Date of Meeting: 12/11/2019 Reason for Meeting: Annual Review

ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Leander Independent School District

306 W. South Street Leander, TX 78641 - (512) 570-0300

									Faubion Elementary	,
	NAM	E OF	STUDE	NT		ID#	MEDICAID#		CAMPUS	DATE OF BIRTH
Age:	6		Grade:	01	Year:	2019-2020	Gender:	F		
□ Y	'es	X	No	An interp	reter wa	as used to assist	t in conduct	ing the m	neeting.	
REVI	EW O	= E/	/ALUA	TION DAT	A AND	OTHER INFOR	MATION			
F	Full and	d Inc	dividual	Evaluation	n: <u>1</u>	2/11/2018	12/10	/2021		
					DAT	E OF REPORT	NEXT F	IE DUE		
						evaluation to d educational ne		nether th	e child continues to b	e a child with a
REVI	EW OF	F A	ODITIO	NAL EVAL	UATIO	N				
				hool perso						
_						ARD deliberation	าร			
-						education of the				
		\times				ition is needed:				
						liion is needed. I, the ARD comi	mittee deter	minas th	at the student:	
				ne rollowing npairment	_	ity/disabilities ba	ased on eva	aluation c	iata:	
			ı impair							
		J (2, 12,	mpan							
.				AND						
× Y	'es	Ш	No	by reaso	n of the	disability/disabil	ities has a ı	need for	special education and	d related services.
									special education, th t is eligible for special	
									erminant factors (reasse of the disability?	sons) listed below in
□ Y	'es	\times	No						c awareness, phonics	
				developr strategie		ading fluency, in	cluding ora	I reading	skills, and reading co	omprehension
□ Y	'es		No	lack of a	opropria	te instruction in	math.			
∐ Y	'es	\times	No	limited E	nglish p	roficiency.				
If the	answe	er to	any of	the above	determi	nant factor ques	stions is YE	S , the st	tudent does not have	a disability.
\boxtimes V	/leets e	eligik	oility crit	eria for:						
		X	Primar	y Disabilit	y: .	02-Other Health	Impairmen	ıt		
		\boxtimes	Secon	dary Disak	oility:	09-Speech Impa	airment			

						Faubion Elementary	
NAME C	OF STUDE	NT T	ID#		MEDICAID#	CAMPUS	DATE OF BIRTH
	Oŀ □ □	H Areas ADHD Asthma Other: <u>Res</u>	strictive Lung Dis	□ □ sease	Diabetes Epilepsy	☐ Cancer	
	SI	Areas Voice Pragmatics	;	\boxtimes	Articulation Receptive	☐ Fluency ☐ Expressive	
Yes Yes Notes:	☑ No ☑ No		s multiple disabi medically fragile				
			JAL EDUCATIO		•	•	
⊠ Yes □] No	□ N/A	The ARD common (Applicable to a			ievement of the previous year's eetings.)	goals on the IEP.
Reading: 12/11/2019							
(Note her iState Speech/Relate Speech- Dece has bee disorder. Curre in words and smore. She requestions. We approximations words. Written Expres 12/11/2019	ed Servimber '19 n receiving ently, entences uires verlash/ soundare averas. Speeciession:	e does not reces: Ing speech set is producing when given bal and visual to a /ch/ so aging 50% in h will continu	flect her reading ervices since last ng /l/ in all words verbal prompts al cues to get ap und. She is doir the final position e with a focus o	t fall. s pos or pl proxi ng be n of v n car	she qualifies footions with 90% acement cues. mate sound protecter in final workyords and 25% ryover of glidin	r observation and assessment. s related use of technology.) for speech therapy due to an art accuracy. She is averaging 90 We have started working on /coduction for /ch/. She has a differd positions than in isolation or in the initial position of words for in conversation and addressing in conversation and addressing in conversation.	0% for /l/ blends h/ and /j/ sounds icult time initial word or /ch/
writing Math: 12/11/2019	skills are	e at the expe	cted level for 1st	t grad	de.		
Math s Behavior: 12/11/2019	skills are	at the expect	ed level for 1st (Grado	э.		
follows of Functional: 12/11/2019	classroon	n and school	code of conduc	t.			
is still de	eveloping	her academ	ic skills (function	ning i	n the classroor	m), specifically managing her as	ssignments

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independently, and with an instrusing accommodations for reinfo			ue on task, and complete her	· assignments,
Other: is a sweet and affectionat may request frequent breaks to appears to be due related to frequently after she has been out	go to the rest room quent absences to a	or visit the nurse that		need. This
is diagnosed with congen	ital heart disease, re	epaired TEF trach with	n ongoing asthma, chronic pu	ılmonary disease.
STATE /	DISTRICT REQUIRE	D ASSESSMENT RESU	JLTS / CONSIDERATIONS	
✓ Assessment Results: Gi Test Name(s): LISD bence	rade at Testing: <u>01</u> hmarks	Date: <u>2019-2020</u>		
Assessment Results:				
12/11/2019				BANAROPA ANTO
iStation - May 2019 195.99 iStation - Sept 2019 189.5				MEATER MITTOR AND ADVISOR OF THE AREA OF T
Math 01 Baseline 29%				
Transition ☑ The ARD committee has de	termined that transit	tion services are not a	age appropriate at this time.	
Behavior: ☐ YES ☒ NO Does c	hild's behavior impe	de child's own learnir	ig or that of others?	
Behavior Intervention Plan:	Yes 🗵 No			
Statement of assurance with r Regular discipline, as set forth in requirements, and manifestation 300.530 and any limitations set	n the student code of determination requ	of conduct, will be follo irements for disciplini	ng students with disabilities p	
Student Code of Conduct Stat In the case of a child whose beh consider the use of positive beha C.F.R. §300.324 (a)(2)(i).	avior impedes the c			

Student Code of conduct applies to all students. The district will implement its Code of Conduct with regard to all students, subject to and in compliance with the requirements of federal and state law pertaining to students with

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disabilities.

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		3		
			Faubion Elementary	
NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRT
Language needs for second lar	nguage learners as	related to the Studen	t's IEP	
⊠ Student is NOT a second la	nguage learner.			
Communications Needs of the Student has communication IEP, Assistive Technology, a speech therapy addressing	needs/deficits that and/or speech ther		l through supplementary aid	ds and services,
Physical needs of the student				
☐ This student has physical lin	nitations that may a	affect access or involv	rement and progress in the	general curriculum
Additional physical limitations co 12/2019	mments:			
has restrictive lung dise the brunt of flu/respiratory sea advocate when she needs a br only been off of her g-tube for	son (December-N eak during physic	larch) on homebouncal activity. She may	need extended time for r	e is able to self- neals as she has
Assistive Technology needs o	f the student			
In reviewing the student's needs	, the ARD committe	ee considered assistiv	e technology needs and de	etermined that:
The student will be able to p reasonable progress toward services. No assistive technical	mastery of his/her	IEP goals and object	ives with typically available	
Explain: is able to access her eclassroom.	education with the	technology available t	o all students in the genera	ıl education
Summary After reviewing the above mention				
committee has determined that the education curriculum.	his student's <u>disal</u>	<u>oility</u> affects his/her in	nvolvement and progress in	the general
Specify areas:				
☑ Language Arts				
⊠ Math ⊠ Social Studies				
(2) Social Studies				

 Science

☑ Physical Education

				I			
NAME OF STUDEN	T	ID#		MEDICAID#	CAMPUS		DATE OF BIRTH
MEASURABLE ANNU	AL GOAL	.:					
Goal Numbe	er: <u>1</u>	Goal Focus	_	Speech Therapy-Artic	-		
☐ Draft		SY	X	Accepted by Committe	e	☐ Transition	on Related Goal
☐ Academic	⊠ Fι	unctional		Related Services			
By the next annual AR producing prevocalic when given no more the	/r/, /I/ and	/l/ consonant b	olen	ds in words and phra	ases during s	structured c	
12/2019 Currently: prevocalic /r/ and /r/ bi				cy for /l/ and /l/ blendes.	ls in words a	and sentenc	es and 70% for
Duration: 12/12/2019 to	12/11/2	020					
Language of Delivery: _	English (Grade Level:					
Implementer: SLP							
Method of Evaluation: [Data Colle	ction, Observati	<u>ons</u>				
Periodic reports on the	orogress t	he student is ma	aking	g toward meeting the a	nnual goal w	ill be provide	ed (frequency):
Concurrent with the	issuance	of report cards					
MEACUDADI E ANNIII		ti di lagentina di Sagrafalahah errangan errapak sagrafan sara	ethicade in the				**
MEASURABLE ANNUA Goal Number		: Goal Focus	;	Speech Therapy-Artic			
□ Draft	E			Accepted by Committee		☐ Transitio	on Related Goal
☐ Academic	⊠ Fu	ınctional		Related Services			
By the next annual AR when given no more the							l word positions
As of 12/11/2019, She is averaging less				and visual prompts t	to achieve /j/	and /ch/ ap	proximations.
Duration: 12/12/2019 to	12/11/20	020					
Language of Delivery: _	English (Grade Level:	_				
Implementer: SLP							
Method of Evaluation: [Data Colle	<u>ction, Observati</u>	<u>ons</u>				
Periodic reports on the p	orogress tl	ne student is ma	kind	toward meeting the a	ınnual goal w	ill be provide	ed (frequency):
Concurrent with the			•	,	J	•	a (oquooy).

		Faubion Elementary					
NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH			
MEASURABLE ANNUAL O	GOAL:						
Goal Number: 3	Goal Focus	Functional - Academ	<u>iic</u>				
☐ Draft	□ ESY	Accepted by Commit	tee \Box Transition	Related Goal			
Academic		☐ Related Services					
	nd in mind), continue al aids/tools for reint	e working (first things forcement and feedbac	demic stations, seem will in first), and complete her work ck implemented by both the				
Duration: 12/12/2019 to 12	/11/2020						
Language of Delivery: Engl	ish_ Grade Level:	_					
Implementer: General Educ	ation Teacher						
Method of Evaluation: Teac	her Observation, Data	Collection, Student sel	<u>f-assessment</u>				
Periodic reports on the prog	ress the student is ma	king toward meeting the	e annual goal will be provided ((frequency):			
Concurrent with the issu	ance of report cards						

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NAME OF S	TUDENT	ID#	MEDICAID#		CAMPUS	DATE OF BIRTH		
The following according involved in and to				d are nece	ssary to enable the stude	nt to be		
Are Accommoda	tions needed for	this student?	\times	Yes [□ No			
Duration of Specia	al Education Servi	ces: From: <u>12/</u>	12/2019 To: <u>12/1</u>	1/2020				
Language of Deliv	ery: <u>English</u>							
SPECIAL LANGUA	AGE PROGRAMS <u>I</u>	<u> </u>						
☐ Yes ☒ No	BEHAVIOR INT	ERVENTION	PLAN 🗌 Yes	⊠ No	ASSISTIVE TECHNOLO	OGY		
Accommodations		aliji jerojejeka karansije, se je popi si jepopanjakija (poja, jej pramjalije je poja, prajdaje, k						
qualifies for special education services as a student with an other health impairment (OHI) for restrictive lung disease and speech impairment (SI) for articulation								
PERSONAL CARE	E SERVICES□ Y	es⊠ No						

ACCOMMODATION	SUBJECT							
	LA	MA	SC	SS	SPCL			
Adapt Classroom Instruction								
Extra time for taking tests, multistep assignments.	X	X	X	X				
Frequent breaks	X	X	X	X				
Preferential seating	Χ	X	×	X	X			
Secure eye contact.	X	X	X	The state of the s	X			
Use of visual aids to provide feedback and reinforcement	X		×	X				
Alter Assignments or Testing								
Opportunity to make up missed work due to absences.	X	X	X	X				
Similar or shorted assignments maybe substituted for work missed.	X	X	X	X				
Work based on amount student is capable of completing.	X	X	X	X				

Legend: LA = Language Arts,MA = Math,SC = Science,SS = Social Studies,SPCL = Specials

			Faubion Elementary	
NAME OF STUDENT	. ID#	MEDICAID#	CAMPUS	DATE OF BIRTH
	State	Assessment (STAAR)	
This student is/will be in grade I	evel that take	s the STAAR?	☐ Yes ⊠ No	
Is this a LEP student who is/will	be in grades	K-12? ☐ Yes ⊠	No	
District wide assessment is offe	red for this st	udent's grade leve	el? ⊠ Yes □ No	
Will the student be able to participa	ate in district w	ide assessment wit	hout modification? 🗵 Yes 🗌	No
Does the student meet participation	n requirements	s for Alternate asses	ssment? ☐ Yes ☒ No	
District Wide Assessment		ype Accommo	datione	
		*	dations	
LISD Assessments	Standa	ard See acco	ommodations page	

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	ĺ		Faubi	on Ele	пена	ı y		
ENT ID#	ME	EDICAID#		CAMPL	JS		DATE	OF BIRTH
/ICES								
ducation Services: In e	ffect from _	12/12/2019	to <u>12/11/202</u>	<u>0</u>				
Minutes or Periods p	er day: 36	5 minutes/da	 ay					
		······································						
ar (FSY) Services:								
ne or more critical area								
· Services were discuss	ed: 🗵 Ye	s 🗌 No 🗀	Not conside	red at	this tir	ne		
/ parent.								
district personnel direct	ctly involved	d in the stud	ent's education	on.				
d by either parent or sch	nool.							
☐ Yes ☒ No								
on: Yes No	Gen Ed	General	Special	Prog	ıress/Gı	ade	Start Date	End Date
	Modified	education	education		rmined			
		Time	Time	Gen	Spe	Joint		
Location		Time		Ed	Ed			
	T	Time	Time	Gen	Sne	Joint		
r r	Minutes or Periods power Year Minutes of Next Year Minutes of ar (ESY) Services: In an area of the expected to exhibit, services were discussed by parent. If year area of the expected to exhibit is a contract of the expected to exhibit it is a contract of the exhibit is a	Minutes or Periods per day: 36 Next Year Minutes or Periods per day: 36 Next Year Minutes or Periods per day: 36 ar (ESY) Services: one or more critical areas addresse expected to exhibit, severe or subser Services were discussed: Year Year Year Year Year Year Year Year	Minutes or Periods per day: 365 minutes/day: 365 Next Year Minutes or Periods per day: 365 ar (ESY) Services: One or more critical areas addressed in the currence expected to exhibit, severe or substantial regrets of the services were discussed: Yes No on: Yes No	Minutes or Periods per day: 365 minutes/day Next Year Minutes or Periods per day: 365 minutes/day ar (ESY) Services: one or more critical areas addressed in the current IEP goals expected to exhibit, severe or substantial regression that can are services were discussed: Yes No Not consider y parent. y district personnel directly involved in the student's education by either parent or school. Yes No No Yes No	Minutes or Periods per day: 365 minutes/day Next Year Minutes or Periods per day: 365 minutes/day ar (ESY) Services: One or more critical areas addressed in the current IEP goals/object expected to exhibit, severe or substantial regression that cannot be a services were discussed: Yes No Not considered at a service parent. Yes A No Not considered at a service parent or school. Yes No Not considered at a service parent or school.	Minutes or Periods per day: 365 minutes/day Next Year Minutes or Periods per day: 365 minutes/day ar (ESY) Services: One or more critical areas addressed in the current IEP goals/objectives, expected to exhibit, severe or substantial regression that cannot be record of the services were discussed: Yes No Not considered at this time of the parent or school. Yes No Not considered at this time of the parent or school. Yes No Not considered at this time of the parent or school.	Minutes or Periods per day: 365 minutes/day Next Year Minutes or Periods per day: 365 minutes/day Next Year Minutes or Periods per day: 365 minutes/day ar (ESY) Services: One or more critical areas addressed in the current IEP goals/objectives, the stuexpected to exhibit, severe or substantial regression that cannot be recouped or Services were discussed: Yes □ No □ Not considered at this time y parent. y district personnel directly involved in the student's education. d by either parent or school. □ Yes □ No No No No No No No No No No	Minutes or Periods per day: 365 minutes/day Next Year Minutes or Periods per day: 365 minutes/day ar (ESY) Services: One or more critical areas addressed in the current IEP goals/objectives, the student has a expected to exhibit, severe or substantial regression that cannot be recouped within a recouped reservices were discussed: Yes No Not considered at this time y parent. y district personnel directly involved in the student's education. d by either parent or school. Yes No No No Yes No

Related/Other Services	Duration/Frequency	Location of Services	PEIMS	Start Date	End Date
Speech Therapy	30 Minutes, 7 times per full 9 week period.	Therapy room/lab	X	12/12/2019	12/11/2020

			Faubion Elementa	ary		
NA	ME OF STUDE	NT ID# MEDICAID#	CAMPUS		DATE OF BIRTH	
		LRE Service Altern	natives			
⊠ Yes □		s the student's instructional day commensurate explain:	e with that of students wit	:hout disabili	ties? If no,	
	committee m ho are not c	nust ensure that to the maximum extent appropriate disabled.	priate students with disab	oilities are ed	ucated with	
Efforts to		d Supplement the Student's Participation General Education Setting	Provided/Considered		onal Benefit ovided?	
				Academic	Nonacademic	
Suppleme classroom		nd services provided in the general education	Provided	Yes	Yes	
Accommo	dations		Provided	Yes	Yes	
Special ec	lucation spe	ech therapy	Provided	Yes	Yes	
Assistive t	echnology		Considered	No	No	
✓ Yes✓ Yes	□ No	Will the student receive an educational benesetting (including nonacademic benefit)? The ARD Committee has considered the effithe general education classroom, and thus, receiving.	fect the presence of a chi	ild with a disa	ability has on	
		overall educational experience in the general for the individual student:	education setting, balance	sing the bene	efits of general	
	_	cational progress with general education and a nacademic benefits from these services/suppo	•	s/supports a	nd receives	
☐ Yes	⊠ No	Does the ARD determine additional staff tra	ining is required to imple	ment studen	t's IEP?	
		commends that this student receive ALL instru y aids and services.	ction and services in the	general edu	cation setting	
_		OR				
☑ The co	ommittee red	commends that this student receive part or all	instruction in a special ed	lucation setti	ng.	
☐ Th	ne student is	seneral Education capable of achieving all goals/objectives in hi ces determined by the ARD committee.	s/her IEP in the general e	education cla	ssroom with	
	• •	•				

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NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH		
After considering educating the stude option was rejected for the following		eral education setti	ng with supplementary aids an	d services, this		
Placement in the general ediner IEP, even though supple			e student from achieving all goa used.	als/objectives in his/		
performance; therefore, the	TEKS objectives for the student's assigned grade level exceed his/her present level of educational performance; therefore, the student requires instruction based on present competencies which are significantly below current grade placement.					
	The modifications required for the student to achieve the goals and objectives in the IEP cannot be implemented in the general education classroom without eliminating essential components of the general curriculum/activity.					
	nd BIP and/	or that the student a	uires a structured/specialized e and/or other students would no sroom.			
	trained, lice		objectives contained in the IEP taff in a less distracting environ			
- · · · · · · · · · · · · · · · · · · ·	the student	's IEP cannot be pr	ovided on a general education	campus.		
Explain: Positive behavioral supports general education campus.	and strateg	ies contained in the	e student's IEP cannot be imple	emented on a		
The student's behavior is so structured environment off th			ontrolled without intense superv	rision in a highly		
☐ The student had a previously	unsuccess	ful placement on a	general education campus.			
☐ The student has been confine supersede educational needs			g by physician or court order. N	Medical needs		
Other:						
RE Consideration of Potential Har	mful Effect	:s				
Student is not removed from gene	eral educati	on.				
f the student is removed from the ger may impact the student and/or the qu				I harmful effects that		
Effects on the student:		Effects	on the quality of services:			
Lack of opportunity for appropriate	e role mode	_	ninished access to full range of			
☐ Stigmatization		_	creased access to instructional			
Lack of opportunity for social inter	action	-	nificant differences in developn ial isolation	nental levels causing		
Decreased self-esteem		⊠ Oth	er: none anticipated			
☑ Other: none anticipated		☐ Oth	ier:			
☐ Yes No Does the ARI	D committe	e anticipate any ha	rmful effects?			
f Yes,	veigh antici	pated harmful effec	ets.			
or Ses, ARD committee	will take ar	ticipated harmful et	ffects into account when detern	nining placement.		

LRE Opportunity to Participate in Nonacademic Activities

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[

✓ YES

Will the student have the opportunity to participate with students without disabilities in all nonacademic, extracurricular and other activities?

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N	AME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRT
		*PL	ACEMENT OF SERVI	CES	
Site selec	ction is an administrativ	e decision and r	nay be changed at any	time.	1
*The ARI	O committee determine	d that services w	vill be provided at:		,
Name of	Current Year Enrollme	nt Campus: <u>Fau</u>	bion Elementary		
Name of	Next Year Enrollment	Campus: <u>Faubio</u>	n Elementary		
Name of	Current Year Instruction	nal Setting: <u>01-</u>	<u>Homebound</u>		
Speech T	herapy Services in ad-	dition to the Instr	uctional Setting Indicat	ed: 2 - Speech and other s	services
Next Yea	r Instructional Setting	Code: <u>40-Mainst</u>	<u>ream</u>		
Next Yea	r Speech Therapy Ser	vices in addition	to the Instructional Sett	ing Indicated: 2 - Speech	and other services
X Yes	☐ No *This is	the same camp	us the student would a	ttend if not disabled.	
⊠ Yes		ing to district atte	endance zones this is the	ne campus which is as clos	se as possible to the

Written Annual Notification to Access Public Benefits or Insurance (e.g., Medicaid)

Medicaid services provided by school districts in Texas to Medicaid-eligible students are known as School Health and Related Services (SHARS). SHARS allows local school districts, including public charter schools, to obtain Medicaid reimbursement for certain designated health-related services documented in a student's Individualized Education Program (IEP).

The main objective of the SHARS program is to reduce the cost of delivering health-care services in the school setting. Services received at school do not affect or compromise the type or amount of Medicaid services received outside of school. Further, Leander Independent School District:

- A. Will not require parents to sign up for or enroll in public benefits or insurance programs in order for their child to receive a free and appropriate education (FAPE);
- B. Will not require parents to incur an out-of-pocket expense such as the payment of a deductible or co-pay amount incurred in filing a claim for services provided;

I also understand that TX Medicaid Instituted TPL (Third Party Liability) policy requirement using the "pay and recover" method. Using the pay and recover TPL (Third Party Liability) process for SHARS means that Medicaid pays the school district for services before third party reimbursement is sought. If the third party insurance denies a claim for an acceptable reason, no further action is taken. Lifetime benefits of private insurance could be affected depending on the policy or agreement parents or guardians have with the Insurance Company.

Leander Independent School District has previously notified and received parental consent to disclose personally identifiable information to the agency responsible for the administration of the State's public benefits or insurance program (e.g., Medicaid) for reimbursement under the SHARS program. This information includes but is not limited to name, date of birth, Social Security number, Medicaid number, date of service, service type and service duration. This form has been provided in language understandable to the general public and in the native language or other mode of communication used by the parent, unless it is clearly not feasible to do so. Consent may be withdrawn at any time. A parent's withdrawal of consent or refusal to allow consent does not relieve the district of its responsibility to ensure that all required services are provided at no cost to the parent(s).

(Consistent with 34 CFR $\S 300.154(d)(2)(v)$; 34 CFR $\S 300.503(c)$; 34 CFR $\S 300.154(d)(2)(I)(III)$; $\S 300.154(d)(2)(iv)(A)-(B)$; $\S 300.154(d)(2)(iv)$; 34 CFR part 99 & 300)

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NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH
ASSURANCES: parents assured	bv: Name:	Jennifer Fleming		
,	Title:	ARD Specialist		
The ARD committee assures that ronly if the nature or severity of the aids and services cannot be achieved	disability is su	ch that education in re		
The ARD committee assures that e services and activities, including mappropriate to the needs of the students.	eals, and rece			
The ARD committee assures that to public or private institutions or other				
Access to and Destruction of Re The special education department confidentiality of student records. F any time. School officials with a leg student with a disability must give with the student's education.	observes fede arents (or an e itimate educat	eligible student 18 yea ional interest have ac	rs or older) may inspect and cess to student records. The	review records at parents of a
If the student transfers to another sparental consent.	chool district,	special education reco	ords will be sent to the receivi	ng district without
Special education eligibility and education for each student seat the end of five years, the records	erved by the S	pecial Education Depa		
Parent/guardian/adult student has I disabilities for five years after the states				udents with
Records with personally identifiable the Special Education Services offi				tudent attends and
You may call with any questions co	ncerning reco	rds <u>(512) 570-0300</u>		
REVIEW OF COMMITTEE DECISI	ONS:			
☐ Accept Evaluation _				
☐ Accept reevaluation information	n review _			
Additional evaluation is needed Timeline for completion of eval				
☐ Accept/review Transition and/o	r Graduation F	Plan		
Extended School Year is recon	nmended	☐ Yes ☒ No		
	Yes 🗵	No		
Goals/ Accept Cobjectives	Revise	☐ Continue		

			Faubion Elementary	
NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH
⊠ Behavior Intervention	Plan: ☐ Yes ☒ No			
☑ Transportation service	s: ☐ Yes ☒ No			
Supplements Included: AI ESY Med Fragile REED Transportation	☐ Autism ☐ FBA ☐ Parent/IHT ☐ STAAR-Alt 2 ☐ VI	☐ BIP ☐ FBP ☐ Parent/IHT Needs ☐ STAAR Med Ex ☐ Other: _	□ BIP Brief□ Graduation□ PCS□ STAAR NAAR	☐ Dyslexia ☐ MDR ☐ RDSPD ☐ Transition
Deliberations: 12/11/19 Committee convenes to requalifies for special edisease and a speech important committee reviews present Ms. Zuniga reports that then due to being sick and wandering. It is difficult to a Ms. Moorhead reports that she is at school with her brown Speech language patholog focus on CH and J going for grading period. Proposed goal reviewed an Accommodations reviewed District testing decisions releast restrictive environments Schedule of services reviewed and Assistive technology (AT) and ARDC discusses homebout 12/12/2019-4/1/2020. ARD be the same as the current Assurances are provided in Prior written notice address No other questions or conditions. *Minutes are not intended.*	education services as a airment (SI) for articulate tevels (PLAAFP) and the services (PLAAFP) and the services (PLAAFP) and the services each of the services (PLAAFP) and the services are services as exactly where shaded seems the work eaks being built in and ist (SLP) reports that the services and accepted. If and accepted, we will also accepted. If and accepted and accepted and accepted. If and accepted are seed: not eligible, addressed: none warrare and services: A medical C discusses that home are the finalized ARD papersed. Parent verbally was seens at this time, element.	progress on current goal good; she was on grade me work avoidance where is at this time. It avoidance. She would continuing with support is doing well with here continue her speech to be not support a recommendate at this time. The needs assessment has bound services will be used. We have the 5 day grace performed to the support of th	als and objectives: level in all areas. She en she is in class and a like to propose some a in the classroom. er articulation develope time as 7, 30 minute se ets foreseen from speci mendation at this time. been received by the p up to 4 hours per week eriod prior to agreed up	has fallen a little since at times she is found additional support when ment. She would like to essions per 9 week all education services. The physician dated and speech therapy will on IEP implementation.
but rather a general overvi			mments made danng ti	no AND/ILI piocess,

306 W. South Street Leander, TX 78641 - (512) 570-0300

			Faubion Elementary	
NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH

SIGNATURES OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

Date of Meeting: <u>12/11/2019</u>

Name:	Position:	Signature:	Agree	Disagree
phone) (via	Parent(s)/Adult Student		Х	
Jennifer Fleming	District Representative		Х	
Paige Zuniga	General Education Teacher			
Tina Moorhead	Special Education Teacher/ Provider			
Pamela Myatt, SLP	Assessment			
Jessica Lackey	Homebound Teacher			

306 W. South Street Leander, TX 78641 - (512) 570-0300

			Faubion Elementary	
NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DATE OF BIRTH

Prior Written Notice

Date Sent/Mailed: 12/11/2019

Description of the action proposed or refused:

District proposed new goals

District proposed updated accommodations

District proposed District Assessments with accommodations

District proposed special education supports and services

District refused assistive technology (AT), extended school year (ESY), special transportation

District proposed homebound services according to medical needs ssessment

Explanation of why action was proposed or refused:

Annual ARD due; Goals updated to meet current present levels of academic achievement and functional performance.

Updated accommodations based on current needs

Student required to take these assessments and accommodations are recommended.

Schedule of Services based on the student requiring specially designed instruction to make progress in general education

Does not meet eligibility requirements for AT, ESY, or special transportation

Meets eligibility requirements for homebound services

Description of other options considered:

Continue current IEP goals/objectives.

Continue current accommodations

Continue with current assessment/accommodation decisions

Continue current special education supports

Add AT, ESY, special transportation

No homebound

Why Options were Rejected:

Annual ARD due and updates required at least annually.

Updated accommodations per current needs

Updated assessment/accommodation decisions based on current grade level and needs

Updated schedule/support due to current level of functioning and needs

Student does not meet eligibility requirements for AT, ESY, or special transportation

Meets eligibility requirements for homebund services

Evaluation procedures, tests, records, or reports used as a basis for the proposal or refusal:

Attendance

Current ARD

Current FIE, State/District tests, gen/spec ed records, grades,

Current progress on goals and objectives

Parent and Student input

Teacher Information

Updated PLAAFP

Physician's medical needs assessment

Other factors relevant to the proposal or refusal:

None

					raubion Elementary	
NAI	ME OF STUDEN	T ID#	# MED	ICAID#	CAMPUS	DATE OF BIRTH
A copy of to guardian of parent req when the of	the procedura of a child with uest for an ev district decide	al safeguards in und a disability only on aluation occurs, up	derstandable la ce in a year. A oon receipt of the in placement	nguage, wher copy must als ne first due pro due to a disci	under the procedural safe e feasible, must be given so be given when an initia ocess, or State complaint pline issue, and upon par 18/2019.	to the parents/ al evaluation or a during a school year,
mode of coplacement	ommunication of your child.	n each time the Dist	trict proposes on of a free appi	r refuses to in	prior notice in their native itiate or change the identi school education (FAPE	ification, or educational
mode	of communic	ation on: _ by _			lult student in his/her nati	
∐ Paren	t/adult studer	nt verified to the trai	nslator that he/s	she understan	ids the content of this not	ice.
Name: <u>Sta</u> or Educati	acy Laursen. ion Service C	understanding this M.Ed Position: Ed enter #(512) 919-5 formation Center a	ucational Diagr 313	nostician Pho		
⊠ Yes	□ No	The committee mu	utually agreed t	o implement t	he services reflected in th	nese proceedings.
WAIVER F	OR NOTICE	TO PROVIDE SEF	RVICES			
	□ No □ No	` '	student agrees	to waive the f	eeting. If No, copy of the five school day waiting pe osed IEP.	•
		ent declines the wa day waiting period		us IEP will re	main in effect until the ne	wly adopted IEP is
Signature	of Parent(s),	Guardian, Surrogat	te or Adult Stud	ent	A COLUMN AND AND AND AND AND AND AND AND AND AN	
					visions, you may call Spe Service Center, <u>(512) 9</u>	
☐ Yes	⊠ No	This is an Initial I	Provision of S	ervices		

Leander Independent School District 306 W. South Street

	Lean	<u>der. 1</u> X 78641 -	(512) 570-0300		
			Faulion		
NAME OF STUDENT	ID#	MEDICAID#	CAMPUS	DAŤE	OF BIRTH
BIGNATURES OF COMMITTE		HER PARTICIP.	ANTS	·	
Name: F	Position:		Signature:	Agree	Disagree
	nt(s)/Adult Student		via phone		
. F	Parent(s)/Adult Student		•		
Jennifer France	District Representative	(Jember &	V	
Parce Euriga	Seneral Education Teach	er	ruge Kriege		
Fina Moorhead	Special Education Teache	r/ Provider	Ana Moor Dea	rel	
Pengamyat "	Assessment	1	Comile Myself		
sessica cache	Homeboun	d	anaca Jaco	11	_
U				**ALALAHARA	
		,			
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		L			
Yes , D No The	committee mutually ag	eed to impleme	ent the services reflected in these	e proceedir	ngs.
AIVER FOR NOTICE TO PI			, and the letter APS	D	اد خامان م
Yes 🗌 No Parer	• •	rees to waive t	Dimeeting. If No, copy of the ARI he five school day waiting period roposed IFP		
	clines the waiver, the p	revious IEP wil	I remain in effect until the newly	adopted IE	P ís

Signature of Parent(3), Guardian, Surrogate or Adult Student

To obtain assistance in understanding this notice of ARD committee provisions, you may call Special Education Information Center at #1-855-SPEDTEX (1-855-773-3839) or Education Service Center, (512) 919-5313.

	V		