

Form No.	Description (as of 5/01/2026)
IAAG	IEP at a Glance
RACL	Rubric for Auditory Comprehension of Language
RAP	Rubric for Articulation and Phonology
REUL	Rubric for Expressive Use of Language
RF	Rubric for Fluency
RFC	Rubric for Functional Communication
RPL	Rubric for Pragmatic Language
RV	Rubric for Voice
COFP	Communication Options for Families (Rev 2/24)
PWN	Prior Written Notice for Services (New 4/20)
R-1G	Referral for Special Ed Evaluation (Rev 5/22)
R-1	Referral for Special Ed Evaluation (Rev 5/22)
RE-1ad	Notice of Reevaluation - Adult (Rev 5/22)
RE-1AD	Notice of Reevaluation - Adult
RE-1	Notice of Reevaluation (Rev 5/22)
RE-2	Conduct a Reeval More Than Once A Year
RE-2AD	Conduct Reeval More Than Once A Year - Adult
IE-1	Receipt of Referral
ED-1	Review of Existing Data (Rev. 5/22)
IE-2	No Additional Assessments Needed (rev 5/19)
RE-4AD	No Addl Assessments Needed - Adult
IE-3	Need to Conduct Addl Assessments (rev 5/18)
RE-3	Three Year Reeval Not Needed (Rev 5/18)
RE-4	Reeval: No Addl Assessments Needed (Rev 5/19)
RE-5	Reeval: Need to Conduct Addl Assessments (Rev 5/18)
RE-5AD	Need to conduct Addl Assessments -Adult (Rev 5/18)
I-1	Invitation to an IEP Team Meeting (Rev 5/19)
I-1AD	Invite - Adult
I-1C	Invite Others w/ Spec Expertise (Rev 5/19)
I-1t	Invitation to IEP Meeting - Transition
I-2	IEP Team Participant Not Reqd to Attend Meeting
I-3G	Cover Sheet w/ all guardians listed (Rev 5/19)
ER-1	Evaluation Report (Rev. 5/22)
ER-1A	Individual Summary of Findings
AUT	Eligibility Criteria- Autism (Rev. 10/24)
BVI	Eligibility Criteria-Blind Visual Impairment 6/23
DB	Eligibility Criteria - Deafblind (Rev 6/23)
DHH	Eligibility Criteria-Deaf Hard of Hearing Rev 6/23
EBD	Eligibility Criteria-Emotional Behavior Dis 6/23
ID	Eligibility Criteria- Intellectual Dis (Rev 6/23)
OHI	Eligibility Criteria -Other Health Imp (Rev 6/23)
OI	Eligibility Criteria - Orthopedic Impairment 6/23
SDD	Eligibility Criteria-Significant Dev Delay 6/23
SPL	Eligibility Criteria - Speech Lang Impairment 6/23
TBI	Eligibility Criteria-Traumatic Brain Injury 6/23
ER-2AO	Eval Report: Required Doc SLD Initial eval (rev 5/22)
ER-2B	Required Doc for SLD Reeval (rev 5/22)
ER-2C	SLD Initial Eval - Sig Descrepancy (Rev 6/23)
ER-2D	Doc. for Intellectual Dis (ID) - Reeval (rev 5/19)
ER-3	Documentation for Determining Braille Needs
ER-4	Child is Not a Child With a Disability
I-4LF	IEP Linking Form (Rev 6/23)
I-7A	Part. Guidelines for Alt Assessment (rev 5/19)
I-7DWA	Participation District Wide Assessments (Rev10/24)
I-7ELL	Part. in Statewide Assessments - ACCESS (rev 5/19)
I-7FWD	Participation State Assessments - Forward (5/22)
I-7PA	Participation in Assessments PreACT Secure - 9/22
I-7W	Part. in Assessments ACT Writing (Rev 9/22)
P-1	Consent for Initial Placement (Rev 6/23)
P-1AD	Consent for Initial Placement - Adult (Rev 6/23)
P-2	Determination and Notice of Placement (Rev 6/23)
P-2AD	Determination and Notice of Placement - Adult 6/23
SI-3G	Service Plan Cover Sheet all guardians - Rev 01/24
SI-3	Service Plan Cover Sheet - Rev 01/24
SP-2	Service Plan - Notice of Placement - Rev 6/23
SP-1	Service Plan - Consent for Initial Placement, 6/23
APP	Appendix
EE-1.	Environmental Codes Worksheet

Form No.	Description (as of 5/01/2026)
I-10	Changes to IEP without Meeting (rev. 5/17)
I-1a	Permission to Invite Outside Agency
I-1p	Parental Response to Invite
I-1B	Request to Invite Birth to 3 Representatives
RUB	Rubric
BIP	Behavior Intervention Plan
I-7DLM	Part. in Statewide Assessments - DLM (rev 5/19)
I-7ELA	Part. in Alt Assessments - ACCESS (rev 5/19)
M5	Consent to Bill WI Medicaid
I-11	Extended School Year (Rev 2018)
I-12	Manifestation Determination Review
M-6	Notification of Transfer of Rights (new 5/19)
M-7	Student Notification of Transfer Rights (new 5/19)
M-8	Parent Notification of Transfer Rights (new 5/19)
SOP	Summary of Performance (rev 2015)
P-3	Notice of Graduation
P-3AD	Notice of Graduation Adult
P-4	Ending Services Due to Age
P-5	Parent Revocation of Consent
P-6	Notice of Cessation of Spec Ed
M-1	Response to an Activity Requested by a Parent
M-2	Extend Time Limit to Complete Eval For Transfer St
M-3	Permission to Extend Eval Time Limit
M-4	Parental Refusal of Special Education
N-18	Notice of Transfer of Parental Rights
I-6	IEP Annual Goal
C-0	Case Manager Notepad
C-1	Case Assignment
B3T	Birth to 3 Transition Notification Letter
T-1	Transportation
SI-6	Service Plan - Annual Goal
SP-2	Service Plan - Notice of Placement
5R-1	Sec 504 Referral Form
5-PSR	Sec 504 Parent/Student Rights
5-DP	Sec 504 Due Process Hearing Procedure
5ER-1	Sec 504 Evaluation Report
5IE-2	Sec 504 Consent for Additional Testing
5IE-1	Sec 504 Notice of Referral
5I-1	Sec 504 Invitation
5IE-3	Sec 504 No additional tests needed
5I-2	Sec 504 Cover Sheet
5A-1	Sec 504 Accommodation Plan
5P-1	Sec 504 Initial Placement
5P-2	Sec 504 Continuing Placement
5MD	Sec 504 Manifestation Determination
5PWN	Sec 504 Prior Written Notice for Services Rev 4/20
5ER-4	No Further Need for 504 Plan (New 4/20)
5ER-5	No Longer Eligible for Section 504 (New 4/20)

**Waterford Education Cooperative IEP
AT A GLANCE
School Year**

Student SAMPLE FORMS	Student ID 5205	Grade KG	Disability Area(s): Primary: Secondary:
Attend School		IEP Effective Dates: to	
Special Ed Teacher	Case Manager	Regular Ed Teacher	

Needs Number	Needs Category	Disability-Related Needs

Goal #	Goal Description	Goal Statement
1	Goal 1	

A. Supplementary Aids and Services <input type="checkbox"/> None Needed	Frequency/Amount	Location	Duration	Addresses Goal(s)	Addresses Need(s)

B. Specially-Designed Instruction	Frequency	Amount	Location	Duration	Addresses Goal(s)

C. Related Services Needed to Benefit from Special Education <input type="checkbox"/> None needed	Frequency	Amount	Location	Duration	Addresses Goal(s)	Addresses Need(s)

D. Program Modifications or Supports for School Personnel <input type="checkbox"/> None	Frequency	Amount	Location	Duration	Addresses Goal(s)	Addresses Need(s)

Positive Behavioral Supports: Behavior intervention plan (BIP) attached**Effective Strategies for this student:****Ineffective Strategies for this student:****Additional Information:**

The lead special education teacher has distributed this form to the following people (type name and date):			
<input type="checkbox"/> All general education teachers:	Date Distributed:	<input type="checkbox"/> All specials or elective teachers:	Date Distributed:

Rubric for Voice

Student: SAMPLE FORMS

Date: April 24, 2025

	Pitch	Intensity	Quality	Resonance	Effect on Education	Pathology
Advanced 4	Pitch is within normal limits.	Intensity is within normal limits.	Quality is within normal limits.	Resonance is within normal limits.	Minimal or no interference with participation in the educational setting.	No pathology (or if present may be due to temporary factors.)
Proficient 3	Noticeable difference in pitch which may be intermittent.	Noticeable difference in intensity which may be intermittent.	Noticeable difference in quality which may be intermittent.	Noticeable difference in resonance which may be intermittent.	Mild impact on educational participation. Mild listener or speaker reaction or concern noted.	Pathology may be present.
Basic 2	Persistent, noticeable, inappropriate raising or lowering of pitch for age/gender or evidence of dysphonia.	Persistent, noticeable, inappropriate increase or decrease of intensity of speech or the presence of aphonia.	Persistent, noticeable, breathiness, glottal fry, harshness, hoarseness, tenseness, stridency of vocal quality.	Persistent, noticeable, hyper- or hyponasality.	Moderately interferes with educational performance. Moderate listener or speaker reaction or concern noted.	Pathology is present.
Minimal 1	Consistent and obviously inappropriate raising or lowering of pitch for age/gender.	Consistent and obviously inappropriate increase or decrease of intensity of speech.	Consistent and obviously inappropriate breathiness, glottal fry, harshness, hoarseness, tenseness, stridency of vocal quality.	Consistent and obviously inappropriate nasal quality.	Significantly interferes with educational performance. Severe listener or speaker reaction or concern noted.	Pathology is present.

Rubric for Pragmatic Language

Student: SAMPLE FORMS

Date: April 24, 2025

	Non-Verbal Language	Greetings/Introductions	Conversational Skills	Formal/Informal Language	Self-Advocacy	Effect on Education
Advanced 4	Understands/uses non-verbal language (gestures, eye-contact, facial expression) 90% of the time.	Uses/responds to greetings and introductions appropriately 90% of the time.	Uses age-appropriate conversational skills (turn-taking, topic maintenance, relevant statements) 90% of the time.	Adjusts language register (casual vs. formal) appropriately during communication 90% of the time.	Uses appropriate self-advocacy skills to meet needs in daily situations 90% of the time.	Minimal impact on educational performance.
Proficient 3	Understands/uses non-verbal language (gestures, eye-contact, facial expression) 75%-90% of the time.	Uses/responds to greetings and introductions appropriately 75%-90% of the time.	Uses age-appropriate conversational skills (turn-taking, topic maintenance, relevant statements) 75%-90% of the time.	Adjusts language register (casual vs. formal) appropriately during communication 75%-90% of the time.	Uses appropriate self-advocacy skills to meet needs in daily situations 75%-90% of the time.	Mild impact on educational performance.
Basic 2	Understands/uses non-verbal language (gestures, eye-contact, facial expression) 50%-75% of the time.	Uses/responds to greetings and introductions appropriately 50%-75% of the time.	Uses age-appropriate conversational skills (turn-taking, topic maintenance, relevant statements) 50%-75% of the time.	Adjusts language register (casual vs. formal) appropriately during communication 50%-75% of the time.	Uses appropriate self-advocacy skills to meet needs in daily situations 50%-75% of the time.	Moderate impact on educational performance.
Minimal 1	Understands/uses non-verbal language (gestures, eye-contact, facial expression) less than 50% of the time.	Uses/responds to greetings and introductions appropriately less than 50% of the time.	Uses age-appropriate conversational skills (turn-taking, topic maintenance, relevant statements) less than 50% of the time.	Adjusts language register (casual vs. formal) appropriately during communication less than 50% of the time.	Uses appropriate self-advocacy skills to meet needs in daily situations less than 50% of the time.	Significant impact on educational performance.

Rubric for Functional Communication

Student: **SAMPLE FORMS**

Date: April 24, 2025

	Listening Skills	Vocabulary	Grammar	Social Use	Intelligibility *	Effect on Ed.
PS Advanced 4	Independent with attending to and completing tasks.	Understands and uses vocabulary above measured ability level.	Understands and uses grammatical structures above measured ability level.	Communicates appropriately in a variety of situations/settings.	90% intelligible to all listeners.	Minimal impact on educational performance.
PS Proficient 3	Needs minimal support to attend to and complete task.	Understands and uses vocabulary commensurate with measured ability level.	Understands and uses grammatical structures commensurate with measured ability level.	Needs minimal support to communicate appropriately in a variety of situations/settings.	75-90% intelligible to familiar listeners.	Mild impact on educational performance.
PS Basic 2	Needs moderate support to attend to and complete task.	Understands and uses vocabulary at an emergent level. (25 to 350 words)	Understands and uses grammatical structures at an emergent level.	Needs moderate support to communicate appropriately in a variety of situations/settings.	50-75% intelligible to familiar listeners.	Moderate impact on educational performance.
PS Minimal 1	Needs continual support to attend to and complete task.	Understands and uses vocabulary at a beginning level. (Less than 25 words)	Does not understand or use grammatical structures.	Needs continual support to communicate appropriately in a variety of situations/settings.	Less than 50% intelligible to familiar listeners.	Significant impact on educational performance.

Rubric for Fluency

Student: SAMPLE FORMS

Date: April 24, 2025

	Frequency	Dysfluency	Effect on Education
Advanced 4	Frequency of dysfluent behavior is within normal limits for the student's age, gender, and speaking situation and/or dysfluencies are less than 5% of total words.	Speech flow and time patterning are within normal limits. Developmental dysfluencies may be present.	Minimal or no interference with participation in the educational setting.
Proficient 3	Occasional dysfluencies are observed in specific speaking situations and/or dysfluencies are 5-10% of total words.	Rate of speech interferes with intelligibility. Sound, syllable, and/or word repetitions or prolongations are present with no secondary symptoms. Fluent speech periods prevail.	Mild impact on educational participation. Mild listener or speaker reaction or concern noted.
Basic 2	Frequent dysfluent behaviors are observed in speaking situations and/or dysfluencies are 10-20% of total words.	Rate of speech interferes with intelligibility. Sound, syllable, and/or word repetitions or prolongations are present. Secondary symptoms including blocking, avoidance, and physical concomitants may be observed.	Moderately interferes with educational performance. Avoidance of selected speaking situations. Moderate listener or speaker reaction or concern noted.
Minimal 1	Habitual dysfluent behaviors are observed in a majority of speaking situations and/or dysfluencies are greater than 20 % of total words.	Rate of speech interferes with intelligibility. Sound, syllable, and/or word repetitions or prolongations are predominant. Avoidance and frustration behaviors are observed.	Significantly interferes with educational performance. Habitual avoidance of speaking situations. Severe listener or speaker reaction or concern noted.

Rubric for Expressive Use of Language

Student: SAMPLE FORMS

Date: April 24, 2025

	Syntax/Grammar	Semantics/Vocabulary	Pragmatics/Social Use	Effect on Education
Advanced 4	Uses sentences that are complex and expanded.	Acquires/uses vocabulary at levels above age expectations.	Demonstrates socially appropriate use of language and skills of interaction.	Minimal or no interference with participation in the educational setting.
Proficient 3	Uses sentences that are at age level expectations.	Acquires/uses vocabulary at expected age levels.	Needs occasional support to demonstrate socially appropriate use of language and skills of interaction.	Mild impact on educational participation. Mild listener or speaker reaction or concern noted.
Basic 2	Uses sentences that are below age level expectations.	Acquires/uses vocabulary at levels below age expectations.	Needs frequent support to demonstrate socially appropriate use of language and skills of interaction.	Moderately interferes with educational performance. Moderate listener or speaker reaction or concern noted.
Minimal 1	Uses sentences that are significantly below age level expectations.	Acquires/uses vocabulary at levels significantly below age expectations.	Needs continual support to demonstrate socially appropriate uses of language and skills of interaction.	Significantly interferes with educational performance. Significant listener or speaker reaction or concern noted.

Rubric for Articulation and Phonology

Student: SAMPLE FORMS

Date: April 24, 2025

	Sound Imitation	Sound Production	Self-Correction	Intelligibility	Effect on Education
Advanced 4	Able to imitate age appropriate speech sounds within sentences given one prompt.	Able to produce age appropriate sounds. Errors consistent with normal development	Able to self-monitor and self-correct speech errors.	Connected speech is generally understood 90% of the time.	Minimal or no interference with participation in the educational setting.
Proficient 3	Able to imitate age appropriate speech sounds within phrase given minimal prompts.	1-2 sound errors or phonological processing errors.	Able to self-monitor and clarify when needed.	Connected speech is understood 75% to 90% of the time.	Mild impact on educational participation. Mild listener or speaker reaction or concern noted.
Basic 2	Able to imitate age appropriate speech sounds within words given multiple prompts.	3-4 sound errors or phonological errors.	Aware of speech errors and attempts to correct them.	Connected speech is understood 50% to 75% of the time.	Moderately interferes with educational performance. Moderate listener or speaker reaction or concern noted.
Minimal 1	Unable to imitate age appropriate speech sounds given multiple prompts.	5 sound errors or phonological errors.	Unaware of speech errors and does not attempt to correct them.	Connected speech is understood less than 50% of the time.	Significantly interferes with educational performance. Significant listener or speaker reaction or concern noted.

Rubric for Auditory Comprehension of Language

Student: SAMPLE FORMS

Date: April 24, 2025

	Syntax/Grammar	Semantics/Vocabulary	Pragmatics/Social Use	Effect on Education
Advanced 4	Understands sentences that are complex and expanded.	Acquires/understands vocabulary at levels above age expectations.	Demonstrates socially appropriate understanding of language and skills of interaction.	Minimal or no interference with participation in the educational setting.
Proficient 3	Understands sentences that are at age level expectations.	Acquires/understands vocabulary at expected age levels.	Needs occasional support to demonstrate socially appropriate understanding of language and skills of interaction.	Mild impact on educational participation. Mild listener or speaker reaction or concern noted.
Basic 2	Understands sentences that are below age level expectations.	Acquires/understands vocabulary at levels below age expectations.	Needs frequent support to demonstrate socially appropriate understanding of language and skills of interaction.	Moderately interferes with educational performance. Moderate listener or speaker reaction or concern noted.
Minimal 1	Understands sentences that are significantly below age level expectations.	Acquires/understands vocabulary at levels significantly below age expectations.	Needs continual support to demonstrate socially appropriate understanding of language and skills of interaction.	Significantly interferes with educational performance. Significant listener or speaker reaction or concern noted.

Communication Options for Families

Options Available if You Have Questions or Disagree with a Decision of the School

Families and schools have a “built-in” partnership with the child as the focus. This partnership will grow when parents and school staff work together. Disagreements may happen, but working together improves your child’s education.

What can you do if questions or concerns arise?

- If concerns arise, families are encouraged to first talk directly with the people involved as soon as possible (see local contacts – ex: your child’s teachers, principal, other school administrators)
- First, call to schedule an informal meeting to discuss the situation
- Then, prepare for the meeting by making a list of concerns and some possible solutions

What can you do in the meeting?

- Identify student strengths and acknowledge what is working
- Identify concerns of families and educators
- Use active listening in order to understand the other person’s perspective
- Ask questions or restate ideas so the team has a clear understanding
- Work together to suggest some possible options to resolve the concerns
- Analyze all of the options to see if you can find areas of agreement
- Discuss what should happen next

What if concerns are not fully resolved in the meeting?

- Request a break or ask the IEP team to meet again and consider including additional team members.
- Call others for suggestions on possible future action (see Communication Options for Families chart).

Problem solving at the school level gives families and school districts more collaborative options on outcomes for children.

Next Steps: What can be done if these attempts at solving problems don’t work?

- **Facilitated IEP:** An option for early conflict resolution Wisconsin has chosen to make available to families and schools. A neutral, trained professional helps the IEP team with the IEP process. <http://www.wsems.us/iep-facilitation>
- **Mediation:** An option for early conflict resolution available at no cost to families and schools. A mediator helps families and schools work toward resolution on special education conflicts/issues. <http://www.wsems.us/mediation>
- **IDEA State Complaints:** Anyone who believes a school district violated state or federal special education law has the right to file a complaint with DPI. More information at: <http://dpi.wi.gov/sped/dispute-resolution/complain>
- **Due Process Hearings:** Parents, adult students, and schools districts have the right to request due process hearings for special education disputes. More information at: <http://dpi.wi.gov/sped/dispute-resolution/due-process>

Access to WSPEI Family Engagement Coordinators and the WI Mediation System are provided at no cost to parents.

CESA – Cooperative Educational Service Agency
DPI – Department of Public Instruction

IEP – Individualized Education Program
WSPEI – Wisconsin Statewide Parent Educator Initiative

Developed 2011 – Revised 02/2024

WSPEI Information can be found at: www.wspei.org

The contents of this product were developed under a grant from the Department of Education, CFDA (84.027), through the Wisconsin Department of Public Instruction (WI DPI). WSPEI acknowledges Wisconsin DPI support for this federally funded grant resource.

Communication Options for Families

Waterford Education Cooperative

Options Available if You Have Questions or Disagree with a Decision of the School

SAMPLE FORMS

Who Can I Talk To?

Special Education Teacher Name: Phone: Email:	WSPEI Contact Problem Solving Collaboratively Gives Families and School Districts Shared Input over the Outcomes for Children	Regular Education Teacher Name: Phone: Email:
Director of Special Education Name: Michael Rosandich Phone: (262) 534-4034 x3101 Email: mrosandich@wuhs.us		School Psychologist Name: Phone: Email:
Parent/Family Center Contact (Ex: WI FACETS, Alianza) Name: Phone: Email:	Wisconsin Statewide Parent-Educator Initiative https://wspei.org/contact/	Administrator/Principal Name: Phone: Email:
Other Family Engagement Contacts Name: Role: Phone: Email:		Other Family Engagement Contacts (ex: WI Family Ties or WSPEI District Liaison) Name: Role: Phone: Email:
DPI Special Education Team Phone: (608) 266-1781 https://dpi.wi.gov/support/contact-special-education DPI SPED Team Staff Listing: https://dpi.wi.gov/sped/about/staff	State Contacts & Options	Mediation & Facilitated IEP Intake Coordinator www.wsems.us Phone Toll Free: (888) 298-3857

Developed by WSPEI, 2011 – Revised 02/2024

WSPEI information can be found at: www.wspei.org

The contents of this product were developed under a grant from the Department of Education, CFDA (84.027a), through the Wisconsin Department of Public Instruction (WI DPI). WSPEI acknowledges Wisconsin DPI support for this federally funded grant resource.

Waterford Education Cooperative PRIOR WRITTEN NOTICE

This document provides you prior written notice of the Waterford Education Cooperative decision with respect to special education and related aids and services for your son/daughter, **SAMPLE FORMS** during the period of school closure as a result of COVID-19. This is being provided pursuant to Wis. Stat. §§ 115.792(1)(b) and 115.792(2) and the applicable provision of the Code of Federal Regulations, 34 CFR §300.503(a).

On March 13, 2020, the Governor of the State of Wisconsin, ordered all public and private schools in the State of Wisconsin to close effective March 18, 2020. Per Governor Order, the schools shall remain closed for the duration of the public health emergency or until a subsequent order lifts the restriction.

The District will be providing educational services through virtual instruction to students beginning on . In compliance with guidance from the United States Department of Education (DOE) and the Wisconsin Department of Public Instruction (DPI), the District is working to provide to your student, to the greatest extent possible, special education and related services identified in his/her IEP developed under the Individuals Disabilities Education Act (IDEA) [or Section 504 Plan developed under the Rehabilitation Act of 1973] and will continue providing a Free Appropriate Public Education (FAPE) to your child. As DOE and DPI have recognized, however, the District may not be able to provide some services through virtual instruction. When that occurs, the District will reconvene the IEP team either virtually during this pandemic or once school resumes and determine whether additional services are necessary.

The District has reviewed the special education and related services identified in your student's IEP [or 504 plan] and has determined that the following services will be provided virtually during the period of school closure:

IEP Service	Frequency	Amount

The District has also determined that the following services will not be able to be provided virtually during the period of school closure:

Service in IEP	Modified service during school closure	Rationale for decision

Additional Information

During the period of school closure, the District will continue to explore additional options for virtual learning and will work with you to identify additional services or educational resources that may be provided to **SAMPLE FORMS**.

Please be aware that you and **SAMPLE FORMS** have protection under the procedural safeguards (rights) of special education law. The District is required to provide you with a copy of your [Special Education Rights for Parents and Children Spanish Hmong](#) at least once per year.

In addition to District staff including me, you may also contact the Wisconsin Department of Public Instruction at 608-266-1781 or Disability Rights Wisconsin at 131 W. Wilson St., Suite 700, Madison, WI, and phone 608-267-0214 if you have questions about your rights.

Sincerely,

NOTICE OF REEVALUATION
Form RE-1 (Rev. 5/2022)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Dear :

Date: April 24, 2025

This letter is to inform you that the **Waterford Education Cooperative** intends to reevaluate your child, **SAMPLE FORMS**. The school district must reevaluate your child if the educational or related services need of your child warrant a reevaluation, or if you or your child's teacher requests a reevaluation. However, a child is not to be reevaluated more than once a year unless you and the school district agree. The school district must also reevaluate your child at least once every three years unless the school district and you agree that a reevaluation is unnecessary. The purpose for this reevaluation is to determine whether your child continues to have a disability (impairment and need for special education), and to identify your child's current educational needs. The reason that the school district intends to reevaluate your child is:

- The school district received a request for a reevaluation on from:
 - you (*statement of your parental rights enclosed*)
 - your child's teacher:
 - other (specify):

Areas of concern (e.g., academics, cognitive learning, communication, independence and self-determination, physical/health, social and emotional learning):

- The school district determined that the educational or related services needs of your child warrant a reevaluation (*explain/describe*):

Areas of concern (e.g., academics, cognitive learning, communication, independence and self-determination, physical/health, social and emotional learning):

- The last evaluation/reevaluation of your child was completed on and therefore a reevaluation is due.

The individualized education program (IEP) team is responsible for this reevaluation and will conduct this reevaluation at no cost to you. You are a participant on the IEP team. You may include others on the IEP team who have knowledge or special expertise about the child.

You and your child (if appropriate) are IEP team participants.		
In addition, the following people are being appointed to the IEP team by the school district:		
Role	Title	Name, if known

Other options, if any, such as the selection of IEP team participants which were considered and the reason(s) they were rejected and a description of any other factors relevant to the proposed action: None

IEP team participants will first review existing information available on your child including information provided by you and then determine what, if any, further evaluation or assessment is necessary to assist in identifying the educational needs of your child and in making a determination of whether your child continues to have a disability. You will be sent a notification of this determination within 15 business days of: the date that the school district received the request to reevaluate your child; the date of this notice (*when a request did not initiate the reevaluation*). This notification will be sent by .

If the IEP team determines that additional assessments or other evaluation materials are necessary, the school district needs your written consent (permission) before it may administer any assessments or other evaluation materials to obtain further information about your child. You will be informed about what assessments or other evaluation materials will be given before they are administered. You will also be informed of the names of the individuals who will conduct those evaluations, if known at the time of the notice. Upon completion of the reevaluation, the IEP team will prepare an evaluation report, which will include documentation of your child's eligibility for special education. You will be provided with a copy of the evaluation report.

Within 60 calendar days of receiving your consent for this reevaluation or being provided with a notice that no further assessment of your child is necessary, the IEP team will meet to determine whether your child continues to be a child with a disability. If the IEP team determines that your child continues to have a disability, the team will review and revise, as appropriate, your child's IEP and determine a placement to carry out the IEP within 30 calendar days. You will be provided with a notice of placement and a copy of your child's IEP. If it is determined by the IEP team that your child no longer needs special education, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child's continued eligibility for special education and educational needs, to review or revise your child's IEP, or to determine a placement to carry out the IEP, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided subject to the time limitations described above. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team's most recent evaluation report.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year.

You received a copy of your procedural safeguard rights in a brochure about parent and child rights earlier this year. If you would like another copy of this brochure, please contact the district at the telephone number above.

A copy of the parent and child rights brochure is enclosed with this notice.

In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

Michael Rosandich, Director Special Education

NOTICE OF REEVALUATION

Form RE-1AD (Rev. 10/06)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Dear **SAMPLE FORMS**:

Date: April 24, 2025

This letter is to inform you that the **Waterford Education Cooperative** intends to reevaluate you. The school district must reevaluate you if your educational or related services needs warrant a reevaluation, or if your teacher requests a reevaluation. However, you are not to be reevaluated more than once a year unless you and the school district agree. The school district must also reevaluate you at least once every three years unless the school district and you agree that a reevaluation is unnecessary. The purpose for this reevaluation is to determine whether you continue to have a disability (impairment and need for special education), and to identify your current educational needs. The reason that the school district intends to reevaluate you is:

- The school district received a request for a reevaluation on _____ from:
- you
- your teacher:
- other (specify): _____
- The school district determined that your educational or related services needs warrant a reevaluation (explain/describe): _____
- Your last evaluation/reevaluation was completed on _____ and therefore a reevaluation is due.

The individualized education program (IEP) team is responsible for this reevaluation and will conduct this reevaluation at no cost to you. You are a participant on the IEP team. You may include others on the IEP team who have knowledge or special expertise about you.

The following individuals have been appointed as IEP team participants and will attend the meeting:

Role	Title	Name

Other options, if any, such as the selection of IEP team participants which were considered and the reason(s) they were rejected and a description of any other factors relevant to the proposed action: None

IEP team participants will first review existing information available on you including information provided by you and then determine what, if any, further evaluation or assessment is necessary to assist in identifying your educational needs and in making a determination of whether you continue to have a disability. You will be sent a notification of this determination within 15 business days of:

- the date that the school district received the request to reevaluate you;
- the date of this notice (when a request did not initiate the reevaluation).

This notification will be sent by _____.

If the IEP team determines that additional assessments or other evaluation materials are necessary, the school district needs your written consent (permission) before it may administer any assessments or other evaluation materials to obtain further information about you. You will be informed about what assessments or other evaluation materials will be given before they are administered. You will also be informed of the names of the individuals who will conduct those evaluations, if known at the time of the notice. Upon completion of the reevaluation, the IEP team will prepare an evaluation report, which will include documentation of your eligibility for special education. You will be provided with a copy of the evaluation report.

Within 60 calendar days of receiving your consent for this reevaluation or being provided with a notice that no further assessment is necessary, the IEP team will meet to determine whether you continue to be a student with a disability. If the IEP team determines that you continue to have a disability, the team will review and revise, as appropriate, your IEP and determine a placement to carry out the IEP within 30 calendar days. You will be provided with a notice of placement and a copy of your IEP. If it is determined by the IEP team that you no longer needs special education, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your continued eligibility for special education and educational needs, to review or revise your IEP, or to determine a placement to carry out the IEP, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided subject to the time limitations described above. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team's most recent evaluation report.

You have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year.

- You received a copy of your procedural safeguard rights in a brochure about parent and child rights earlier this year. If you would like another copy of this brochure, please contact the district at the telephone number above.
- A copy of the parent and child rights brochure is enclosed with this notice.

In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

Michael Rosandich, Director Special Education

cc:

SAMPLE
510112026

NOTICE OF REEVALUATION
Form RE-1AD (Rev. 5/2022)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Dear **SAMPLE FORMS**:

Date: April 24, 2025

This letter is to inform you that the **Waterford Education Cooperative** intends to reevaluate you. The school district must reevaluate you if your educational or related services needs warrant a reevaluation, or if your teacher requests a reevaluation. However, you are not to be reevaluated more than once a year unless you and the school district agree. The school district must also reevaluate you at least once every three years unless the school district and you agree that a reevaluation is unnecessary. The purpose for this reevaluation is to determine whether you continue to have a disability (impairment and need for special education), and to identify your current educational needs. The reason that the school district intends to reevaluate you is:

- The school district received a request for a reevaluation on from:
- you
- your teacher:
- other (specify):

Areas of concern (e.g., academics, cognitive learning, communication, independence and self-determination, physical/health, social and emotional learning):

- The school district determined that your educational or related services needs warrant a reevaluation (explain/describe):

Areas of concern (e.g., academics, cognitive learning, communication, independence and self-determination, physical/health, social and emotional learning):

- Your last evaluation/reevaluation was completed on and therefore a reevaluation is due.

The individualized education program (IEP) team is responsible for this reevaluation and will conduct this reevaluation at no cost to you. You are a participant on the IEP team. You may include others on the IEP team who have knowledge or special expertise about you.

The following individuals have been appointed as IEP team participants and will attend the meeting:

Role	Title	Name
------	-------	------

Other options, if any, such as the selection of IEP team participants which were considered and the reason(s) they were rejected and a description of any other factors relevant to the proposed action: None

IEP team participants will first review existing information available on you including information provided by you and then determine what, if any, further evaluation or assessment is necessary to assist in identifying your educational needs and in making a determination of whether you continue to have a disability. You will be sent a notification of this determination within 15 business days of:

- the date that the school district received the request to reevaluate you;
- the date of this notice (when a request did not initiate the reevaluation).

This notification will be sent by .

If the IEP team determines that additional assessments or other evaluation materials are necessary, the school district needs your written consent (permission) before it may administer any assessments or other evaluation materials to obtain further information about you. You will be informed about what assessments or other evaluation materials will be given before they are administered.

You will also be informed of the names of the individuals who will conduct those evaluations, if known at the time of the notice. Upon completion of the reevaluation, the IEP team will prepare an evaluation report, which will include documentation of your eligibility for special education. You will be provided with a copy of the evaluation report.

Within 60 calendar days of receiving your consent for this reevaluation or being provided with a notice that no further assessment is necessary, the IEP team will meet to determine whether you continue to be a student with a disability. If the IEP team determines that you continue to have a disability, the team will review and revise, as appropriate, your IEP and determine a placement to carry out the IEP within 30 calendar days. You will be provided with a notice of placement and a copy of your IEP. If it is determined by the IEP team that you no longer needs special education, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your continued eligibility for special education and educational needs, to review or revise your IEP, or to determine a placement to carry out the IEP, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided subject to the time limitations described above. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team's most recent evaluation report.

You have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year.

- You received a copy of your procedural safeguard rights in a brochure about parent and child rights earlier this year. If you would like another copy of this brochure, please contact the district at the telephone number above.
- A copy of the parent and child rights brochure is enclosed with this notice.

In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

Michael Rosandich, Director Special Education

cc:

**REFERRAL FOR SPECIAL
EDUCATION EVALUATION**
Form R-1 (Rev. 05/2022)

Waterford Education Cooperative

Name of child (last, first, middle) FORMS, SAMPLE	DOB June 01, 2004	Gender M	School Grade KG	WISEid (if known)
Name of parent or legal guardian	Address (street, city, state, zip)			Telephone area/no. (H) (C) (W)
Person making referral Title:		Is an interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date and method of notifying parent of intent to refer: <input type="checkbox"/> Conference: <input type="checkbox"/> Phone Call: <input type="checkbox"/> Written:				
Parent's or adult student's native language or other primary mode of communication if other than English (specify): Student's native language or other primary mode of communication if other than English (specify):				

Date referral received by school district/LEA:

The date the district receives the referral begins the 15-business day deadline by which to complete the review of existing information and to notify the parents of whether additional assessments are needed. In completing the following information, consider concerns about the student's academic and functional performance that affect access, engagement and progress in age/grade level general education curriculum, instruction, environment, or other school activities. For additional information, see [Guide to Special Education Forms](#).

- 1. Describe why you believe this student has a disability:**
- 2. What are your areas of concern (e.g., academics, cognitive learning, communication, independence and self-determination, physical/health, social and emotional learning)?**
- 3. If known, include information about any of the following:**
 - a. Early learning or academic achievement (including early literacy or reading achievement):**
 - b. Functional performance (e.g., cognitive learning, communication, independence and self-determination, social and emotional learning):**
 - c. Relevant medical information (physical/health including vision and hearing):**
 - d. Programs, services, or interventions that have been used to address this student's needs and the results of such interventions (including academic or behavior interventions and assistive technology):**

**REFERRAL FOR SPECIAL
EDUCATION EVALUATION**
Form R-1 (Rev. 05/2022)

Waterford Education Cooperative

Name of child (last, first, middle) FORMS, SAMPLE			Gender M	DOB June 01, 2004	School Grade KG	WISEid (If Known)	
Relationship	Name	Address	City, State and Zip		Home Phone	Cell Phone	Work Phone
Person making referral Title:				Is an interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date and method of notifying parent of intent to refer: <input type="checkbox"/> Conference: <input type="checkbox"/> Phone Call: <input type="checkbox"/> Written:							
Parent's or adult student's native language or other primary mode of communication if other than English (specify): Student's native language or other primary mode of communication if other than English (specify):							

Date referral received by school district/LEA:

The date the district receives the referral begins the 15-business day deadline by which to complete the review of existing information and to notify the parents of whether additional assessments are needed. In completing the following information, consider concerns about the student's academic and functional performance that affect access, engagement and progress in age/grade level general education curriculum, instruction, environment, or other school activities. For additional information, see [Guide to Special Education Forms](#).

- 1. Describe why you believe this student has a disability:**
- 2. What are your areas of concern (e.g., academics, cognitive learning, communication, independence and self-determination, physical/health, social and emotional learning)?**
- 3. If known, include information about any of the following:**
 - a. Early learning or academic achievement (including early literacy or reading achievement):**
 - b. Functional performance (e.g., cognitive learning, communication, independence and self-determination, social and emotional learning):**
 - c. Relevant medical information (physical/health including vision and hearing):**
 - d. Programs, services, or interventions that have been used to address this student's needs and the results of such interventions (including academic or behavior interventions and assistive technology):**

**NOTICE OF AGREEMENT TO CONDUCT
A REEVALUATION MORE THAN ONCE A YEAR**
Form RE-2AD (Rev. 7/06)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101]

Dear :

Date: April 24, 2025

It has been less than a year since you, **SAMPLE FORMS**, were last evaluated. Under federal special education law, evaluations of children with disabilities do not occur more often than once a year unless you and the school district agree that an evaluation is needed.

On we and agreed that a reevaluation of you is necessary at this time for the following reason(s):

Other options, if any, related to the above action which were considered and the reason(s) they were rejected including a description of any other relevant factors, include: None

The individualized education program (IEP) team is responsible for this reevaluation and will conduct this reevaluation at no cost to you. You are a participant on the IEP team. You may include others on the IEP team who have knowledge or special expertise about you.

You and your child (if appropriate) are IEP team participants.		
In addition, the following people are being appointed to the IEP team by the school district:		
Role	Title	Name, if known

Other options, if any, related to the selection of IEP team participants which were considered and the reason(s) they were rejected and a description of any other factors relevant to the proposed action: None

IEP team participants will first review existing information available on you, including information provided by you, and then determine what, if any, further evaluation or assessment is necessary to assist in identifying the educational needs of you and in making a determination of whether you continue to have a disability. You will be sent a notification of this documentation within 15 business days of the date you and the school district agreed that a reevaluation of you was necessary. This notification will be sent by .

If the IEP team determines that additional assessments or other evaluation materials are necessary the school district needs your written consent (permission) before it may administer any assessments, or other evaluation materials, to obtain further information about you. You will be informed about what assessments or other evaluation materials that will be given before they are administered. You will also be informed of the names of the individuals who will conduct those evaluations, if known at the time of the notice. Upon completion of the reevaluation, the IEP team will prepare an evaluation report, which will include documentation of your eligibility for special education. You will be provided with a copy of the evaluation report.

Within 60 calendar days of receiving your consent for this reevaluation or being provided with a notice that no further assessment of you is necessary, the IEP team will meet to determine whether you continue to be a child with a disability. If the IEP team determines that you continue to have a disability, the team will review and revise, as appropriate, your IEP and determine a placement to carry out the IEP within 30 calendar days. You will be provided with a notice of placement and a copy of your IEP. If it is determined by the IEP team that you no longer need special education, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your continued eligibility for special education and educational needs, to review or revise your IEP, or to determine a placement to carry out the IEP, you, or other IEP team participants, believe that additional time is needed to permit your meaningful involvement, additional time will be provided subject to the time limitations described above. This IEP team process may be concluded in one meeting, or may require more than one meeting, depending on individual circumstances. In addition and upon request, you may receive a copy of the team's most recent evaluation report.

You have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Earlier this year you received a copy of your procedural safeguard rights in a

brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above.

In addition to district staff, you may also contact at **Wisconsin FACETS** if you have questions about your rights.

Sincerely,

Michael Rosandich, Director Special Education

SAMPLE
510112026

**NOTICE OF AGREEMENT TO CONDUCT
A REEVALUATION MORE THAN ONCE A YEAR**
Form RE-2 (Rev. 7/06)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101]

Dear :

Date: April 24, 2025

It has been less than a year since your child, **SAMPLE FORMS**, was last evaluated. Under federal special education law, evaluations of children with disabilities do not occur more often than once a year unless the child's parent and school district agree that an evaluation is needed.

On we and agreed that a reevaluation of your child is necessary at this time for the following reason(s):

Other options, if any, related to the above action which were considered and the reason(s) they were rejected including a description of any other relevant factors, include: None

The individualized education program (IEP) team is responsible for this reevaluation and will conduct this reevaluation at no cost to you. You are a participant on the IEP team. You may include others on the IEP team who have knowledge or special expertise about the child.

<p>You and your child (if appropriate) are IEP team participants. In addition, the following people are being appointed to the IEP team by the school district:</p>		
Role	Title	Name, if known

Other options, if any, related to the selection of IEP team participants which were considered and the reason(s) they were rejected and a description of any other factors relevant to the proposed action: None

IEP team participants will first review existing information available on your child, including information provided by you, and then determine what, if any, further evaluation or assessment is necessary to assist in identifying the educational needs of your child and in making a determination of whether your child continues to have a disability. You will be sent a notification of this documentation within 15 business days of the date you and the school district agreed that a reevaluation of your child was necessary. This notification will be sent by .

If the IEP team determines that additional assessments or other evaluation materials are necessary the school district needs your written consent (permission) before it may administer any assessments, or other evaluation materials, to obtain further information about your child. You will be informed about what assessments or other evaluation materials will be given before they are administered. You will also be informed of the names of the individuals who will conduct those evaluations, if known at the time of the notice. Upon completion of the reevaluation, the IEP team will prepare an evaluation report, which will include documentation of your child's eligibility for special education. You will be provided with a copy of the evaluation report.

Within 60 calendar days of receiving your consent for this reevaluation or being provided with a notice that no further assessment of your child is necessary, the IEP team will meet to determine whether your child continues to be a child with a disability. If the IEP team determines that your child continues to have a disability, the team will review and revise, as appropriate, your child's IEP and determine a placement to carry out the IEP within 30 calendar days. You will be provided with a notice of placement and a copy of your child's IEP. If it is determined by the IEP team that your child no longer needs special education, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child's continued eligibility for special education and educational needs, to review or revise your child's IEP, or to determine a placement to carry out the IEP, you, or other IEP team participants, believe that

additional time is needed to permit your meaningful involvement, additional time will be provided subject to the time limitations described above. This IEP team process may be concluded in one meeting, or may require more than one meeting, depending on individual circumstances. In addition and upon request, you may receive a copy of the team's most recent evaluation report.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above.

In addition to district staff, you may also contact 1-877-374-0511 at Wisconsin FACETS if you have questions about your rights.

Sincerely,

Michael Rosandich, Director Special Education

SAMPLE
510112026

NOTICE OF RECEIPT OF REFERRAL AND START OF INITIAL EVALUATION
 Form IE-1 (Rev. 5/19)

Notice sent with statement of Parental Rights , April 24, 2025
 (Initials/Date)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Dear :

Date: April 24, 2025

On , the school district received a referral to evaluate your child, **SAMPLE FORMS**, to determine whether your child has a disability (impairment and need for special education) and your child’s educational needs. The individualized education program (IEP) team is responsible for this evaluation and will conduct this evaluation at no cost to you. You are a participant on the IEP team. You may include others on the IEP team who have knowledge or special expertise about your child.

You and your child (if appropriate) are IEP team participants.		
In addition, the following people are being appointed to the IEP team by the school district:		
Role	Title	Name, if known

Other options, if any, such as the selection of IEP team participants which were considered and the reason(s) they were rejected and a description of any other factors relevant to the proposed action: None

IEP team participants will first review existing information available on your child, including information provided by you. The IEP team will then determine what, if any, further evaluation is necessary to assist in making a determination of whether your child has or does not have a disability and their educational needs. You will be sent a notification of this determination within 15 business days of the school district receiving the referral to evaluate your child. This notification will be sent by .

If the IEP team determines that additional assessments and other evaluation materials are necessary, the school district needs your written consent (permission) before administering any assessments or other evaluation materials to obtain further information about your child. You will be informed about what assessments or other evaluation materials will be given before they are administered. You will also be informed of the names of the individuals who will conduct those evaluations, if known at the time of the notice. Upon completion of the evaluation the IEP team will prepare an evaluation report which will include documentation of your child’s eligibility for special education. You will be provided with a copy of the evaluation report.

Within 60 calendar days of receiving your consent for evaluation or being provided with a notice that no further assessment of your child is necessary, the IEP team will meet to determine whether your child has a disability and to identify their educational needs. If the IEP team determines that your child is a child with a disability, the team will meet to develop an IEP to address your child’s needs and determine a placement to carry out the IEP within 30 calendar days. You will be provided with a notice of placement and a copy of your child’s IEP. The school district needs your written consent (permission) before initially providing special education to your child. If it is determined that your child is not a child with a disability, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child’s eligibility for special education, develop an IEP, or determine a placement, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided subject to the time limitations described above. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances.

You and your child have protection under the procedural safeguards (rights) of special education law. Please read the brochure of parent and child rights enclosed with this notice. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

**EXISTING DATA REVIEW
TO DETERMINE IF ADDITIONAL ASSESSMENTS
OR EVALUATION DATA ARE NEEDED**

Form ED-1 (Rev. 5/2022)

Waterford Education Cooperative

Name of Student SAMPLE FORMS **WISEid:** **LEA's Student ID:** 5205

The purpose of the review of existing evaluation data is to determine whether there is sufficient information needed to conduct a comprehensive evaluation to determine eligibility and to identify all of the student's special education and related services needs.

The review of existing data is conducted:

- **After** the parent(s) receives the *Notice of Receipt of Referral and Start of Initial Evaluation* or the *Notice of Reevaluation*, and
- **Before** sending the *Notice and Consent Regarding Need to Conduct Additional Assessments* or *Notice that No Additional Assessments Needed*.
- If a meeting is held to consider existing data, this form is used as documentation of that meeting, along with a Cover Sheet. If no meeting is held, this form is used to document the input and decisions of required participants.

Notice of receipt of referral and start of initial evaluation/notice of reevaluation was provided to parent(s) (Date April 24, 2025)

Information from referral for special education/notice of reevaluation was reviewed: Yes No

I. Review of existing evaluation data to identify what additional data, if any, are needed to assess areas of concern identified on the referral.

Existing Data For additional information, see Guide to Special Education Forms . <i>Check if reviewed:</i>	Sources of Information <i>Check all that apply</i>	Additional Data Needed
Information about the student's (including preschool children) academic achievement: <input type="checkbox"/> Early literacy/Reading achievement <input type="checkbox"/> Speaking and listening achievement <input type="checkbox"/> Language achievement <input type="checkbox"/> Writing achievement <input type="checkbox"/> Mathematics achievement <input type="checkbox"/> Physical education (PE) achievement <input type="checkbox"/> Academic achievement in other areas (e.g., science, social studies, etc.) Information about the student's (including preschool children) functional performance: <input type="checkbox"/> Cognitive learning (e.g. executive function skills, information processing) <input type="checkbox"/> Communication (e.g., sound production, fluency, voice, social and pragmatic language) <input type="checkbox"/> Independence/Self-determination (e.g., self-advocacy, self-care and hygiene) <input type="checkbox"/> Physical/Health (e.g., vision, hearing, fine and gross motor skills, mobility) <input type="checkbox"/> Social and Emotional Learning (e.g.,	<input type="checkbox"/> Information or evaluations provided by the parents/family <input type="checkbox"/> Previous evaluations <input type="checkbox"/> Current classroom-based, district-wide or state assessment results <input type="checkbox"/> Observations by teachers, related service providers and others (including current classroom-based observations and observations by reading teacher/specialist, if applicable). <input type="checkbox"/> Previous interventions and effects <input type="checkbox"/> Behavioral records (including but not limited to discipline data, suspensions, office referrals, and data tracking a behavior) <input type="checkbox"/> Assistive technology assessment (including but not limited to assessment for accessible educational materials and augmentative and alternative communication) <input type="checkbox"/> Functional behavioral assessment <input type="checkbox"/> Adaptive PE Assessment <input type="checkbox"/> Information from other sources (including but not limited to postsecondary transition, medical, Birth-to-3)	<input type="checkbox"/> Yes (specify under Section III below) <input type="checkbox"/> No

perspective taking, self-management and regulation)		
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II. Additional areas of concern identified during the review of existing data, if any: None**III. Describe additional assessments and other evaluation materials needed to complete a sufficiently comprehensive evaluation to assess the areas of concerns and determine if a student meets criteria for a disability category and needs specially designed instruction:** None**IV. List of IEP team participants involved in the review of existing data to determine if additional information, if any, is needed.**

Name	Role	Date	Method of Involvement

Did the parent participate in the review of existing data? Yes No

If the parent did not attend or participate in the review of existing data, document three efforts to involve the parent:

Date:	Method:	Result:

Form completed by

Date:

**INITIAL EVALUATION: NOTICE THAT
NO ADDITIONAL ASSESSMENTS NEEDED**
Form IE-2 (Rev. 5/19)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Dear :

Date: April 24, 2025

Previously you were notified of the school district's intent to evaluate your child, **SAMPLE FORMS**. The individualized education program (IEP) team is responsible for this evaluation. You are a participant on the IEP team. The IEP team considered existing evaluation assessments, procedures, records or reports as documented on the Existing Data Review to determine if additional assessments or evaluations are needed (DPI Model Form ED-1).

The IEP team has determined that additional assessments or other evaluation materials do not need to be administered to your child to determine whether they have a disability (impairment and a need for special education) and his or her educational needs.

- You participated in making this determination on in the following way:
- You did not participate in making this determination and the school district made 3 attempts to involve you as follows:

The reason(s) for this determination (including a description of any other options considered and reasons rejected, and other relevant factors) are:

None

The IEP team's next step will be to determine whether your child has a disability and his or her educational needs based upon its review of the existing information available on your child, including information provided by you. As a participant on the IEP team, you will be involved in this determination. Upon completion of the evaluation, the IEP team will prepare an evaluation report. The report will include documentation of your child's eligibility for special education. You will be provided with a copy of the evaluation report. If the IEP team determines that your child is a child with a disability, the team will develop an IEP to address your child's needs and determine a placement to carry out the IEP. You will be provided with a notice of placement and a copy of your child's IEP. If it is determined that your child is not a child with a disability, you will be provided with a notice of that finding.

If at any point during an IEP team meeting, to determine your child's eligibility for special education, develop an IEP, or determine a placement, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP process may be concluded in one meeting or may require more than one meeting depending on individual circumstances.

You and your child have protection under the procedural safeguards (rights) of special education law. Previously you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

,

**REEVALUATION: NOTICE THAT NO
ADDITIONAL ASSESSMENTS NEEDED**

Form RE-4AD (Rev. 10/06)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Dear **SAMPLE FORMS**:

Date: April 24, 2025

Previously you were notified of the school district's intent to reevaluate you. The individualized education program (IEP) team is responsible for this reevaluation. You are a participant on the IEP team. The IEP team considered the following existing evaluation assessments, procedures, records or reports:

The IEP team has determined that additional assessments or other evaluation materials do not need to be administered to you to determine whether you continue to have a disability (impairment and a need for special education) and your educational needs.

- You participated in making this determination on in the following way:
- You did not participate in making this determination and the school district made 3 attempts to involve you as follows:

The reason(s) for this determination (including a description of any other options considered and reasons rejected, and other relevant factors) are:

You have the right to request additional assessment or other evaluation materials if you disagree with the IEP team's decision. Upon your request and with your written consent, the school district will administer additional assessments or other evaluation materials related to determining your continuing eligibility for special education and your educational needs at no cost to you.

If you do not request additional assessments or other evaluation materials, the IEP team will next determine whether you continue to have a disability and identify your educational needs based upon its review of existing information available on you, including information provided by you. As a participant on the IEP team, you will be involved in this determination. Upon completion of the reevaluation, the IEP team will prepare an evaluation report. The report will include documentation of your eligibility for special education. You will be provided with a copy of the evaluation report. If the IEP team determines that you continue to have a disability, the team will review and revise, as appropriate, your IEP and determine a placement to carry out the IEP. You will be provided with a notice of placement and a copy of your IEP. If it is determined by the IEP team that you no longer needs special education, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your continued eligibility for special education and educational needs, to review or revise your IEP, or to determine a placement to carry out the IEP, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team's most recent evaluation report.

You have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

Michael Rosandich, Director Special Education

cc:

**INITIAL EVALUATION: NOTICE AND
CONSENT REGARDING NEED TO
CONDUCT ADDITIONAL ASSESSMENTS**
Form IE-3 (Rev. 5/18)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Dear :

Date: April 24, 2025

Previously you were notified of the school district's intent to evaluate your child, **SAMPLE FORMS**, to determine whether he/she has a disability (impairment and need for special education). The individualized education program (IEP) team is responsible for this evaluation. You are a participant on the IEP team. The IEP team considered existing evaluation assessments, procedures, records or reports as documented on the Existing Data Review to determine if additional assessments or evaluations are needed (DPI Model Form ED-1).

The IEP team has determined that additional assessments or other evaluation materials are needed to determine whether your child has a disability.

You participated in making this decision on in the following way:

You did not participate in making this decision and the school district made 3 attempts to involve you as follows:

The school district needs your written consent (permission) before it can administer assessments or other evaluation materials to your child. With your consent the following assessments or other evaluation materials will be administered.

Areas to be evaluated	Description of assessments and other evaluation materials and titles, if known	Name of evaluator, if known

Other evaluation options considered, if any, and reasons rejected and a description of any other factors relevant to the proposed evaluation of this child: None

Following the administration of these assessments or other evaluation materials the IEP team will meet to review the results of these assessments and other evaluation materials as well as other existing information available on your child, including information provided by you. Using the results of these assessments or other evaluation materials along with other available information, the IEP team will make a determination of whether your child has a disability including his or her educational needs. As a participant on the IEP team, you will be involved in this determination. Upon completion of the evaluation, the IEP team will prepare an evaluation report, which will include documentation of your child's eligibility for special education. You will be provided with a copy of the evaluation report. If the IEP team determines that your child is a child with a disability, the team will develop an IEP to meet your child's needs and determine a placement to carry out the IEP. You will be provided with a notice of placement and a copy of your child's IEP. If it is determined by the IEP team that your child does not have a disability, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child's eligibility for special education, develop an IEP, or determine a placement, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances.

You and your child have protection under the procedural safeguards (rights) of special education law. Previously you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the school district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

**PARENT CONSENT/PERMISSION TO ADMINISTER
ASSESSMENTS AND OTHER EVALUATION MATERIALS
AS PART OF AN INITIAL EVALUATION**

Regarding student: **SAMPLE FORMS**

I understand the action proposed by the school district and
(please check appropriate box below, sign and date, and return one copy to the school district)

- I give my consent for the school district to administer these assessments or other evaluation materials described in this notice to my child as part of an initial evaluation. I understand my consent is voluntary and can be revoked at any time before the administration of assessments or other evaluation materials.

- I do not give my consent for the school district to administer these assessments or other evaluation materials described in this notice to my child as part of an initial evaluation. I understand that if I do not consent for the school district to administer these assessments or other evaluation materials, the school district may request mediation or initiate a due process hearing regarding whether those assessments or other evaluation materials should be administered.

Signature of parent or legal guardian or adult student

Date

For School District Use Only

Date school district received parent consent

(mo/day/yr)

Stu ID#: 5205

**REEVALUATION: NOTICE THAT NO
ADDITIONAL ASSESSMENTS NEEDED**
Form RE-4 (Rev. 5/19)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Dear :

Date: April 24, 2025

Previously you were notified of the school district's intent to reevaluate your child, SAMPLE FORMS. The individualized education program (IEP) team is responsible for this reevaluation. You are a participant on the IEP team. The IEP team considered existing evaluation assessments, procedures, records or reports as documented on the Existing Data Review to determine if additional assessments or evaluations are needed (DPI Model form ED-1).

The IEP team has determined that additional assessments or other evaluation materials do not need to be administered to your child to determine whether your child continues to have a disability (impairment and a need for special education) and his or her educational needs.

You participated in making this determination on in the following way:

You did not participate in making this determination and the school district made 3 attempts to involve you as follows: The reason(s) for this determination (including a description of any other options considered and reasons rejected and other relevant factors) are:

You have the right to request additional assessment or other evaluation materials if you disagree with the IEP team's decision. Upon your request and with your written consent, the school district will administer additional assessments or other evaluation materials related to determining your child's continuing eligibility for special education and their educational needs at no cost to you.

If you do not request additional assessments or other evaluation materials, the IEP team will next determine whether your child continues to have a disability and identify their educational needs based upon its review of existing information available on your child, including information provided by you. As a participant on the IEP team, you will be involved in this determination. Upon completion of the reevaluation, the IEP team will prepare an evaluation report. The report will include documentation of your child's eligibility for special education. You will be provided with a copy of the evaluation report. If the IEP team determines that your child continues to have a disability, the team will review and revise, as appropriate, your child's IEP and determine a placement to carry out the IEP. You will be provided with a notice of placement and a copy of your child's IEP. If it is determined by the IEP team that your child no longer needs special education, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child's continued eligibility for special education and educational needs, to review or revise your child's IEP, or to determine a placement to carry out the IEP, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team's most recent evaluation report.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

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**NOTICE OF AGREEMENT THAT A
THREE-YEAR REEVALUATION NOT NEEDED**
Form RE-3 (Rev. 5/18)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101]

Dear :

Date: April 24, 2025

Under federal special education law, school districts are required to reevaluate children with disabilities once every three years unless the child's parent and school district agree a reevaluation is not needed.

We agree a reevaluation to determine whether your child, **SAMPLE FORMS**, continues to be a child with a disability in need of special education and his/her educational needs is not necessary at this time. We base this on the following reason(s):

Other options, if any, related to the above action which were considered and the reason(s) they were rejected, including a description of any other relevant factors include: None

On **April 24, 2025** we and you agreed with district staff that a reevaluation was not necessary at this time. If at any time in the future, you believe a reevaluation is necessary, please contact your child's special education teacher.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is, or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above.

In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

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**REEVALUATION: NOTICE AND CONSENT REGARDING
NEED TO CONDUCT ADDITIONAL ASSESSMENTS**
Form RE-5 (Rev. 5/18)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Dear **SAMPLE FORMS**,

Date: April 24, 2025

Previously you were notified of the school district's intent to reevaluate you. The individualized education program (IEP) team is responsible for this reevaluation. You are a participant on the IEP team. The IEP team considered the existing evaluation assessments, procedures, records or reports as documented on the Existing Data Review to determine if additional assessments or evaluations are needed (DPI Model form ED-1).

The IEP team has determined that additional assessments or other evaluation materials are needed to determine whether your child continues to have a disability (impairment and a need for special education), and to identify your child's current educational needs.

You participated in making this determination on in the following way:

You did not participate in making this determination and the school district made 3 attempts to involve you as follows:

The school district needs your written consent (permission) before it can administer assessments or other evaluation materials to your child. With your consent the following tests or other evaluation materials will be administered.

Areas to be evaluated	Description of assessments and other evaluation materials and titles, if known	Name of Evaluator, If known

Other evaluation options, if any, considered and reasons rejected, including a description of any other factors relevant to the proposed evaluation of this child: None

Following the administration of these assessments or other evaluation materials, the IEP team will meet to review the results of these assessments and other evaluation materials along with other existing information available on your child, including information provided by you. Using the results of these assessments or other evaluation materials along with other available information, the IEP team will make a determination of whether your child continues to have a disability. As a participant on the IEP team, you will be involved in this determination. Upon completion of the reevaluation, the IEP team will prepare an evaluation report, which will include documentation of your child's eligibility for special education. You will be provided with a copy of the evaluation report. If the IEP team determines that your child continues to have a disability, the team will review and revise, as appropriate, your child's IEP and determine a placement to carry out the IEP. You will be provided with a notice of placement and a copy of your child's IEP. If it is determined by the IEP team that your child no longer needs special education, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child's continued eligibility for special education or educational needs, review or revise your child's IEP, or determine a placement to carry out the IEP, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team's most recent evaluation report.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is, or earlier this year, you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the school district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

**PARENT CONSENT/PERMISSION TO ADMINISTER
ASSESSMENTS AND OTHER EVALUATION MATERIALS
AS PART OF A REEVALUATION**

Regarding student: SAMPLE FORMS

I understand that if I do not respond to the school districts' requests for my written consent (permission) to administer these assessments or other evaluation materials, the school district is permitted to proceed with the assessments or other evaluation materials without my written consent.

I understand the action proposed by the school district and

(please check appropriate box below, sign and date, and return one copy to the school district)

- I give my consent for the school district to administer these assessments or other evaluation materials described in this notice to my child as part of a reevaluation. I understand that my consent is voluntary and may be revoked at any time before the administration of assessments or other evaluation materials.
- I do not give my consent for the school district to administer these assessments or other evaluation materials described in this notice to my child as part of a reevaluation. I understand that if I do not give my written consent for the school district to administer these assessments or other evaluation materials, the school district may request mediation or initiate a due process hearing regarding whether those assessments or other evaluation materials should be administered.

Signature of parent or legal guardian or adult student

Date

<p>For School District Use Only</p> <p>Date school district received parent consent</p> <p>_____</p> <p>(mo/day/yr)</p>

ID# 5205

**REEVALUATION: NOTICE AND CONSENT REGARDING
NEED TO CONDUCT ADDITIONAL ASSESSMENTS**
Form RE-5 (Rev. 5/18)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Dear ,

Date: April 24, 2025

Previously you were notified of the school district's intent to reevaluate your child, **SAMPLE FORMS**. The individualized education program (IEP) team is responsible for this reevaluation. You are a participant on the IEP team. The IEP team considered the existing evaluation assessments, procedures, records or reports as documented on the Existing Data Review to determine if additional assessments or evaluations are needed (DPI Model form ED-1).

The IEP team has determined that additional assessments or other evaluation materials are needed to determine whether your child continues to have a disability (impairment and a need for special education), and to identify your child's current educational needs.

You participated in making this determination on in the following way:

You did not participate in making this determination and the school district made 3 attempts to involve you as follows:

The school district needs your written consent (permission) before it can administer assessments or other evaluation materials to your child. With your consent the following tests or other evaluation materials will be administered.

Areas to be evaluated	Description of assessments and other evaluation materials and titles, if known	Name of Evaluator, If known

Other evaluation options, if any, considered and reasons rejected, including a description of any other factors relevant to the proposed evaluation of this child: None

Following the administration of these assessments or other evaluation materials, the IEP team will meet to review the results of these assessments and other evaluation materials along with other existing information available on your child, including information provided by you. Using the results of these assessments or other evaluation materials along with other available information, the IEP team will make a determination of whether your child continues to have a disability. As a participant on the IEP team, you will be involved in this determination. Upon completion of the reevaluation, the IEP team will prepare an evaluation report, which will include documentation of your child's eligibility for special education. You will be provided with a copy of the evaluation report. If the IEP team determines that your child continues to have a disability, the team will review and revise, as appropriate, your child's IEP and determine a placement to carry out the IEP. You will be provided with a notice of placement and a copy of your child's IEP. If it is determined by the IEP team that your child no longer needs special education, you will be provided with a notice of that finding.

If at any point during an IEP team meeting to determine your child's continued eligibility for special education or educational needs, review or revise your child's IEP, or determine a placement to carry out the IEP, you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded in one meeting or may require more than one meeting depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team's most recent evaluation report.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is, or earlier this year, you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the school district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

**PARENT CONSENT/PERMISSION TO ADMINISTER
ASSESSMENTS AND OTHER EVALUATION MATERIALS
AS PART OF A REEVALUATION**

Regarding student: SAMPLE FORMS

I understand that if I do not respond to the school districts' requests for my written consent (permission) to administer these assessments or other evaluation materials, the school district is permitted to proceed with the assessments or other evaluation materials without my written consent.

I understand the action proposed by the school district and

(please check appropriate box below, sign and date, and return one copy to the school district)

I give my consent for the school district to administer these assessments or other evaluation materials described in this notice to my child as part of a reevaluation. I understand that my consent is voluntary and may be revoked at any time before the administration of assessments or other evaluation materials.

I do not give my consent for the school district to administer these assessments or other evaluation materials described in this notice to my child as part of a reevaluation. I understand that if I do not give my written consent for the school district to administer these assessments or other evaluation materials, the school district may request mediation or initiate a due process hearing regarding whether those assessments or other evaluation materials should be administered.

Signature of parent or legal guardian or adult student

Date

<p>For School District Use Only</p> <p>Date school district received parent consent</p> <p>_____</p> <p>(mo/day/yr)</p>

ID# 5205

**INVITATION TO A MEETING OF THE
INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM**
Form I-1t (Rev. 10/06)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Date: April 24, 2025

Dear **SAMPLE FORMS**:

You are a participant on the IEP Team that will meet to address your educational needs. IEP team meetings must be held at a mutually agreeable time and place. An IEP team meeting has tentatively been scheduled for the following date, time, and location: , , . If these meeting arrangements are not agreeable to you, please call at . You may bring other people who have knowledge or special expertise about you to the meeting with you.

The purpose of this IEP team meeting is (check all that apply):

EVALUATION AND REEVALUATION

- Determine initial eligibility for special education
 Determine continuing eligibility for special education

INDIVIDUALIZED EDUCATION PROGRAM (IEP) (if student is eligible)

- Develop an initial IEP
 Develop an annual IEP
 Review/revise IEP
 Transition – the consideration of postsecondary goals and transition services (required for students beginning at age 14)

PLACEMENT (if student is eligible)

- Determine initial placement
 Determine continuing placement

OTHER

- Review existing information to determine need for additional assessments or other evaluation materials (meeting optional)
 Conduct a manifestation determination (check appropriate boxes under IEP and placement if changes in either are contemplated)
 Determine setting for services during disciplinary change in placement (must also check appropriate boxes under IEP & placement)
 Alternate Assessments
 Other (specify):

If transition is checked as one of the purposes of this meeting, you are invited to attend. We are also inviting representatives from the following agencies who may assist in your transition planning:

None

If at any point during this meeting you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. Decisions related to the purpose(s) checked above may be made in one meeting or may require more than one meeting, depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team's most recent evaluation report.

You and your parents are IEP team participants		
In addition, the following people are being appointed to the IEP team by the school district:		
Role	Title	Name

You have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year.

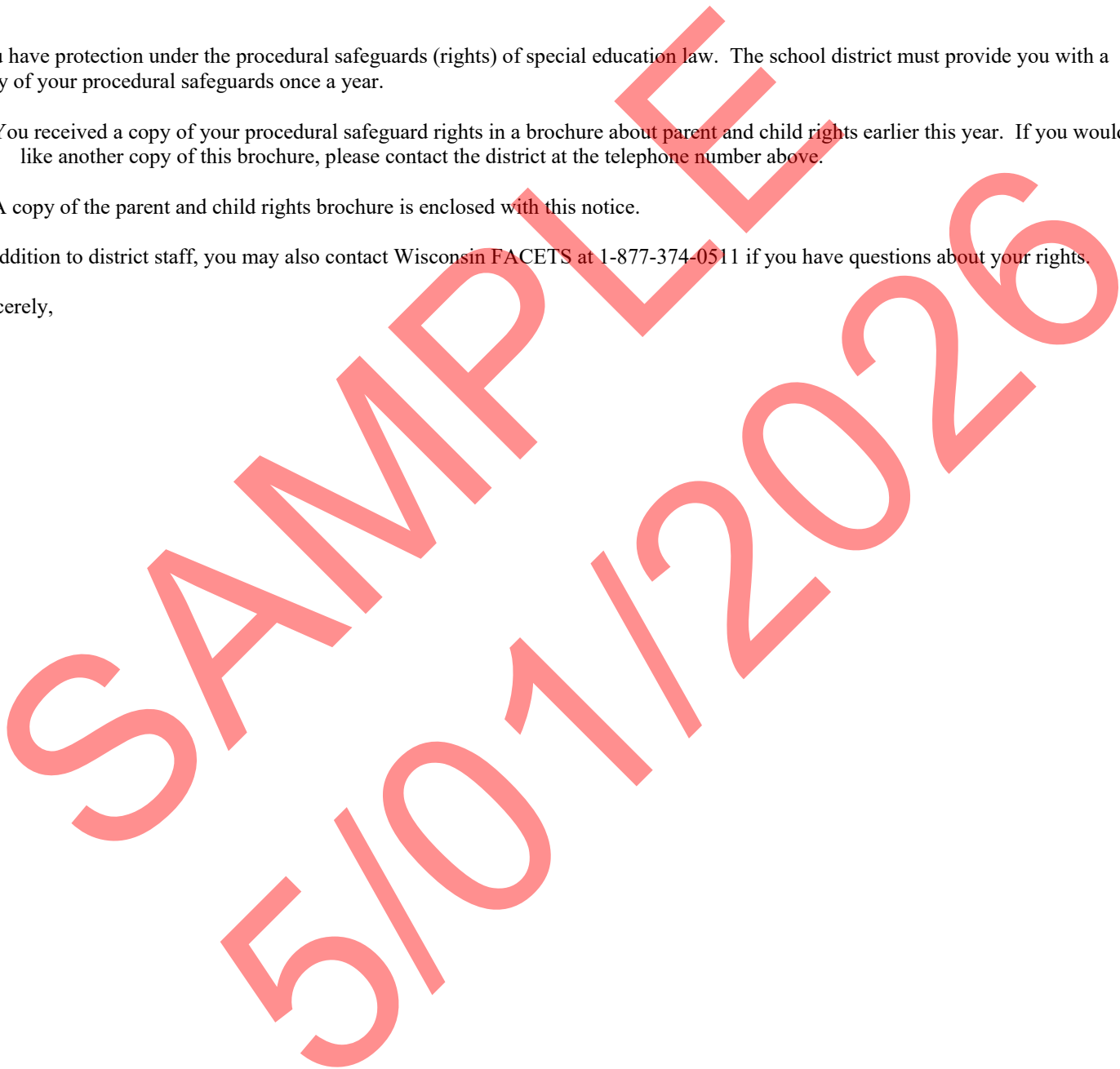
You received a copy of your procedural safeguard rights in a brochure about parent and child rights earlier this year. If you would like another copy of this brochure, please contact the district at the telephone number above.

A copy of the parent and child rights brochure is enclosed with this notice.

In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

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**REQUEST TO INVITE OTHERS WITH KNOWLEDGE OR SPECIAL
EXPERTISE TO AN INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING
Form I-1C (New 5/2012)**

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101]

Dear

Date:

A purpose of your child's upcoming individualized education program (IEP) meeting is to discuss his / her present level of performance, annual goals, and services needed to achieve those goals. We would like to invite individuals not employed by the school district who work with your child and may assist with planning for your child. We cannot invite the individual(s) unless we receive your written permission.

Name, if known	Agency

Sincerely,

Name and Title of District Contact Person

I understand the action proposed by the school district and

(Please check the appropriate box below, sign, date and return one copy of this request to the school district)

I give my consent for all of the above identified individuals or representatives to be invited to my child's IEP meeting. I understand that my consent is voluntary and may be revoked at any time before the identified individuals or representatives have been invited.

I give my consent for the following above identified individuals or representatives to be invited to my child's IEP meeting _____.

I do not give my consent for any of the above identified individuals or representatives to be invited to my child's IEP meeting.

Signature of parent or legal guardian or adult student

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

**INVITATION TO A MEETING OF THE
INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM**
Form I-1AD (Rev. 10/06)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Date: April 24, 2025

Dear **SAMPLE FORMS**:

You are a participant on the IEP Team that will meet to address your educational needs. IEP team meetings must be held at a mutually agreeable time and place. An IEP team meeting has tentatively been scheduled for the following date, time, and location: , , . If these meeting arrangements are not agreeable to you, please call at . You may bring other people who you believe have knowledge or special expertise about you to the meeting with you.

The purpose of this IEP team meeting is (*check all that apply*):

EVALUATION AND REEVALUATION

- Determine initial eligibility for special education
- Determine continuing eligibility for special education

INDIVIDUALIZED EDUCATION PROGRAM (IEP) (*if eligible*)

- Develop an initial IEP
- Develop an annual IEP
- Review/revise IEP
- Transition – the consideration of postsecondary goals and transition services (required for students beginning at age 14)

PLACEMENT (*if eligible*)

- Determine initial placement
- Determine continuing placement

OTHER

- Review existing information to determine need for additional assessments or other evaluation materials (*meeting optional*)
- Conduct a manifestation determination (*check appropriate boxes under IEP and placement if changes in either are contemplated*)
- Determine setting for services during disciplinary change in placement (*must also check appropriate boxes under IEP & placement*)
- Alternate Assessments
- Other (specify):

Because you provided your consent we are also inviting representatives from the following agencies who may assist in your transition planning: None

If at any point during this meeting you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. Decisions related to the purpose(s) checked above may be made in one meeting or may require more than one meeting, depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team's most recent evaluation report.

IEP Team Participants Attending or Participating by Alternate Means in the Meeting:		
Role	Title	Name

You have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year.

- You received a copy of your procedural safeguard rights in a brochure about parent and child rights earlier this year. If you would like another copy of this brochure, please contact the district at the telephone number above.
- A copy of the parent and child rights brochure is enclosed with this notice.

In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

Michael Rosandich, Director Special Education

cc:

**INVITATION TO A MEETING OF THE
INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM**
Form I-1 (Rev. 10/06)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Date: April 24, 2025

Dear :

You are a participant on the IEP Team that will meet to address the educational needs of your child, **SAMPLE FORMS**. IEP team meetings must be held at a mutually agreeable time and place. An IEP team meeting has tentatively been scheduled for the following date, time, and location: , , . If these meeting arrangements are not agreeable to you, please call at . You may bring other people who have knowledge or special expertise about your child to the meeting with you. If your child is transferring from a Birth to 3 Early Intervention Program, we will, at your request, send to the Birth to 3 coordinator or other representative an invitation to the IEP meeting.

The purpose of this IEP team meeting is (check all that apply):

EVALUATION AND REEVALUATION

- Determine initial eligibility for special education
 Determine continuing eligibility for special education

INDIVIDUALIZED EDUCATION PROGRAM (IEP) (if student is eligible)

- Develop an initial IEP
 Develop an annual IEP
 Review/revise IEP
 Transition – the consideration of postsecondary goals and transition services (required for students beginning at age 14)

PLACEMENT (if student is eligible)

- Determine initial placement
 Determine continuing placement

OTHER

- Review existing information to determine need for additional assessments or other evaluation materials (meeting optional)
 Conduct a manifestation determination (check appropriate boxes under IEP and placement if changes in either are contemplated)
 Determine setting for services during disciplinary change in placement (must also check appropriate boxes under IEP & placement)
 Alternate Assessments
 Other (specify):

If transition is checked as one of the purposes of this meeting, your child will be invited to attend. Because you provided your consent, we are also inviting representatives from the following agencies who may assist in the transition planning for your child:

None

If at any point during this meeting you or other IEP team participants believe that additional time is needed to permit your meaningful involvement, additional time will be provided. Decisions related to the purpose(s) checked above may be made in one meeting or may

require more than one meeting, depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team's most recent evaluation report.

IEP Team Participants Attending or Participating by Alternate Means in the Meeting:		
Role	Title	Name

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year.

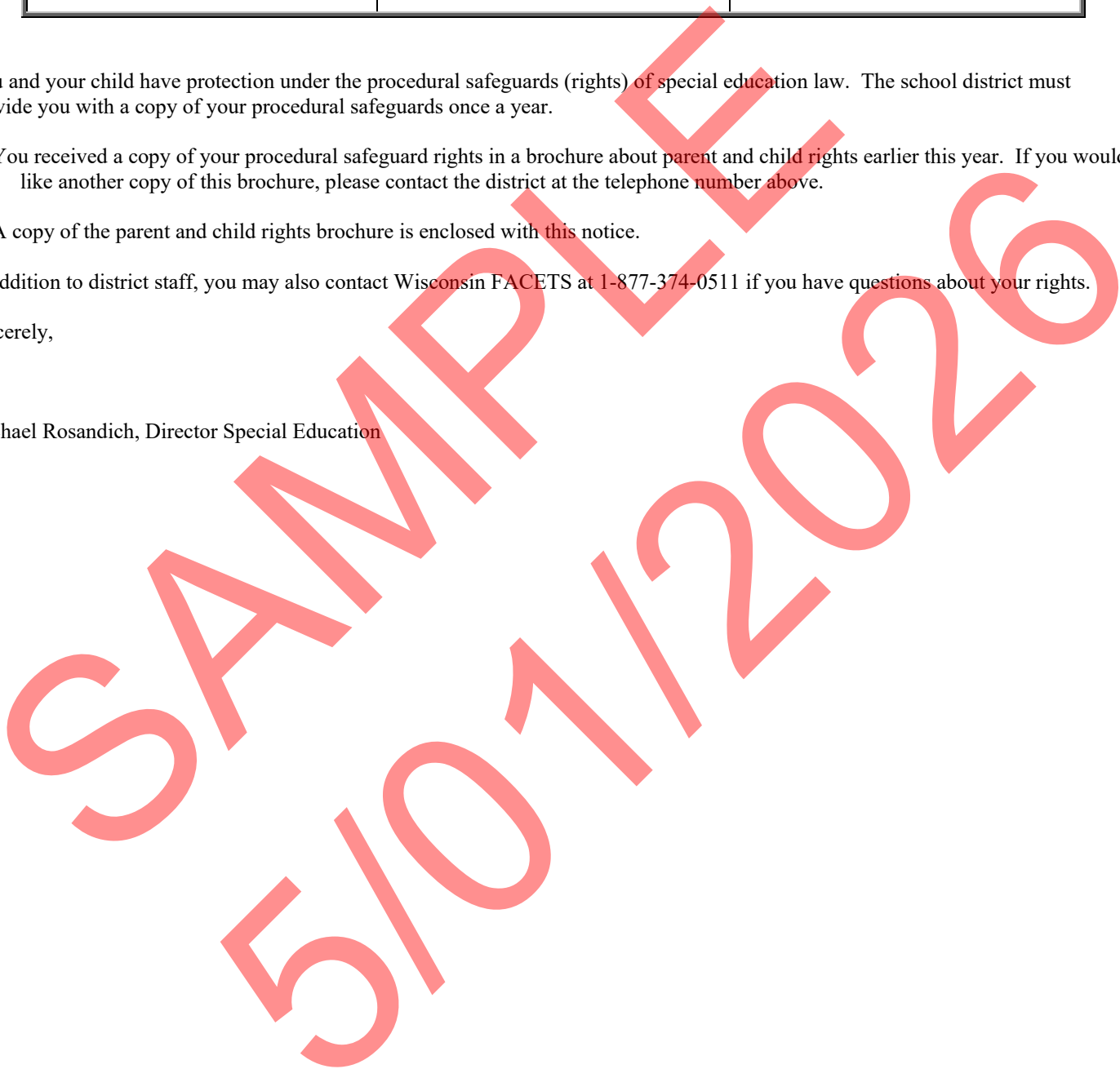
You received a copy of your procedural safeguard rights in a brochure about parent and child rights earlier this year. If you would like another copy of this brochure, please contact the district at the telephone number above.

A copy of the parent and child rights brochure is enclosed with this notice.

In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

Michael Rosandich, Director Special Education



**AGREEMENT ON IEP TEAM PARTICIPANT
ATTENDANCE AT IEP MEETING**
Form I-2 (Rev 10/06)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101]

Date: April 24, 2025

Dear :

An IEP team meeting for your child, **SAMPLE FORMS**, is scheduled for . On we and agreed the following individual is not required to attend all or part of the meeting.

We agreed because:

- We agree will not attend the IEP meeting because his/her area of curriculum or related service is not being changed or discussed at the meeting.
- We agree will not attend the IEP meeting during which his/her area of curriculum or related service will be discussed at the meeting. However he/she will prepare and provide to you prior to the IEP meeting written information that can be used in developing or revising your child's IEP.
- We agree will be or was present for that portion of the meeting during which his/her area of curriculum or related service will be or was discussed or changed and his/her attendance is no longer required.

Other options, if any, related to the above action that were considered and the reason(s) they were rejected including a description of any other relevant factors include: None

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is, or earlier this year, you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above.

In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

,
.....

Your agreement or consent to excuse the above identified IEP team participant(s) from attending the meeting must be in writing. *(Please sign and date, and return one copy of this agreement to the school district.)*

I agree that the above named IEP team participant need not attend all or part of my child's IEP meeting. I understand that my consent is voluntary and may be revoked at any time before the excusal of the team participant takes effect. I understand that I may request to meet with the excused team participant before agreeing or consenting to excusing the participant from attending the IEP team meeting.

Signature of parent or legal guardian or adult student

(Date)

**INDIVIDUALIZED EDUCATION PROGRAM (IEP)
TEAM MEETING COVER PAGE**
Form I-3 (Rev. 05/2019)

Waterford Education Cooperative

Name of Student SAMPLE FORMS		WISEid	LEA's Student ID 5205		Grade KG	
DOB: June 01, 2004 AGE: 20yrs 10mo		Primary Disability: Secondary Disability:				
Relationship	Name	Address	Home Phone	Cell Phone	Work Phone	Email Address
Student Address: 123 1ST STREET WATERFORD, WI 53185						
District of Residence			Current District of Placement			
For students transferring between public agencies: IEP reviewed and adopted (if applicable) by: on			For students transferring between public agencies: Evaluation report reviewed and adopted (if applicable) by: on			

Date of Meeting:

PURPOSE OF MEETING (Check all that apply)

EVALUATION AND REEVALUATION

- Evaluation including determination of initial eligibility for special education
 Reevaluation including determination of continuing eligibility for special education

INDIVIDUALIZED EDUCATION PROGRAM (IEP) (if student is eligible)

- Develop an initial IEP
 Develop an annual IEP
 Review/revise IEP
 Transition – the consideration of post-secondary goals and transition services
(Required for students beginning at age 14)

PLACEMENT (must be determined when the IEP is developed or reviewed/revise)

- Determine initial placement
 Determine continuing placement

OTHER

- Review existing information to determine need for additional assessments or other evaluation materials (IEP team meeting optional)
 Conduct a manifestation determination (check appropriate boxes under IEP and PLACEMENT if changes in either are contemplated)
 Determine setting for services during disciplinary change in placement (must check appropriate boxes under IEP & PLACEMENT)
 Other. Specify:

If a purpose of this meeting is *IEP development, review, and/or revision* related to the academic, developmental and functional needs of the child, the IEP team considered the results of:

- Initial or most recent evaluation Yes Not applicable
Statewide Assessments Yes Not applicable
District-wide assessments Yes Not applicable

IEP Team Participants Attending or Participating by Alternate Means in the Meeting:

Role	Title	Name

If the parent or guardian did not attend or participate in the meeting by other means and did not agree to the time and place of the IEP team meeting, document three efforts to involve the parent(s) or guardian(s):

Date:	Method:	Result

Was the child present at the IEP Team meeting? Yes No

How long did the IEP team meeting last? minutes

SAMPLE
510112026

**EVALUATION REPORT INCLUDING:
DETERMINATION OF ELIGIBILITY AND
NEED FOR SPECIAL EDUCATION**

Form ER-1 (Rev. 05/2022)

Waterford Education Cooperative

Name of Student: **SAMPLE FORMS**

WISEid:

LEA's Student ID: **5205**Type of Evaluation: Initial Reevaluation

Date when the determination of disability category and need for specially designed instruction was made:

The evaluation report must be sufficiently comprehensive to document the IEP team's determination of the disability category and need for specially designed instruction. The IEP team must include information about academic achievement and functional performance. For additional information, see [Guide to Special Education Forms](#).

Documentation regarding all areas of concern identified in the referral or during the review of existing data must be included under *Information from Existing Data* and/or *Information from Additional Assessments*.

I. INFORMATION FROM EXISTING DATA (Refer to the Referral (R-1 form) and to the Existing Data Review (Form ED-1) to ensure the data is reflected in this section. Must include information about the student's academic and functional **early literacy** or **reading** skills. Include information from any relevant areas identified as concerns from the referral or during the review of existing data related to **academic or functional skills** such as achievement in content areas, social/emotional, physical/health, independence/self-determination, communication, or cognitive learning.)

A. Information provided by

Parent(s)/family

Teachers, related service providers:

Other sources (e.g., postsecondary transition, medical, Birth to 3, etc.)

B. Summary of previous assessments

Classroom-based, district-wide, or state assessment results

Other assessments:

C. Previous Interventions and the effects of those interventions

Not Applicable

Previous intervention
(include data, if applicable)

Effect of the intervention
(Include data on reading achievement/early literacy and other areas as applicable.)

II. INFORMATION FROM ADDITIONAL ASSESSMENTS AND OTHER EVALUATION MATERIALS

Must include information about the student's academic and functional **early literacy** or **reading** skills. Include any information collected during the evaluation related to areas of concern (e.g., academic or functional skills such as achievement in content areas, social/emotional, physical/health, independence/self-determination, communication, or cognitive learning).

Yes No **Information from additional assessments or other evaluation materials was gathered:**

(If yes, attach report(s) or summarize below.)

Academic:

Functional:

III. Information regarding all areas of concern identified in the referral and any additional areas identified during the review of existing data are documented under **Information from Existing Data and/or Information from Additional Assessments**.

Yes No

IV. DETERMINATION OF DISABILITY CATEGORY AND NEED FOR SPECIALLY DESIGNED INSTRUCTION

The IEP team must determine if a student meets the disability category criteria under PI 11.36, Wis. Admin. Code. A student is identified as having a disability if the IEP team determines the student has an impairment that adversely affects the student's educational performance, and as a result, needs special education/specially designed instruction and related services. Use the disability category criteria forms to assist in documentation of required elements for each disability category. Additional documentation is required for Specific Learning Disabilities and Blind and Visually Impaired (see below).

A. DETERMINATION OF DISABILITY CATEGORY

1. When considering whether the student meets the criteria for one or more disability categories, the IEP team may not find the student eligible if the determining factor is due to a lack of appropriate instruction in reading or math, or due to limited English proficiency. If one of these reasons applies, describe: Not applicable

2. The district must take steps to address the lack of appropriate instruction or the student's limited English proficiency. Recommendations: Not applicable

3. This student meets the criteria for one or more of the following impairments (check all that apply):

<input type="checkbox"/> Autism	<input type="checkbox"/> Significant Developmental Delay (first consider other areas of impairment)	<input type="checkbox"/> Orthopedically Impaired
<input type="checkbox"/> Emotional Behavioral Disability	<input type="checkbox"/> Specific Learning Disability (complete ER-2A, 2B, or 2C)	<input type="checkbox"/> Other Health Impairment
<input type="checkbox"/> Deaf and Hard of Hearing	<input type="checkbox"/> Deafblind	<input type="checkbox"/> Blind and Visually Impaired (complete ER-3, "Determining Braille Needs")
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Speech or Language Impairment	<input type="checkbox"/> None found (complete A.3.b. and A.4 below)
<input type="checkbox"/> Traumatic Brain Injury		

Primary Disability Category:

a. For each disability category identified, attach the Criteria for Disability Category form.

b. Were impairments considered and rejected? Yes No

If yes, document which disability categories were rejected and how the student did not meet the criteria (attach Criteria for Disability Category form, if used):

4. If **no** disability categories are identified under A.3., the student is not eligible for special education. The IEP team does not complete Section B. NEED FOR SPECIALLY DESIGNED INSTRUCTION. Include recommendations other than special education, if any:

B. NEED FOR SPECIALLY DESIGNED INSTRUCTION

In order to be eligible for an IEP, the IEP team must determine that the identified disability(ies) adversely affects educational performance and the student needs special education/specially designed instruction as a result. Special education/specially designed instruction means adapting, as appropriate, the content, methodology, or delivery of instruction to address the unique needs of the student that result from the student's disability; and ensure access of the student to the general curriculum, so the student can meet the educational standards of the public agency that apply to all students.

1. Describe **how the student's disability affects** their access, engagement and progress in the grade-level general education curriculum, including how the disability affects academic or functional skills (e.g., achievement in content areas including early literacy/reading, cognitive learning, communication, independence and self-determination, physical and health, social and emotional learning).
2. Based on a root cause analysis of the effects of the student's disability, describe the student's academic and/or functional **disability-related needs**. What skills and/or behaviors does the student need to develop and/or improve so the student can meet age/grade level standards and expectations (e.g., decoding, identifying the main idea, basic math calculations, and word problems)? *The student needs to develop/improve...*

Disability Related Need	Disability Related Need Description
-------------------------	-------------------------------------

3. Can the student's disability-related needs be addressed **without** specially designed instruction? (*Check Yes or No*)

Yes

If Yes, the student does not need specially designed instruction. Describe other supports the student may need, such as accommodations through a Section 504 Plan or supports through the general education program, if any:

No

If No, explain why the student requires specially designed instruction and the adaptations to content, methodology or delivery of instruction needed to address the student's disability-related needs. (*Check "Yes" in #4 below.*)

4. By reason of the identified disability category(ies) that adversely affects the student's education performance, does the student **need specially designed instruction** or in the case of a reevaluation, continue to **need specially designed instruction**? Yes No

INDIVIDUAL SUMMARY OF FINDINGS

Form ER-1a (Rev. 10/06)

Waterford Education Cooperative

Student Name: SAMPLE FORMS	Date of Birth: June 01, 2004	Grade: KG	Sex: M
District of Residence:		School:	
Evaluator: ,		Date of Assessment:	

Additional tests and other evaluation materials

Were tests or other evaluation materials administered in accordance with the instructions provided by the publisher or producer of the tests?

Yes No

(If no, describe the extent to which there were variations from standard conditions such as qualifications of the evaluator or methods of test administration.)

Areas assessed**Evaluation materials and methods****Results****Implications for program planning****Summary**

Signature: _____

Date

CRITERIA FOR DISABILITY CATEGORY
INTELLECTUAL DISABILITY
 Form ER-1-ID (Rev. 06/2023)

Waterford Education Cooperative

Name of Student: SAMPLE FORMS
 Date form completed:

WISEid:

LEA's Student ID:

- Initial Evaluation (Must complete all sections) or considering new disability category (*must complete all sections*)
 Reevaluating category for continuing identification (*sections I - III optional, must complete section IV*)*

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under Chapter 115, Wis. Stats., and PI 11.36, Wis. Admin. Code. The IEP team should complete this form to document whether or not the student meets the disability category criteria or if reevaluating, the student's disability continues to adversely affect the student's educational performance. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Intellectual disability means significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills and manifested during the developmental period that adversely affects the student's educational performance. [PI 11.36 \(1\) Wis. Admin. Code](#). Refer to [Forms Guide](#) for more information.

Criteria* for the disability category of Intellectual Disability can be documented as follows:

SECTION I. INTELLECTUAL FUNCTIONING

Yes No The student has a standard score of 2 or more standard deviations below the mean on at least one individually administered intelligence test that takes into account the student's mode of communication and is developed to assess intellectual functioning using this mode. More than one intelligence test may be used to produce a comprehensive result.

Explain or reference data or evidence:

SECTION II. ADAPTIVE FUNCTIONING

Yes No The student has significant limitations in adaptive behavior as demonstrated by a standard score of 2 or more standard deviations below the mean on standardized or nationally normed measures, as measured by comprehensive, individual assessments that include interviews of the parents, tests, and observations of the student in adaptive behavior which are relevant to the student's age, in at least one of the following:

Conceptual Skills

Explain or reference data or evidence:

Social Adaptive Skills

Explain or reference data or evidence:

Practical Adaptive Skills

Explain or reference data or evidence:

An overall composite score on a standardized measure of conceptual, social, and practical skills:

Explain or reference data or evidence:

SECTION III. EDUCATIONAL PERFORMANCE

One yes/no question must be checked yes.

Yes No The student is age **3 through 5** and has a standard score of 2 or more standard deviations below the mean on standardized or nationally-normed measures, as measured by comprehensive, individual assessments, in **both** of the following areas:

Language Development and communication

Explain or reference data or evidence:

Cognition and General Knowledge

Explain or reference data or evidence:

OR

Yes No The student is age **6 to 21** and has a standard score of 2 or more standard deviations below the mean on standardized or nationally-normed measures, as measured by comprehensive, individual assessments in **all** of the following areas.

Written Language

Explain or reference data or evidence:

Reading

Explain or reference data or evidence:

Mathematics

Explain or reference data or evidence:

OR

Yes No **Educational performance could not be assessed in the above manner due to functioning level or age (for ages 3 to 5 or 6 to 21), and standardized developmental scale or body of evidence was used.**

Explain or reference data or evidence:

SECTION IV. DISABILITY CATEGORY CRITERIA DETERMINATION

Initial evaluation or considering new disability category

Yes No The documentation of the criteria above demonstrates significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills and manifested during the developmental period that adversely affects the student's educational performance. The student meets the disability category criteria under **intellectual disability** (all sections above must be checked Yes) A student whose disability has an adverse effect on educational performance **must** be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluating category for continuing identification*

Yes No The student was previously found eligible for special education, having met the disability category criteria for **intellectual disability** and continues to have a disability that adversely affects the student's educational performance. A student whose disability has an adverse effect on educational performance **must** be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). *Explain or reference data or evidence:*

* A student previously found eligible for special education, having met the disability category criteria for intellectual disability, is not required to meet initial identification criteria upon reevaluation.

**CRITERIA FOR DISABILITY CRITERIA
EMOTIONAL BEHAVIORAL DISABILITY**

Form ER-1-EBD (Rev. 06/2023)

Waterford Education Cooperative

Name of Student: **SAMPLE FORMS**

WISEid:

LEA's Student ID: **5205**

Date form completed:

- Initial Evaluation or considering new disability category (*must complete all sections*)
 Reevaluating category for continuing identification (*must complete all sections*)

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under Chapter 115, Wis. Stats., and PI 11.36, Wis. Admin. Code. The IEP team should complete this form to document whether or not the student meets the disability category criteria or continues to meet the criteria during a reevaluation. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Emotional behavioral disability, pursuant to s. 115.76 (5) (a) 5., Stats., means a condition in which a child demonstrates frequent and intense observable behaviors, either over a long period of time or of sudden onset due to an emerging mental health condition which includes a diagnosis by a licensed mental health professional, which adversely affects the child's educational performance. The behaviors shall occur in an academic setting in school, in a non-academic setting in school and in the child's home or community. [PI 11.36 \(7\)\(a\) Wis. Admin. Code](#). Refer to [Forms Guide](#) for more information.

The IEP team for a child being evaluated for emotional behavioral disability may include the LEA staff member, identified by the child when possible, as having a positive or the most positive relationship with the child.

Criteria for the disability category of emotional behavioral disability can be documented as follows (*all must be checked Yes*):

SECTION I. EMOTIONAL BEHAVIORAL FUNCTIONING

All three yes/no questions must be checked yes.

Yes No The student exhibits at least one of the following (*check all that apply*). *Include documentation from Section II Requirements.*

Behaviors that interfere with the development and maintenance of age and grade appropriate interpersonal relationships. *Explain or reference data or evidence:*

Observable affective or behavioral responses during routine daily activities inconsistent with the norms of the student or the student's community. *Explain or reference data or evidence:*

Pervasive unhappiness, depression or anxiety. *Explain or reference data or evidence:*

Physical symptoms or fears associated with personal or school problems. *Explain or reference data or evidence:*

Insufficient progress toward meeting age or grade level academic standards that cannot be explained by intellectual, sensory, or health factors. *Explain or reference data or evidence:*

Isolation from peers or avoidance of social interactions impacting the student's access and engagement in instructional activities. *Explain or reference data or evidence:*

- Patterns of behaviors across settings and individuals presenting risks to the physical safety of the student or others.
Explain or reference data or evidence:

Yes No The behaviors must occur in an academic setting in school, in a non-academic setting in school **and** in the student's home or community (*all three must be checked*):

Academic setting in school. *Explain or reference data or evidence:*

Non-academic setting in school. *Explain or reference data or evidence:*

Home or Community. *Explain or reference data or evidence:*

Yes No The student demonstrates frequent and intense observable behaviors which adversely affects the student's educational performance, either:

Over a long period of time or

Of sudden onset due to an emerging mental health condition which includes a diagnosis by a licensed mental health professional

Explain or reference data or evidence:

SECTION II. REQUIREMENTS

Yes No The IEP team conducted a comprehensive evaluation and considered current data (documented in Section I) from all of the following (*To check Yes all must be checked*):

The results of **evidence-based positive behavioral interventions** implemented within general education settings. (*Document evidence-based positive behavioral interventions under previous interventions and their effects on the evaluation report, ER-1.*)

Systematic observations of the student in both academic and non-academic settings documenting intensity, frequency, rate or duration of observable target behaviors, as well as other ecological factors that may be impacting the student's behavior.

Interviews of the student and parent or family that include gathering information regarding the student and family's norms and values, as well as other ecological factors that may impact the student's behavior.

Interviews of the student's teachers that include gathering information regarding the student's strengths and ecological factors that may impact the student's behavior.

Interview of an LEA staff member, identified by the student when possible, as having the most positive or a positive relationship with the student, that includes gathering information regarding the student's strengths and ecological factors that may impact the student's behavior. The LEA staff member may have been interviewed as one of the interviews of the student's teachers and may be a member of the IEP team.

Review of educational information maintained by the LEA, including health, academic and disciplinary records.

Results of standardized behavior rating scales, which are normed using nationally representative samples:

From a minimum of two sources from school OR documented why the team was unable to gather valid rating scale results from two sources on the ER-1.

From at least one source from the home or community.

The IEP team confirmed that normative data reflects the child's background OR

documented that it did not in the ER-1.

If needed, explain or reference data or evidence not already provided under Section I:

SECTION III. ADDITIONAL REQUIREMENTS

(Both must be checked)

The IEP team considered the effects of any known history of trauma or mental health disorder on the student's functioning and did not identify or refuse to identify emotional behavioral disability based solely on a known history of trauma or mental health disorder.

Summarize discussion:

The IEP team discussed and determined, based on information and data collected, whether behaviors are a result of a difference between the norms of the child's family and community or an emotional behavioral disability. The IEP team did not identify a student as a student with an emotional behavioral disability when there is evidence that the difference is the primary causal factor of the behaviors. *Summarize discussion:*

SECTION IV. DISABILITY CATEGORY CRITERIA DETERMINATION

Yes No

The documentation of the criteria above demonstrates a condition in which the student demonstrates frequent and intense observable behaviors, either over a long period of time or of sudden onset due to an emerging mental health condition which adversely affects the student's educational performance. The student meets the disability category criteria for **emotional behavioral disability**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

**CRITERIA FOR DISABILITY CATEGORY
DEAF AND HARD OF HEARING**

Form ER-1-DHH (Rev. 06/2023)

Waterford Education Cooperative

Name of Student: **SAMPLE FORMS**

WISEid:

LEA's Student ID: **5205**

Date form completed:

- Initial Evaluation or considering new disability category (*must complete all sections*)
 Reevaluating category for continuing identification (*sections I and II optional, must complete section III*)*

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under Chapter 115, Wis. Stats., and PI 11.36, Wis. Admin. Code. As a member of the IEP team, the licensed teacher of the deaf and hard of hearing should attend initial evaluation and reevaluation meetings. The IEP team should complete this form to document whether or not the student meets the disability category criteria or if reevaluating, the student's disability continues to adversely affect the student's educational performance. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

If this is a student with a confirmed or suspected hearing loss (clinical or functional) in addition to vision loss, also refer to the Deafblind Criteria Form.

Deaf and hard of hearing means a decreased ability to detect sound in one or both ears with or without amplification, whether permanent or chronically fluctuating, which adversely affects a child's educational performance. This includes academic performance, speech perception, speech production, or communication including language acquisition or expression. [PI 11.36 \(4\) Wis. Admin. Code](#). Refer to [Forms Guide](#) for more information.

Criteria* for the disability category of deaf and hard of hearing can be documented as follows:

SECTION I. HEARING EVALUATION (All must be checked Yes.)

Yes No A teacher of the deaf or hard of hearing licensed under s. PI 34.050 Wis. Admin. Code was a member of the IEP team when determining if the student meets criteria.

Yes No The IEP team considered a current evaluation conducted by an audiologist licensed under ch. 459, Wis. Stats. when determining if the student meets criteria. Explain or reference data or evidence:

Yes No There is a decreased ability to detect sound in one or both ears with or without amplification, whether permanent or chronically fluctuating. Explain or reference data or evidence:

SECTION II. EDUCATIONAL PERFORMANCE (At least one must be checked Yes.)

Yes No The student's decreased ability to detect sound has an adverse effect on **academic performance**. (e.g., phonemic awareness, vocabulary, general word knowledge, independent reading with comprehension, reading for information, as it applies to all courses of study). Explain or reference data or evidence:

Yes No The student's decreased ability to detect sound has an adverse effect on **speech perception**. (e.g., the ability to listen with comprehension to spoken messages in a variety of settings). Explain or reference data or evidence:

Yes No The student's decreased ability to detect sound an adverse effect on **speech production**. (e.g., the ability to produce speech that is intelligible to others). Explain or reference data or evidence:

Yes No The student's decreased ability to detect sound an adverse effect on **communication including language acquisition or expression**. (e.g., vocabulary comparable to same age peers, general knowledge, ability to ask questions, apply information, communicate effectively with peers and adults in a variety of situations in order to have needs met (self-advocacy), know the nuances of communication exchange (manners)).
Explain or reference data or evidence:

SECTION III. DISABILITY CATEGORY CRITERIA DETERMINATION

Initial Evaluation or considering new disability category

Yes No The documentation of the criteria above demonstrates a decreased ability to detect sound in one or both ears with or without amplification, whether permanent or chronically fluctuating, which adversely affects the student's educational performance. The student meets the disability category criteria for **deaf and hard of hearing**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluating category for continuing identification*

Yes No The student was previously found as meeting the disability category criteria for deaf and **hard of hearing** and continues to have a disability that adversely affects the student's educational performance. Explain or reference data or evidence. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). *Explain or reference data or evidence:*

** A student previously found eligible for special education, having met the disability category criteria for deaf and hard of hearing, is not required to meet initial identification criteria upon reevaluation.*

CRITERIA FOR DISABILITY CATEGORY**DEAFBLIND**

Form ER-1-DB (Rev. 06/2023)

Waterford Education CooperativeName of Student: **SAMPLE FORMS**

WISEid:

LEA's Student ID: **5205**

Date form completed:

- Initial evaluation or considering new disability category (*must complete all sections*)
- Reevaluating category for continuing identification (*sections I and II optional, must complete section III*)

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under Chapter 115, Wis. Stats., and PI 11.36, Wis. Admin. Code. The IEP team should complete the disability category criteria forms for Deaf and Hard of Hearing and Blind and Visually Impaired prior to completing this form, then complete this form to document whether or not the student meets the disability category criteria or if reevaluating, the student's disability continues to adversely affect the student's educational performance. Attach all disability criteria forms to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Deafblind means concomitantly deaf or hard of hearing and blind or visually impaired, the combination of which causes severe communication and other developmental and educational needs such that the individual disability-related needs of the student extend beyond the instruction and supports required for a student who is solely deaf or hard of hearing or blind or visually impaired. [PI 11.36 \(4m\) Wis. Admin. Code](#). Refer to [Forms Guide](#) for more information.

Criteria* for the disability category of deafblind can be documented as follows:**SECTION I. VISION AND HEARING EVALUATION***Both must be checked yes.*

- Yes No Conducted a comprehensive evaluation that includes completion of the criteria forms for Deaf and Hard of Hearing and Blind and Visually Impaired (*must be checked Yes*).
- Yes No The student meets one of the following conditions:
- Meets the criteria for Deaf and Hard of Hearing specified in PI 11.36 (4) and Blind and Visually Impaired specified in PI 11.36 (3).
 - Met Deaf and Hard of Hearing criteria and has a documented clinical or functional vision loss.
 - Met Blind and Visually Impaired criteria and has a documented clinical or functional hearing loss.
 - Has a documented diagnosis of a progressive medical condition that will result in concomitant hearing and vision losses (e.g. Usher's Syndrome).

Explain or reference data or evidence to support (may reference Deaf and Hard of Hearing and Blind and Visually Impaired criteria forms):

SECTION II. EDUCATIONAL IMPACT (*All three must be checked Yes*)

- Yes No There is an adverse effect on communication. (e.g., apply information, communicate effectively with peers and adults in a variety of situations, express needs and be able to self-advocate, understand the nuances of communication exchange).
Explain or reference data or evidence:
- Yes No There is an adverse effect on developmental performance. (e.g., the ability to learn and

problem solve, concept development, sensory awareness).

Explain or reference data or evidence:

Yes No There is an adverse effect on educational performance. (e.g., academic achievement, measured by classroom performance and standardized tests, and functional performance, including engaging with peers and adults, executive functioning skills, and sensory regulation).

Explain or reference data or evidence:

SECTION III. DISABILITY CATEGORY CRITERIA DETERMINATION

Initial Evaluation or considering new disability category

Yes No The documentation of the criteria above demonstrates concomitantly deaf or hard of hearing and blind or visually impaired, the combination of which causes severe communication and other developmental and educational needs such that the individual disability-related needs of the student extend beyond the instruction and supports required for a student who is solely deaf or hard of hearing or blind or visually impaired. The student meets the disability category criteria for **deafblind**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluating category for continuing identification*

Yes No The student was previously found eligible for special education, having met the disability category criteria for **deafblind** and continues to have a disability that adversely affects the student's educational performance. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). Explain or reference data or evidence:

* A student previously found eligible for special education, having met the disability category criteria for deafblind, is not required to meet initial identification criteria upon reevaluation.

**CRITERIA FOR DISABILITY CATEGORY
BLIND AND VISUALLY IMPAIRED**

Form ER-1-BVI (Rev. 06/2023)

Waterford Education Cooperative

Name of Student: **SAMPLE FORMS**

WISEid:

LEA's Student ID: **5205**

Date form completed:

- Initial Evaluation or considering new disability category (*must complete all sections*)
 Reevaluating category for continuing identification (*sections I and II optional, must complete section III*)*

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under Chapter 115, Wis. Stats., and PI 11.36, Wis. Admin. Code. As a member of the IEP team, the licensed teacher of the blind and visually impaired should attend both initial and reevaluation meetings. The IEP team should complete this form to document whether or not the student meets the disability category criteria or if reevaluating the student's disability continues to adversely affect the student's educational performance. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

If this is a student with a confirmed or suspected hearing loss (clinical or functional) in addition to vision loss, also refer to the Deafblind Criteria Form.

Blind and Visually Impaired means even after correction a student's visual functioning adversely affects educational performance. [PI 11.36 \(3\) Wis. Admin. Code](#). Refer to [Forms Guide](#) for more information.

Criteria* for the disability category of Blind and Visually Impaired can be documented as follows:

SECTION I. FUNCTIONAL VISION EVALUATION

(Both must be checked Yes.)

Yes No A teacher of the Blind and Visually Impaired [PI 34.051](#) conducted a functional vision evaluation, including all of the following (*all must be checked*):

Review of medical information from an ophthalmologist or optometrist. (*Explain or reference data or evidence*)

Formal / informal tests of visual functioning. (*Explain or reference data or evidence*)

Determination of the educational implications and curricular needs. (*Explain or reference data or evidence*)

Yes No The student's visual functioning adversely affects educational performance. (*Explain or reference data or evidence*)

SECTION II. ORIENTATION AND MOBILITY NEEDS

Orientation and mobility needs must be assessed.

Yes No An orientation and mobility specialist evaluated the student to determine if there are related orientation and mobility needs in home, school, or community environments.

Yes No The student has orientation and mobility needs. (*Explain or reference data or evidence and include a description of the orientation and mobility needs*)

**SECTION III. DISABILITY CATEGORY CRITERIA
DETERMINATION**

A student may meet criteria for Blind and Visually Impaired even if they do not have orientation and mobility needs.

Initial Evaluation or considering new disability category

- Yes No The documentation of the criteria above demonstrates even after correction a student's visual functioning adversely affects educational performance. The student meets the disability category criteria for **blind and visually impaired**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluating category for continuing identification*

- Yes No The student was previously eligible for special education, having met the disability category criteria for **blind and visually impaired**, and continues to have a disability that adversely affects the student's educational performance. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). *Explain or reference data or evidence.*

* A student previously found eligible as meeting the disability category criteria for blind and visually impaired is not required to meet initial identification criteria upon reevaluation.

CRITERIA FOR DISABILITY CATEGORY**AUTISM**

Form ER-1-AUT (Rev. 10/2024)

Waterford Education CooperativeName of Student: SAMPLE FORMS

WISEid:

LEA's Student ID:

Date form completed:

- Initial evaluation or considering new disability category (*must complete all sections*)
 Reevaluating category for continuing identification (*must complete all sections*)

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under [Chapter 115, Wis. Stats.](#), and [PI 11.36, Wis. Admin. Code](#). The IEP team should complete this form to document whether or not the student meets the disability category criteria or continues to meet the criteria during a reevaluation. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Autism means a developmental disability significantly affecting a student's social interaction and verbal and nonverbal communication, generally evident before age 3, that adversely affects learning and educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experiences. [PI 11.36 \(8\)\(a\), Wis. Admin. Code](#).

The results of standardized or norm-referenced instruments used to assess a student for the disability category of autism may not be reliable or valid. Therefore, alternative means of evaluation, such as criterion-referenced assessments, achievement assessments, observation, work samples, and other assessments shall be considered. Augmentative and alternative communication needs must be also considered when identifying a student with autism. [PI 11.36 \(8\)\(b\), Wis. Admin. Code](#). Refer to [Forms Guide](#) for more information.

Criteria for the disability category of autism can be documented as follows:

SECTION I. SOCIAL PARTICIPATION AND COMMUNICATION (<i>Both must be checked Yes.</i>)

Yes No **The student displays difficulties or differences or both in interacting with people and events. The student may be unable to establish and maintain reciprocal relationships with people. The student may seek consistency in environmental events to the point of exhibiting rigidity in routines.**

Explain or reference data or evidence:

Yes No **The student displays problems which extend beyond speech and language to other aspects of social communication, both receptively, and expressively. The student's verbal language may be absent or, if present, lacks the usual communicative form which may involve deviance or delay or both. The student may have a speech or language disorder or both in addition to communication difficulties associated with autism.**

Explain or reference data or evidence:

SECTION II. OTHER CHARACTERISTICS (<i>At least one must be checked Yes.</i>)

Yes No **The student exhibits delays, arrests, or regressions in motor, sensory, social or learning skills. The student may exhibit precocious or advanced skill development, while other skills may develop at normal or extremely depressed rates. The student may not follow developmental patterns in the acquisition of skills.**

Explain or reference data or evidence:

- Yes No **The student exhibits abnormalities in the thinking process and in generalizing. The student exhibits strengths in concrete thinking while difficulties are demonstrated in abstract thinking, awareness and judgment. Perseverant thinking and impaired ability to process symbolic information may be present.**

Explain or reference data or evidence:

- Yes No **The student exhibits unusual, inconsistent, repetitive or unconventional responses to sounds, sights, smells, tastes, touch or movement. The student may have a visual or hearing impairment or both in addition to sensory processing difficulties associated with autism.**

Explain or reference data or evidence:

- Yes No **The student displays marked distress over changes, insistence on following routines, and a persistent preoccupation with or attachment to objects. The student's capacity to use objects in an age-appropriate or functional manner may be absent, arrested or delayed. The student may have difficulty displaying a range of interests or imaginative activities or both. The student may exhibit stereotyped body movements.**

Explain or reference data or evidence:

SECTION III. EDUCATIONAL PERFORMANCE *(Must be checked Yes.)*

- Yes No **There is an adverse effect on the student's learning, academic achievement or functional performance.**

Explain or reference data or evidence:

SECTION IV. EXCLUSIONARY FACTOR

The disability category of Autism does not apply if the student's educational performance is adversely affected primarily because the child has an emotional disturbance.

- The student's educational performance is not primarily adversely affected due to an emotional behavioral disability *(check to confirm that this is true).*

SECTION V. DISABILITY CATEGORY CRITERIA DETERMINATION

- Yes No **The documentation of the criteria above demonstrates developmental disability significantly affecting a student's social interaction and verbal and nonverbal communication that adversely affects learning and educational performance. The student meets the disability category criteria for **autism**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).**

CRITERIA FOR DISABILITY CATEGORY
TRAUMATIC BRAIN INJURY
 Form ER-1-TBI (Rev. 06/2023)

Waterford Education Cooperative

Name of Student: **SAMPLE FORMS**

WISEid:

LEA's Student ID: **5205**

Date form completed:

Initial evaluation or considering new disability category (*must complete all sections*)

Reevaluating category for continuing identification (*sections I-III optional, must complete section IV*)*

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under [Chapter 115, Wis. Stats.](#), and [PI 11.36, Wis. Admin. Code](#). The IEP team should complete this form to document whether or not the student meets the disability category criteria or if reevaluating, the student's disability continues to adversely affect the student's educational performance. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Traumatic brain injury means an acquired injury to the brain caused by an external physical force resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; speech and language; memory; attention; reasoning; abstract thinking; communication; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and executive functions, such as organizing, evaluating and carrying out goal-directed activities. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma. [PI 11.36 \(9\) Wis. Admin. Code](#). Refer to [Forms Guide](#) for more information.

Criteria* for the disability category of Traumatic Brain Injury can be documented as follows:

SECTION I. TRAUMATIC BRAIN INJURY

All yes/no questions must be checked yes.

Yes No Does the student have an *acquired injury* to the brain that occurred *following a period of normal development*?

The acquired injury may *not* be due to congenital causes (such as PKU or Down Syndrome) or degenerative causes (such as Multiple Sclerosis or Muscular Dystrophy) or induced by birth trauma (such as a perinatal stroke). Children whose educational performance is adversely affected as a result of acquired injuries to the brain caused by internal occurrences, such as vascular accidents, infections, anoxia, tumors, metabolic disorders and the effects of toxic substances or degenerative conditions may meet the criteria of one of the other disability categories.

If medical information from a licensed physician is available, it was considered by the IEP team. (*If available, the IEP team must consider it.*)

Describe the nature of the acquired injury and source(s) of evidence:

Yes No Was the student's acquired brain injury caused by an *external physical force* from a strike or blow to the head or from movement of the brain within the skull? (E.g., due to a bike or car accident, a fall, a sports injury, an object like a nail penetrating the brain, or whiplash to the head).

Explain or reference data or evidence:

SECTION II. EDUCATIONAL PERFORMANCE

Must be checked yes

Yes No Is the student's *educational performance* adversely affected due to total or partial functional disability or psychosocial impairment, or both, in *one or more* of the following areas? In other words, is the student's educational performance in one or more of the areas below partially or totally affected by the acquired brain injury? (*When examining the student's educational performance, consider both academic and nonacademic skills and progress.*)

If yes, check ALL that apply.

- | | |
|--|--|
| <input type="checkbox"/> Cognition | <input type="checkbox"/> Speech & Language |
| <input type="checkbox"/> Memory | <input type="checkbox"/> Attention |
| <input type="checkbox"/> Reasoning | <input type="checkbox"/> Abstract Thinking |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Judgment |
| <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Sensory, Perceptual and Motor Abilities |
| <input type="checkbox"/> Physical Functions | <input type="checkbox"/> Information Processing |
| <input type="checkbox"/> Psychosocial Behavior (psychological or social functioning) | |
| <input type="checkbox"/> Executive Functions (e.g. organizing, evaluating, and goal-directed activities) | |

Explain or reference data or evidence:

SECTION III. EXCLUSIONARY FACTORS

The student does not have a brain injury that is congenital or degenerative, or a brain injury induced by birth trauma (*check to indicate agreement*).

SECTION IV. DISABILITY CATEGORY CRITERIA DETERMINATION

Initial evaluation or considering new disability category

Yes No The documentation of the criteria above demonstrates an acquired injury to the brain caused by an external physical force resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects the student's educational performance. The student meets the eligibility criteria under the disability category for **traumatic brain injury**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluating category for continuing identification*

Yes No The student was previously found eligible for special education, having met the disability category criteria for **traumatic brain injury** and continues to have a disability that adversely affects the student's educational performance. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). *Explain or reference data or evidence:*

* A student previously found eligible for special education, having met the disability category criteria for traumatic brain injury, is not required to meet initial identification criteria upon reevaluation.

**CRITERIA FOR DISABILITY CATEGORY
SPEECH OR LANGUAGE IMPAIRMENT**

Form ER-1-SLI (Rev. 06/2023)

Waterford Education Cooperative

Name of Student: **SAMPLE FORMS**

WISEid:

LEA's Student ID: **5205**

Date form completed:

Initial evaluation or considering new disability category (*must complete appropriate sections I-V and VI-IX*)

Reevaluating (*sections I-VII optional, must complete sections VIII-IX*)

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under [Chapter 115, Wis. Stats.](#), and [PI 11.36, Wis. Admin. Code](#). The IEP team should complete this form to document whether or not the student meets the disability category criteria or continues to meet the criteria during a reevaluation. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Speech or language impairment means an impairment of speech or sound production, voice, fluency, or language that adversely affects educational performance or social, emotional, or vocational development. [PI 11.36 \(5\) Wis. Admin. Code](#). Refer to [Forms Guide](#) for more information.

Criteria for the disability category of Speech or Language Impairment can be documented as follows (the IEP team must check all boxes in at least one of the five areas):

SECTION I. LANGUAGE

Both yes/no questions must be checked yes.

Not Applicable. No concerns with this area of communication.

Yes No Following consideration of the student's age, culture, language background and dialect, the student demonstrates a language impairment in the area of language form, content, or use.

As evidenced through an **observation in a natural environment** (must be checked) Explain or reference data or evidence:

At least **two** of the following measurements were used:

Language Sample

Dynamic assessment

Criterion-referenced assessment, such as developmental scales

Significant discrepancy** from typical language skills on a norm-referenced assessment of comprehensive language

Explain or reference data or evidence for all measurement boxes checked above. If a norm-referenced assessment was used, explain whether the student demonstrated a significant discrepancy:

Yes No There is a delay in communication that adversely impacts the student's educational performance or social, emotional or vocational development. Explain or reference data or evidence:

SECTION II. SPEECH SOUND PRODUCTION-ARTICULATION

All four yes/no questions must be checked yes.

Not Applicable. No concerns with this area of communication.

Yes No Following consideration of the student's age, culture, language background and dialect, the student's speech sound production (i.e., articulation) is documented to be delayed.

As evidenced through an **observation in a natural environment** (must be checked) Explain or reference data or evidence:

At least **one** of the following measurements were used:

Criterion-referenced assessment, such as a developmental scale or phonetic inventory)

Norm-referenced assessment**

Explain or reference data or evidence for all measurement boxes checked above. If a norm-referenced assessment was used, explain whether the student demonstrated a significant discrepancy:

Yes No The student's intelligibility is below the expected range for their age. Intelligibility ratings as documented by school staff or caregivers indicate an impact across environments. Explain or reference data or evidence:

Yes No The student is less than 30% stimulable for speech sounds found in error. Explain or reference data or evidence:

Yes No There is a delay in communication that adversely impacts the student's educational performance or social, emotional or vocational development. Explain or reference data or evidence:

SECTION III. SPEECH SOUND PRODUCTION- PHONOLOGY

All three yes/no questions must be checked yes.

Not Applicable. No concerns with this area of communication.

Yes No Following consideration of the student's age, culture, language background and dialect, the student's phonological process use is documented to be non-developmental or outside of the expected developmental range.

As evidenced through an **observation in a natural environment** (must be checked) Explain or reference data or evidence:

At least **one** of the following measurements were used:

Presence of one of more disordered phonological processes occurring at least 40%.

Norm-referenced assessment** of phonology

Explain or reference data or evidence for all measurement boxes checked above. If a norm-referenced assessment was used, explain whether the student demonstrated a significant discrepancy:

Yes No The student's intelligibility is below the expected range for their age and not due to influences home languages or dialect. Intelligibility ratings as documented by school staff or caregivers indicate an impact across environments. Explain or reference data or evidence:

- Yes No There is a delay in communication that adversely impacts the student's educational performance or social, emotional or vocational development. Explain or reference data or evidence:

SECTION IV. VOICE

All three yes/no questions must be checked yes.

- Not Applicable. No concerns with this area of communication.

- Yes No There is documentation of a vocal impairment not due to temporary physical factors (such as allergies, short-term vocal abuse or puberty) and not due to an acute respiratory virus or infection. Explain or reference data or evidence:

As evidenced through an **observation in a natural environment** (must be checked) Explain or reference data or evidence:

- Yes No Following consideration of the student's age, culture, language background, or dialect, the student demonstrates characteristics of a voice impairment, which include **any** of the following (must check at least one):

- The student's vocal volume, including loudness.
- The student's vocal pitch, including range, inflection, or appropriateness.
- The student's vocal quality, including breathiness, hoarseness, or harshness.
- The student's vocal resonance, including hypernasality.

Explain or reference data or evidence for all boxes checked above:

- Yes No This impairment in communication adversely impacts the student's educational performance or social, emotional or vocational development. Explain or reference data or evidence:

SECTION V. FLUENCY

Both yes/no questions must be checked yes.

- Not Applicable. No concerns with this area of communication.

- Yes No Following consideration of the student's age, language background, culture, and dialect, the student has speaking behaviors characteristic of a fluency disorder. *(The evaluation must include a variety of measures, including case history, observation in natural environment, norm-referenced assessment or disfluency analysis, and result in evidence of atypical fluency.)*

At least **one** of the following measurements were used:

- Observation in a **natural environment** (must be checked)
- Case history
- Norm-referenced assessment
- Disfluency analysis

Explain or reference data or evidence for all measurement boxes checked above. If a norm-referenced assessment was used, explain whether the student demonstrated a significant discrepancy:

The presence of **one or more** of the following characteristics indicates a fluency disorder *(check all that apply)*:

Speech disfluencies associated with stuttering or atypical disfluency, which include repetitions of phrases, words, syllables, and sounds or dysrhythmic phonations such as prolongations of sounds or blockages of airflow typically in excess of 2% of total syllables, one second of duration, and two or more iterations in a repetition. Non-verbal physical movements, such as eye blinking or head jerking, may accompany the stuttering. Negative feelings about oral communication may be significant enough to result in avoidance behaviors in an attempt to hide or diminish stuttering. Explain or reference data or evidence:

A speech rate that is documented to be rapid, irregular, or both and may be accompanied by sound or syllable omissions, sequencing errors, or a high number of non-stuttering speech disfluencies such as interjections, phrase and whole word repetitions, and revisions. The resulting speech fluency pattern is considered to be significantly disruptive to efficient communication. Negative feelings and attitudes about oral communication may or may not be present under this disfluency profile. Explain or reference data or evidence:

Yes No This impairment in communication adversely impacts the student's educational performance or social, emotional or vocational development. Explain or reference data or evidence:

SECTION VI. AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC)

Yes NA The IEP team evaluated the student's language by assessing the student's augmentative and alternative communication skills, when appropriate to determine the student's needs. Explain or reference data or evidence:

SECTION VII. EXCLUSIONARY FACTORS

The IEP may not identify a Speech or Language Impairment when differences in speech or language are based on home languages, culture, or dialect unless the student has a Speech or Language Impairment within the student's home languages, culture or dialect. In determining whether the student has a Speech or Language Impairment, the IEP team must consider the following:

- The student's background knowledge, stage of language acquisition, experience with narratives, and exposure to vocabulary to discern speech or language ability from speech or language difference, such as differences due to lack of exposure, stage of language acquisition, cultural or behavioral expectations.
- Based on information and data collected, the IEP team must determine whether the student's speech or language skills are a result of a speech or language impairment or a difference due to culture, language background, or dialect.

Yes NA There are exclusionary factors. If yes, list exclusionary factors present (differences in speech or language are based on home languages, culture, or dialect):

SECTION VIII. DOCUMENTATION OF REQUIRED IEP TEAM MEMBERS

Yes No A speech-language pathologist was an IEP team participant and attended IEP meetings when the team discussed eligibility for a speech or language impairment or identified the student's speech or language needs (or both).

Yes No
 NA

An educator with foundational knowledge in first and second language instruction and second language acquisition if the student is identified as an English Learner under 20 USC 7801(20) was an IEP team participant and attended IEP meetings when the team discussed eligibility for a speech or language impairment or the need for speech and language services (or both).

SECTION IX. DISABILITY CATEGORY CRITERIA DETERMINATION

Initial evaluation or considering new disability category

The student must meet criteria in one of the sections (I-V) above and no exclusionary factors exist.

- Yes No The documentation of the criteria above demonstrates an impairment of speech or sound production, voice, fluency, or language that adversely affects educational performance or social, emotional, or vocational development. The student meets the disability category criteria for **speech or language impairment**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluating category for continuing identification*

- Yes No The student was previously found eligible for special education, having met the disability category criteria for **speech or language impairment** and continues to have a disability that adversely affects the student's educational performance or social, emotional, or vocational development. A student whose disability has an adverse effect on educational performance or social, emotional, or vocational development must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). Explain or reference data or evidence that indicates the student continues to have a disability that adversely affects the student's educational performance or social, emotional, or vocational development:

*A student previously found eligible for special education, having met the disability category criteria for speech or language impairment, is not required to meet initial identification criteria upon reevaluation.

** If a norm-referenced assessment was used, the student must demonstrate a significant discrepancy. For further clarification of the term "significant discrepancy," please review relevant guidance on the Department's [Speech-Language webpage](#).

**CRITERIA FOR DISABILITY CATEGORY
SIGNIFICANT DEVELOPMENTAL DELAY**
Form ER-1-SDD (Rev. 06/2023)

Waterford Education Cooperative

Name of Student: **SAMPLE FORMS**

WISEid:

LEA's Student ID: **5205**

Date form completed:

- Initial Evaluation or considering new disability category (*must complete all sections*)
 Reevaluating category for continuing identification (*sections I and II optional, must complete section III*)*

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under Chapter 115, Wis. Stats., and PI 11.36, Wis. Admin. Code. The IEP team should complete this form to document whether or not the student meets the disability category criteria or if reevaluating, the student's disability continues to adversely affect the student's educational performance. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility. Significant developmental delay means children, ages 3 through 9 years of age, who are experiencing significant delays in the areas of physical, cognition, communication, social-emotional, or adaptive development. [PI 11.36 \(11\) Wis. Admin. Code](#). Refer to [Forms Guide](#) for more information.

Criteria* for the disability category of significant developmental delay can be documented as follows:

SECTION I. DEVELOPMENTAL DELAY

All yes/no questions must be checked yes.

- Yes No **AGE:** Is the child age 3 through 9 years old? (Statutory limit)
- Yes No **OTHER SUSPECTED IMPAIRMENTS:** Have all other suspected impairments been considered before identifying the category of significant developmental delay?
Supporting data:
- Yes No **SIGNIFICANCE OF DELAYS:** Are delays of at least 1.5 standard deviations below the mean present that significantly challenge the child in 2 or more of the following major life activities? Check areas of delay.
- Physical activity in gross motor skills, such as the ability to move around and interact with the environment with appropriate coordination, balance and strength; or fine motor skills, such as manually controlling and manipulating objects such as toys, drawing utensils, and other useful objects in the environment. (*Explain or reference data or evidence*):
 - Cognitive activity, such as the ability to acquire, use and retrieve information as demonstrated by the level of imitation, discrimination, representation, classification, sequencing, and problem-solving skills often observed in a child's play. (*Explain or reference data or evidence*):
 - Communication activity in expressive language, such as the production of age-appropriate content, form and use of language; or receptive language, such as listening, receiving and understanding language. (*Explain or reference data or evidence*):
 - Emotional activity such as the ability to feel and express emotions, and develop a positive sense of oneself; or social activity, such as interacting with people, developing friendships with peers, and sustaining bonds with family members and other significant adults. (*Explain or reference data or evidence*):

Adaptive activity, such as caring for their own needs and acquiring independence in age-appropriate eating, toileting, dressing and hygiene tasks. *(Explain or reference data or evidence):*

Yes No The delays demonstrate an adverse effect on the child's daily life, including learning, academic achievement or functional performance. *(Explain or reference data or evidence):*

SECTION II. ASSESSMENT REQUIREMENTS

All must be checked.

Yes No Are *all* of the following qualitative and quantitative measures being used to document delays and their detrimental effect upon the child's life?

Developmental and health history, including results from vision and hearing screening and other pertinent information from parents and, if applicable, other caregivers or service providers *(describe source of information):*

Observation of the child in their daily living environment such as the child's home, with a parent or caregiver, or an early education or care setting which includes peers who are typically developing. If observation in these settings is not possible, observation in an alternative setting is permitted *(include dates and settings of observations):*

Results from norm-referenced instruments were used to document significant delays of at least 1.5 standard deviations below the mean in 2 or more of the developmental areas which correspond to the major life activities *(describe source of information):*

If it clearly was not appropriate to use norm-referenced instruments, other instruments, such as criterion referenced measures, were used to document the significant delays. *(if a norm-referenced instrument was not used, explain why):*

SECTION III. DISABILITY CATEGORY CRITERIA DETERMINATION

Initial Evaluation or considering new disability category

Yes No The documentation of the criteria above demonstrates the child is experiencing significant delays in the areas of physical, cognition, communication, social-emotional, or adaptive development that adversely affects the child's major life activities. The child meets the disability category criteria for **significant developmental delay**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluating category for continuing identification*

Yes No The student was previously found eligible for special education, having met the disability category criteria for **significant developmental delay**, and continues to have a disability that adversely affects the student's educational performance. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). In conducting the reevaluation, the IEP team shall consider all other suspected impairments before continuing to identify the child's impairment as significant developmental delay. *Explain or reference data or evidence:*

* A student previously found eligible for special education, having met the disability category criteria for significant developmental delay, is not required to meet initial identification criteria upon reevaluation.

**CRITERIA FOR DISABILITY CATEGORY
ORTHOPEDIC IMPAIRMENT**

Form ER-1-OI (Rev. 06/2023)

Waterford Education Cooperative

Name of Student: **SAMPLE FORMS**

WISEid:

LEA's Student ID: **5205**

Date form completed:

Initial evaluation or considering new disability category (*must complete all sections*)

Reevaluating category for continuing identification (*sections I and II optional, must complete section III*)*

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under [Chapter 115, Wis. Stats.](#), and [PI 11.36, Wis. Admin. Code](#). The IEP team should complete this form to document whether or not the student meets the disability category criteria or if reevaluating, the student's disability continues to adversely affect the student's educational performance. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes, but is not limited to, impairments caused by congenital anomaly, such as a clubfoot or absence of some member; impairments caused by disease, such as poliomyelitis or bone tuberculosis; and impairments from other causes, such as cerebral palsy, amputations, and fractures or burns that cause contractures. [PI 11.36 \(2\) Wis. Admin. Code](#). Refer to [Forms Guide](#) for more information.

Criteria* for the disability category of Orthopedic Impairment can be documented as follows:

**SECTION I. IMPAIRMENT
(One must be checked Yes)**

Yes No **Does the student have a congenital anomaly?** (including, but not limited to, clubfoot*)

(Explain or reference data or evidence)

Yes No **Does the student have impairments caused by disease?** (including, but not limited to, poliomyelitis or bone tuberculosis*)

(Explain or reference data or evidence)

Yes No **Does the student have impairments from other causes?** (including, but not limited to, cerebral palsy, amputations, and fractures or burns that cause contractures*)

Examples of other conditions which may qualify a student for Orthopedic Impairment include, but are not limited to, arthrogyposis, spina bifida, juvenile arthritis, muscular dystrophy, and osteogenesis imperfecta. These examples are provided as those noted in federal and state law have been mostly eradicated in the United States.

NOTE: A diagnosis from a licensed physician is **not** required for the IEP team to consider Orthopedic Impairment. However, medical diagnosis and medical information are helpful.

(Explain or reference data or evidence)

**SECTION II. EDUCATIONAL PERFORMANCE
(Must be checked Yes)**

Yes No **Is the student's educational performance in one or more of the following areas adversely affected as a result?**

If yes, check ALL that apply. Consider academic achievement and functional performance.

- Maintaining and changing positions
- Using classroom materials
- Hygiene/self-care
- Clothing management
- Mobility
- Eating
- Classroom performance
- Pre-academic or academic achievement
- Social/Emotional functioning

- Communication
- Vocational skills
- Behavior
- Participation in physical education
- Safety issues
- Accessing the community
- Other: Describe

(Explain or reference data or evidence)

	SECTION III. DISABILITY CATEGORY CRITERIA DETERMINATION	
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Initial evaluation or considering new disability category

- Yes No The documentation of the criteria above demonstrates a severe orthopedic impairment that adversely affects the student's educational performance. The student meets the disability category criteria for **orthopedic impairment**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluating category for continuing identification*

- Yes No The student was previously found eligible for special education, having met the disability category criteria for **orthopedic impairment** and continues to have a disability that adversely affects the student's educational performance. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). *Explain or reference data or evidence:*

* A student previously found eligible for special education, having met the disability category criteria for orthopedic impairment, is not required to meet initial identification criteria upon reevaluation.

CRITERIA FOR DISABILITY CATEGORY**OTHER HEALTH IMPAIRMENT**

Form ER-1-OHI (Rev. 06/2023)

Waterford Education CooperativeName of Student: SAMPLE FORMS

WISEid:

LEA's Student ID:

Date form completed

 Initial evaluation or considering new disability category (*must complete all sections*) Reevaluating category for continuing identification (*Must complete all sections*)

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under [Chapter 115, Wis. Stats.](#), and [PI 11.36, Wis. Admin. Code](#). The IEP team should complete this form to document whether or not the student meets the disability category criteria or continues to meet the criteria during a reevaluation. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Other Health Impairment means having limited strength, vitality, or alertness, due to chronic or acute health problems. The term includes but is not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, or acquired injuries to the brain caused by internal occurrences or degenerative conditions, which adversely affects a child's educational performance. [PI 11.36 \(10\) Wis. Admin. Code](#). Refer to [Forms Guide](#) for more information.

Criteria for disability category of Other Health Impairment may be documented as follows (**all yes/no questions must be checked yes**):

SECTION I. HEALTH CONDITION

Yes No Does the student have a health problem? (including, but not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, or acquired brain injuries caused by internal occurrences or degenerative conditions)

NOTE: A prior diagnosis from a licensed physician is not required for the IEP team to consider OHI.

Explain or reference data or evidence:

Yes No **Is the health problem chronic or acute?** Check ALL that apply.

Chronic (long-standing, continuous over time, or recurring frequently)

Explain or reference data or evidence:

Acute (severe or intense)

Explain or reference data or evidence:

Yes No **Does the student's health problem result in limited strength, vitality, or alertness?**
Check ALL that apply.

Limited strength (inability to perform typical or routine tasks at school)

Explain or reference data or evidence:

Limited vitality (inability to sustain effort or endure throughout an activity)

Explain or reference data or evidence:

Limited alertness (inability to manage and maintain attention, to organize or attend, to prioritize environmental stimuli, including heightened alertness)

Explain or reference data or evidence:

SECTION II. EDUCATIONAL PERFORMANCE

Yes No **Is the student's educational performance in one or more of the following areas adversely affected as a result?**

Check ALL that apply. Consider both academic and nonacademic skills and progress.

Pre-academic or academic achievement

Behavioral

Communication

Social/Emotional Development

Adaptive Behavior

Classroom performance

Motor skills

Vocational skills

Other:

Explain or reference data or evidence:

SECTION III. DISABILITY CATEGORY CRITERIA DETERMINATION

Yes No The documentation of the criteria above demonstrates limited strength, vitality, or alertness, due to chronic or acute health problems which adversely affects the student's educational performance. The student meets the eligibility criteria under the disability category criteria for **other health impairment**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

CRITERIA FOR DISABILITY CATEGORY
INTELLECTUAL DISABILITY
 Form ER-1-ID (Rev. 06/2023)

Waterford Education Cooperative

Name of Student: SAMPLE FORMS

WISEid:

LEA's Student ID:

Date form completed:

- Initial Evaluation (Must complete all sections) or considering new disability category (*must complete all sections*)
 Reevaluating category for continuing identification (*sections I - III optional, must complete section IV*)*

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under Chapter 115, Wis. Stats., and PI 11.36, Wis. Admin. Code. The IEP team should complete this form to document whether or not the student meets the disability category criteria or if reevaluating, the student's disability continues to adversely affect the student's educational performance. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Intellectual disability means significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills and manifested during the developmental period that adversely affects the student's educational performance. [PI 11.36 \(1\) Wis. Admin. Code](#). Refer to [Forms Guide](#) for more information.

Criteria* for the disability category of Intellectual Disability can be documented as follows:

SECTION I. INTELLECTUAL FUNCTIONING

Yes No The student has a standard score of 2 or more standard deviations below the mean on at least one individually administered intelligence test that takes into account the student's mode of communication and is developed to assess intellectual functioning using this mode. More than one intelligence test may be used to produce a comprehensive result.

Explain or reference data or evidence:

SECTION II. ADAPTIVE FUNCTIONING

Yes No The student has significant limitations in adaptive behavior as demonstrated by a standard score of 2 or more standard deviations below the mean on standardized or nationally normed measures, as measured by comprehensive, individual assessments that include interviews of the parents, tests, and observations of the student in adaptive behavior which are relevant to the student's age, in at least one of the following:

Conceptual Skills

Explain or reference data or evidence:

Social Adaptive Skills

Explain or reference data or evidence:

Practical Adaptive Skills

Explain or reference data or evidence:

An overall composite score on a standardized measure of conceptual, social, and practical skills:

Explain or reference data or evidence:

SECTION III. EDUCATIONAL PERFORMANCE

One yes/no question must be checked yes.

Yes No The student is age **3 through 5** and has a standard score of 2 or more standard deviations below the mean on standardized or nationally-normed measures, as measured by comprehensive, individual assessments, in **both** of the following areas:

Language Development and communication

Explain or reference data or evidence:

Cognition and General Knowledge

Explain or reference data or evidence:

OR

Yes No The student is age **6 to 21** and has a standard score of 2 or more standard deviations below the mean on standardized or nationally-normed measures, as measured by comprehensive, individual assessments in **all** of the following areas.

Written Language

Explain or reference data or evidence:

Reading

Explain or reference data or evidence:

Mathematics

Explain or reference data or evidence:

OR

Yes No **Educational performance could not be assessed in the above manner due to functioning level or age (for ages 3 to 5 or 6 to 21), and standardized developmental scale or body of evidence was used.**

Explain or reference data or evidence:

SECTION IV. DISABILITY CATEGORY CRITERIA DETERMINATION

Initial evaluation or considering new disability category

Yes No The documentation of the criteria above demonstrates significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills and manifested during the developmental period that adversely affects the student's educational performance. The student meets the disability category criteria under **intellectual disability** (all sections above must be checked Yes) A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluating category for continuing identification*

Yes No The student was previously found eligible for special education, having met the disability category criteria for **intellectual disability** and continues to have a disability that adversely affects the student's educational performance. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). *Explain or reference data or evidence:*

* A student previously found eligible for special education, having met the disability category criteria for intellectual disability, is not required to meet initial identification criteria upon reevaluation.

**CRITERIA FOR DISABILITY CRITERIA
EMOTIONAL BEHAVIORAL DISABILITY**

Form ER-1-EBD (Rev. 06/2023)

Waterford Education Cooperative

Name of Student: **SAMPLE FORMS**

WISEid:

LEA's Student ID: **5205**

Date form completed:

- Initial Evaluation or considering new disability category (*must complete all sections*)
 Reevaluating category for continuing identification (*must complete all sections*)

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under Chapter 115, Wis. Stats., and PI 11.36, Wis. Admin. Code. The IEP team should complete this form to document whether or not the student meets the disability category criteria or continues to meet the criteria during a reevaluation. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Emotional behavioral disability, pursuant to s. 115.76 (5) (a) 5., Stats., means a condition in which a child demonstrates frequent and intense observable behaviors, either over a long period of time or of sudden onset due to an emerging mental health condition which includes a diagnosis by a licensed mental health professional, which adversely affects the child's educational performance. The behaviors shall occur in an academic setting in school, in a non-academic setting in school and in the child's home or community. [PI 11.36 \(7\)\(a\) Wis. Admin. Code](#). Refer to [Forms Guide](#) for more information.

The IEP team for a child being evaluated for emotional behavioral disability may include the LEA staff member, identified by the child when possible, as having a positive or the most positive relationship with the child.

Criteria for the disability category of emotional behavioral disability can be documented as follows (*all must be checked Yes*):

SECTION I. EMOTIONAL BEHAVIORAL FUNCTIONING

All three yes/no questions must be checked yes.

Yes No The student exhibits at least one of the following (*check all that apply*). *Include documentation from Section II Requirements.*

Behaviors that interfere with the development and maintenance of age and grade appropriate interpersonal relationships. *Explain or reference data or evidence:*

Observable affective or behavioral responses during routine daily activities inconsistent with the norms of the student or the student's community. *Explain or reference data or evidence:*

Pervasive unhappiness, depression or anxiety. *Explain or reference data or evidence:*

Physical symptoms or fears associated with personal or school problems. *Explain or reference data or evidence:*

Insufficient progress toward meeting age or grade level academic standards that cannot be explained by intellectual, sensory, or health factors. *Explain or reference data or evidence:*

Isolation from peers or avoidance of social interactions impacting the student's access and engagement in instructional activities. *Explain or reference data or evidence:*

- Patterns of behaviors across settings and individuals presenting risks to the physical safety of the student or others.
Explain or reference data or evidence:

Yes No The behaviors must occur in an academic setting in school, in a non-academic setting in school **and** in the student's home or community (*all three must be checked*):

Academic setting in school. *Explain or reference data or evidence:*

Non-academic setting in school. *Explain or reference data or evidence:*

Home or Community. *Explain or reference data or evidence:*

Yes No The student demonstrates frequent and intense observable behaviors which adversely affects the student's educational performance, either:

Over a long period of time or

Of sudden onset due to an emerging mental health condition which includes a diagnosis by a licensed mental health professional

Explain or reference data or evidence:

SECTION II. REQUIREMENTS

Yes No The IEP team conducted a comprehensive evaluation and considered current data (documented in Section I) from all of the following (*To check Yes all must be checked*):

The results of **evidence-based positive behavioral interventions** implemented within general education settings. (*Document evidence-based positive behavioral interventions under previous interventions and their effects on the evaluation report, ER-1.*)

Systematic observations of the student in both academic and non-academic settings documenting intensity, frequency, rate or duration of observable target behaviors, as well as other ecological factors that may be impacting the student's behavior.

Interviews of the student and parent or family that include gathering information regarding the student and family's norms and values, as well as other ecological factors that may impact the student's behavior.

Interviews of the student's teachers that include gathering information regarding the student's strengths and ecological factors that may impact the student's behavior.

Interview of an LEA staff member, identified by the student when possible, as having the most positive or a positive relationship with the student, that includes gathering information regarding the student's strengths and ecological factors that may impact the student's behavior. The LEA staff member may have been interviewed as one of the interviews of the student's teachers and may be a member of the IEP team.

Review of educational information maintained by the LEA, including health, academic and disciplinary records.

Results of standardized behavior rating scales, which are normed using nationally representative samples:

From a minimum of two sources from school OR documented why the team was unable to gather valid rating scale results from two sources on the ER-1.

From at least one source from the home or community.

The IEP team confirmed that normative data reflects the child's background OR

documented that it did not in the ER-1.

If needed, explain or reference data or evidence not already provided under Section I:

SECTION III. ADDITIONAL REQUIREMENTS

(Both must be checked)

The IEP team considered the effects of any known history of trauma or mental health disorder on the student's functioning and did not identify or refuse to identify emotional behavioral disability based solely on a known history of trauma or mental health disorder.

Summarize discussion:

The IEP team discussed and determined, based on information and data collected, whether behaviors are a result of a difference between the norms of the child's family and community or an emotional behavioral disability. The IEP team did not identify a student as a student with an emotional behavioral disability when there is evidence that the difference is the primary causal factor of the behaviors. *Summarize discussion:*

SECTION IV. DISABILITY CATEGORY CRITERIA DETERMINATION

Yes No

The documentation of the criteria above demonstrates a condition in which the student demonstrates frequent and intense observable behaviors, either over a long period of time or of sudden onset due to an emerging mental health condition which adversely affects the student's educational performance. The student meets the disability category criteria for **emotional behavioral disability**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

**CRITERIA FOR DISABILITY CATEGORY
DEAF AND HARD OF HEARING**

Form ER-1-DHH (Rev. 06/2023)

Waterford Education Cooperative

Name of Student: **SAMPLE FORMS**

WISEid:

LEA's Student ID: **5205**

Date form completed:

- Initial Evaluation or considering new disability category (*must complete all sections*)
 Reevaluating category for continuing identification (*sections I and II optional, must complete section III*)*

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under Chapter 115, Wis. Stats., and PI 11.36, Wis. Admin. Code. As a member of the IEP team, the licensed teacher of the deaf and hard of hearing should attend initial evaluation and reevaluation meetings. The IEP team should complete this form to document whether or not the student meets the disability category criteria or if reevaluating, the student's disability continues to adversely affect the student's educational performance. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

If this is a student with a confirmed or suspected hearing loss (clinical or functional) in addition to vision loss, also refer to the Deafblind Criteria Form.

Deaf and hard of hearing means a decreased ability to detect sound in one or both ears with or without amplification, whether permanent or chronically fluctuating, which adversely affects a child's educational performance. This includes academic performance, speech perception, speech production, or communication including language acquisition or expression. [PI 11.36 \(4\) Wis. Admin. Code](#). Refer to [Forms Guide](#) for more information.

Criteria* for the disability category of deaf and hard of hearing can be documented as follows:

SECTION I. HEARING EVALUATION (All must be checked Yes.)

Yes No A teacher of the deaf or hard of hearing licensed under s. PI 34.050 Wis. Admin. Code was a member of the IEP team when determining if the student meets criteria.

Yes No The IEP team considered a current evaluation conducted by an audiologist licensed under ch. 459, Wis. Stats. when determining if the student meets criteria. Explain or reference data or evidence:

Yes No There is a decreased ability to detect sound in one or both ears with or without amplification, whether permanent or chronically fluctuating. Explain or reference data or evidence:

SECTION II. EDUCATIONAL PERFORMANCE (At least one must be checked Yes.)

Yes No The student's decreased ability to detect sound has an adverse effect on **academic performance**. (e.g., phonemic awareness, vocabulary, general word knowledge, independent reading with comprehension, reading for information, as it applies to all courses of study). Explain or reference data or evidence:

Yes No The student's decreased ability to detect sound an adverse effect on **speech perception**. (e.g., the ability to listen with comprehension to spoken messages in a variety of settings). Explain or reference data or evidence:

Yes No The student's decreased ability to detect sound an adverse effect on **speech production**. (e.g., the ability to produce speech that is intelligible to others). Explain or reference data or evidence:

Yes No The student's decreased ability to detect sound an adverse effect on **communication including language acquisition or expression**. (e.g., vocabulary comparable to same age peers, general knowledge, ability to ask questions, apply information, communicate effectively with peers and adults in a variety of situations in order to have needs met (self-advocacy), know the nuances of communication exchange (manners)).
Explain or reference data or evidence:

SECTION III. DISABILITY CATEGORY CRITERIA DETERMINATION

Initial Evaluation or considering new disability category

Yes No The documentation of the criteria above demonstrates a decreased ability to detect sound in one or both ears with or without amplification, whether permanent or chronically fluctuating, which adversely affects the student's educational performance. The student meets the disability category criteria for **deaf and hard of hearing**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluating category for continuing identification*

Yes No The student was previously found as meeting the disability category criteria for deaf and **hard of hearing** and continues to have a disability that adversely affects the student's educational performance. Explain or reference data or evidence. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). *Explain or reference data or evidence:*

** A student previously found eligible for special education, having met the disability category criteria for deaf and hard of hearing, is not required to meet initial identification criteria upon reevaluation.*

CRITERIA FOR DISABILITY CATEGORY**DEAFBLIND**

Form ER-1-DB (Rev. 06/2023)

Waterford Education CooperativeName of Student: **SAMPLE FORMS**

WISEid:

LEA's Student ID: **5205**

Date form completed:

- Initial evaluation or considering new disability category (*must complete all sections*)
- Reevaluating category for continuing identification (*sections I and II optional, must complete section III*)

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under Chapter 115, Wis. Stats., and PI 11.36, Wis. Admin. Code. The IEP team should complete the disability category criteria forms for Deaf and Hard of Hearing and Blind and Visually Impaired prior to completing this form, then complete this form to document whether or not the student meets the disability category criteria or if reevaluating, the student's disability continues to adversely affect the student's educational performance. Attach all disability criteria forms to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Deafblind means concomitantly deaf or hard of hearing and blind or visually impaired, the combination of which causes severe communication and other developmental and educational needs such that the individual disability-related needs of the student extend beyond the instruction and supports required for a student who is solely deaf or hard of hearing or blind or visually impaired. [PI 11.36 \(4m\) Wis. Admin. Code](#). Refer to [Forms Guide](#) for more information.

Criteria* for the disability category of deafblind can be documented as follows:**SECTION I. VISION AND HEARING EVALUATION***Both must be checked yes.*

- Yes No Conducted a comprehensive evaluation that includes completion of the criteria forms for Deaf and Hard of Hearing and Blind and Visually Impaired (*must be checked Yes*).
- Yes No The student meets one of the following conditions:
- Meets the criteria for Deaf and Hard of Hearing specified in PI 11.36 (4) and Blind and Visually Impaired specified in PI 11.36 (3).
 - Met Deaf and Hard of Hearing criteria and has a documented clinical or functional vision loss.
 - Met Blind and Visually Impaired criteria and has a documented clinical or functional hearing loss.
 - Has a documented diagnosis of a progressive medical condition that will result in concomitant hearing and vision losses (e.g. Usher's Syndrome).

Explain or reference data or evidence to support (may reference Deaf and Hard of Hearing and Blind and Visually Impaired criteria forms):

SECTION II. EDUCATIONAL IMPACT (*All three must be checked Yes*)

- Yes No There is an adverse effect on communication. (e.g., apply information, communicate effectively with peers and adults in a variety of situations, express needs and be able to self-advocate, understand the nuances of communication exchange).
Explain or reference data or evidence:
- Yes No There is an adverse effect on developmental performance. (e.g., the ability to learn and

problem solve, concept development, sensory awareness).

Explain or reference data or evidence:

Yes No There is an adverse effect on educational performance. (e.g., academic achievement, measured by classroom performance and standardized tests, and functional performance, including engaging with peers and adults, executive functioning skills, and sensory regulation).

Explain or reference data or evidence:

SECTION III. DISABILITY CATEGORY CRITERIA DETERMINATION

Initial Evaluation or considering new disability category

Yes No The documentation of the criteria above demonstrates concomitantly deaf or hard of hearing and blind or visually impaired, the combination of which causes severe communication and other developmental and educational needs such that the individual disability-related needs of the student extend beyond the instruction and supports required for a student who is solely deaf or hard of hearing or blind or visually impaired. The student meets the disability category criteria for **deafblind**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluating category for continuing identification*

Yes No The student was previously found eligible for special education, having met the disability category criteria for **deafblind** and continues to have a disability that adversely affects the student's educational performance. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). Explain or reference data or evidence:

* A student previously found eligible for special education, having met the disability category criteria for deafblind, is not required to meet initial identification criteria upon reevaluation.

**CRITERIA FOR DISABILITY CATEGORY
BLIND AND VISUALLY IMPAIRED**

Form ER-1-BVI (Rev. 06/2023)

Waterford Education Cooperative

Name of Student: **SAMPLE FORMS**

WISEid:

LEA's Student ID: **5205**

Date form completed:

- Initial Evaluation or considering new disability category (*must complete all sections*)
 Reevaluating category for continuing identification (*sections I and II optional, must complete section III*)*

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under Chapter 115, Wis. Stats., and PI 11.36, Wis. Admin. Code. As a member of the IEP team, the licensed teacher of the blind and visually impaired should attend both initial and reevaluation meetings. The IEP team should complete this form to document whether or not the student meets the disability category criteria or if reevaluating the student's disability continues to adversely affect the student's educational performance. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

If this is a student with a confirmed or suspected hearing loss (clinical or functional) in addition to vision loss, also refer to the Deafblind Criteria Form.

Blind and Visually Impaired means even after correction a student's visual functioning adversely affects educational performance. [PI 11.36 \(3\) Wis. Admin. Code](#). Refer to [Forms Guide](#) for more information.

Criteria* for the disability category of Blind and Visually Impaired can be documented as follows:

SECTION I. FUNCTIONAL VISION EVALUATION

(Both must be checked Yes.)

- Yes No A teacher of the Blind and Visually Impaired [PI 34.051](#) conducted a functional vision evaluation, including all of the following (*all must be checked*):
- Review of medical information from an ophthalmologist or optometrist. (*Explain or reference data or evidence*)
- Formal / informal tests of visual functioning. (*Explain or reference data or evidence*)
- Determination of the educational implications and curricular needs. (*Explain or reference data or evidence*)
- Yes No The student's visual functioning adversely affects educational performance. (*Explain or reference data or evidence*)

SECTION II. ORIENTATION AND MOBILITY NEEDS

Orientation and mobility needs must be assessed.

- Yes No An orientation and mobility specialist evaluated the student to determine if there are related orientation and mobility needs in home, school, or community environments.
- Yes No The student has orientation and mobility needs. (*Explain or reference data or evidence and include a description of the orientation and mobility needs*)

**SECTION III. DISABILITY CATEGORY CRITERIA
DETERMINATION**

A student may meet criteria for Blind and Visually Impaired even if they do not have orientation and mobility needs.

Initial Evaluation or considering new disability category

- Yes No The documentation of the criteria above demonstrates even after correction a student's visual functioning adversely affects educational performance. The student meets the disability category criteria for **blind and visually impaired**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluating category for continuing identification*

- Yes No The student was previously eligible for special education, having met the disability category criteria for **blind and visually impaired**, and continues to have a disability that adversely affects the student's educational performance. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). *Explain or reference data or evidence.*

* A student previously found eligible as meeting the disability category criteria for blind and visually impaired is not required to meet initial identification criteria upon reevaluation.

**EVALUATION REPORT: DOCUMENTATION
FOR DETERMINING BRAILLE NEEDS FOR
A CHILD WITH A VISUAL IMPAIRMENT**
FORM ER-3 (Rev. 7/99)

Waterford Education Cooperative

Name of Student: SAMPLE FORMS

Evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media:

Does this child demonstrate a current need for instruction in Braille or the use of Braille?

Yes No

(If no, why not?)

Does this child demonstrate a future need for instruction in Braille or the use of Braille?

Yes No Cannot be determined at this time.

(If no, why not? If cannot be determined, explain.)

SAMPLE
510112026

**DOCUMENTATION FOR
INTELLECTUAL DISABILITY (ID) – REEVALUATION**
Form ER-2D (Rev 5/19)

Student Name: SAMPLE FORMS

Date of Eligibility Determination:

A student, who met initial ID identification criteria and continues to demonstrate a need for special education, including specially designed instruction, is a student with a continuing disability. If the student no longer needs special education to address needs resulting from impairment, then the student is **no longer** a student with a disability under Ch. 115, Wis. Stats., and the individuals with Disabilities Education Act (IDEA). **A student continues to be a student with the impairment of Intellectual Disability (ID) who needs special education if all items are marked “YES.”** If information is addressed elsewhere in the IEP team evaluation report, please reference where the information can be found.

CONSIDERATION OF EXIT CRITERIA AND CONTINUING NEED FOR SPECIAL EDUCATION

- Yes No The student was previously found eligible as having the impairment of ID.
- Yes No The student requires specially designed instruction in order to access the general or alternate curriculum.
- Yes No The student continues to need special education to address needs resulting from the impairment of ID.

Reason for determination including data used:

**REQUIRED DOCUMENTATION FOR
SPECIFIC LEARNING DISABILITY (SLD) – INITIAL EVALUATION USING
SIGNIFICANT DISCREPANCY**

Form ER-2C (Rev. 6/23)

Student Name: **SAMPLE FORMS**

Date of Eligibility Determination:

Significant discrepancy may be used, but is not required, for initial evaluations of parentally placed private school students and students enrolled in home-based private education (homeschool). If significant discrepancy is used, this form is required. Districts may use progress data from a student's response to intensive scientific research-based or evidence-based intervention (see form ER-2A).

If #1, #2, and #3 are marked "YES", the student meets the eligibility criteria for the impairment of Specific Learning Disability (SLD). If any item is marked "No", the child **does not** meet the eligibility criteria for an impairment of SLD. Prompts for additional information must be completed as appropriate. If such information is addressed elsewhere in the IEP team evaluation report, please reference where the information can be found.

DOCUMENTATION OF ELIGIBILITY

Yes No **1. Insufficient Progress.** The student has made insufficient progress based on Significant Discrepancy.

If Yes, the student has a significant discrepancy between ability and achievement in one or more of the following areas (*check all that apply*).

- | | | |
|--|---|--|
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Basic Reading Skill | <input type="checkbox"/> Mathematics Calculation |
| <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Mathematics Problem Solving |
| <input type="checkbox"/> Written Expression | <input type="checkbox"/> Reading Fluency Skills | |

Data Used to Support Determination:

If the regression formula was not used to make this determination, the reasons why it was not appropriate to use the regression procedure and documentation that a significant discrepancy exists, including documentation of a variable pattern of achievement or ability, in at least one of the eight areas of potential specific learning disabilities using other empirical evidence.

Additional Notes (*if any*):

Yes No **2. Inadequate Classroom Achievement.** The student does not achieve adequately for their age/grade-level.

If Yes, achievement is inadequate in the following area(s) (*check all that apply*):

- | | | |
|--|---|--|
| <input type="checkbox"/> Oral Expression | <input type="checkbox"/> Basic Reading Skill | <input type="checkbox"/> Mathematics Calculation |
| <input type="checkbox"/> Listening Comprehension | <input type="checkbox"/> Reading Comprehension | <input type="checkbox"/> Mathematics Problem Solving |
| <input type="checkbox"/> Written Expression | <input type="checkbox"/> Reading Fluency Skills | |

Data Used to Support Determination:

Additional Notes (*if any*):

Yes No **3. Exclusionary Factors as a primary factor DO NOT apply.** Mark "Yes" if none of the exclusionary factors are the primary reason for the student's inadequate achievement or insufficient progress. Mark "NO" if the student's inadequate achievement or insufficient progress are primarily due to one or more exclusionary factor, and check the factor(s) below. If the student's inadequate achievement or insufficient progress is primarily due to one or more exclusionary factor, the student is not a student with a specific learning disability.

The student does not meet general education expectations primarily because of (*check all that apply*):

- Environmental, cultural, or economic factors
- Limited English proficiency

- Lack of appropriate instruction in the identified area(s) of concern: oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, or mathematics problem solving
- Other impairment (*specify*):

Additional Considerations (*complete whether or not an exclusionary factor applies*)—The IEP team considered:

- Data demonstrating, prior to or as part of the evaluation, the student was or was not provided appropriate instruction.
- Evidence the student received repeated assessments of achievement reflecting student progress.
- The student’s parents were informed of such assessments.

Additional Notes (*if any*):

ADDITIONAL DOCUMENTATION REQUIRED WHEN STUDENT IS EVALUATED FOR SLD

Relevant behavior noted during observation of the student, in their learning environment, and the relationship of that behavior to the student’s academic functioning.

Educationally relevant medical findings

- Yes, relevant medical findings - (*specify*):
- No relevant medical findings.

SUMMARY of ELIGIBILITY CRITERIA CONSIDERATION

List the area(s) of concern in the box below (e.g., reading fluency, math calculation, and reading comprehension). For each area of concern listed, choose “Yes” or “No” to indicate

- 1) Inadequate classroom achievement
- 2) Insufficient progress, **and**
- 3) Exclusionary factors as a primary factor DO NOT apply

If all three are checked “yes” for **at least one area of concern**, then the student meets eligibility criteria for SLD.

Area(s) of Concern Considered (<i>please list</i>)	Insufficient Progress	Inadequate Classroom Achievement	Exclusionary Factors DO NOT apply

The IEP team decision of whether the child has a specific learning disability was based on information from a variety of sources and not on any single measure or assessment as the sole criterion.

DISABILITY CATEGORY CRITERIA DETERMINATION

Yes No The documentation of the criteria above demonstrates the student meets the disability category criteria for **Specific Learning Disability**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Each IEP team participant must sign below and indicate whether they agree with the conclusions regarding whether or not the child is a child with a specific learning disability. If this does not reflect their conclusions, then that IEP team participant must also attach a statement with their conclusions.

Name	Title	Signature	Agree or disagree

Additional Notes (*if any*):

SAMPLE
510112026

**REQUIRED DOCUMENTATION FOR
SPECIFIC LEARNING DISABILITY (SLD) – REEVALUATION**
Form ER-2B (Rev. 5/22)

Student Name: **SAMPLE FORMS**

Date of Eligibility Determination:

A student who met initial SLD identification criteria and continues to demonstrate a need for special education, including specially designed instruction, is a student with a continuing disability unless one or more exclusionary factors now apply. If the student no longer needs special education to address needs resulting from impairment, then the student is **no longer** a student with a disability under Ch. 115, Wis. Stats., and the Individuals with Disabilities Education Act (IDEA). **A student continues to be a student with the impairment of specific learning disability (SLD) who needs special education if all items are marked "YES."** If information is addressed elsewhere in the IEP team evaluation report, please reference where the information can be found.

CONSIDERATION OF EXIT CRITERIA AND CONTINUING NEED FOR SPECIAL EDUCATION

Yes No The student was previously found eligible as having the impairment of SLD. If "No", the IEP team should consider whether the student meets initial SLD criteria.

Yes No The student does not perform to generally accepted expectations in the general education classroom without specially designed instruction.

Yes No The student continues to need special education to address needs resulting from the impairment of SLD.

Reason for determination including data used (*document on model forms ER-1 Evaluation Report or explain below*):

CONSIDERATION OF EXCLUSIONARY FACTORS

Yes No **Exclusionary Factors as a primary reason DO NOT apply.** Check "Yes" if none of the exclusionary factors apply and complete the section *Consideration of Exit Criteria and Continuing Need for Special Education* below. Mark "NO" if one or more exclusionary factors apply and check the factor(s) below. If one or more factors apply, the student is not a student with a specific learning disability and is not eligible for special education.

The student does not meet general education expectations primarily because of (*check all that apply*):

- Environmental, cultural, or economic factors
- Limited English proficiency
- Lack of appropriate instruction in the identified area(s) of concern: oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, or mathematics problem solving
- Other impairment (*specify*):

Additional Notes (*if any*):

ADDITIONAL DOCUMENTATION REQUIRED WHEN STUDENT IS EVALUATED FOR SLD

Relevant behavior noted during observation of the student in their learning environment, including the regular classroom, and the relationship of that behavior to the student's academic functioning.

Educationally relevant medical findings

Yes, relevant medical findings, (*specify*):

No relevant medical findings.

The IEP team assures that the decision of whether the child has a specific learning disability was based on information from a variety of sources and not on any single measure or assessment as the sole criterion.

DISABILITY CATEGORY CRITERIA DETERMINATION

Yes No The student was previously found eligible as meeting the disability category criteria for Specific Learning Disability and continues to have a disability that adversely affects the student's educational performance. A student who previously met criteria under the disability category of **Specific Learning Disability** is not required to meet initial identification criteria upon reevaluation.

A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1).

Each IEP team participant must sign below and indicate whether they agree with the conclusions regarding whether or not the child is a child with a specific learning disability. If this does not reflect their conclusions, then that IEP team participant must also attach a statement with his/her conclusions.

Name and Title	Signature	Agree or disagree

Additional Notes (*if any*):

**REQUIRED DOCUMENTATION FOR
SPECIFIC LEARNING DISABILITY (SLD) – INITIAL EVALUATION**

Form ER-2A (Rev. 5/22)

Student Name: **SAMPLE FORMS**

Date of Eligibility Determination:

The responses to items #1, #2, **and** #3 under **Documentation of Eligibility** must be marked “Yes” for the student to meet the eligibility criteria for the impairment of Specific Learning Disability (SLD). In addition, these criteria must be documented in at least one of the **same** area(s) of concern. If any item is marked “No”, the student **does not** meet eligibility criteria for the impairment of SLD. Prompts for additional information must be completed as appropriate. If information is addressed elsewhere in the IEP team evaluation report, reference where the information can be found.

DOCUMENTATION OF ELIGIBILITY

Yes No **1. Insufficient Progress.** The student does not make sufficient progress to meet age or grade-level standards following at least two intensive, scientific research-based or evidence-based interventions implemented with adequate fidelity and closely aligned to individual student needs. Check “Yes” if the student did not make sufficient progress in one or more of the area(s) considered. Check “No” if the student made sufficient progress in all area(s) considered.

Data Used to Support Insufficient Progress Determination

Check the area(s) considered and whether the student did or did not make sufficient progress in the chart below.

Area Considered	Decision Rule <i>The student's rate of progress was:</i>	Progress Monitoring Data <i>Briefly summarize data collected. Attach supporting data as appropriate.</i>
<input type="checkbox"/> Basic Reading Skill <input type="checkbox"/> The student did not demonstrate sufficient progress <input type="checkbox"/> The student demonstrated sufficient progress	<input type="checkbox"/> the same or less than same age peers. <input type="checkbox"/> greater than same age peers, but will not result in the student reaching the average range of same age peers achievement in a reasonable period of time. <input type="checkbox"/> greater than same age peers but the intensity of resources necessary to obtain this rate of progress cannot be maintained in general education.	
<input type="checkbox"/> Reading Comprehension <input type="checkbox"/> The student did not demonstrate sufficient progress <input type="checkbox"/> The student demonstrated sufficient progress	<input type="checkbox"/> the same or less than same age peers. <input type="checkbox"/> greater than same age peers, but will not result in the student reaching the average range of same age peers achievement in a reasonable period of time. <input type="checkbox"/> greater than same age peers but the intensity of resources necessary to obtain this rate of progress cannot be maintained in general education.	
<input type="checkbox"/> Reading Fluency Skills <input type="checkbox"/> The student did not demonstrate sufficient progress <input type="checkbox"/> The student demonstrated sufficient progress	<input type="checkbox"/> the same or less than same age peers. <input type="checkbox"/> greater than same age peers, but will not result in the student reaching the average range of same age peers achievement in a reasonable period of time. <input type="checkbox"/> greater than same age peers but the intensity of resources necessary to obtain this rate of	

Area Considered	Decision Rule <i>The student's rate of progress was:</i>	Progress Monitoring Data <i>Briefly summarize data collected. Attach supporting data as appropriate.</i>
	progress cannot be maintained in general education.	
<input type="checkbox"/> Mathematics Calculation <input type="checkbox"/> The student did not demonstrate sufficient progress <input type="checkbox"/> The student demonstrated sufficient progress	<input type="checkbox"/> the same or less than same age peers. <input type="checkbox"/> greater than same age peers, but will not result in the student reaching the average range of same age peers achievement in a reasonable period of time. <input type="checkbox"/> greater than same age peers but the intensity of resources necessary to obtain this rate of progress cannot be maintained in general education.	
<input type="checkbox"/> Mathematics Problem Solving <input type="checkbox"/> The student did not demonstrate sufficient progress <input type="checkbox"/> The student demonstrated sufficient progress	<input type="checkbox"/> the same or less than same age peers. <input type="checkbox"/> greater than same age peers, but will not result in the student reaching the average range of same age peers achievement in a reasonable period of time. <input type="checkbox"/> greater than same age peers but the intensity of resources necessary to obtain this rate of progress cannot be maintained in general education.	
<input type="checkbox"/> Written Expression <input type="checkbox"/> The student did not demonstrate sufficient progress <input type="checkbox"/> The student demonstrated sufficient progress	<input type="checkbox"/> the same or less than same age peers. <input type="checkbox"/> greater than same age peers, but will not result in the student reaching the average range of same age peers achievement in a reasonable period of time. <input type="checkbox"/> greater than same age peers but the intensity of resources necessary to obtain this rate of progress cannot be maintained in general education.	
<input type="checkbox"/> Oral Expression <input type="checkbox"/> The student did not demonstrate sufficient progress <input type="checkbox"/> The student demonstrated sufficient progress	<input type="checkbox"/> the same or less than same age peers. <input type="checkbox"/> greater than same age peers, but will not result in the student reaching the average range of same age peers achievement in a reasonable period of time. <input type="checkbox"/> greater than same age peers but the intensity of resources necessary to obtain this rate of progress cannot be maintained in general education.	
<input type="checkbox"/> Listening Comprehension <input type="checkbox"/> The student did not demonstrate sufficient progress <input type="checkbox"/> The student demonstrated sufficient progress	<input type="checkbox"/> the same or less than same age peers. <input type="checkbox"/> greater than same age peers, but will not result in the student reaching the average range of same age peers achievement in a reasonable period of time. <input type="checkbox"/> greater than same age peers but the intensity of resources necessary to obtain this rate of progress cannot be maintained in general education.	

Yes No The instructional strategies used with the student, including intensive intervention, were applied in a manner highly consistent with the design, closely aligned to pupil need, and culturally appropriate.

Yes No The student's parents were informed about the amount and nature of their child's performance data that would be collected and the general education services that would be provided, progress-monitoring data collected, the strategies for increasing their child's rate of learning, including the intensive interventions used, and their right to request an evaluation.

Additional Notes (if any):

Yes No **2. Inadequate Classroom Achievement.** The student does not achieve adequately for his/her age/grade-level after intensive intervention.

If Yes, achievement is inadequate in the following area(s): (check all that apply)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Basic Reading Skill
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reading Comprehension
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reading Fluency Skills
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mathematics Calculation
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mathematics Problem Solving
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Written Expression
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Oral Expression
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Listening Comprehension

Data Used to Support Determination:

Yes No Was the 1.25 standard deviation (SD) requirement used to make this determination? Provide the reason why valid and reliable standard scores could not be attained and document inadequate achievement using other empirical evidence:

Additional Notes (if any):

Yes No **3. Exclusionary Factors DO NOT apply.** Check "Yes" if none of the exclusionary factors are the primary reason for the student's inadequate achievement or insufficient progress. Check "No" if the student's inadequate achievement or insufficient progress are primarily due to one or more exclusionary factor, and check the factor(s) below. If the student's inadequate achievement or insufficient progress is primarily due to one or more exclusionary factor, the student is not a student with a specific learning disability.

The student does not meet general education expectations primarily because of (check all that apply):

Environmental, cultural, or economic factors
 Limited English proficiency
 Lack of appropriate instruction in the identified area(s) of concern: oral expression, listening comprehension, written expression, basic reading skill, reading fluency skills, reading comprehension, mathematics calculation, or mathematics problem solving
 Other impairment (specify):

Additional Considerations (complete whether or not an exclusionary factor applies)—The IEP team considered:

Data demonstrating, prior to or as part of the evaluation, the student was or was not provided appropriate instruction.
 Evidence the student received repeated assessments of achievement reflecting student progress.
 The student's parents were informed of such assessments.

Additional Notes (if any):

ADDITIONAL DOCUMENTATION REQUIRED WHEN STUDENT IS EVALUATED FOR SLD

Relevant behavior noted during observation of the student in his or her learning environment, including the regular classroom, and during intensive intervention, and the relationship of that behavior to the student's academic functioning.

Educationally relevant medical findings

Yes, relevant medical findings, (*specify*):

No relevant medical findings.

SUMMARY of ELIGIBILITY CRITERIA CONSIDERATION

List the area(s) of concern in the box below (e.g., reading fluency, math calculation, and reading comprehension).

For each area of concern listed, check “Yes” or “No” to indicate

- (1) Inadequate classroom achievement,
- (2) Insufficient progress, **and**
- (3) Exclusionary factors DO NOT apply.

If all three are checked “Yes” for **at least one area of concern**, then the student meets eligibility criteria for SLD.

Area(s) of Concern Considered	Area Considered	Inadequate Classroom Achievement	Insufficient Progress	Exclusionary Factors DO NOT apply
Basic Reading Skill	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reading Fluency Skills	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mathematics Calculation	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mathematics Problem Solving	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Written Expression	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Listening Comprehension	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

The IEP team decision of whether the child has a specific learning disability was based on information from a variety of sources and not on any single measure or assessment as the sole criterion.

DISABILITY CATEGORY CRITERIA DETERMINATION

Yes No The documentation of the criteria above demonstrates the student meets the disability category criteria for **Specific Learning Disability**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

**REQUIRED DOCUMENTATION FOR
SPECIFIC LEARNING DISABILITY (SLD) – INITIAL EVALUATION
Form ER-2A**

Student Name: SAMPLE FORMS

The IEP team assures that the decision of whether the child has a specific learning disability was based on information from a variety of sources and not on any single measure or assessment as the sole criterion. Each IEP team participant must sign below and indicate whether he/she agrees with the conclusions regarding whether or not the child is a child with a specific learning disability. If this does not reflect his/her conclusions, then that IEP team participant must also attach a statement with his/her conclusions.

Name	Title	Signature	Agree or disagree

Additional Notes (*if any*):

SAMPLE
510112026

**NOTICE OF IEP TEAM FINDINGS THAT CHILD
IS NOT A CHILD WITH A DISABILITY**

Form ER-4 (Rev. 7/06)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Form Date: **April 24, 2025**

Date of Evaluation:

Dear :

Recently the individualized education program (IEP) team met to determine if your child, **SAMPLE FORMS**, has or continues to have a disability (impairment and need for special education). The IEP team determined the following:

- Initial evaluation: your child does not have a disability (impairment and need for special education).
- Reevaluation: your child no longer has a disability (impairment and need for special education). As a result, special education and related services will no longer be provided to your child as of .

Enclosed is a copy of the IEP team's evaluation report, which includes documentation that your child is not eligible for special education.

Other options, if any, related to the above proposal which were considered and the reason(s) they were rejected including a description of any other factors relevant to the proposed action include: None

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is, or earlier this year, you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the school district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

Michael Rosandich, Director Special Education

**INDIVIDUALIZED EDUCATION PROGRAM:
PARTICIPATION IN STATEWIDE ASSESSMENTS**
Form I-7 Forward (New 5/22)

*To be completed for students participating
in the Forward Exam*

Name of Student: **SAMPLE FORMS**

The student will be in a grade when the Forward Exam is given. Students in grades 3-8 will participate in English language arts (ELA) and mathematics. Science is administered in grades 4 and 8. Social Studies is administered in grades 4, 8, and 10. The student will be taking general education assessments¹ for all content areas required at this grade level.

Forward Exam has specific policies and guidance regarding the Universal Tools, Designated Supports and Accommodations permitted on the assessments in each content area. Refer to the Forward Exam Accessibility Guide available on the Office of Educational Accountability website (<http://dpi.wi.gov/assessment/forward/accommodations>) for the current accommodation policies. . It is important to note that while some accommodations or supports may be appropriate for instructional use, they may not be appropriate for use on a standardized assessment.

Universal Tools are available to all students. These tools *cannot* be turned off on an individual basis and therefore all students should be familiar with their use.

Section A: Designated Supports

Designated Supports are also available for any student for whom the need has been indicated and are a part of their classroom instruction. Refer to the Forward Exam Accessibility Guide for information about allowable designated supports. Please list any Designated Supports that may be required for the student at the time of testing:

Section B: Accommodations

Accommodations are available if the need is documented below and the student uses a similar accommodation as part of their classroom instruction (complete all applicable charts). Refer to the Forward Exam Accessibility Guide for information about allowable accommodations.

English language arts (grades 3-8)	<input type="checkbox"/> ELA <u>without</u> accommodations	<input type="checkbox"/> ELA <u>with</u> accommodations (<i>list</i>):
Mathematics (grades 3-8)	<input type="checkbox"/> Mathematics <u>without</u> accommodations	<input type="checkbox"/> Mathematics <u>with</u> accommodations (<i>list</i>):
Science (grades 4 and 8)	<input type="checkbox"/> Science <u>without</u> accommodations	<input type="checkbox"/> Science <u>with</u> accommodations (<i>list</i>):
Social Studies (grades 4, 8 and 10)	<input type="checkbox"/> Social Studies <u>without</u> accommodations	<input type="checkbox"/> Social Studies <u>with</u> accommodations (<i>list</i>):

¹General Education assessments in Wisconsin assess content reflective of the Wisconsin Academic Standards and the Wisconsin Model Academic Standards. Students identified as English Learners are required to participate annually in a language assessment.

SAMPLE
51012026

**INDIVIDUALIZED EDUCATION PROGRAM:
PARTICIPATION IN STATEWIDE LANGUAGE ASSESSMENT
CHECKLIST AND ACCOMMODATIONS**
I-7 ACCESS for ELLs® (New 5/19)

*To be completed for students
required to participate in statewide
language assessment*

Name of Student: **SAMPLE FORMS**

The Elementary and Secondary Education Act requires all English learners (EL) to taken an annual assessment in English proficiency in all four language domains (reading, writing, speaking and listening) regardless of disability status. Individualized Education Program (IEP) teams are required to decide annually whether students who are classified as EL and who have a disability will participate in (1) the ACCESS for ELLs® with or without accommodations, or (2) the Alternate ACCESS for ELLs™ with or without accommodations.

Accommodations for the ACCESS for ELLs® or Alternate ACCESS for ELLs™ are specific to these assessments. Please check the Office of Student Assessment website (<http://dpi.wi.gov/assessment/ell/accommodations>) for the current accommodation policies.

The Elementary and Secondary Education Act (ESEA) requires that students whose disabilities preclude assessment in one or more domains of the annual proficiency assessment be assessed in the remaining domains available to them, and a score created which accounts for the missing domain(s). For example, a deaf student who is unable to hear the Listening Test. To qualify for this exemption, a student must be a student with a disability for which there are no appropriate accommodations for the affected domain.

As this exemption will require a manual score calculation and potentially requires manual changes to the test sessions in the WIDA Assessment Management System (AMS) portal, the Department of Public Instruction must be made aware of students receiving this waiver. Prior to the student beginning testing, you must provide the information required to support the student through the link on the Office of Student Assessment website at (<http://dpi.wi.gov/assessment/ell/accommodations>).

[X] **1. The student will take the ACCESS for ELLs®.** For students taking the ACCESS for ELLs®, complete Sections A-C below. Note: ACCESS for ELLs® is available for students in grades kindergarten through 12.

Section A: Test Administration Procedures: Certain procedures can be used for all ELs but may be required by a student with disability in order to access the assessment. Please list any *test administration procedures* necessary for the student:

Section B: Accessibility Tools: Accessible tools are available for all ELs but dependent upon whether the assessment is taking an online or paper assessment. Please list any *accessibility tools* necessary for the student:

Section C: Accommodations (complete all 4 charts)

Speaking	<input type="checkbox"/> ACCESS for ELLs® <u>without</u> accommodations in the language domain of speaking.	<input type="checkbox"/> ACCESS for ELLs® <u>with</u> accommodations in the language domain of speaking (<i>list</i>):	<input type="checkbox"/> Domain Waived
Listening	<input type="checkbox"/> ACCESS for ELLs® <u>without</u> accommodations in the language domain of listening.	<input type="checkbox"/> ACCESS for ELLs® <u>with</u> accommodations in the language domain of listening (<i>list</i>):	<input type="checkbox"/> Domain Waived
Reading	<input type="checkbox"/> ACCESS for ELLs® <u>without</u> accommodations in the language domain of reading.	<input type="checkbox"/> ACCESS for ELLs® <u>with</u> accommodations in the language domain of reading (<i>list</i>):	<input type="checkbox"/> Domain Waived

Writing	<input type="checkbox"/> ACCESS for ELLs [®] <u>without</u> accommodations in the language domain of writing.	<input type="checkbox"/> ACCESS for ELLs [®] <u>with</u> accommodations in the language domain of writing (<i>list</i>):	<input type="checkbox"/> Domain Waived
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Any additional considerations:

SAMPLE
51012026

**INDIVIDUALIZED EDUCATION PROGRAM:
PARTICIPATION IN DISTRICT-WIDE ASSESSMENTS**
Form I-7 District-wide Assessment (Rev. 10/2024)

To be completed for students participating in reading readiness assessment, civics, and district-wide assessments

Name of Student: SAMPLE FORMS

Reading Readiness Assessment: Reading readiness assessment means a fundamental skills screening assessment (4K) or universal screening assessment (5K - 3) public school districts and independent charter schools administer to all Wisconsin students enrolled in the corresponding grade level. Wis. Stat. § 118.016. IEP teams are not prohibited from conducting out of level assessments if they believe such assessments will provide data that will assist in the development of the student's IEP. IEP teams may in rare cases determine that a screening assessment would not yield valid and reliable results and advance the student to the diagnostic assessment. *Select one:*

- The student is not in a grade level requiring reading readiness assessment;
- The student is in a grade level requiring reading readiness assessment (*Include screening assessment on the accommodations table below and describe any individual appropriate accommodations needed to measure the academic achievement and functional performance of the student*); or
- The student is in a grade level requiring reading readiness assessment and the IEP team decided to advance the student to the diagnostic assessment (*Include diagnostic assessment on accommodations table below and describe any individual appropriate accommodations needed to measure the academic achievement and functional performance of the student*). *Explain the decision to advance the student:*

Civics: School districts and independent charter schools administer the Wisconsin civics graduation requirement. Wis. Stat. § 118.33(1m). Students with IEPs must take the civics exam unless the IEP team determines it is not appropriate, but graduation cannot be conditioned upon passing a certain number of questions correctly. If the student will take the civics exam, include on the assessment accommodations table below and describe any individual appropriate accommodations needed to measure the academic achievement and functional performance of the student.

- The student has already taken the civics test.
- The student is not eligible.
- The student is eligible to take the civics test this year. (*Choose one*):
- It is appropriate to administer the civics test to the student. (*Complete district-wide table below*)
 - It is not appropriate to administer the civics test to the student.

District-wide assessments are tests given at the district level and can apply to students in all grade levels (4K-12). If the district-wide assessment provides descriptive information on the student's reading and meets requirements under Act 20, it may serve as a diagnostic assessment. Wis. Stat. § 118.016(1)(b). If the IEP team determines the student will take district-wide assessments, the IEP must contain a statement of any individual appropriate accommodations needed to measure the academic achievement and functional performance of the student.

Students with disabilities must be included in district-wide assessments unless the IEP team determines that an alternate to the district-wide assessment is appropriate. Alternate assessments are intended only for students with the most significant cognitive disabilities. If the student will be taking an alternate assessment, *the I-7-A Participation Guidelines for Alternate Assessment* (<https://dpi.wi.gov/sites/default/files/imce/sped/doc/form-i-7-a.doc>) must be included with the IEP.

District-wide Assessment: If the IEP team determines the student will take district-wide assessments, the IEP must contain a statement of any individual appropriate accommodations needed to measure the academic achievement and

functional performance of the student on district-wide assessments.

Accommodations for Assessments:

Assessment(s) the student will take	Accommodations needed? (yes/no)	If yes, describe the accommodations needed

Alternate District-wide Assessment: If the IEP team determines the student will take an alternate assessment, the IEP must describe why the student cannot participate in the regular assessment, why the particular alternate district-wide assessment is appropriate and contain a statement of any needed accommodations. Please note there is no alternative to the reading readiness assessment.

Alternate district-wide assessment(s) the student will take	Describe why the student cannot participate in the district-wide assessment	Describe why the particular alternate district-wide assessment is appropriate	Accommodations needed? (yes/no)	If yes, describe the accommodations needed

PARTICIPATION GUIDELINES FOR ALTERNATE ASSESSMENT

Form I-7-A (Rev. 5/19)

Name of Student: **SAMPLE FORMS**

IEP teams are responsible for deciding whether students with disabilities will participate in general education assessments with or without testing accommodations, or in the alternate assessment with or without accommodations.¹ In a given year, a student must participate in either all general education assessments or all alternate assessments, not parts of both.

Participation in the alternate assessment **must not** be based solely on any of the following:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. A disability category or label 2. Poor attendance or extended absences 3. Native language/social/cultural or economic difference 4. Expected poor performance on the general education assessment 5. Academic and other services student receives 6. Educational environment or instructional setting 7. Percent of time receiving special education 8. English Language (EL) status | <ol style="list-style-type: none"> 9. Low reading level/achievement level 10. Anticipated student's disruptive behavior 11. Impact of student scores on accountability system 12. Administrator decision 13. Anticipated emotional distress 14. Need for accommodations (e.g., assistive technology /Augmentative and Alternative Communication) to participate in assessment process |
|--|---|

Participation Criterion	Participation Criterion Descriptors	Agree (Yes) or	Document evidence used to make determination
1. The student has a most significant Intellectual disability	<p>In order to define a student as having a most significant cognitive disability, the IEP team must review student records and agree:</p> <ul style="list-style-type: none"> • The student typically characterized as functioning at least two and a half to three standard deviations below the mean in both adaptive behavior and cognitive functioning; and • The student performs substantially below grade level expectations on the academic content standards for the grade in which they are enrolled, even with the use of adaptations and accommodations; and • The student requires extensive, direct individualized instruction and substantial supports to achieve measurable gains, across all content areas and settings. 	•	•
2. The student is instructed using the alternate achievement standards across all content areas.	Goals listed in the IEP for this student are linked to the enrolled grade level alternate achievement standards and address knowledge and skills that are appropriate and challenging for this student.		

<p>3. Parent/Guardian notification</p>	<p>The parent(s) /Guardian(s) and LEA have discussed:</p> <ul style="list-style-type: none"> • The differences between the alternate achievement standards and academic content standards for the grade in which the child is enrolled, <u>and</u> • That the student’s achievement will be measured based on alternate achievement standards, <u>and</u> • How the student’s participation in alternate standards and assessment(s) may delay or otherwise affect the student from completing the requirements for a regular high school diploma. 	<p>•</p>	<p>•</p>
<p>The IEP team agrees that all three of the criteria describe the student and determined the student must participate in alternate assessment(s).</p>			

SAMPLE
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**INDIVIDUALIZED EDUCATION PROGRAM:
LINKING PRESENT LEVELS, NEEDS, GOALS, AND SERVICES FORM**
Form I-4LF (Rev. 6/2023)

Waterford Education Cooperative

Name of Student: **SAMPLE FORMS**

WISEid:

LEA Student ID: **5205**

I. INFORMATION ABOUT THE STUDENT

A. STRENGTHS

Describe the student's strengths that can be used to engage the student in learning (including academics, cognitive learning, communication, independence and self-determination, physical/health, social and emotional learning).

B. CURRENT ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE (including academics, cognitive learning, communication, independence and self-determination, physical/health, social and emotional learning)

1. Describe the student's present level of academic achievement (including reading achievement). For preschool children, describe the child's acquisition and use of knowledge and skills (including early language/communication and early literacy):

2. Describe the student's present level of functional performance. For preschool children, describe the child's positive social and emotional skills (including social relationships) and use of appropriate behaviors to meet their needs and the impact on early literacy.

3. Participation in Physical Education

General Physical Education

Adapted Physical Education (Must include a goal and services.)

N/A If the student is in a grade-level where physical education is not offered and the student does not require specially designed physical education as part of a free appropriate public education.

C. SPECIAL FACTORS

1. Does the student's behavior impede their learning or that of others? Yes No

If yes, describe this student's behavioral needs:

Has a functional behavior assessment (FBA) been conducted?

Not Applicable Yes No

If yes, when was the functional behavior assessment conducted?

(Document positive behavioral interventions, strategies, and supports, and other services in the Program Summary)

2. Is the student an English Learner (EL)? Yes No

If yes, describe how this factor affects the student's needs related to this IEP:

3. In the case of a child who is blind or visually impaired, does the student need instruction in Braille or the use of Braille? (Attach Determining Braille Needs (ER-3) from the latest evaluation/reevaluation or any updated information.)

Not Applicable

Yes

No

Cannot be determined at this time

If Yes, Describe needs, including Braille needs:

If no, explain why not:

4. Does the student have communication needs that could impede their learning? Yes No

a. If yes, describe the communication needs (including speech and language needs):

b. If the student is deaf, hard of hearing, or deafblind, describe (a) the student's language and communication needs; (b) Opportunities for direct communication with peers and professional personnel in the student's language and communication mode; and, (c) academic level and full range of needs including opportunities for direct instruction in the student's language and communicative mode:

5. Does the student need assistive technology services or devices? Yes No

Consider any item, piece of equipment, product system, or service to increase, maintain, or improve the student's functional capabilities. In addition to other needs that require assistive technology, discuss if the student accesses, uses, and derives meaning from age or grade level standard printed text when considering accessible education materials (AEM) and the need for assistive technology.

If yes, describe the student's assistive technology needs:

(Document necessary services and devices in the Program Summary.)

D. CONCERNS OF THE PARENTS/FAMILY

1. Describe the concerns of the parents/family for enhancing the education of the student. This may include concerns about reading achievement, early language/communication or early literacy skills, other academic areas, social-emotional needs, sensory needs, behavior, the child's future postsecondary transition etc.

2. Describe the concerns (if any) of the student for enhancing their education:

E. EFFECTS OF THE DISABILITY

1. Describe how the student's disability affects their access, involvement and progress in the general education curriculum, including how the disability affects reading. For preschool children, describe how the disability affects participation in age-appropriate activities, including language development, communication and/or literacy. Consider special factors when identifying the effects of the disability on academic achievement and functional performance.

2. Does the student's disability adversely affect their progress toward meeting age/grade-level reading standards? For preschoolers, does the disability adversely affect progress toward the early learning standards for language development, communication and/or early literacy? Yes No

3. Is this a student with the most significant cognitive disability whose achievement will be aligned with alternate achievement standards? *(See DPI Model Form I-7-A-Participation Guidelines For Alternate Assessment for the definition of most significant cognitive disability.)*

Yes No

F. SUMMARY of DISABILITY-RELATED NEEDS

Based on a root cause analysis of the effects of the student's disability, list and number the disability-related needs. Include reading needs, or early literacy needs, and needs due to special factors, if identified (e.g., decoding, identifying the main idea, basic math calculations, and word problems). Reference numbered needs in the measurable annual goal statements (add rows, as needed).

(The student needs to develop/improve skill...)

Needs Number	Needs Category	Disability Related Needs
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II. FAMILY ENGAGEMENT

How will school staff engage parent(s)/families in the education of the student (e.g. sharing resources, communicating with parent(s)/families, building upon family strengths, connecting parent(s)/families to learning activities, etc.)?

III. MEASURABLE ANNUAL GOALS

A. Before developing annual goals, review the previous IEP goals and progress (I-5)

Initial IEP N/A

Date of Annual Goal Review:

Previous IEP Goals	Goal Met	Describe/provide data or other information related to progress (refer to information in last progress report, if applicable)	If not met, how will the IEP be revised to address lack of sufficient progress?

B. MEASURABLE ANNUAL GOALS**Goal Description:**
Goal 1

Needs Category

1. Goal Statement:

a. Baseline (*Student's current level of performance from which progress toward this goal will be measured*):

b. Level of attainment (*Must relate to the baseline measurement and reflect progress*):

2. Benchmarks or Short-Term Objectives (*Required for students with the most significant cognitive disability expected to participate in an assessment aligned with alternate academic achievement standards*): N/A

3. What procedures will be used for measuring the student's progress toward meeting the annual goal from baseline to level of attainment (i.e., what methods or procedures will be used to collect data needed to make ongoing decisions about student progress toward annual goal achievement and to report progress to parents)?

4. When will reports about the student's progress toward meeting the annual goal be provided to parents?

IV. PROGRAM SUMMARY

Projected beginning and ending date(s) of IEP services & modifications: to

Include a statement for each of A, B, C and D below to allow the student to (1) access, be involved in and make progress in the general education curriculum; (2) be educated and participate with other students with and without disabilities to the extent appropriate, (3) participate in extracurricular and other nonacademic activities, and (4) advance appropriately toward attaining the annual IEP goals. Include frequency, amount, location, & duration (if different from projected IEP beginning and ending dates). The services must be stated in the IEP so the level of the LEA's commitment of resources is clear to the parents and other IEP team members. At least one special education service must be included; other services are required, if needed.

Needs Number	Needs Category	Disability-Related Needs

Goal #	Goal Description	Goal Statement
1	Goal 1	

A. Supplementary Aids and Services <input type="checkbox"/> None Needed	Frequency & Amount	Location	Duration	Addresses Goal(s)	Addresses Need(s)

B. Specially-Designed Instruction	Frequency	Amount	Location	Duration	Addresses Goal(s)

C. Related Services Needed to Benefit from Special Education <input type="checkbox"/> None needed	Frequency	Amount	Location	Duration	Addresses Goal(s)	Addresses Need(s)

D. Program Modifications or Supports for School Personnel <input type="checkbox"/> None	Frequency	Amount	Location	Duration	Addresses Goal(s)	Addresses Need(s)

V. STUDENT PARTICIPATION

A. Participation in Regular Education (*location, including regular education classrooms, extracurricular and nonacademic activities, and workplace settings*) **Ensure any supplementary aids and services needed for the student to participate in the regular education environment, including regular education classrooms, extracurricular and nonacademic activities, and workplace settings, are included in the Program Summary.** Refer to Placement Form (Form P-1 or P-2) and [Forms Guide](#) for more information.

The student will participate full-time with non-disabled peers in the regular education environment, or for preschoolers, with non-disabled peers in age-appropriate settings.

If you have indicated in the Program Summary a location other than regular education environment, or age-appropriate settings for preschoolers, you must check the box below and answer Question 1.

The student will not participate full-time with non-disabled peers in the regular education environment, or for preschoolers, with non-disabled peers in age-appropriate settings. This includes students on a shortened day.

1. Describe the extent, if any, to which the student will not participate with non-disabled peers in the regular education environment, or age-appropriate settings in the case of a preschooler, including extracurricular and nonacademic activities:

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**INDIVIDUALIZED EDUCATION PROGRAM:
PARTICIPATION IN STATEWIDE ASSESSMENTS
Form I-7 The ACT with writing (Rev. 09/2022)**

*To be completed for students participating in
The ACT with writing*

Name of Student **SAMPLE FORMS**

The student will be in 11th grade when the ACT® with writing assessment is given. The ACT with writing assessment is administered in the content areas of Reading, English, Writing, Mathematics and Science. The student will be taking general education assessments¹ for all content areas required at this grade level.

The ACT with writing has specific policies and guidance regarding Universal Supports, Designated Supports, and Accommodations permitted on the assessment. Refer to the *ACT Accessibility Supports Guide* available on the Office of Educational Accountability website (<https://dpi.wi.gov/assessment/act/accommodations>) for current policies and guidance. It is important to note that while some accommodations or supports may be appropriate for instructional use, they may not be appropriate for use on a standardized assessment.

Section A: Universal Supports are embedded into testing practices and are available to all students administered the ACT with writing. Universal Supports do not require prior submission to ACT. Refer to the ACT Accessibility Supports Guide for a list of Universal Supports.

List all Universal Supports required for the student at the time of testing:

Section B: Designated Supports, also known as local arrangements, are available to any student for whom a need has been identified, as long as test security is not compromised, and testing environment requirements are met. These supports are planned locally to ensure proper delivery and do not require prior authorization by ACT. Refer to the *ACT Accessibility Supports Guide* for a list of allowable Designated Supports.

List all Designated Supports required for the student at the time of testing:

Section C: Accommodations available to students with an Individualized Education Program (IEP) should be consistent with day-to-day instructional practices and must be documented in a student's IEP. Refer to the *ACT Accessibility Supports Guide* for a list of all allowable Accommodations.

Accommodations for the ACT with writing **must** be requested and authorized for use by ACT prior to being used on the ACT with writing. **Use of unauthorized accommodations on the ACT with writing will result in a misadministration.** Local educational agencies must submit a student's IEP to ACT when they submit requests for ACT accommodations. Refer to the *ACT Accessibility Supports Guide* for detailed instructions on how to submit ACT accommodation requests.

The ACT with writing (complete all 5 charts below)

Reading	<input type="checkbox"/> Reading <u>without</u> accommodations	<input type="checkbox"/> Reading <u>with</u> accommodations (<i>list</i>):
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English	<input type="checkbox"/> English <u>without</u> accommodations	<input type="checkbox"/> English <u>with</u> accommodations (<i>list</i>):
---------	--	--

Writing	<input type="checkbox"/> Writing <u>without</u> accommodations	<input type="checkbox"/> Writing <u>with</u> accommodations (<i>list</i>):
---------	--	--

Mathematics	<input type="checkbox"/> Mathematics <u>without</u> accommodations	<input type="checkbox"/> Mathematics <u>with</u> accommodations (<i>list</i>):
Science	<input type="checkbox"/> Science <u>without</u> accommodations	<input type="checkbox"/> Science <u>with</u> accommodations (<i>list</i>):

¹General Education Assessments in Wisconsin refer to content reflective of the Wisconsin Academic Standards.

SAMPLE
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**INDIVIDUALIZED EDUCATION PROGRAM:
PARTICIPATION IN STATEWIDE ASSESSMENTS**
Form I-7 PreACT Secure (Rev. 09/2022)

*To be completed for students participating in
PreACT Secure*

Name of Student: SAMPLE FORMS

The student will be in grade 9 or 10 when the PreACT® Secure is given in Reading, English, Mathematics and Science. The student will be taking general education assessments¹ for all content areas required at this grade level.

PreACT Secure has specific policies and guidance regarding Universal Supports, Designated Supports, and Accommodations permitted on the assessment. Refer to the *PreACT Secure Accessibility Supports Guide* available on the Office of Educational Accountability website (<https://dpi.wi.gov/assessment/PreACT/accommodations>) for current policies and guidance. It is important to note that while some accommodations or supports may be appropriate for instructional use, they may not be appropriate for use on a standardized assessment.

Section A: **Universal Supports** are embedded into testing practices and are available to all students administered the PreACT Secure. Universal Supports do not require prior submission to ACT.

List all Universal Supports required for the student at the time of testing:

Section B: **Designated Supports**, also known as local arrangements, are available to any student for whom a need has been identified, as long as test security is not compromised, and testing environment requirements are met. These supports are planned locally to ensure proper delivery. Some Designated Supports may need to be entered into the test administration platform prior to a student being placed in a test session. Refer to the *PreACT Secure Accessibility Supports Guide* for a list of allowable Designated Supports.

List all Designated Supports that may be required for the student at the time of testing:

Section C: **Accommodations** available to students with an Individualized Education Program (IEP) should be consistent with day-to-day instructional practices and must be documented in a student's IEP. Accommodations must be entered into the test administration platform in advance of the student being placed into a test session. Disability related documentation is not submitted to ACT for the PreACT Secure assessment. Refer to the *PreACT Secure Accessibility Supports Guide* for a list of allowable Accommodations.

PreACT Secure (complete all 4 charts below)

Reading	<input type="checkbox"/> Reading <u>without</u> accommodations	<input type="checkbox"/> Reading <u>with</u> accommodations (<i>list</i>):
English	<input type="checkbox"/> English <u>without</u> accommodations	<input type="checkbox"/> English <u>with</u> accommodations (<i>list</i>):
Mathematics	<input type="checkbox"/> Mathematics <u>without</u> accommodations	<input type="checkbox"/> Mathematics <u>with</u> accommodations (<i>list</i>):
Science	<input type="checkbox"/> Science <u>without</u> accommodations	<input type="checkbox"/> Science <u>with</u> accommodations (<i>list</i>):

¹General Assessments in Wisconsin refer to content reflective of the Wisconsin Academic Standards.

Name of Student: **SAMPLE FORMS**

The student will be in a grade when the Forward Exam is given. Students in grades 3-8 will participate in English language arts (ELA) and mathematics. Science is administered in grades 4 and 8. Social Studies is administered in grades 4, 8, and 10. The student will be taking general education assessments¹ for all content areas required at this grade level.

Forward Exam has specific policies and guidance regarding the Universal Tools, Designated Supports and Accommodations permitted on the assessments in each content area. Refer to the Forward Exam Accessibility Guide available on the Office of Educational Accountability website (<http://dpi.wi.gov/assessment/forward/accommodations>) for the current accommodation policies. . It is important to note that while some accommodations or supports may be appropriate for instructional use, they may not be appropriate for use on a standardized assessment.

Universal Tools are available to all students. These tools *cannot* be turned off on an individual basis and therefore all students should be familiar with their use.

Section A: Designated Supports

Designated Supports are also available for any student for whom the need has been indicated and are a part of their classroom instruction. Refer to the Forward Exam Accessibility Guide for information about allowable designated supports. Please list any Designated Supports that may be required for the student at the time of testing:

Section B: Accommodations

Accommodations are available if the need is documented below and the student uses a similar accommodation as part of their classroom instruction (complete all applicable charts). Refer to the Forward Exam Accessibility Guide for information about allowable accommodations.

English language arts (grades 3-8)	<input type="checkbox"/> ELA <u>without</u> accommodations	<input type="checkbox"/> ELA <u>with</u> accommodations (list):
Mathematics (grades 3-8)	<input type="checkbox"/> Mathematics <u>without</u> accommodations	<input type="checkbox"/> Mathematics <u>with</u> accommodations (list):
Science (grades 4 and 8)	<input type="checkbox"/> Science <u>without</u> accommodations	<input type="checkbox"/> Science <u>with</u> accommodations (list):
Social Studies (grades 4, 8 and 10)	<input type="checkbox"/> Social Studies <u>without</u> accommodations	<input type="checkbox"/> Social Studies <u>with</u> accommodations (list):

**INDIVIDUALIZED EDUCATION PROGRAM:
PARTICIPATION IN STATEWIDE LANGUAGE ASSESSMENT
CHECKLIST AND ACCOMMODATIONS**
I-7 ACCESS for ELLs® (New 5/19)

*To be completed for students
required to participate in statewide
language assessment*

Name of Student: **SAMPLE FORMS**

The Elementary and Secondary Education Act requires all English learners (EL) to taken an annual assessment in English proficiency in all four language domains (reading, writing, speaking and listening) regardless of disability status. Individualized Education Program (IEP) teams are required to decide annually whether students who are classified as EL and who have a disability will participate in (1) the ACCESS for ELLs® with or without accommodations, or (2) the Alternate ACCESS for ELLs™ with or without accommodations.

Accommodations for the ACCESS for ELLs® or Alternate ACCESS for ELLs™ are specific to these assessments. Please check the Office of Student Assessment website (<http://dpi.wi.gov/assessment/ell/accommodations>) for the current accommodation policies.

The Elementary and Secondary Education Act (ESEA) requires that students whose disabilities preclude assessment in one or more domains of the annual proficiency assessment be assessed in the remaining domains available to them, and a score created which accounts for the missing domain(s). For example, a deaf student who is unable to hear the Listening Test. To qualify for this exemption, a student must be a student with a disability for which there are no appropriate accommodations for the affected domain.

As this exemption will require a manual score calculation and potentially requires manual changes to the test sessions in the WIDA Assessment Management System (AMS) portal, the Department of Public Instruction must be made aware of students receiving this waiver. Prior to the student beginning testing, you must provide the information required to support the student through the link on the Office of Student Assessment website at (<http://dpi.wi.gov/assessment/ell/accommodations>).

[X] **1. The student will take the ACCESS for ELLs®.** For students taking the ACCESS for ELLs®, complete Sections A-C below. Note: ACCESS for ELLs® is available for students in grades kindergarten through 12.

Section A: Test Administration Procedures: Certain procedures can be used for all ELs but may be required by a student with disability in order to access the assessment. Please list any *test administration procedures* necessary for the student:

Section B: Accessibility Tools: Accessible tools are available for all ELs but dependent upon whether the assessment is taking an online or paper assessment. Please list any *accessibility tools* necessary for the student:

Section C: Accommodations (complete all 4 charts)

Speaking	<input type="checkbox"/> ACCESS for ELLs® <u>without</u> accommodations in the language domain of speaking.	<input type="checkbox"/> ACCESS for ELLs® <u>with</u> accommodations in the language domain of speaking (<i>list</i>):	<input type="checkbox"/> Domain Waived
Listening	<input type="checkbox"/> ACCESS for ELLs® <u>without</u> accommodations in the language domain of listening.	<input type="checkbox"/> ACCESS for ELLs® <u>with</u> accommodations in the language domain of listening (<i>list</i>):	<input type="checkbox"/> Domain Waived
Reading	<input type="checkbox"/> ACCESS for ELLs® <u>without</u> accommodations in the language domain of reading.	<input type="checkbox"/> ACCESS for ELLs® <u>with</u> accommodations in the language domain of reading (<i>list</i>):	<input type="checkbox"/> Domain Waived

Writing	<input type="checkbox"/> ACCESS for ELLs [®] <u>without</u> accommodations in the language domain of writing.	<input type="checkbox"/> ACCESS for ELLs [®] <u>with</u> accommodations in the language domain of writing (<i>list</i>):	<input type="checkbox"/> Domain Waived
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Any additional considerations:

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**INDIVIDUALIZED EDUCATION PROGRAM:
PARTICIPATION IN DISTRICT-WIDE ASSESSMENTS**
Form I-7 District-wide Assessment (Rev. 10/2024)

To be completed for students participating in reading readiness assessment, civics, and district-wide assessments

Name of Student: SAMPLE FORMS

Reading Readiness Assessment: Reading readiness assessment means a fundamental skills screening assessment (4K) or universal screening assessment (5K - 3) public school districts and independent charter schools administer to all Wisconsin students enrolled in the corresponding grade level. Wis. Stat. § 118.016. IEP teams are not prohibited from conducting out of level assessments if they believe such assessments will provide data that will assist in the development of the student's IEP. IEP teams may in rare cases determine that a screening assessment would not yield valid and reliable results and advance the student to the diagnostic assessment. *Select one:*

- The student is not in a grade level requiring reading readiness assessment;
- The student is in a grade level requiring reading readiness assessment (*Include screening assessment on the accommodations table below and describe any individual appropriate accommodations needed to measure the academic achievement and functional performance of the student*); or
- The student is in a grade level requiring reading readiness assessment and the IEP team decided to advance the student to the diagnostic assessment (*Include diagnostic assessment on accommodations table below and describe any individual appropriate accommodations needed to measure the academic achievement and functional performance of the student*). *Explain the decision to advance the student:*

Civics: School districts and independent charter schools administer the Wisconsin civics graduation requirement. Wis. Stat. § 118.33(1m). Students with IEPs must take the civics exam unless the IEP team determines it is not appropriate, but graduation cannot be conditioned upon passing a certain number of questions correctly. If the student will take the civics exam, include on the assessment accommodations table below and describe any individual appropriate accommodations needed to measure the academic achievement and functional performance of the student.

- The student has already taken the civics test.
- The student is not eligible.
- The student is eligible to take the civics test this year. (*Choose one*):
- It is appropriate to administer the civics test to the student. (*Complete district-wide table below*)
 - It is not appropriate to administer the civics test to the student.

District-wide assessments are tests given at the district level and can apply to students in all grade levels (4K-12). If the district-wide assessment provides descriptive information on the student's reading and meets requirements under Act 20, it may serve as a diagnostic assessment. Wis. Stat. § 118.016(1)(b). If the IEP team determines the student will take district-wide assessments, the IEP must contain a statement of any individual appropriate accommodations needed to measure the academic achievement and functional performance of the student.

Students with disabilities must be included in district-wide assessments unless the IEP team determines that an alternate to the district-wide assessment is appropriate. Alternate assessments are intended only for students with the most significant cognitive disabilities. If the student will be taking an alternate assessment, *the I-7-A Participation Guidelines for Alternate Assessment* (<https://dpi.wi.gov/sites/default/files/imce/sped/doc/form-i-7-a.doc>) must be included with the IEP.

District-wide Assessment: If the IEP team determines the student will take district-wide assessments, the IEP must contain a statement of any individual appropriate accommodations needed to measure the academic achievement and

functional performance of the student on district-wide assessments.

Accommodations for Assessments:

Assessment(s) the student will take	Accommodations needed? (yes/no)	If yes, describe the accommodations needed

Alternate District-wide Assessment: If the IEP team determines the student will take an alternate assessment, the IEP must describe why the student cannot participate in the regular assessment, why the particular alternate district-wide assessment is appropriate and contain a statement of any needed accommodations. Please note there is no alternative to the reading readiness assessment.

Alternate district-wide assessment(s) the student will take	Describe why the student cannot participate in the district-wide assessment	Describe why the particular alternate district-wide assessment is appropriate	Accommodations needed? (yes/no)	If yes, describe the accommodations needed

DETERMINATION AND NOTICE OF PLACEMENT

Form P-2 (Rev. 06-2023)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Date of the placement determination:**Date parent provided with notice of placement and IEP:**Dear **SAMPLE FORMS**

The IEP developed or revised on _____ will be implemented at _____ in the **Waterford Education Cooperative** with a projected date of implementation on _____.

Will the student attend the school they would attend if nondisabled?

Yes No *(If no, you must complete a and b below):*

a. List other options considered, if any, related to the school determination (e.g., physical place where attending):

b. Explain the reason(s) for rejecting the other school options considered, and describe any other factors relevant to the proposed action:

2. Other options considered and rejected. Refer to Form I-4, Section V. Is the student participating full-time in the regular education environment?

Yes No *(If no, you must complete a and b below):*

a. List other options considered, if any, (e.g., frequency, amount, location, and duration of the specially designed instruction, related services, supplementary aids and services, program modifications and supports):

b. Explain why full-time participation in the regular education environment or age-appropriate settings with the use of supplementary aids and services cannot be achieved satisfactorily, the reason(s) for rejecting the other options considered, and describe any other factors relevant to the proposed action:

You previously received a copy of your child's evaluation report and a copy of their IEP is enclosed.

A copy of your child's evaluation report and IEP are enclosed.

You have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the school district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

,

DETERMINATION AND NOTICE OF PLACEMENT

Form P-2 (Rev. 06-2023)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Date of the placement determination:**Date parent provided with notice of placement and IEP:**Name of student: **SAMPLE FORMS**

Dear :

The IEP developed or revised on _____ will be implemented at _____ in the **Waterford Education Cooperative** with a projected date of implementation on _____.

Will the student attend the school they would attend if nondisabled?

Yes No *(If no, you must complete a and b below):*

a. List other options considered, if any, related to the school determination (e.g., physical place where attending):

b. Explain the reason(s) for rejecting the other school options considered, and describe any other factors relevant to the proposed action:

2. Other options considered and rejected. Refer to Form I-4, Section V. Is the student participating full-time in the regular education environment?

Yes No *(If no, you must complete a and b below):*

a. List other options considered, if any, (e.g., frequency, amount, location, and duration of the specially designed instruction, related services, supplementary aids and services, program modifications and supports):

b. Explain why full-time participation in the regular education environment or age-appropriate settings with the use of supplementary aids and services cannot be achieved satisfactorily, the reason(s) for rejecting the other options considered, and describe any other factors relevant to the proposed action:

You previously received a copy of your child's evaluation report and a copy of their IEP is enclosed.

A copy of your child's evaluation report and IEP are enclosed.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the school district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

,

**DETERMINATION AND NOTICE OF PLACEMENT:
CONSENT FOR INITIAL PLACEMENT**
Form P-1 (Rev. 06-2023)

Waterford Education Cooperative

*[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact **Michael Rosandich** at (262) 534-4034 x3101.]*

Date of the placement determination:

Date provided with notice of placement:

Dear **SAMPLE FORMS**:

The IEP developed on _____ will be implemented at _____ in the **Waterford Education Cooperative**, with a projected date of implementation on _____.

1. Will the student attend the school they would attend if nondisabled?

Yes No *(If no, you must complete a and b below):*

a. List other options considered, if any, related to the school determination (e.g., physical place where attending):

b. Explain the reason(s) for rejecting the other school options considered, and describe any other factors relevant to the proposed action:

2. Other options considered and rejected. Refer to Form I-4, Section V. Is the student participating full-time in the regular education environment?

Yes No *(If no, you must complete a and b below):*

a. List other options considered, if any, (e.g., frequency, amount, location, and duration of the specially designed instruction, related services, supplementary aids and services, program modifications and supports):

b. Explain why full-time participation in the regular education environment or age-appropriate settings with the use of supplementary aids and services cannot be achieved satisfactorily, the reason(s) for rejecting the other options considered, and describe any other factors relevant to the proposed action:

You previously received a copy of your child's evaluation report and a copy of their IEP is enclosed.

A copy of your child's evaluation report and IEP are enclosed.

You have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Previously you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

,

CONSENT/PERMISSION FOR INITIAL PLACEMENT

Before the school district can provide special education to you as described in your IEP your written consent (permission) is needed. Your consent is voluntary and can be revoked prior to the initial provision of special education. You can also revoke consent in writing for your receipt of special education services after you are initially provided special education and related services.

I understand the action proposed above and

(please check appropriate box below, sign and date, and return one copy to the school district.)

- I give my consent for **SAMPLE FORMS** to receive special education services.
- I do not give my consent for **SAMPLE FORMS** to receive special education services.

I understand that if I refuse to give my consent for me to receive special education services the school district is not required to convene an IEP meeting or develop an IEP for me. I further understand that the district will not be in violation of the requirement, under the federal Individuals with Disabilities Education Act (IDEA) and Sub. V, Chapter 115, Wis. Stats., the state special education law, to make available a free appropriate public education (special education and related services) for me.}

Signature of parent or legal guardian or adult student

Date

<p>For School District Use Only</p> <p>Date school district received parent consent</p> <p>_____</p> <p>(mo/day/yr)</p>

ID#: 5205

**DETERMINATION AND NOTICE OF PLACEMENT:
CONSENT FOR INITIAL PLACEMENT**
Form P-1 (Rev. 06-2023)

Waterford Education Cooperative

*[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact **Michael Rosandich** at (262) 534-4034 x3101.]*

Date of the placement determination:

Date parent provided with notice of placement and IEP:

Name of student: **SAMPLE FORMS**

Dear :

The IEP developed on _____ will be implemented at _____ in the **Waterford Education Cooperative**, with a projected date of implementation on _____.

1. Will the student attend the school they would attend if nondisabled?

Yes No *(If no, you must complete a and b below)*

a. List other options considered, if any, related to the school determination (e.g., physical place where attending):

b. Explain the reason(s) for rejecting the other school options considered, and describe any other factors relevant to the proposed action:

2. Other options considered and rejected. Refer to Form I-4, Section V. Is the student participating full-time in the regular education environment?

Yes No *(If no, you must complete a and b below):*

a. List other options considered, if any, (e.g., frequency, amount, location, and duration of the specially designed instruction, related services, supplementary aids and services, program modifications and supports):

b. Explain why full-time participation in the regular education environment or age-appropriate settings with the use of supplementary aids and services cannot be achieved satisfactorily, the reason(s) for rejecting the other options considered, and describe any other factors relevant to the proposed action:

You previously received a copy of your child's evaluation report and a copy of their IEP is enclosed.

A copy of your child's evaluation report and IEP are enclosed.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Previously you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

,

PARENT CONSENT/PERMISSION FOR INITIAL PLACEMENT

Before the school district can provide special education to your child as described in their IEP your written consent (permission) is needed. Your consent is voluntary and can be revoked prior to the initial provision of special education. You can also revoke consent in writing for your child's receipt of special education services after the child is initially provided special education and related services.

I understand the action proposed above and

(please check appropriate box below, sign and date, and return one copy to the school district.)

- I give my consent for my child **SAMPLE FORMS** to receive special education services.
- I do not give my consent for my child **SAMPLE FORMS** to receive special education services.

{I understand that if I refuse to give my consent for my child to receive special education services the school district is not required to convene an IEP meeting or develop an IEP for my child. I further understand that the district will not be in violation of the requirement, under the federal Individuals with Disabilities Education Act (IDEA) and Sub. V, Chapter 115, Wis. Stats., the state special education law, to make available a free appropriate public education (special education and related services) for my child.}

Signature of parent or legal guardian or adult student

Date

For School District Use Only

Date school district received parent consent

(mo/day/yr)

ID#: 5205

SERVICE PLAN COVER SHEET

Form SI-3 (Rev. 01/24)

Waterford Education Cooperative

Name of Student SAMPLE FORMS	WISEid	LEA's Student ID 5205	Grade KG
DOB: June 01, 2004 AGE: 20yrs 10mo	Primary Disability: Secondary Disability:		
Parent or Legal Guardian	Telephone (area/number) (H): (M): (W):		
Student Address: 123 1ST STREET WATERFORD, WI 53185			
District of Residence	Current District of Placement		

Date of Meeting:

PURPOSE OF MEETING (Check all that apply)

EVALUATION AND REEVALUATION

- Evaluation including determination of initial eligibility for special education
 Reevaluation including determination of continuing eligibility for special education

SERVICE PLAN (*if student is eligible*)

- Develop an initial Service Plan
 Develop an annual Service Plan
 Review/revise Service Plan
 Transition – the consideration of post-secondary goals and transition services
(Required for students beginning at age 14)

PLACEMENT (*must be determined when the Service Plan is developed or reviewed/revise*)

- Determine initial placement
 Determine continuing placement

OTHER

- Specify:
 Specify:

If a purpose of this meeting is Service Plan *development, review, and/or revision* related to the academic, developmental and functional needs of the child, the team considered the results of:

- Initial or most recent evaluation Yes Not applicable
Statewide Assessments Yes Not applicable
District-wide assessments Yes Not applicable

Service Plan Team Participants Attending or Participating by Alternate Means in the Meeting:

Role	Title	Name
------	-------	------

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

If the parent or guardian did not attend or participate in the meeting by other means and did not agree to the time and place of the team meeting, document three efforts to involve the parent(s) or guardian(s):

Date:	Method:	Result

SERVICE PLAN COVER SHEET

Form SI-3 (Rev. 01/24)

Waterford Education Cooperative

Name of Student SAMPLE FORMS		WISEid	LEA's Student ID 5205		Grade KG
DOB: June 01, 2004 AGE: 20yrs 10mo		Primary Disability: Secondary Disability:			
Relationship	Name	Address	Home Phone	Cell Phone	Work Phone
Student Address: 123 1ST STREET WATERFORD, WI 53185					
District of Residence			Current District of Placement		

Date of Meeting:

PURPOSE OF MEETING (Check all that apply)

EVALUATION AND REEVALUATION

- Evaluation including determination of initial eligibility for special education
- Reevaluation including determination of continuing eligibility for special education

SERVICE PLAN (if student is eligible)

- Develop an initial Service Plan
- Develop an annual Service Plan
- Review/revise Service Plan
- Transition – the consideration of post-secondary goals and transition services
(Required for students beginning at age 14)

PLACEMENT (must be determined when the Service Plan is developed or reviewed/revise)

- Determine initial placement
- Determine continuing placement

OTHER

- Specify:
- Specify:

If a purpose of this meeting is Service Plan *development, review, and/or revision* related to the academic, developmental and functional needs of the child, the team considered the results of:

- Initial or most recent evaluation Yes Not applicable
- Statewide Assessments Yes Not applicable
- District-wide assessments Yes Not applicable

Service Plan Team Participants Attending or Participating by Alternate Means in the Meeting:		
Role	Title	Name

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

If the parent or guardian did not attend or participate in the meeting by other means and did not agree to the time and place of the team meeting, document three efforts to involve the parent(s) or guardian(s):

Date:	Method:	Result

Was the student present at the Team meeting? Yes No

**SERVICE PLAN:
DETERMINATION AND NOTICE OF PLACEMENT**
Form SP-2 (Rev. 06-2023)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Date of the placement determination:

Date parent provided with notice of placement and Service Plan:

Name of student: **SAMPLE FORMS**

Dear :

The Service Plan developed or revised on _____ will be implemented at _____ in the **Waterford Education Cooperative** with a projected date of implementation on _____.

Will the student attend the school they would attend if nondisabled?

Yes No *(If no, you must complete a and b below):*

a. List other options considered, if any, related to the school determination (e.g., physical place where attending):

b. Explain the reason(s) for rejecting the other school options considered, and describe any other factors relevant to the proposed action:

2. Other options considered and rejected. Refer to Form I-4, Section V. Is the student participating full-time in the regular education environment?

Yes No *(If no, you must complete a and b below):*

a. List other options considered, if any, (e.g., frequency, amount, location, and duration of the specially designed instruction, related services, supplementary aids and services, program modifications and supports):

b. Explain why full-time participation in the regular education environment or age-appropriate settings with the use of supplementary aids and services cannot be achieved satisfactorily, the reason(s) for rejecting the other options considered, and describe any other factors relevant to the proposed action:

You previously received a copy of your child's evaluation report and a copy of their Service Plan is enclosed.

A copy of your child's evaluation report and Service Plan are enclosed.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the school district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

,

**SERVICE PLAN:
DETERMINATION AND NOTICE OF PLACEMENT:
CONSENT FOR INITIAL PLACEMENT**
Form SP-1 (Rev. 06-2023)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Date of the placement determination:

Date parent provided with notice of placement and Service Plan:

Name of student: **SAMPLE FORMS**

Dear :

The Service Plan developed on will be implemented at in the **Waterford Education Cooperative**, with a projected date of implementation on .

1. Will the student attend the school they would attend if nondisabled?

Yes No *(If no, you must complete a and b below):*

a. List other options considered, if any, related to the school determination (e.g., physical place where attending):

b. Explain the reason(s) for rejecting the other school options considered, and describe any other factors relevant to the proposed action:

2. Other options considered and rejected. Refer to Form I-4, Section V. Is the student participating full-time in the regular education environment?

Yes No *(If no, you must complete a and b below):*

a. List other options considered, if any, (e.g., frequency, amount, location, and duration of the specially designed instruction, related services, supplementary aids and services, program modifications and supports):

b. Explain why full-time participation in the regular education environment or age-appropriate settings with the use of supplementary aids and services cannot be achieved satisfactorily, the reason(s) for rejecting the other options considered, and describe any other factors relevant to the proposed action:

You previously received a copy of your child's evaluation report and a copy of their Service Plan is enclosed.

A copy of your child's evaluation report and Service Plan are enclosed.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Previously you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

,

PARENT CONSENT/PERMISSION FOR INITIAL PLACEMENT

Before the school district can provide special education to your child as described in their Service Plan your written consent (permission) is needed. Your consent is voluntary and can be revoked prior to the initial provision of special education. You can also revoke consent in writing for your child's receipt of special education services after the child is initially provided special education and related services.

I understand the action proposed above and

(please check appropriate box below, sign and date, and return one copy to the school district.)

- I give my consent for my child **SAMPLE FORMS** to receive special education services.
- I do not give my consent for my child **SAMPLE FORMS** to receive special education services.

{I understand that if I refuse to give my consent for my child to receive special education services the school district is not required to convene a Service Plan meeting or develop a Service Plan for my child. I further understand that the district will not be in violation of the requirement, under the federal Individuals with Disabilities Education Act (IDEA) and Sub. V, Chapter 115, Wis. Stats., the state special education law, to make available a free appropriate public education (special education and related services) for my child.}

Signature of parent or legal guardian or adult student

Date

For School District Use Only

Date school district received parent consent

(mo/day/yr)

ID#: 5205

Prepared by:
Prepared for: **SAMPLE FORMS**

**DATA WORKSHEET FOR REPORTING
EDUCATIONAL ENVIRONMENT CODES**

School District: Waterford Education Cooperative

Name of Student: SAMPLE FORMS

Environment Code

For Students School Age (Grade KG – 12):

*For School Age Codes: Divide # minutes removed from nondisabled peers by total # minutes in school week and multiply by 100. Subtract from 100 to determine the percentage.

For Students in Preschool (Grade Pre KG):

Regular Early Childhood Setting (Program includes at least 50% nondisabled children)

Special Education Early Childhood Setting (Program includes less than 50% nondisabled children)

Future Educational Environment Change (optional):

On the Future Date of:

**NOTICE OF CHANGES TO IEP
WITHOUT AN IEP TEAM MEETING**
Form I-10 (Rev. 5/17)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact at]

Dear :

Date: April 24, 2025

On , you and , , and agreed to change the IEP for your child, **SAMPLE FORMS**, without a meeting. Enclosed is a copy of your child's current IEP along with the changes. The changes will begin on , and be implemented in your child's current placement.

The Changes are:	The reason(s) for making the changes are:

Other options, if any, related to the above action which were considered and the reason(s) they were rejected including a description of any other relevant factors: None

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above.

In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

,

**REQUEST TO INVITE OUTSIDE AGENCY REPRESENTATIVES
TO THE INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING**

Form I-1A (New 10/06)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Regarding Student: **SAMPLE FORMS**

Date: April 24, 2025

Dear :

A purpose of your child's upcoming individualized education program (IEP) meeting is to discuss his/her post high school goals and the transition services needed to achieve those goals. We would like to invite individuals or representatives from the following agencies who may assist with the transition planning for your child.

Before we can invite these individuals or representatives the district needs your written consent (permission).

Sincerely,

Michael Rosandich, Director Special Education

Regarding Student:

I understand the action proposed by the school district and
(Please check the appropriate box below, sign, date and return one copy of this request to the school district)

- I give my consent for all of the above identified individuals or representatives to be invited to my child's IEP meeting. I understand that my consent is voluntary and may be revoked at any time before the identified individuals or representatives have been invited.
- I give my consent for the following above identified individuals or representatives to be invited to my child's IEP meeting .
- I do not give my consent for any of the above identified individuals or representatives to be invited to my child's IEP meeting.

Signature of parent or legal guardian or adult student

Date

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

**PARENT RESPONSE TO
INVITATION TO A MEETING OF THE
INDIVIDUALIZED EDUCATION PROGRAM (IEP) TEAM**
Form I-1P (Revised 10/06)

Waterford Education Cooperative

Date: **April 24, 2025**

Parent/Guardian:

Student: **SAMPLE FORMS**

Please indicate your decision below:

- 1. I/We will attend the meeting as scheduled: on at .
- 2. I/We cannot attend a meeting as scheduled. Please call me at _____
to re-schedule the meeting.
- 3. I/We cannot attend a meeting in person, but would like to be involved by telephone at this
number. _____.
- 4. I/We cannot attend the meeting, hold as scheduled.

Signature of parent or legal guardian

Date

Please sign and return this page to:

,

**REQUEST TO INVITE BIRTH TO 3 PROGRAM REPRESENTATIVE(S)
TO THE INITIAL INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING**
Form I-1B (New 5/2012)

Waterford Education Cooperative

If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101

Dear _____

Date: _____

As your child approaches the age of three, you will begin preparing for your child to transition from the Birth to 3 Program to school. In Wisconsin, early intervention services for children between birth and three years of age are coordinated by Birth to 3 Programs, and children over the age of three receive special education services provided by the local school district (Local Educational Agency or LEA). Birth to 3 Programs and LEAs work closely together to support smooth and effective early childhood transitions. With your written permission, we must invite the Birth to 3 Program service coordinator or other representative to your child's initial IEP team meeting with the LEA. We would like your written consent to invite the following Birth to 3 Program representatives who may assist with the transition planning for your child. We cannot invite the following individual(s) unless we receive your written permission.

Name, if known	Agency

Sincerely,

Name and Title of District Contact Person

Student Name: SAMPLE FORMS

I understand the action proposed by the school district and

(Please check the appropriate box below, sign, date and return one copy of this request to the school district)

I give my consent for all of the above identified individuals or representatives to be invited to my child's IEP meeting. I understand that my consent is voluntary and may be revoked at any time before the identified individuals or representatives have been invited.

I give my consent for the following above identified individuals or representatives to be invited to my child's IEP meeting

I do not give my consent for any of the above identified individuals or representatives to be invited to my child's IEP meeting.

Signature of parent or legal guardian or adult student

Date

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Prepared by:
Prepared for: SAMPLE FORMS

BEHAVIOR INTERVENTION PLAN
Waterford Education Cooperative

Student SAMPLE FORMS	DOB June 01, 2004	Grade	Date April 24, 2025
IEP Dates From To		Plan Start Date	
Special Education Teacher			

BEHAVIORAL GOALS AND OBJECTIVES

State new student's behavior to be encouraged:

Describe three actions the student will demonstrate to illustrate this behavior:

Monitoring process:

IDENTIFY RECOMMENDED MODIFICATIONS IN PHYSICAL ENVIRONMENT, CURRICULUM MATERIALS, INSTRUCTIONAL STRATEGIES AND/OR TEACHER RESPONSE:

1. Physical environment
2. Curriculum materials
3. Teacher response

CLASSROOM

Reinforcers

Consequences

HOME

Reinforcers

Consequences

GENERAL PROCEDURES TO BE FOLLOWED BY:

- A. Special Education Teacher
- B. General Education Teacher
- C. Administration

POSSIBLE NEGATIVE EFFECTS OF THE PROCEDURES AND CONSEQUENCES, AND THE PLAN TO ADDRESS THESE:

REVIEW

Plan will be reviewed by: or upon a disciplinary action resulting in suspension.

SAMPLE
51012026

Name of Student: SAMPLE FORMS

The student will be in a grade when the Dynamic Learning Maps (DLM) assessment is administered in English language arts in grades 3-11, mathematics in grades 3-11, and science in grades 4 and 8-11. IEP teams do not need to document accommodations for social studies in grades 4, 8, and 10 as it is rated based on classroom observation using a teacher rating form. The student will be taking the alternate assessment¹ for all content areas required at this grade level (the I-7-A *Participation Guidelines for Alternate Assessment* must be included with the IEP).

The DLM was designed using the principles of universal design for learning, as such the term ‘accommodation’ is replaced with the phrases ‘accessibility features’ and ‘supports’. IEP determinations regarding the use of accommodations on the DLM assessment apply to all of the content areas the student is participating in based on their grade level. Please check the Office of Student Assessment website for the current accommodation policies: <http://dpi.wi.gov/assessment/dlm/accommodations>.

Category 1: Accessibility features/supports provided *within* the DLM system must be activated via the Personal Needs Profile (PNP) prior to administering the assessment. Please list required supports:

Category 2: Accessibility features/supports requiring *additional* tools/materials. Please list required supports:

Category 3: Accessibility features/supports provided *outside* of the DLM system. Please list required supports:

¹ Alternate assessments in Wisconsin assess content reflective of the Wisconsin Essential Elements.

**INDIVIDUALIZED EDUCATION PROGRAM:
PARTICIPATION IN STATEWIDE LANGUAGE ASSESSMENT
CHECKLIST AND ACCOMMODATIONS**

I-7A Alt. ACCESS for ELLs™ (Rev 5/19)

***To be completed for students
required to participate in statewide
language assessment***

Name of Student: **SAMPLE FORMS**

The Elementary and Secondary Education Act requires all English learners (EL) to taken an annual assessment in English proficiency in all four language domains (reading, writing, speaking and listening) regardless of disability status. Individualized Education Program (IEP) teams are required to decide annually whether students who are classified as EL and who have a disability will participate in (1) the ACCESS for ELLs® with or without accommodations, or (2) the Alternate ACCESS for ELLs™ with or without accommodations.

Accommodations for the ACCESS for ELLs® or Alternate ACCESS for ELLs™ are specific to these assessments. Please check the Office of Student Assessment website (<http://dpi.wi.gov/assessment/ell/accommodations>) for the current accommodation policies.

The Elementary and Secondary Education Act (ESEA) requires that students whose disabilities preclude assessment in one or more domains of the annual proficiency assessment be assessed in the remaining domains available to them, and a score created which accounts for the missing domain(s). For example, a deaf student who is unable to hear the Listening Test. To qualify for this exemption, a student must be a student with a disability for which there are no appropriate accommodations for the affected domain.

As this exemption will require a manual score calculation and potentially requires manual changes to the test sessions in the WIDA Assessment Management System (AMS) portal, the Department of Public Instruction must be made aware of students receiving this waiver. Prior to the student beginning testing, you must provide the information required to support the student through the link on the Office of Student Assessment website at (<http://dpi.wi.gov/assessment/ell/accommodations>).

[X] 1. **The student will take the Alternate ACCESS for ELLs™** (the I-7-A *Participation Guidelines for Alternate Assessments* must be included with the IEP). For students taking the Alternate ACCESS for ELLs™, complete all four assessment and accommodations charts below. Note: Alternate ACCESS for ELLs™ is available for students only in grades 1-12.

Speaking	<input type="checkbox"/> Alternate ACCESS for ELLs™ <u>without</u> accommodations in the language domain of speaking.	<input type="checkbox"/> Alternate ACCESS for ELLs® <u>with</u> accommodations in the language domain of speaking (<i>list</i>):	<input type="checkbox"/> Domain Waived
Listening	<input type="checkbox"/> Alternate ACCESS for ELLs™ <u>without</u> accommodations in the language domain of listening.	<input type="checkbox"/> Alternate ACCESS for ELLs® <u>with</u> accommodations in the language domain of listening (<i>list</i>):	<input type="checkbox"/> Domain Waived
Reading	<input type="checkbox"/> Alternate ACCESS for ELLs™ <u>without</u> accommodations in the language domain of reading.	<input type="checkbox"/> Alternate ACCESS for ELLs® <u>with</u> accommodations in the language domain of reading (<i>list</i>):	<input type="checkbox"/> Domain Waived
Writing	<input type="checkbox"/> Alternate ACCESS for ELLs™ <u>without</u> accommodations in the language domain of writing.	<input type="checkbox"/> Alternate ACCESS for ELLs® <u>with</u> accommodations in the language domain of writing (<i>list</i>):	<input type="checkbox"/> Domain Waived

Any additional considerations:

**CONSENT TO BILL WISCONSIN MEDICAID
FOR HEALTH-RELATED SPECIAL EDUCATION AND RELATED SERVICES**
Form M-5 (Rev. 5/17)

Waterford Education Cooperative

*[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact **Michael Rosandich** at (262) 534-4034 x3101.]*

Name of Student: **SAMPLE FORMS**

Date: April 24, 2025

Dear :

Through the Medicaid school-based services benefit, **Waterford Education Cooperative** may submit claims to Wisconsin Medicaid for covered services provided to Medicaid-eligible children enrolled in special education programs. These services include: attendant care services, nursing services, physical therapy, occupational therapy, or speech and language pathology services, specialized medical transportation, psychological services, counseling, social work services, and developmental testing and assessment. The Wisconsin Medicaid school-based services benefit is a way for school districts and Cooperative Educational Service Agencies to receive more federal funds to help pay for medically-related special education and related services. Obtaining reimbursement from Wisconsin Medicaid for these services helps the **Waterford Education Cooperative** receive additional federal revenue.

The **Waterford Education Cooperative** is seeking your consent to bill Wisconsin Medicaid to pay for the health-related services in your child's individualized education program (IEP).

To bill for these services, the **Waterford Education Cooperative** may need to disclose the following education records:

Individual Education Plan (IEP), daily documentation (for hands-on assistance or cueing most often related to activities of daily living), and signed records documenting each face-to-face session with the service provider.

Your consent allows the **Waterford Education Cooperative** to disclose to Wisconsin Medicaid, if necessary, the above education records for the purpose of billing Wisconsin Medicaid for health-related educational services provided to your child that are in your child's IEP. You or your child may, upon your request, receive copies of your child's records that are shared with Wisconsin Medicaid.

Your consent is voluntary and can be revoked at any time. If you do revoke consent, the revocation is not retroactive (i.e., it does not negate any billing that occurred after consent was given and before it was revoked).

Your consent **will not** result in denial or limitation of community-based services provided outside the school. If you refuse to consent for the school district to access Wisconsin Medicaid to pay for health-related special education and/or related services, the **Waterford Education Cooperative** still must ensure that all required special education and related services are provided at no cost to you.

Sincerely,

**CONSENT TO BILL WISCONSIN MEDICAID
FOR HEALTH-RELATED SPECIAL EDUCATION AND RELATED SERVICES**
Form M-5 (Rev. 5/17)

Student Name: **SAMPLE FORMS**

Your written agreement/consent is needed before the **Waterford Education Cooperative** can bill Wisconsin Medicaid to pay for health-related educational services identified in your child's IEP and release the education records identified above when necessary for such billing.

I understand and agree that the **Waterford Education Cooperative** may bill Wisconsin Medicaid for payment of health-related educational services in my child's IEP, and to release my child's education records as identified above as necessary for such billing.

- OR -

I do **NOT** agree that the **Waterford Education Cooperative** may bill Wisconsin Medicaid for payment of health-related educational services in my child's IEP, and to release my child's education records as identified above as necessary for such billing.

Signature of parent or legal guardian

Date

EXTENDED SCHOOL YEAR

Form I-11 (Rev. 05/2018)

Waterford Education CooperativeName of student: **SAMPLE FORMS**

Does the child require extended school year (ESY) services to receive a free and appropriate public education (FAPE)?

 Yes No *(If no, explain reasons rejected)**If yes, identify which annual goals, including benchmarks or short-term objectives if applicable, will be addressed during ESY.***Specify all needed services:****I. Special Education / Specially Designed Instruction**

Special Education	Frequency/Amount	Location	Duration (beg. & ending dates)

II. Supplementary Aids and Services

Supplementary Aids and Services	Frequency/Amount	Location	Duration (beg. & ending dates)

III. Related Services Needed to Benefit from Special Education

Related Services	Frequency/Amount	Location	Duration (beg. & ending dates)

IV. Program modifications or supports for school personnel

Program modifications or supports	Frequency/Amount	Location	Duration (beg. & ending dates)

MANIFESTATION DETERMINATION REVIEW

Form I-12 (Rev. 10/06)

Waterford Education CooperativeName of Student: **SAMPLE FORMS**

Date change of placement determined:

Date manifestation determination made:

Review team participants *(if cover sheet I-3 not used)*:**I. SUMMARY OF INFORMATION CONSIDERED**

A. Description of behavior subject to disciplinary action.

B. In terms of the behavior described above, document consideration of all relevant information in the student's file, including the student's IEP, any teacher observations, and any relevant information provided by the parents.

II. DETERMINATION**In terms of the behavior subject to the disciplinary action, document the following:**A. The behavior was caused by or had a direct and substantial relationship to the student's disability. Yes No

Discussion:

B. The behavior was the direct result of the school district not implementing the child's IEP. Yes No

Discussion:

SUMMARY *(Note: You may answer "No" to the following question only if A & B above are answered "No")*

Is the behavior subject to disciplinary action a manifestation of the student's disability?

 Yes No*(Note: If yes, the IEP and placement must be reviewed and revised as appropriate, including development or review of a behavioral intervention plan. If no, disciplinary action may be taken, but the school district must continue to make FAPE available to the student.)*

**NOTIFICATION OF UPCOMING
TRANSFER OF RIGHTS**
Form M-6 (New 05/2019)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Date:

Dear & SAMPLE FORMS

According to our records, **SAMPLE FORMS** will soon turn 17 years old. We wanted to let you know of a change that is coming when the student turns 18.

All parental rights under state and federal special education law will transfer to the student on their 18th birthday including all of the procedural safeguard rights. At age 18, the student will be responsible for making all decisions related to future educational services, unless a legal guardian has been appointed. The parent(s) will continue to receive any future notices required by state and federal laws and rules regarding educational programming.

There are a number of different legal decisions that you should consider as you make this transition.

If the student has a functional impairment and would like to have additional support as an adult student, your family can consider entering into a supported decision-making agreement. The student could enter into a supported decision-making agreement with the parent(s) or another trusted adult. Information about supported-decision making, including the language needed to create a supported decision-making agreement, the definitions, and the termination process for the agreement is located in [Chapter 52 of Wisconsin Law \(https://docs.legis.wisconsin.gov/statutes/statutes/52.pdf\)](https://docs.legis.wisconsin.gov/statutes/statutes/52.pdf). If you would like more information about supported-decision making, please see Disability Rights Wisconsin's support-decision making webpage at <http://www.disabilityrightswi.org/resources/supported-decision-making/>

You may want to consider whether the student needs a guardian or limited guardianship. Guardianship is when the court appoints a person to provide for the student's health and safety and to manage their finances. The court could also appoint a guardian for the student in some, but not all areas, which is called a limited guardianship. Information about guardianship and limited guardianship is located in [Chapter 54 of Wisconsin Law \(https://docs.legis.wisconsin.gov/statutes/statutes/54\)](https://docs.legis.wisconsin.gov/statutes/statutes/54).

Regardless of what your family decides to do regarding the legal rights of the student at age 18, it is important that the adult student remain active and involved in their education. The student has the right to a free, appropriate, public education until the student receives a regular high school diploma or the end of the school year in which the student turns 21. One of the most important things the student can do is attend and participate in any school meetings about their education. The student should ask questions if they need help or do not understand. Please speak with the student's teachers at the IEP meeting about strategies to remain engaged in the student's education. This will also be discussed when the IEP Team completes the student's post-secondary transition plan (PTP).

If a guardian has been appointed or you have any questions about this notice, please contact at .

Sincerely,

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**STUDENT NOTIFICATION OF
TRANSFER OF RIGHTS**
Form M-7 (New 05/2019)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

SAMPLE FORMS
123 1ST STREET
WATERFORD, WI 53185

Date:

Dear SAMPLE FORMS,

According to our records, you have turned 18 years old. We wanted to remind you that unless a legal guardian was appointed for you, all parental rights under state and federal special education law transferred to you on your 18th birthday. This includes all of the procedural safeguard rights. You are now responsible for making all decisions related to future educational services. Your parent(s) will continue to receive any future notices required by state and federal laws and rules regarding educational programming.

If you have a functional impairment and would like to have additional support as an adult student, you can consider creating a supported decision-making agreement. You may enter into a supported decision-making agreement with your parent(s) or another trusted adult. Information about supported-decision making, including the language needed to create a supported decision-making agreement, the definitions, and the termination process for the agreement is located in [Chapter 52 of Wisconsin Law \(https://docs.legis.wisconsin.gov/statutes/statutes/52.pdf\)](https://docs.legis.wisconsin.gov/statutes/statutes/52.pdf). If you would like more information about supported-decision making, please see Disability Rights Wisconsin's support-decision making webpage at <http://www.disabilityrightswi.org/resources/supported-decision-making/>

You may want to consider whether you need a guardian or limited guardianship. Guardianship is when the court appoints a person to provide for your health and safety and to manage your finances. The court could also appoint a limited guardian where someone is in charge of guardian for you in some, but not all areas, of life. Information about guardianship and limited guardianship is located in [Chapter 54 of Wisconsin Law \(https://docs.legis.wisconsin.gov/statutes/statutes/54\)](https://docs.legis.wisconsin.gov/statutes/statutes/54).

Regardless of what you decided to do, it is important that you remain active and involved in your education. You have the right to a free, appropriate, public education until you receive a regular high school diploma or the end of the school year in which you turn 21. One of the most important things you can do to stay active in your education is to attend and participate in any school meetings. You should ask questions if you need help or don't understand. Speak with your teachers at your IEP meeting about strategies to remain engaged your education. This will also be discussed when the IEP Team completes your post-secondary transition plan (PTP).

If a guardian has been appointed or you have any questions about this notice, please contact at .

Sincerely,

**PARENT NOTIFICATION OF
TRANSFER OF RIGHTS**
Form M-8 (New 05/2019)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Date:

Dear :

According to our records, **SAMPLE FORMS** has turned 18 years old. We wanted to remind you that unless a legal guardian was appointed for the student, all parental rights under state and federal special education law transferred to the adult student on the 18th birthday. This includes all of the procedural safeguard rights. The student is now responsible for making all decisions related to future educational services. You will continue to receive any future notices required by state and federal laws and rules regarding educational programming.

If the adult student has a functional impairment and would like to have additional support, you can consider creating a supported decision-making agreement. The adult student may enter into a supported decision-making agreement with the parent(s) or another trusted adult. Information about supported-decision making, including the language needed to create a supported decision-making agreement, the definitions, and the termination process for the agreement is located in [Chapter 52 of Wisconsin Law \(https://docs.legis.wisconsin.gov/statutes/statutes/52.pdf\)](https://docs.legis.wisconsin.gov/statutes/statutes/52.pdf). If you would like more information about supported-decision making, please see Disability Rights Wisconsin's support-decision making webpage at <http://www.disabilityrightswi.org/resources/supported-decision-making/>

You may want to consider whether the adult student needs a guardian or limited guardianship. Guardianship is when the court appoints a person to provide for the adult student's health and safety and to manage their finances. The court could also appoint a limited guardian where someone is in charge for the adult student in some, but not all areas, of life. Information about guardianship and limited guardianship is located in [Chapter 54 of Wisconsin Law \(https://docs.legis.wisconsin.gov/statutes/statutes/54\)](https://docs.legis.wisconsin.gov/statutes/statutes/54).

Regardless of what you decide to do, it is important that the adult student remain active and involved in their education. The adult student has the right to a free, appropriate, public education until they receive a regular high school diploma or the end of the school year in which they turn 21. One of the most important things the adult student can do to stay active in their education is to attend and participate in any school meetings. The adult student should ask questions if they need help or do not understand. Speak with your teachers at your IEP meeting about strategies to remain engaged in the adult student's education. This will also be discussed when the IEP Team completes the adult student's post-secondary transition plan (PTP).

If a guardian has been appointed or you have any questions about this notice, please contact at .

Sincerely,

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Summary of Performance (SOP)

The Summary of Performance (SOP) is required under the reauthorization of the Individuals with Disabilities Education Act of 2004. The language as stated in IDEA 2004 regarding the SOP is as follows: For a child whose eligibility under special education terminates due to graduation with a regular diploma, or due to exceeding the age of eligibility, the local education agency “shall provide the child with a summary of the child’s academic achievement and functional performance, which shall include recommendations on how to assist the child in meeting the child’s postsecondary goals” 20 USC 1414(c)(5)(B)(ii). The information about the student’s current level of functioning is intended to help postsecondary institutions consider accommodations for access. *These recommendations should not imply that any individual who qualified for special education in high school will automatically qualify for services in the postsecondary education or the employment setting. Postsecondary settings will continue to make eligibility decisions on a case-by-case basis.*

The Summary of Performance is best completed during the final year of a student’s high school education. The timing of completion of the Summary of Performance may vary depending on the student’s postsecondary goals. If a student is transitioning to higher education, the SOP, with additional documentation, may be necessary after the student applies to a college or university. Likewise, this information may be necessary as a student applies for services from state agencies such as vocational rehabilitation. In some instances, it may be most appropriate to wait until the spring of a student’s final year to provide an agency or employer the most updated information on the performance of the student. The Summary of Performance is most useful when linked with the IEP process and the student has the opportunity to actively participate in the development of this document.

Part 1: Background Information

Student Name: **SAMPLE FORMS** Date of Birth: **June 01, 2004** Year of Graduation/Exit: _____
 Address: **123 1ST STREET WATERFORD, WI 53185** Telephone Number: **(000) 000-0000**
 Student’s Primary Disability: _____ Secondary Disability: _____
 IEP Begin Date: _____ IEP End Date: _____ Current Grade: **KG**

Assessment Reports: Check and attach the most recent copy of assessment reports that clearly identify the student’s disability or functional limitations and that will assist in postsecondary planning:

<input type="checkbox"/> Achievement/academics	<input type="checkbox"/> Assistive technology	<input type="checkbox"/> Behavior Intervention Plan (BIP)
<input type="checkbox"/> Behavior Accommodations	<input type="checkbox"/> Career/vocational assessment	<input type="checkbox"/> Classroom observations
<input type="checkbox"/> Communication	<input type="checkbox"/> Community-based assessment	<input type="checkbox"/> Language/proficiency
<input type="checkbox"/> Medical/physical/Health Plan	<input type="checkbox"/> Neuropsychological	<input type="checkbox"/> Psychological/cognitive
<input type="checkbox"/> Reading assessments	<input type="checkbox"/> Response to Intervention (RTI)	<input type="checkbox"/> Self-determination
<input type="checkbox"/> Social/interpersonal skills	<input type="checkbox"/> Functional Behavior Analysis (FBA)	
<input type="checkbox"/> Informal assessment (specify): _____		
<input type="checkbox"/> Other (specify): _____		

Part 2: Summary of Academic Achievement:

Next to each specified area, complete the following:

1. Description of the student’s present level of academic performance
2. Statement of how the student’s disability impacts those areas
3. Accommodations, modifications, assistive technology and supports that were effective in high school to assist the student in achieving progress.

Academic Achievement	Description of Performance	Statement of IMPACT	Accommodations, Assistive Technology and Supports*
English-Language Arts <ul style="list-style-type: none"> • Reading • Writing • Speaking and Listening • Language Math <ul style="list-style-type: none"> • Number and Quantity • Algebra • Functions • Modeling • Geometry • Statistics and Probability 	<ol style="list-style-type: none"> 1. Provide a grade level or appropriate test score (check with postsecondary environment for guidance). 2. Provide a description of skills in each area addressed. 	<ol style="list-style-type: none"> 1. Does the student's disability impact functioning in this area? 2. If so, describe the impact. 	<ol style="list-style-type: none"> 1. What accommodations, assistive technology and supports have been used by the student and proven effective? 2. What is the impact of each on skills in the academic area(s)?

Did the student receive accommodations on standardized tests (WKCE, ACT, MAPS, etc.)? [] Yes [] No
If yes, describe the accommodations provided:

DEFINITIONS

Accommodation: A support or service that is provided to help a student fully access the general education curriculum or subject matter. An accommodation does *not* change the content of what is being taught or the expectation that the student meet a performance standard applied for all students.

Modification: A change to the general education curriculum or other material being taught, which alters the standards or expectations for students with disabilities. Instruction can be modified so that the material is presented differently and/or the expectations of what the student will master are changed.

Assistive Technology (AT): Any device that helps a student with a disability function in a given environment. AT can include simple devices such as laminated pictures for communication, removable highlighter tapes, Velcro and other "low-tech" devices.

Supports: Connections or coordination with outside agencies, personnel or other services or supports used in high school.

Part 3: Summary of Functional Performance:

Consider each area listed, and check the boxes next to the area that are addressed in the description of performance. Then, for each area, provide the following:

1. Description of the student's present level of functional performance.
2. Statement of how the student's disability impacts those areas.
3. Accommodations, modifications, assistive technology and supports that were effective in high school to assist the student in achieving progress.

Functional Performance	Description of Performance	Statement of IMPACT	Accommodations, Assistive Technology and Supports *
<p>Check the box next to each area you plan to address.</p> <p><input type="checkbox"/> General ability and problem solving</p>	<ol style="list-style-type: none"> 1. Provide a description of skills in each area addressed. 	<ol style="list-style-type: none"> 1. Does the student's disability impact functioning in this area? 2. If so, describe the impact. 	<ol style="list-style-type: none"> 1. What accommodations, assistive technology and supports have been used by the student and proven effective? 2. What is the impact of each on skills?

<ul style="list-style-type: none"> <input type="checkbox"/> Attention and organization (time management and study skills) <input type="checkbox"/> Learning skills <input type="checkbox"/> Communication <input type="checkbox"/> Social skills and behavior <input type="checkbox"/> Independent living <input type="checkbox"/> Environmental access and mobility <input type="checkbox"/> Self-determination and self-advocacy <input type="checkbox"/> Career, vocational, transition, and employment <input type="checkbox"/> Time Management/Study Skills <input type="checkbox"/> Additional considerations that may assist in making decisions about disability determination and accommodations 			
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Part 4: Recommendations to assist the student in meeting postsecondary goal(s) (see Part 1) – This section presents recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or support services, to enhance access and participation in postsecondary goals.

Postsecondary Area	Measurable Postsecondary Goal	Recommended Assistive Technology/Accommodations	Contact Information – name and/or title, phone number, address, e-mail of person of agency
Training/Education		Of the accommodations, assistive technology, compensatory strategies, and/or support services listed in Parts 2 & 3, which are recommended to follow the student to the postsecondary environment(s)?	
Employment			
Independent Living			

For further information regarding regional and state resources, visit the Point of Entry Manual at: www.wsti.org

Part 5: Questions for Students to Address (Recommended: student involvement in the Summary of Performance process makes the SoP a more meaningful document for students as they move to postsecondary environments)

SUMMARY OF PERFORMANCE: STUDENT PERSPECTIVE

- A. How does your disability affect your schoolwork and school activities (such as grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities)?
- B. In the past, what supports have been tried by teachers or by you to help you succeed in school (aids, adaptive equipment, physical accommodations, other services)?

- A. What assistive technology do you use? How and when is it used?
- B. Which of these accommodations, assistive technologies, and supports has worked BEST for you? Why?
- C. Which of these accommodations, assistive technologies, and supports have NOT worked? Why not?
- D. What are your strengths and needs as you leave high school and begin further learning, working and living?

Revised March 5, 2015

NOTICE OF GRADUATION

Form P-3 (Rev. 7/06)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101]

Dear :

Date: April 24, 2025

On the school district conducted a meeting to review the individualized education program (IEP) for **SAMPLE FORMS**.

- You participated in this meeting.
 You did not participate in the meeting and the school district made three attempts to involve you as follows:

The purpose of the meeting was to consider whether graduation requirements will be met by the end of the current school year; whether the IEP goals will be substantially completed; and whether new goals are needed for the coming school year. At the meeting, the IEP team participants reviewed the following evaluation procedures, tests, records or reports as the basis for making decisions regarding graduation:

The IEP team participants determined that the graduation requirements will be met at the end of the current school year. The IEP team also decided that the IEP goals will be substantially completed, and new IEP goals are not needed for the coming school year. Therefore, your child is expected to graduate on June 11, 2025.

Other options, if any, (related to graduation requirements, substantial completion of IEP goals, and the need for new IEP goals for the coming school year) which were considered and the reason(s) they were rejected, and a description of any other factors relevant to the proposed action.

None

None

Graduation will permanently end your child's entitlement to a free and appropriate public education (FAPE) under the federal Individuals with Disabilities Education Act (IDEA) and Sub. V, Chapter 115, Wis. Stats., the state special education law. Therefore, after graduation your child will no longer be entitled to receive special education and related services from a school district or other local education agency.

Upon graduation the school district is required to provide you with the following summary information about your child.

Summary of academic achievement:

Summary of functional performance:

Recommendation to assist in meeting postsecondary goals:

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

Michael Rosandich, Director Special Education

NOTICE OF GRADUATION

Form P-3 (Rev. 7/06)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101]

Dear **SAMPLE FORMS**:

Date: April 24, 2025

On the school district conducted a meeting to review the individualized education program (IEP) for **SAMPLE FORMS**.

- You participated in this meeting.
 You did not participate in the meeting and the school district made three attempts to involve you as follows:

The purpose of the meeting was to consider whether graduation requirements will be met by the end of the current school year; whether the IEP goals will be substantially completed; and whether new goals are needed for the coming school year. At the meeting, the IEP team participants reviewed the following evaluation procedures, tests, records or reports as the basis for making decisions regarding graduation:

The IEP team participants determined that the graduation requirements will be met at the end of the current school year. The IEP team also decided that the IEP goals will be substantially completed, and new IEP goals are not needed for the coming school year. Therefore, you are expected to graduate on
 June 11, 2025.

Other options, if any, (related to graduation requirements, substantial completion of IEP goals, and the need for new IEP goals for the coming school year) which were considered and the reason(s) they were rejected, and a description of any other factors relevant to the proposed action.

- None
 None

Graduation will permanently end your entitlement to a free and appropriate public education (FAPE) under the federal Individuals with Disabilities Education Act (IDEA) and Sub. V, Chapter 115, Wis. Stats., the state special education law. Therefore, after graduation you will no longer be entitled to receive special education and related services from a school district or other local education agency.

Upon graduation the school district is required to provide you with the following summary information about you.

Summary of academic achievement:

Summary of functional performance:

Recommendation to assist in meeting postsecondary goals:

You have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once year. Enclosed is a copy, or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

Michael Rosandich, Director Special Education

NOTICE OF ENDING OF SERVICES DUE TO AGE

Form P-4 (Rev. 5/19)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101]

Dear :

Date: April 24, 2025

School districts are responsible for providing special education and related services to students below age 21 or to those students who turn age 21 during the school term. On June 11, 2025 your child, SAMPLE FORMS, will no longer be eligible to receive services due to their age.

With the ending of services the school district is required to provide you with the following summary information about your child.

Summary of academic achievement:

Summary of functional performance:

Recommendation to assist in meeting postsecondary goals:

Other options, if any, related to the above action which were considered and the reason(s) they were rejected including a description of any other relevant factors include:

 None

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

Michael Rosandich, Director Special Education

**PARENT REVOCATION OF CONSENT
FOR SPECIAL EDUCATION**

Form P-5 (New 12/08)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

An individualized education program (IEP) team has determined that my child, SAMPLE FORMS, has a disability and is eligible to receive special education and related services, and I gave consent for these services. I am now **revoking consent for my child to receive all special education and related services.**

Signature of parent, legal guardian, or adult student

Date

I understand the **Waterford Education Cooperative** will promptly provide me with a prior written notice explaining when my child's special education and related services will stop. Special education and related services will stop in a reasonable time after I receive the notice.

I further understand, once special education and related services end, the **Waterford Education Cooperative**:

1. is not required to make a free and appropriate education (FAPE) available to my child.
2. is not required to have an IEP meeting or develop an IEP for my child.
3. is not required to offer my child the discipline protections under the Individuals with Disabilities Education Act (IDEA).
4. is not required to amend my child's education records to remove any reference to my child's receipt of special education and related services.

I further understand by revoking consent for special education and related services for my child I am not waiving my right for my child to be evaluated in the future or for my child to receive special education and related services in the future. I understand any future request for evaluation will be treated as a request for an initial evaluation.

**NOTICE OF CESSATION OF SPECIAL EDUCATION AND
RELATED SERVICES IN RESPONSE TO
PARENTAL REVOCATION OF CONSENT**
Form P-6 (New 12/08)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Date: April 24, 2025

Dear :

On you revoked consent, in writing, for the Waterford Education Cooperative to provide special education and related services to your child, SAMPLE FORMS.

This notice is to inform you that the Waterford Education Cooperative will stop providing special education and related services to your child on . Because you have revoked consent, your child is no longer entitled to any special education and related services specified in your child's individualized education program (IEP) (*attached*).

A parent has the unilateral authority to stop special education and related services. The district cannot refuse to cease providing special education and related services. The district cannot consider any evaluation procedures, assessments, records, or reports. The IEP team cannot consider other options. There are no other factors relevant to the Waterford Special Education Cooperative's stopping the provision of special education and related services.

The parents of a child with a disability have protection under the procedural safeguards of special education law. Previously, the school district provided you with a copy of the procedural safeguards. If you would like a copy of your procedural safeguard rights in a brochure, please contact the district at the telephone number above. As of the Waterford Education Cooperative stops providing special education and related services, you and your child will not have protection under the procedural safeguards of special education law.

Once your child's special education and related services end, the Waterford Education Cooperative:

1. is not required to make a free and appropriate public education (FAPE) available to your child.
2. is not required to have an IEP meeting or develop an IEP for your child.
3. is not required to offer your child the discipline protections under the Individuals with Disabilities Education Act (IDEA).
4. is not required to amend your child's education records to remove any reference to your child's receipt of special education and related services.

By revoking special education and related services for your child, you are not waiving your right for your child to be evaluated in the future or for your child to receive special education and related services in the future. Any future request for evaluation will be treated as a request for an initial evaluation.

In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about special education law.

Sincerely,

Michael Rosandich, Director Special Education

**NOTICE OF RESPONSE TO AN ACTIVITY
REQUESTED BY A PARENT**
Form M-1 (Rev. 7/06)

Waterford Education Cooperative

[If you need this information in a different language or communicated in a different way or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Dear :

Date: April 24, 2025

On you requested that the Waterford Education Cooperative the following action regarding your child,
SAMPLE FORMS:

This notice is to inform you that the Waterford Education Cooperative

- Proposes the following action regarding your request *(explain, including options considered, if any, and reasons rejected)*
- Refuses your request *(explain, including options considered, if any, and reasons rejected)*

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the school district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at if you have questions about your rights.

Sincerely,

**NOTICE OF AGREEMENT TO EXTEND TIME LIMIT
TO COMPLETE EVALUATION FOR TRANSFER STUDENT**

Form M-2 (Rev. 7/06)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101]

Date: April 24, 2025

Dear :

Recently your family moved to our school district. Your last school district started an evaluation to determine whether your child, **SAMPLE FORMS**, is a child with a disability. Our school district must complete the evaluation.

On we and agreed that this evaluation will be completed by . The reason(s) for this action are:

Other options, if any, related to the above action which were considered and the reason(s) they were rejected including a description of any other relevant factors include: None

If at any point during an IEP team meeting to determine your child's eligibility for special education, develop an IEP, or determine a placement, you, or other IEP team participants, believe that additional time is needed to permit your meaningful involvement, additional time will be provided. This IEP team process may be concluded in one meeting or may require more than one meeting, depending on individual circumstances. In addition and upon request you may receive a copy of the IEP team's most recent evaluation report.

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above.

In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

,

AGREEMENT TO EXTEND THE TIME LIMIT TO COMPLETE THE EVALUATION OF A CHILD SUSPECTED OF HAVING A SPECIFIC LEARNING DISABILITY
Form M-3 (New 10/06)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Date: April 24, 2025

Dear :

As you know, school district staff are in the process of evaluating your child, **SAMPLE FORMS**, to determine whether he/she has a specific learning disability and needs special education services. School district staff assigned to your child's individualized education program (IEP) team believe that additional time is needed to complete this evaluation. On we and agreed that this evaluation will be completed by . The reason(s) for extending the evaluation are:

Other options, if any, related to the above action which were considered and the reason(s) they were rejected, including a description of any other relevant factors include: None

Your agreement to the above action must be in writing.

Sincerely,

,

(Please sign, date and return one copy of this request to the school district)

I agree to the extension as described above for completing the evaluation of my child and understand that my agreement is voluntary.

Signature of parent or legal guardian or adult student

Date

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

**PARENT REFUSAL OF CONSENT
FOR SPECIAL EDUCATION**
Form M-4 (New 10/06)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Date: April 24, 2025

Dear :

On the IEP team determined that your child, **SAMPLE FORMS**, has a disability and is eligible to receive special education and related services.

Services that your child might receive include:

I understand that by refusing to give my consent for my child to receive special education and related services the school district is not required to convene an IEP meeting or develop an IEP for my child. I further understand that the district will not be in violation of the requirement, under the federal Individuals with Disabilities Education Act (IDEA) and Sub. V, Chapter 115, Wis. Stats., the state special education law, to make available a free appropriate public education (special education and related services) for my child.

I further understand that by refusing special education and related services for my child I am not waiving my right for my child to be evaluated in the future or for my child to receive special education and related services in the future.

I do not give my consent for my child **SAMPLE FORMS** to receive special education and related services.

Signature of parent or legal guardian or adult student

Date

You and your child have protection under the procedural safeguards (rights) of special education law. The school district must provide you with a copy of your procedural safeguards once a year. Enclosed is a copy or earlier this year you received a copy of your procedural safeguard rights in a brochure about parent and child rights. If you would like another copy of this brochure, please contact the district at the telephone number above. In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

**NOTICE OF TRANSFER OF PARENTAL RIGHTS
AT AGE OF MAJORITY****Waterford Education Cooperative**

SAMPLE FORMS
123 1ST STREET
WATERFORD, WI 53185

Dear SAMPLE:

Our records indicate that you were born on June 01, 2004. Therefore you will soon turn 18 years of age. According to Wisconsin law, 18 is considered the "age of majority". When you turn 18 many of the legal rights and responsibilities which your parents had with respect to raising and caring for you as a child, transfer to you.

The following is an excerpt from the Wisconsin State Statutes:

When a child with a disability, other than a child with a disability who has been determined to be incompetent under ch. 880, reaches the age of 18, all of the following apply: (1) the local educational agency shall provide any notice required by this subchapter to both the individual and the individual's parents. (2) All other rights accorded to the individual's parents under this subchapter transfer to the individual. (3) The local educational agency shall notify the individual and the individual's parents of the transfer of rights **(115.807, Wis Stats.)**

This letter of notice is to inform you that the rights afforded to parents of children in special education programs are rights that will transfer to you when you turn 18. Included with this notice is a copy of the **Special Education Rights for Parents and Children**. This document details the educational rights that will transfer to you. Some of the more basic rights include:

- You have access to your special education records.
- You will be notified of meetings regarding your Individual Education Program (IEP), and placement in a special education program.
- You will be asked for permission to conduct a re-evaluation (if applicable).

This is a new level of responsibility for you. For help in understanding these rights, you should consult with your parents. For additional help, you could speak with your special education teacher, or contact any of the agencies listed on the last page of the **Special Education Rights for Parents and Children** document.

Please feel free to contact me with any questions you might have regarding this notice.

Sincerely,

Michael Rosandich, Director Special Education, (262) 534-4034 x3101

cc:

INDIVIDUALIZED EDUCATION PROGRAM**ANNUAL GOAL**

Form I-6 (Rev. 10/06)

Name of Student: **SAMPLE FORMS**

Measurable annual academic or functional goal to enable the student to be involved in and progress in the general education curriculum, and to meet other educational needs that result from the student's disability. *(Note: present levels of academic achievement and functional performance must include information that corresponds with each annual goal.)*

Upon review: Goal met Goal not met

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

Will the student participate in an alternate assessment aligned with alternate achievement standards for students with disabilities in any subject area? Yes No*(If yes, include benchmarks or short-term objectives for the student.)*

When will reports about the student's progress toward meeting the annual goal be provided to parents?

Other Case Information

Case Status:

Miscellaneous Notes:

District Contact: Michael Rosandich

SAMPLE
51012026

IEP-TEAM CASE ASSIGNMENT

Form C-1 (Revised 10/06)

Waterford Education Cooperative SPECIAL EDUCATION DEPARTMENT

Date: April 24, 2025

Student Name: SAMPLE FORMS

Birthdate: June 01, 2004

Grade: KG

Parent/Guardian:

Address: 123 1ST STREET
WATERFORD, WI 53185

Telephone: H: (000) 000-0000 W:

Resident District:

Attendance Area:

Referral Type:

Initial

Reevaluation

Case Manager:

Intent to Evaluate Date:

Case Due Date:

Reports Due:

Name

Title

Personnel Invited:

IEP-team Date:

Time:

Location:

OTHER CASE ASSIGNMENT NOTES:

Michael Rosandich, Director Special Education

Birth to 3 Transition Notification Letter

Form B3T (Rev. 1/12)

Waterford Education Cooperative

Dear ,

Date

As your child, **SAMPLE FORMS**, approaches the age of three, you will begin preparing for your child to transition from the Birth to 3 Program to school. In Wisconsin, early intervention services for children between birth and three years of age are coordinated by Birth to 3 Programs, and children over the age of three receive special education services provided by the local school district (Local Educational Agency or LEA). Birth to 3 Programs and LEA's work closely together to support smooth and effective early childhood transitions. The purpose of this letter is to introduce you to that process.

There are several steps that the Birth to 3 Program will discuss with you to assist in this transition. These steps include discussing your child's transition from the Birth to 3 Program and developing a plan in your child's Individualized Family Service Plan (IFSP); making a LEA Notification; and coordinating a Transition Planning Conference (TPC) between your family, the Birth to 3 Program, and the LEA.

As part of LEA Notification, on Birth to 3 Program contacted our LEA and provided your child's name, date of birth, and parent contact information. This process is required under the Individuals with Disabilities Education Act (IDEA) to assure that LEAs are aware of all children that may be eligible for special education services.

When children transition from the Birth to 3 Program, they are often referred to the LEA to determine eligibility for special education services. Children who are found eligible for special education services have the right to have an individualized education program (IEP) developed and implemented by their third birthday. You may decide with your Birth to 3 Program to make a referral. If you do not make a referral and LEA personnel believe your child may be a child with a disability, they have an ongoing responsibility to refer the child to the LEA for an evaluation for eligibility for special education services. If a referral is made by LEA personnel, you will receive written notification. In addition, you may refer your child to the LEA at any time after your child leaves the Birth to 3 Program to determine if your child is eligible for special education. A parent has the right to refuse to allow an LEA to provide special education services to the child.

In the coming months, you and the Birth to 3 Program will discuss what options are available to meet your child's needs. If you have any questions about the role of the LEA in the early childhood transition process, please call at . We look forward to working with you as partners in your child's education. We encourage you to attend the Transition Planning Conference so we can meet with you and learn more about your child and any educational concerns you may have.

Sincerely,

Michael Rosandich Director Special Education

SPECIAL EDUCATION TRANSPORTATION

Form T-1 Revised 10/06

Waterford Education Cooperative

(Transportation will not be provided until all necessary information is filled in completely and this form is on file.)

STUDENT ID

DATE:

NAME: FORMS, SAMPLE

DOB: June 01, 2004

ADDRESS: 123 1ST STREET

AGE: 20yrs 10mo

SCHOOL:

SEX: M

PROGRAM:

GRADE: KG

PARENT/GUARDIAN: Indicate relationship and name of contacts

Contact 1: _____ Contact 2: _____

Name: _____ Name: _____

Ph: HM: _____ WK: _____ Ph HM: _____ WK: _____

PICK-UP AND DELIVERY ADDRESS:
(Address must be same for both)

EMERGENCY ADDRESS:
(Within the School District Only)

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Students who need either supervision at home or assistance on and off the bus, or students in fourth grade or below, must be met at the bus by an adult. Please select one of the following options for students in fifth grade and above who do not require supervision or assistance:

Adult will meet the child at the bus.

Child can enter the residence without adult supervision.

Parent Signature (Must Be Signed for Unsupervised Entry)

MEDICATION AND SIDE EFFECTS: _____

ALLERGIES: _____

PHYSICIAN'S NAME AND ADDRESS: _____

***** OFFICE USE ONLY *****

STUDENT IS ELIGIBLE FOR SPECIAL EDUCATION TRANSPORTATION

Yes No

If yes, eligibility is based upon: Disability Non-home school placement Age

SPECIAL SAFETY REQUIREMENTS:

Wheel Chair Lift: Yes No

Safety Restraint System: H (Harness) IS (Infant Seat) TS (Toddler Seat)

Nurse/Aide: Yes No If yes, please give Age: 20yrs 10mo Weight:

Maximum Route Time: _____ Minutes

HANDICAPPING CONDITION(S):

EXPLAIN CHARACTERISTICS WHICH WARRANT SPECIAL TRANSPORTATION:

INDIVIDUAL SERVICE PLAN**ANNUAL GOAL**

Form SI-6 (Rev. 10/06)

Name of Student: SAMPLE FORMS

Measurable annual academic or functional goal to enable the student to be involved in and progress in the general education curriculum, and to meet other educational needs that result from the student's disability. *(Note: present levels of academic achievement and functional performance must include information that corresponds with each annual goal.)*

Upon review: Goal met Goal not met

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

Will the student participate in an alternate assessment aligned with alternate achievement standards for students with disabilities in any subject area? Yes No

(If yes, include benchmarks or short-term objectives for the student.)

When will reports about the student's progress toward meeting the annual goal be provided to parents?

**SERVICE PLAN:
DETERMINATION AND NOTICE OF PLACEMENT**
Form SP-2 (Rev. 7/06)

Waterford Education Cooperative

[If you need this notice in a different language or communicated in a different way, or have questions about this notice, please contact Michael Rosandich at (262) 534-4034 x3101.]

Date of the placement determination:

Date parent provided with notice of placement:

Name of student: **SAMPLE FORMS**

Dear :

The Service Plan developed on _____ will be implemented at _____ in the **Waterford Education Cooperative**, with a projected date of implementation on _____.

Will the child attend the school he/she would attend if nondisabled? Yes No *(If no, explain)*

List other options considered, if any, related to the placement site (school building or school district), frequency, location, and duration of the special education and related services, supplementary aids and services, program modifications and supports, and the place of those services. List the reason(s) rejected and a description of any other factors relevant to the proposed action:

None

You previously received a copy of your child's evaluation report and a copy of his/her Service Plan is enclosed.

A copy of your child's evaluation report and Service Plan are enclosed.

In addition to district staff, you may also contact Wisconsin FACETS at 1-877-374-0511 if you have questions about your rights.

Sincerely,

,

Section 504 Referral Form

Form 5R-1 (New 08/18)

Waterford Education Cooperative

Date:

Name of Child SAMPLE FORMS	Date of Birth June 01, 2004	Gender M	Grade KG	School
Name of Parent or Legal Guardian	Address 123 1ST STREET WATERFORD, WI 53185			Phone (H) (W)
Person making referral	Parent Notified of Reason for Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Date of Notice:			
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Other Primary Language of the Home if Other than English (specify):	Suspected Impairment:			

Date referral received by school district/(LEA):

- Describe the nature of the concern, including a description of the suspected mental or physical impairment. *(Please include a specific and detailed description and analysis. Attach additional pages, if appropriate.)*
- Explain how the suspected impairment may substantially limit a major life activity (i.e. learning, walking, breathing, hearing, speaking, seeing, working, performing manual tasks, caring for oneself, etc.). *(Please include a specific and detailed description and analysis. Attach additional pages, if appropriate.) (the ameliorative effects of assistive technology, reasonable accommodations, auxiliary aids or services, learned behavior and adaptive neurological modifications may not be considered.)*
- Describe or attach any relevant test data or physician's reports.
- Describe the regular education interventions the District has provided to address the concern described above and the results of those interventions. *(Please include a specific and detailed description and analysis. Attach additional pages, if appropriate.)*

 Signature of Referring Party

 Date received

 Signature of Section 504 Coordinator

 Date received

Waterford Education Cooperative Section 504 Parent/Student Rights

This document summarizes the rights that Section 504 of the Rehabilitation Act grants to students with disabilities and their parents. A student with a disability is a student who has a mental or physical impairment that substantially limits one or more major life activities. 34 C.F.R. § 104.3(i). If your child is identified as a child with a disability under Section 504, you and your child have the following rights:

1. The District must allow your child to take part in, and receive benefits from, public education programs without discrimination based on his/her disability.
2. The District must inform you of your rights under Section 504. 34 C.F.R. § 104.32. Specifically, the District must provide you with written notice of your rights under Section 504. This document serves as written notice of rights as required under Section 504. If you need further explanation or clarification of any of the rights described in this Notice, contact Section 504 Coordinator,
3. You have a right to receive notice regarding identification, evaluation or placement of your child.
4. The District must evaluate your child before determining his or her appropriate educational placement or program of services under Section 504, and before every subsequent significant change in placement. 34 C.F.R. § 104.35. If your child is eligible for services under Section 504, he or she has a right to periodic evaluations to determine if his/her educational needs have changed. 34 C.F.R. § 104.35.
5. The District must provide a free appropriate public education to your child. This means that the District must provide your child with an appropriate education designed to meet his or her educational needs to the same extent as nondisabled students. This includes the right to be educated with non-disabled students to the maximum extent appropriate. It also includes the right to have the District make reasonable accommodations that allow your child an equal opportunity to participate in school and school-related activities.
6. The District must educate your child in facilities and provide services comparable to those it provides to non-disabled students.
7. Persons who are knowledgeable about your child, the evaluation data, and placement options must make all placement decisions regarding your child. Placement decisions must also be based on a variety of information sources. 34 C.F.R. § 104.35(c).
8. The District must provide transportation to and from any alternative placement settings at no greater cost to you than would be incurred if your child were placed in a program operated by the District.
9. Your child must have an equal opportunity to participate in nonacademic and extracurricular activities offered by the District.
10. You have the right to examine all relevant records relating to decisions regarding your child's identification, evaluation, educational program and placement.
11. You have the right to request mediation or an impartial due process hearing related to decisions or actions regarding your child's identification, evaluation, educational program or placement. You and your child may participate in the hearing and have an attorney represent you. The District's *Impartial Due Process Hearing Procedure* contains additional information regarding due process hearings. You may request a copy by contacting the District Administrator, **Michael Rosandich** at **(262) 534-4034 x3101**.
12. If you disagree with the hearing officer's decision, you have a right to seek review of the decision.
13. You have a right to request payment of reasonable attorneys' fees if your claim is successful.
14. You also have a right to file a complaint with the Office of Civil Rights (OCR) of the Department of Education at any time: Office of Civil Rights, 500 West Madison Street, Suite 1475, Chicago, IL 60661 (312) 730-1560, or e-mail OCR.Chicago@ed.gov.

The person in this District who is responsible for assuring that the District complies with Section 504 is **Michael Rosandich, Director Special Education** at **(262) 534-4034 x3101**.

Section 504 Evaluation Meeting Report and Determination of Eligibility Form 5ER-1 (New 08/18)

Waterford Education Cooperative

Date:

NAME OF CHILD SAMPLE FORMS	DATE OF BIRTH June 01, 2004	GRADE KG
SCHOOL	SUSPECTED IMPAIRMENT	

I. Summary of Section 504 Evaluation Findings:

- Summarize and attach any documents or data that suggest the child has a physical or mental impairment. *(Please include a specific and detailed description and analysis. Attach additional pages, if appropriate.)*
- Summarize and attach any documents or data that suggest the impairment listed above substantially limits a major life activity. *(Please include a specific and detailed description and analysis. Attach additional pages, if appropriate.) (The ameliorative effects of assistive technology, reasonable accommodations, auxiliary aids or services, learned behavior and adaptive neurological modifications may not be considered.)*

II. Determination of Section 504 Eligibility:

- This child has a physical or mental impairment. Yes No

(If "Yes," identify the impairment)

- The impairment **substantially limits** one or more major life activities. Yes No

Major life activities include: walking, seeing, hearing, speaking, breathing, learning, working, caring for one's self, and/or performing manual tasks, eating, sleeping, standing, lifting, bending, reading, concentrating, thinking and communicating. Major life activity also includes the operation of a major bodily function including functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, repertory, circulatory, endocrine and reproductive.

If yes, describe the major life activity and how it is substantially limited as a result of disability i.e. provide a school related description of the impairment, including its severity, duration, whether it provides a substantial limitation. The ameliorative effects of assistive technology, reasonable accommodations, auxiliary aids or services, learned behavior and mitigating measures such as medication, medical supplies, appliances, low-vision devices, prosthetics, hearing aids and/or mobility devices. (ordinary eye glasses may be considered).

{If "Yes," identify the major life activity(s)}

- 1.
- 2.
- 3.
- This child is a child with a disability under Section 504 of the Rehabilitation Act of 1973.
 Yes No
(#3 response may be "Yes" only if #1 and #2 are answered "Yes.")

III. Section 504 Evaluation Team Members:

This group includes persons who are knowledgeable about your child, the meaning of the evaluation data, and the placement options available:

Name	Title	Signature	Date
------	-------	-----------	------

Waterford Education Cooperative Section 504 Impartial Due Process Hearing Procedure

April 24, 2025

Parents or guardians who disagree with decisions regarding the identification, evaluation or placement of their child may request an impartial due process hearing. Impartial due process hearings shall be conducted in accordance with the following procedure:

1. The complainant should present the request for an impartial due process hearing to the Section 504 Coordinator.
2. The District will appoint a hearing officer. The hearing officer must be impartial, i.e., not employed in the last three years by or under contract with the District in any capacity other than that of a hearing officer or by any cooperative program that the District participates or in any other agency or organization that is directly involved in the diagnosis, education or care of the student. The District will be responsible for paying the hearing officer and for all costs of the hearing.
3. The parent has the right to be represented by legal counsel at the hearing.
4. The hearing officer shall issue a written decision within 45 calendar days of the request for the hearing. The hearing officer may grant specific extensions of time beyond the 45 day time period at the request of either party.
5. The parties shall abide by the decision of the Section 504 hearing officer unless the decision is appealed to a federal court of competent jurisdiction and the court overturns the hearing officer's decision.
6. Nothing in this procedure prevents the parties from participating in formal or informal mediation to resolve their disputes.

**Section 504 Consent for Additional Testing
Form 5IE-2 (New 08/18)****Waterford Education Cooperative**

Date:

Name of Child: **SAMPLE
FORMS**Date of Birth: **June 01, 2004**Grade: **KG**

School:

Dear :

Your child's Section 504 team has reviewed existing data regarding your child and has determined that additional tests are necessary to determine whether your child qualifies for services under Section 504.

A representative of the District with you so that you could participate in making this decision. The District made the following attempts to seek your input:

A District representative spoke with you on

A District representative tried to contact you on , and .

The District proposes to conduct the following tests: [list tests and identity of evaluator, if known]

The District is seeking your consent to conduct these tests so that the Section 504 evaluation process may continue. A copy of parent and student rights under Section 504 is attached.

Parent Permission to Conduct Additional Tests

Student: **SAMPLE FORMS**

I give my consent for the District to conduct the tests outlined above. I have received, read and understand my Notice of Parent and Student Rights Under Section 504.

I do not give my consent for the District to conduct the tests outlined above. I have received, read and understand my Notice of Parent and Student Rights Under Section 504.

Parent/Guardian Signature

Date

Signature of District Contact Person

Date

SAMPLE 51012026

<p>For School District Use Only</p> <p>Date district received parent consent</p> <p>_____</p> <p>(mo/day/yr)</p>
--

Stu ID #: 5205

Section 504 Notice of 504 Referral
Form 5IE-1 (New 08/18)

Waterford Education Cooperative

Date:

Name of Child: **SAMPLE FORMS** Date of Birth: **June 01, 2004** Grade: **KG** School:

Initial Section 504 Evaluation Section 504 Reevaluation

Dear :

Your child has been referred for an evaluation or reevaluation under Section 504 of the Rehabilitation Act. A copy of the referral is enclosed.

A notice of parent and student rights under Section 504 is enclosed.

If you have any questions, please contact me at .

Sincerely,

,

SAMPLE FORMS
510112026

Section 504 Notice that No Additional Tests are Needed Form 5IE-3 (New 08/18)

Waterford Education Cooperative

Date:

Name of Child: **SAMPLE FORMS**

Date of Birth: **June 01, 2004**

Grade: **KG**

School:

Dear :

Your child’s Section 504 team has reviewed existing data regarding your child and has determined that additional tests are not necessary to determine whether your child , is a child with a disability under Section 504 of the Rehabilitation Act. If your child is found eligible for Section 504 services, the Section 504 team will develop a Section 504 accommodation plan for your child during this meeting.

A representative of the District with you so that you could participate in making this decision. The District made the following attempts to seek your input:

- A District representative spoke with you on
- A District representative tried to contact you on , and .

Sincerely,

,

Parent Receipt of Notice and Statement of Rights

Student: **SAMPLE FORMS**

I have received, read and understand this Notice and my Notice of Parent and Student Rights under Section 504.

Parent/Guardian Signature

Date

Section 504 Invitation to a Meeting Form 5I-1 (New 08/18)

Waterford Education Cooperative

Date: **April 24, 2025**

Name of Child: **SAMPLE FORMS** Date of Birth: **June 01, 2004** Grade: **KG** School:

Purpose of Meeting

- Annual Review Initial Section 504 Evaluation Section 504 Reevaluation
 Manifestation determination Placement Accommodation Plan Review/Revision

Dear ;

The **Waterford Education Cooperative** has scheduled a Section 504 team meeting for your child, **SAMPLE FORMS**, for the following purpose:

- To determine whether your child is (or continues to be) a child with a disability under Section 504 of the Rehabilitation Act. If so, the Section 504 team may develop a Section 504 accommodation plan for your child during this meeting.
 To develop a Section 504 accommodation plan for your child.
 To review your child's Section 504 plan and determine whether revisions to the plan are appropriate.

You are encouraged to attend this meeting and you may bring a family member or support person with you. The meeting will be held:

Date: Time: Location:

The following individuals will attend your child's Section 504 meeting. This group includes persons who are knowledgeable about your child, the meaning of the evaluation data, and the placement options available:

Role	Name	Title
------	------	-------

If you have any questions, please contact me at .

Sincerely,

,

**Section 504 Plan
Form 5A-1 (New 08/18)**

Waterford Education Cooperative

NAME OF CHILD SAMPLE FORMS	DATE OF BIRTH June 01, 2004	GRADE KG	CASE MANAGER
SCHOOL ATTENDING	PLAN BEGIN DATE	IMPAIRMENT	

Educational Strategies: (describe necessary accommodations and modifications, educational/related services)	Intervention Strategies	Review Date(s)	Person(s) Responsible for Implementing Strategies

Describe location of services:

Section 504 Parent Consent for Initial Placement Form 5P-1 (New 08/18)

Waterford Education Cooperative

Date: April 24, 2025

Dear ;

As you know, on a Section 504 team met to develop a Section 504 plan for your child, **SAMPLE FORMS**, and to determine an appropriate educational placement. The team included people who are knowledgeable about your child, who discussed the meaning of the evaluation data, and the placement options available.

You participated in the meeting.

You did not participate in the meeting, but the District made the following attempts to contact you and encourage your participation:

- 1.
- 2.
- 3.

Based on the District's evaluation of your child, the Section 504 team determined that the District will implement your child's Section 504 plan in the following placement:

Student: **SAMPLE FORMS**

This placement will be effective on:

Parent Consent for Initial Placement

I give my consent for the educational placement described above. I have received, read and understand my Notice of Parent and Student Rights Under Section 504.

I do not give my consent for the educational placement described above. I have received, read and understand my Notice of Parent and Student Rights Under Section 504.

Parent/Guardian Signature

Date

The District has already provided you with a copy of parent and student rights under Section 504. If you have any questions regarding these rights, your child's educational placement or your child's Section 504 plan, please contact me at .

Sincerely,

,

**Section 504 Notice of Continuing Placement
Form 5P-2 (New 08/18)**Date: **April 24, 2025**

Dear ;

As you know, on , a Section 504 team met to develop a Section 504 plan for your child, **SAMPLE FORMS**, and to determine an appropriate educational placement. The team included people who are knowledgeable about your child, the meaning of the evaluation data, and the placement options available.

- [] You participated in the meeting.
- [] You did not participate in the meeting, but the District made the following attempts to contact you and encourage your participation:
 - 1.
 - 2.
 - 3.

Based on the District's evaluation of your child, the Section 504 team determined that the District will implement your child's Section 504 plan in the following placement:

Student: **SAMPLE FORMS** This placement will be effective on:

The District has already provided you with a copy of parent and student rights under Section 504. Another copy of your rights is enclosed. If you have any questions regarding these rights, your child's educational placement or your child's Section 504 plan, please contact me at .

Sincerely,

,

MANIFESTATION DETERMINATION REVIEW 504 PLANS

In carrying out a manifestation determination review, the local educational agency, the parent and relevant members of the 504 team (as determined by the parent and the local educational agency) shall review all relevant information in the student's file, including the child's 504 Plan, any teacher observations, and any relevant information provided by the parents of the child.

Student's Full Name: **SAMPLE FORMS** DOB: June 01, 2004

Nature of the student's disability:

Nature of the behavior subject to disciplinary action:

The Notice of Section 504/ADA Procedural Information and Rights was presented with an explanation by:
Name/ Title: /

1. Is new or additional evaluation/data needed? Yes No
If yes, refer the student for evaluation.
2. Does student have or require a Section 504 Plan? Yes No
If yes, is the Section 504 Plan appropriate? Yes No
If no, revise the Plan and attach a copy of the modified Plan.
3. Was the student capable of understanding that the behaviors exhibited and subject to discipline were in violation of school rules and/or were unacceptable? Yes No
4. Previous suspensions/expulsion: Yes No (attach record)
5. Aggregate number of suspension days:
6. In relationship to the behavior subject to disciplinary action
 - a. Did the 504 Team review relevant information in the student's file and the student's 504 Plan? Yes No
 - b. Did the 504 Team review relevant information presented by the parents and teacher observations? Yes No
 - c. Did the 504 Team determine that the conduct in question was caused by or had a direct and substantial relationship to the child's disability? Yes No

Explain:

 - d. Was the child's conduct a direct result of the District's failure to implement the 504 Plan? Yes No

Note: The behavior is a manifestation of the student's disability if the 504 Team indicated yes on item C or D under #6.

Conclusion:

Based upon the information considered, the 504 Team determined that the behavior [] was [] was not a manifestation of the student's disability.

Date of Manifestation Determination Review:

Please note: If the behavior was a manifestation of the disability, the team should consider action such as whether the 504 Plan needs to be changed, a behavior plan needs developed or amended, additional assessment is necessary, etc.

If the behavior is not a manifestation of the student's disability, the District may apply the regular disciplinary procedures as those applied to non-disabled students. The team will also consider whether any additional evaluations need to be conducted or if any modifications to the 504 Plan should be made.

Signature: _____ Title: _____

Signature: _____ Title: _____

Signature: _____ Title: _____

Signature: _____ Title: _____

Waterford Education Cooperative PRIOR WRITTEN NOTICE

This document provides you prior written notice of the Waterford Education Cooperative decision with respect to the Section 504 Plan and services for your son/daughter, **SAMPLE FORMS** during the period of school closure as a result of COVID-19. This is being provided pursuant to Wis. Stat. §§ 115.792(1)(b) and 115.792(2) and the applicable provision of the Code of Federal Regulations, 34 CFR §300.503(a).

On March 13, 2020, the Governor of the State of Wisconsin, ordered all public and private schools in the State of Wisconsin to close effective March 18, 2020. Per Governor Order, the schools shall remain closed for the duration of the public health emergency or until a subsequent order lifts the restriction.

The District will be providing educational services through virtual instruction to students beginning on . In compliance with guidance from the United States Department of Education (DOE) and the Wisconsin Department of Public Instruction (DPI), the District is working to provide to your student, to the greatest extent possible, services and accommodations identified in his/her Section 504 Plan developed under the Rehabilitation Act of 1973 and will continue providing a Free Appropriate Public Education (FAPE) to your child. As DOE and DPI have recognized, however, the District may not be able to provide some services through virtual instruction. When that occurs, the District will reconvene the Section 504 team either virtually during this pandemic or once school resumes and determine whether additional accommodations and services are necessary.

The District has reviewed the services identified in your student's Section 504 Plan and has determined that the following services will be provided virtually during the period of school closure:

504 Service, aid, or accommodation	Frequency	Amount

The District has also determined that the following services will not be able to be provided virtually during the period of school closure:

504 Service, aid or accommodation	Modified service during school closure	Rationale for decision

Additional Information

During the period of school closure, the District will continue to explore additional options for virtual learning and will work with you to identify additional services or educational resources that may be provided to **SAMPLE FORMS**.

Please be aware that you and **SAMPLE FORMS** have protection under the Section 504 Rehabilitation Act. The District has already provided you with a copy of parent and student rights under Section 504. If you have any questions regarding these rights, your child's educational placement or your child's Section 504 plan, please contact me at .

In addition to District staff including me, you may also contact the Office for Civil Rights, Chicago Office (Region V), U. S. Department of Education, 500 W. Madison Street Suite 1475, Chicago, Illinois 60661 and phone (312) 730-1560 or email OCR.Chicago@ed.gov.

Sincerely,

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Section 504: No Further Need for 504 Plan (Dismissal from a Section 504 Plan)

Waterford Education Cooperative

Date:

Name of Child: SAMPLE FORMS	Date of Birth: June 01, 2004	Grade: KG	School:
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Dear ,

The School District has determined that your child with a disability under Section 504 no longer requires a Section 504 accommodation plan because .

Your child continues to have an eligible disability/impairment under Section 504 and continues to have Section 504 protections available under the law.

If you have any questions, please contact me at .

Sincerely,

SAMPLE
510112026

Section 504: No Longer Eligible for Section 504

Waterford Education Cooperative

Date:

Name of Child:

SAMPLE FORMS

Date of Birth:

June 01, 2004

Grade:

KG

School:

Dear ,

Your child no longer has an eligible disability/impairment under Section 504 and is not eligible for the Section 504 protections available under the law because

If you have any questions, please contact me at

Sincerely,

SAMPLE
510112026