sources of information: (Learner Characteristics, psychological evaluation, achievement tests, social adaptive behavior test results, observations from parents and teachers, social maturity data, curricular content, etc.)
- Y N The student's present level of performance indicates the need for extensive, direct instruction and/or intervention in a curriculum framework based on Aligned Standards of Learning. The present level of performance, or student evaluation, may also include personal management, recreation and leisure, school and community, vocational, communication, social competence and/or motor skills.
Sources of information: (Informal and formal assessment results, checklists, data log, work samples, structured or spontaneous observations from teachers and parents, measurable IEP goals, scheduling matrix, curricular content, list of necessary supports.)
- Y N The student requires intensive, frequent, and individualized instruction in a variety of settings to show active interaction and achievement.
Sources of information: (Measurable IEP goals, scheduling matrix, instructional strategies effectiveness data, list of various inclusive settings, learning style inventory, etc.)
- Y N The student is working toward educational goals other than those prescribed for a modified standard, standard or advanced studies diploma program.
Sources of information: (list of diploma options and requirements, curricular content, measurable IEP goals, transition plan, parent and student discussion, etc.)

Complete for students who meet criteria listed above

The IEP team members agree that _____ meets the participation criteria stated above for the VAAP for the _____ school year and will not participate in other state-wide assessments. This participation decision will be stated on the IEP and is supported by the current and historical data found on the following documents:

Supporting Documentation:

Position/Representing	Signature	Date



Student ID:
FTE Number:
Student Testing ID:
Date of Birth:

Virginia's Standards of Learning Assessments

Student's Name: _____ Date: _____

Student ID Number: _____

Participation In The SOL Assessments

For the student who will be (1) in a grade level for which the student is eligible to participate in the SOL Assessment; (2) enrolled in a course for which there is an SOL end-of-course test; (3) participating in a remediation recovery program or (4) needs to take a SOL Assessment as a requirement to earn a Modified Standard Diploma, Standard Diploma, or Advanced Studies Diploma, list each test below. Next determine if the student will participate in the SOL test and then list the accommodation(s) and/or modification(s) that will be made based upon those the student generally uses during classroom instruction and assessment. For the accommodations and/or modifications that may be considered, refer to "Accommodations/Modifications" page of the IEP and the Virginia Board of Education's guidelines.

- State Assessments
 - SOL Assessments and retake (SOL)
 - Virginia Grade Level Alternative (VGLA)*
 - Virginia Substitute Evaluation Program (VSEP)*
 - Virginia Alternate Assessment (VAAP)**
 - Other State Approved Substitute(s): _____

* Refer to Procedures for Determining Participation in the Assessment Component of Virginia's Accountability System and the Procedural Manuals for VGLA and VSEP.
**Refer to Virginia Alternate Assessment Program (VAAP) Participation Criteria and Procedural Manual.

SOL Tests	Participation		Accommodations Modifications		If YES, List Accommodation(s) and/or Modification(s) by Test
	Yes	No	Yes	No	

Mark any nonstandard administration with an asterisk*. These test scores will be reported as scores that result from a nonstandard administration. A student with a disability who has passed an SOL assessment utilizing any accommodation including a nonstandard accommodation has passed for all purposes.

Participation In The Virginia Alternate Assessment Program (VAAP):

Does the student meet the criteria for the VAAP? Yes No If yes, the student will participate in the VAAP.
If the criteria are not met, determine and document above how the student will participate in the SOL assessment program.

Explanation For Non-Participation And How The Student Will Be Assessed:

If no is checked for any test, explain in the space below why the student will not participate in this test, the impact relative to promotion or graduation, and how the student will be assessed in these areas.

Student ID:
FTE Number:
Student Testing ID:
Date of Birth:



Augusta County Public Schools

6 John Lewis Rd
Fishersville, VA 22939
540-245-5131

Virginia's Standards of Learning Assessments



Student ID:
FTE Number:
Student Testing ID:
Date of Birth:

District-Wide Assessments

Student's Name: _____ Date: _____

Student ID Number: _____

Participation In District Wide Assessments

For the student who will be in a grade level or at an age for which the student is eligible to participate in a district-wide assessment, list each district-wide assessment below. Next determine if the student will participate in the assessment and then list the accommodation(s) and/or modification(s) that will be made based upon those the student generally uses during classroom instruction and assessment. For the accommodations and/or modifications that may be considered, refer to "Accommodations/Modifications" page of the IEP.

Test Description	Participation	Accommodations / Modifications	If Yes, List Accommodations
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Mark any nonstandard administration with an asterisk*.

Explanation For Non-Participation And How The Student Will Be Assessed:

If no is checked for any regular SOL Test, explain in the space below why the student will not participate in this test, the impact relative to promotion or graduation, how the student will be assessed in these areas, and the particular alternate or alternative assessment selected is appropriate.



Augusta County Public Schools

6 John Lewis Rd
Fishersville, VA 22939
540-245-5131

Student ID:
FTE Number:
Student Testing ID:
Date of Birth:

PARENTAL CONSENT FOR BILLING PUBLIC INSURANCE LANGUAGE FOR THE IEP or IEP AMENDMENT

For Medicaid or FAMIS (Family Access to Medical Insurance Securities) Insured Only

Consent to Release Information: I consent for Augusta County Public Schools (LEA) to release information about my child's participation in services billed to Medicaid to participating physicians, other health care providers, the Department of Medical Assistance Services, and any Department of Medical Assistance Services billing agents, and any LEA billing agent as necessary to process Medicaid claims for reimbursement Medicaid covered health-related services and the evaluations for services outlined in the IEP.

Procedural Safeguard: I understand my right to deny consent for the school system to access my child's Medicaid coverage to seek reimbursement for the health-related services provided will not affect delivery of these services to my child. I understand that my permission is voluntary and may be revoked at anytime. I also understand that I have the right to request a copy of the records disclosed.

- I give consent for claims to be submitted to the State Medicaid Agency, as described above, for the services outlined in the Individualized Education Program (IEP), including duration and frequency and/or evaluations for IEP services.

- I do not give consent