

Washington Youth Academy Application

IEP/504 Summary Form – MUST BE WITHIN 4 MONTHS OF ENTRY

Dear IEP Case Manager/504 Coordinator,

The student presenting this letter is applying to the Washington Youth Academy (WYA). The WYA is a 5½ month residential program with a quasi-military structure and strict adherence to discipline, rules and order. We provide the same, but limited, accommodations for all our cadets. Because of this, we must evaluate the students' special service needs during the application process to ensure their needs can be accommodated. Please complete the following form so we can accurately assess the application.

STUDENT NAME

Last:	First:	Middle:
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Student's Home Language

Date of Birth

 / /

State Assessment Requirements

Reading: <input type="checkbox"/> Met <input type="checkbox"/> Not Met	Writing: <input type="checkbox"/> Met <input type="checkbox"/> Not Met	SBA ELA: <input type="checkbox"/> Met <input type="checkbox"/> Not Met
Math: <input type="checkbox"/> Met <input type="checkbox"/> Not Met	Science: <input type="checkbox"/> Met <input type="checkbox"/> Not Met	

Disability Code

<input type="checkbox"/> 01 Dev. Delays	<input type="checkbox"/> 02 EBD	<input type="checkbox"/> 03 Orthopedic	<input type="checkbox"/> 04 Health Imp.	<input type="checkbox"/> 05 SLD
<input type="checkbox"/> 06 Intellectual	<input type="checkbox"/> 07 Mult Disabilities	<input type="checkbox"/> 08 Deafness	<input type="checkbox"/> 09 Hearing Imp.	<input type="checkbox"/> 10 Visual Imp.
<input type="checkbox"/> 11 Deaf/Blind	<input type="checkbox"/> 12 Communication	<input type="checkbox"/> 13 Autism	<input type="checkbox"/> 14 Traumatic Brain Injury	
<input type="checkbox"/> 504 Disability				
<input type="checkbox"/> EBD Disability				

Start and End Dates

Evaluation	Start Date: / /	End Date: / /
Individual Education Plan	Start Date: / /	End Date: / /
Section 504 Plan	Start Date: / /	End Date: / /

Grade Level Equivalency

Qualifying Area	Grade Level Equivalency	Meets/Does Not Meet Standard (WYA use only)
<input type="checkbox"/> Reading Basic Skill		<input type="checkbox"/> Meets <input type="checkbox"/> Does Not Meet
<input type="checkbox"/> Reading Comprehension		<input type="checkbox"/> Meets <input type="checkbox"/> Does Not Meet
<input type="checkbox"/> Math Computation		<input type="checkbox"/> Meets <input type="checkbox"/> Does Not Meet
<input type="checkbox"/> Math Reasoning		<input type="checkbox"/> Meets <input type="checkbox"/> Does Not Meet
<input type="checkbox"/> Written Language		<input type="checkbox"/> Meets <input type="checkbox"/> Does Not Meet

Additional Comments (continue on back if needed)

Preparer's Name	Phone ()
Preparer's Signature	Date / /