VALLEY SCHOOL DISTRICT

555 West Valley Rd, Yakima, WA 98902

SPECIAL EDUCATION

Phone: (509) 456-8596 Fax: (509) 658-9856

Individualized Education Program (IEP) Summary of Services Matrix

Student Jason Patterson	Student #	49	Grad	de(Age Age	6 y 9 m	_ IEP Date	11/10/2008
Special Education & Related Services: Description		Projected Initiation Date of Services	End Date of			Duration (session length in Minutes)		nded
Reading		11/9/08	11/10/09	5	Weekly	60	Special Ed	
Service Provider: School Psychologist				Relate	d Service	⊠ Dir	Ind	
Written Expression		11/19/08	11/10/09	5	Weekly	30	Special Ed	
Service Provider: School Psychologist				Relate	d Service	⊠ Dir	Ind	
	7			11				
Extended School Year Service Needed:	⊥ Yes 🖂 N	NO LIO	be determi	ned by	:			

POINTS TO CONSIDER:

- If the position responsible for providing the specially designed instruction is anyone other than a certificated special education teacher or related service provider, then the certificated teacher/ provider must design and supervise the instruction, and monitor and evaluate the student's progress.
- For definitions of special education, related services, and supplementary aids and services, refer to WAC 392-172A-01020 through -01200.
- When completing section B. at the bottom of this page, remember that job placements and community-based instruction are considered to be general education settings, unless only disabled individuals are present (such as in a sheltered workshop).

1800 = Total building instructional minutes per week (excluding lunch time)

450 = Total minutes per week student is served in a special education setting

75 = % of time spent in general education setting

Student	Jason Patterson	Student #	49	(Grade 6	Age	6 y 9	<u>m_</u>	
Supplement Services Description	ntary Aids &		Ini D	ojected itiation ate of ervices	Projected End Date of Services	Days		Duration (session length in Minutes)	l
1:1 EA test				/10/08	11/10/09	5	Weekly	300	Elementary School
	vider: School Psychologist					Service	⊠ Dir	☐Ind	J
_	Modifications or Suppo		Initiation	End					Location (gen. classes,
Description	rsonnel (Braille, transcripti	on, etc.)	Date of Services	Date of Service	of	nnency	Time/W	eek	resource room, home.)
OT consulta	tion test		11/10/08	11/10/			rs/wk		ementary School
	the student will not participate of Activities Field Trips Language Ar	Mat Mat	th 🔲	nts PE Reading	g	Science			Vocational Classes
Other academ	nic area(s):	Elective/Spe	ecial classes	:		Othe	r Extracu	ırricular a	ctivities:
Explanation:									
Any other fac	ctors not already addresses (su	ich as medica	l concerns o	or other	issues), or	other a	ıdaptatioı	ns needed	: