

Notice of Graduation | P-3 Form

MUST be completed during an IEP meeting

NOTICE OF GRADUATION Form P-3 (Rev. 07/2006)

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_____ **SCHOOL DISTRICT**
(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 _____
On _____ the school district conducted a meeting to review the individualized education program (IEP) for _____.

- 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 the 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 _____.

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

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.

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Upon graduation the school district is required to provide you with the following summary information about your child.

Summary of academic achievement:

***Write a narrative in this section**
OR
***See attached SoP Student/Teacher Collaborative Form or SoP Teacher Best Practice Form**

Summary of functional performance:

***Write a narrative in this section**
OR
***See attached SoP Student/Teacher Collaborative Form or SoP Teacher Best Practice Form**

Recommendation to assist in meeting postsecondary goals:

***Write a narrative in this section**
OR
***See attached SoP Student/Teacher Collaborative Form or SoP Teacher Best Practice Form**

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 _____ at _____ if you have any questions about your rights.

Sincerely,

Name and Title of District Contact Person

MUST be developed when the student graduates with a regular diploma.

Can be developed earlier (ie. Junior Year) to assist the student with accessing educational or employment opportunities.

Can legally use the supplemental SoP Student/Teacher Form or SoP Best Practice Form to complete this section.

NOTICE OF ENDING OF SERVICES DUE TO AGE
Form P-4 (Rev. 05/2019)

Notice of Ending of Services Due to Age | P-4 Form

_____ SCHOOL DISTRICT
(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 _____
School districts are responsible for providing special education and related services to students below age 21 or those students who turn age 21 during the school term. On _____ your child _____ 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:

***Write a narrative in this section**
OR
***See attached SoP Student/Teacher Collaborative Form or SoP Teacher Best Practice Form**

Summary of functional performance:

***Write a narrative in this section**
OR
***See attached SoP Student/Teacher Collaborative Form or SoP Teacher Best Practice Form**

Recommendation to assist in meeting postsecondary goals:

***Write a narrative in this section**
OR
***See attached SoP Student/Teacher Collaborative Form or SoP Teacher Best Practice Form**

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 _____ at _____ if you have any questions about your rights.

Sincerely,

Name and Title of District Contact Person

Enter the first day the student will no longer be eligible for special education and related services.

MUST be developed before the last day of eligibility of FAPE.

Can be developed earlier to assist the student with accessing educational, employment and independent living services.

Can legally use the supplemental SoP Student/Teacher Form or SoP Best Practice Form to complete this section.

MUST be completed during an IEP meeting.

**STUDENT & TEACHER COLLABORATIVE:
Summary of Performance**

YEAR: _____

STUDENT NAME: _____

***This document is intended to be completed by the students AND teacher together, the responsibility falls to schools to ensure accurate completion.**

Student Information:

Address: _____	School District: _____	High School: _____
Date of Birth: _____	Cell Phone: _____	Home Phone: _____
Year of Graduation/Exit: _____	Primary Disability: _____	Secondary Disability: _____

Strengths: _____

Assessment Reports:

Teachers: Check and attach the most recent copy of assessment reports that clearly identifies the student's disability or functional limitations and that will assist in postsecondary planning along with any suggestions or summary points you feel appropriate.

- | | | |
|---|---|---|
| <input type="checkbox"/> Achievement/Academics | <input type="checkbox"/> Assistive Technology Evaluation | <input type="checkbox"/> Behavior Intervention Plan (BIP) |
| <input type="checkbox"/> Behavior Accomodations | <input type="checkbox"/> Career and 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 Evaluation | <input type="checkbox"/> Psychological/Cognitive |
| <input type="checkbox"/> Reading Assessment | <input type="checkbox"/> Response to Intervention (RtI) | <input type="checkbox"/> Self Determination |
| <input type="checkbox"/> Social/Interpersonal Skills | <input type="checkbox"/> Functional Behavioral Analysis (FBA) | <input type="checkbox"/> ACT/Aspire/Work Keys |

Measurable Postsecondary Goals:

(Suggestions for accommodations, adaptive devices, assistive technology, compensatory strategies, and/or support services to enhance access in post-school environments can be listed here)

Education/Training: _____	Employment: _____	Independent Living: _____
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**Functional Performance: how your overall disability affects the things you do on a day to day basis. (Check all that apply).
Grades, relationships, assignments, projects, communication, time on tests, mobility, extra-curricular activities?**

- | | | |
|--|--|---|
| <input type="checkbox"/> Learning Skills | <input type="checkbox"/> Social Skills and Behavior | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Attention and Organization | <input type="checkbox"/> Independent Living | <input type="checkbox"/> Time-Management/Study Skills |
| <input type="checkbox"/> Career/Vocational/Employment | <input type="checkbox"/> Environmental Access and Mobility | <input type="checkbox"/> Self-Advocacy |
| <input type="checkbox"/> General Ability and Problem-Solving | <input type="checkbox"/> Self-Determination/Self | |

For the boxes checked, describe the skills you have and how your disability impacts you in this area.

Accommodations/Modifications, Services, and Assistive Technology:

Explain what assistive technology works best for you? Explain what accommodations and/or modifications you use? *Can include what has been tried and hasn't worked (if relevant).

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Student Information:

2

Assessment Reports:

3

Measurable Postsecondary Goals:

4

Summary of Functional Performance:

5

Summary of Academic Achievement:

STUDENT & TEACHER COLLABORATIVE: Summary of Performance	YEAR: _____
STUDENT NAME: _____	

Summary of Academic Achievement - how you score on testing. (Check all that apply).

<p><u>English/Language Arts:</u></p> <input type="checkbox"/> Reading _____ <input type="checkbox"/> Writing _____ <input type="checkbox"/> Speaking & Listening _____ <input type="checkbox"/> Language _____	<p><u>Math: (current score and test used)</u></p> <input type="checkbox"/> Number & Quantity _____ <input type="checkbox"/> Algebra _____ <input type="checkbox"/> Geometry _____ <input type="checkbox"/> Statistics & Probability _____ <input type="checkbox"/> Functions _____
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Accommodations/Modifications, Services and Assistive Technology:

Explain what assistive technology works best for you? Explain what accommodations and/or modifications you use? *Can include what has been tried and hasn't worked (if relevant).

English/Language Arts:	Math:

Did you receive accommodations on standardized tests (Statewide Testing, ACT, MAPS, etc.)? Yes No
 If yes, describe the accommodation provided:

Next Steps and Contacts:

What are your needs as you leave high school and begin further learning, working and living? *Include things like OT/PT/Speech.

Action Steps:	Contact Information:

IEP Team Input and Contact Information:

May attach separate documentation for any additional information thought to be required for postsecondary success.

Family (contact information):	Teacher/School (contact information):

This was a collaborative effort of both the education teacher and student. We verify that both parties had equal input into this Summary of Performance document.

Student's Signature: _____	Teacher's Signature: _____
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Accommodations /Modifications, Services and Assistive Technology:

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Student Perspective Next Steps & Contact Information:

8

IEP Team Input and Contact Information:

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Student Information:

- Name
- Address
- High School
- Year of Graduation
- Contact Information
- Primary & Secondary Disability
- Strengths

2

**Assessment Report Information
(Attach copy of the each assessment ☒):**

- | | |
|--|---|
| <input type="checkbox"/> Achievement/Academics (i.e. Woodcock Johnson, KTEA) | <input type="checkbox"/> Behavior Accommodations |
| <input type="checkbox"/> IQ Testing (i.e. Wechsler) | <input type="checkbox"/> Medical/Physical/Health Plan |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Social/Interpersonal Skills | <input type="checkbox"/> Community Based Assessment |
| <input type="checkbox"/> Career/Vocational Assessment | <input type="checkbox"/> Response to Intervention (RtI) |
| <input type="checkbox"/> Neuropsychological Assessment | <input type="checkbox"/> Behavior Intervention Plan (BIP) |
| <input type="checkbox"/> Functional Behavior Analysis (FBA) | <input type="checkbox"/> Language/Proficiency |
| <input type="checkbox"/> Classroom Observations | <input type="checkbox"/> Self Determination |
| <input type="checkbox"/> Psychological/Cognitive | |

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Measurable Postsecondary Goals:

- Education or Training
- Employment
- Independent Living

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Summary of Functional Performance:

- How does your overall disability affect the things you do on a day to day basis?
- Consider the following areas (General Ability and Problem- Solving, Attention and Organization, Learning Skills, Communication, Social Skills and Behavior, Independent Living, Environmental Access and Mobility, Self-Determination/Self-Advocacy, Transition, Time Management, Study Skills, any additional considerations).
- Accommodations, modifications, assistive technology and supports that are effective in high school. How were they used and why?

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Summary of Academic Achievement:

- What are your scores in English/Language Arts? Reading, Writing, Speaking & Listening, Language
- What are your current Math test scores? Number & Quantity, Algebra, Geometry, Statistics & Probability, and Fractions.

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Accommodations / Modifications, Services & Assistive Technology:

- What assistive technology works best for you?
- What accommodations and/or modifications do you use? (Can include what was tried and hasn't worked, if relevant)
- Identify for English/Language Arts and Math
- Identify if you have received accommodations on standardized testing (Statewide Testing, ACT, MAPS, etc?)

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Next Steps (Students Perspective) and Contacts:

- How does your disability affect your schoolwork and school activities?
- In the past, what support(s) have been tried by teachers or by you to help your success in school?
- What assistive technology do you use? How and when is it used?
- Which of these accommodations, assistive technologies, and supports has worked best for you? Why?
- What are your strengths and needs as you leave high school and begin further learning, working and living?
- Name of the organization, person who will assist you along with telephone number, email address, and mailing address.

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IEP Team Input and Contact Information:

- Recommendations for accommodations, assistive technology, compensatory strategies, and/or support services to enhance access and participation in postsecondary goals including contact information.
- Education & Training Employment Independent Living