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Your district address

Your district City, NJ 07722

Annual Review Individualized Education Program (Draft)

| | |
|--------------------------------------|--|
| Name: First M Last | Home School: Holmdel Middle School |
| Birth Date: 08/11/1993 | Parent: Former Last |
| Sex: Female | Address: 22 S. Holmdel Road |
| Teacher/Coun: Betty Smith | |
| Grade: 9th | Holmdel, NJ 07733 |
| Student ID: 1234567890 | Phone: |
| School: Holmdel Middle School | Disability Category: Specific Learning Disability (Severe Discrepancy Model) |

Dates

| | |
|--|---------------------------------------|
| Referral: 06/01/2008 | IEP Implementation: 06/01/2009 |
| IEP Conference: 06/30/2009 | Next IEP Review: 06/15/2012 |
| Initial IEP Consent: 05/15/2008 | Next Re-evaluation: 06/15/2014 |
| Amended IEP Date | |

IEP Conference Participants

| Title | Participant | Excused | Signature/Date Signed |
|--------------------------------|---|---------|-----------------------|
| If appropriate or required | Student | | _____ |
| Parent | Mother and/or Father, Guardian | | _____ |
| Speech/Language Specialist | Who provides the speech-language services and who interprets the evaluation. | No | _____ |
| Case Manager | May be the speech-language specialist above. | No | _____ |
| School District Representative | May be the speech-language specialist above, another speech-language or other representative. | No | _____ |

General Education
Teacher

No

Special Education
Teacher

No

NOTE:

A signature in this section
of the IEP documents
participation in the meeting
not agreement of IEP.

I (We) the parents/guardians/adult pupil, have consented to excusing the IEP Team member(s) listed with a "Yes" above from the IEP meeting. If the IEP Team member's area of the curriculum or related service is to be discussed at this meeting, I (We) have been provided a copy of the IEP Team member's written input.

Eligibility Statement

The school staff listed above, in consultation with First M Last's parent/guardian(s)/Adult Pupil, has determined that First is Eligible for Special Education and Related Services under the disability category of Specific Learning Disability (Severe Discrepancy Model). Limited English Proficiency and lack of instruction in Math or Reading have been ruled out as determining factors in this decision. As a result of this evaluation, it has been determined that a significant discrepancy between academic achievement and intellectual potential is evidenced as described in the classification summary statement. This learning disability is not the result of visual, hearing or motor disabilities, of emotional disturbance, of mental retardation or of environmental, cultural or economic disadvantage. The academic deficits evidenced by this discrepancy are not correctable without special education and related services.

Part A - Present Levels of Academic, Developmental, & Functional Performance and Consideration of Needs**PRESENT LEVELS OF ACADEMIC, DEVELOPMENTAL, AND FUNCTIONAL PERFORMANCE NEEDS**

Describe the present levels of academic, development and functional performance, including how the identified disability affects involvement and progress in the general curriculum or other appropriate activities, and the child's educational needs, or if eligible for Speech/Language services, status in speech-language performance. For preschool students, a description of how the disability affects the child's participation in appropriate activities.

LANGUAGE AND COMMUNICATION NEEDS

A description of the communication needs (required for all students), and, if the student has limited English proficiency, description of the student's language needs. For students who are deaf or hard of hearing, a description of the student's language and communication needs, opportunities for direct communication with peers and professional personnel in the student's language and communication mode, academic level and the full range of opportunities for direct instruction in the student's language and communication mode.

STUDENT STRENGTHS AND PARENTAL CONCERNS

A description of the strengths of the student and any concerns expressed by the parents for enhancing the education of the student.

EVALUATION/ASSESSMENT RESULTS

Consider the results of the initial or most recent evaluation and, as appropriate, consider the student's performance on any general Statewide or districtwide assessment.

DESCRIPTION OF BEHAVIOR NEEDS

If the student demonstrates behaviors that impede the student's learning or that of others.

If applicable develop strategies, including positive behavioral interventions and supports to address the student's behavior. This can be done in the Behavioral Intervention Section of this IEP.

VISUAL IMPAIRMENT

If the student is blind or visually impaired, a description of the student's need for instruction in Braille and the use of Braille, unless the IEP team determines, after evaluation of the student's reading and writing skills, and current and projected needs for instruction in Braille, such that instruction is not appropriate.

Part A - Goals and Objectives

Language Arts

PRESENT LEVELS OF PERFORMANCE

Annual measurable academic and/or functional goal: (Academic goals should be related to the Core Curriculum Content Standards through the general education curriculum unless otherwise required according to the student's educational needs.

Goal: Annual measurable academic and/or functional goal: (Academic goals should be related to the Core Curriculum Content Standards through the general education curriculum unless otherwise required according to the students education needs

Core Curriculum Content Standard

0.3 To use critical thinking, decision-making, and problem-solving skills.

PROGRESS

| | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
| | | | |

OBJECTIVES: First will --

Related to meeting the student's needs that result from the student's disability to enable the student to be involved in the progress in the general education curriculum and meeting the student's other educational needs.; Sample condition; with a verbal prompt/cue; Sample criteria; on 3 consecutive sessions Evaluation Procedure: Sample evaluation procedure; State how the student's progress toward the annual goal will be measured.

Goal: Preschool academic goals should be related to the Preschool Teaching & Learning Expectations: Standards of Quality

Core Curriculum Content Standard

Makes independent decisions about material to use in order to express individuality.

PROGRESS

| | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
| | | | |

OBJECTIVES: First will --

demonstrate control of temper; with a verbal prompt/cue; 75% of the time Evaluation Procedure: Teacher Observations

Progress Report Legend

Key: A = Achieved, P = Partially Achieved (% Achieved), I = Introduced, Not Achieved, N = Not Introduced
 1 = Verbal Prompting, 2 = Physical Prompting, 3 = Gestural Prompting, 4 = With a Model, 5 = Signed Prompting,
 6 = Locational Prompting, 7 = Positional Prompting, 8 = Ongoing, 9 = Physical Assistance,
 a = Minimum, b = Moderate, c = Maximum, d = Intermittent

Part B - Recommended Program

The educational and other programs and related services designated to be provided in this IEP are based, to the extent practicable, on peer reviewed research.

| Program | School | Location | Prog Begin* | Prog End* |
|---------------------------|-----------------------|------------------|-------------|------------|
| In-class Resource Program | Holmdel Middle School | Resource Program | 07/01/2009 | 08/15/2009 |

Subjects

Duration/Frequency

Language Arts

5x's a week

Math

5x's a week

| Program | School | Location | Prog Begin* | Prog End* |
|-------------------|-----------------------|-------------------|-------------|------------|
| Regular Education | Holmdel Middle School | Regular Classroom | 07/01/2009 | 08/15/2009 |

Subjects

Duration/Frequency

Reading

5x's a week

Science

5x's a week

Music

3x's a week

Physical Education

2x's a week

| Program | School | Location | Prog Begin* | Prog End* |
|---------------------------|-----------------------|------------------|-------------|------------|
| In-class Resource Program | Holmdel Middle School | Resource Program | 09/01/2009 | 06/15/2010 |

Subjects

Duration/Frequency

Language Arts

5x's a week

Math

5x's a week

| Program | School | Location | Prog Begin* | Prog End* |
|--------------------------------|-----------------------|-------------------|-------------|------------|
| Regular Education with an Aide | Holmdel Middle School | Regular Classroom | 09/01/2009 | 06/15/2010 |

Subjects

Duration/Frequency

Reading

5x's a week

Social Studies

5x's a week

Physical Education

5x's a week

Science

5x's a week

*Dates of services reflect the 180 day regular school year unless Extended School Year (ESY) services are recommended.

Additional Program Information

State the special education services by instructional area. For in-class programs also state amount of time the resource or supplementary instruction teacher is present in the general education class. For pull-out replacement resource and special class programs, state the amount of instruction in each subject area, which must be equal to the amount of instructional time in general education for each subject.

Related Services

| Services/Form | Location | Freq. | Duration | Provider | Dates* |
|----------------|--------------|--------------|-----------------|----------------------------|--------------------------|
| Speech Therapy | Therapy Room | 2x's a month | 60 mins./month | Speech/Language Specialist | 07/01/2009 08/15/2009 |
| Dyad | | | | | |
| Speech Therapy | Therapy Room | 4x's a month | 120 mins./month | Speech/Language Specialist | 09/01/2009 06/15/2010 |
| Individual | | | | | |

*Dates of services reflect 180 day regular school year unless Extended School Year (ESY) services are recommended. If the Related Services specifies "Integrated" see "Integrated Therapy Services" below.

Integrated Therapy Services

State the related services. Include, as appropriate, a statement of Integrated therapy services to be provided. Specify the amount of time the therapist will be in the classroom. If speech-language services are included, specify whether the services will be provided individually or in a group. Specify the group size.

Additional Related Services Information

Transition services: Consider any related services needs the student may continue to have after existing school. Indicate activities/strategies that link the student to agencies that can provide the needed post school services. Also, state any additional related services needs which have not been addressed in other sections of the IEP.

Least Restrictive Environment & Rationale

Explanation for Extent of Non-Participation with Non-Disabled Peers and Statement of Least Restrictive Environment

The following questions were considered when deciding on the least restricted environment:

1. Identify the supplementary aides and services that were considered to implement student's annual goals. Explain why they are not appropriate to meet the student's needs in the general education class.
2. Document the comparison of benefits provided in the general class and the benefits provided in the special education class.
3. Document the potentially beneficial or harmful effects which a placement may have on the student with disabilities or the other students in the class.
4. Explain the extent, if any, to which the student will not participate with nondisabled peers in extracurricular activities with nonacademic activities.

SAMPLE STATEMENT: Various options were considered when planning First's program. At this time, First's educational progress and needs can be appropriately met within a mainstream setting without special educational supports or accommodations. The Child Study Team will monitor First's academic progress to determine if future intervention is warranted.

The program and services offered in this IEP provide First with use of mainstream curriculum and materials, individual pacing of instruction throughout the day and maximum participation in the Regular Education program. Additionally, First's special needs for a classroom aide, reinforced instruction and special education training of regular education teacher can be accommodated in this setting. This placement, therefore, is reasonably designed and calculated to confer educational benefits to First.

Activities Necessary to Transition Student to Less Restrictive Placement

Activities necessary to transition student to a less restrictive placement; As student is currently fully integrated into the general education classroom, no activities to transition to a less restrictive placement are needed.

Regular Education/Assessment Requirements and Exemptions**Assessment Requirements****TEST**

Modified Administration of NJ ASK8 - Mathematics

RATIONALE

If a student is not participating in a content area or areas of a districtwide or Statewide assessment, explain why that assessment is not appropriate and complete the next box explaining the alternate assessment in identified content areas.

ALTERNATIVE STANDARDS/MODIFICATIONS/ASSESSMENT METHODOLOGIES

List modification/accommodations the student will use during Statewide and districtwide assessments.

Modifications and accommodations must be related to the goals and objectives in this IEP.

Decisions about modifications and accommodations for State and districtwide assessment should be documented in the IEP for the year in which the student will be taking the test.

Local Requirements**LOCAL REQUIREMENTS**

EXEMPT from District Attendance Policy

RATIONALE

If a student is not participating in a content area or areas of a districtwide or Statewide assessment, explain why that assessment is not appropriate and complete the next box explaining the alternate assessment in identified content areas.

ALTERNATIVE STANDARDS/MODIFICATIONS/ASSESSMENT METHODOLOGIES

List modification/accommodations the student will use during Statewide and districtwide assessments.

State Requirements**STATE REQUIREMENTS**

EXEMPT from the following State Curriculum Proficiencies:

RATIONALE

If a student is not participating in a content area or areas of a districtwide or Statewide assessment, explain why that assessment is not appropriate and complete the next box explaining the alternate assessment in identified content areas.

ALTERNATIVE STANDARDS/MODIFICATIONS/ASSESSMENT METHODOLOGIES

List modification/accommodations the student will use during Statewide and districtwide assessments.

Students who are classified as eligible for speech-language services shall not be exempted from districtwide or statewide assessments.

Graduation Requirements

State

Students must complete credit hour requirements and Core Curriculum Proficiencies in each of the following areas to receive a state endorsed diploma unless specifically exempted in this IEP below.

20 credits Language Arts Literacy
 15 credits Mathematics
 15 credits Science
 15 credits Social Studies (including 2 courses in US History)
 3.75 per year Health and PE
 5 credits Visual and Performing Arts (Art, Music, Theater, Dance)
 5 credits Career Education and Consumer, Family, and Life Skills (Practical Arts)
 5 credits or testing World Languages
 15 credits Electives
 Technology - consistent w/CCCS, integrated throughout the curriculum
 110 Credits must be earned for graduation.

Local

In ADDITION to State Requirements for Graduation stipulated below, students must meet the local credit hour and core curriculum proficiencies in each of the following subject areas:

English 4 years
 Mathematics 3 years
 Language Arts 3 years
 Physical Science 3 years
 Health 2 years
 120 credits must be earned for graduation.

Statement of Transition Planning

Determination of Transition from Elementary to Secondary Program

Beginning with the IEP in place for the school year when the student will turn, age 14, or younger, if appropriate, develop the long range educational plan for the students future. Review annually.

Transition Needs, Student Strengths, Interests and Preferences

Based upon age appropriate transition assessments related to training, education, employment and, if appropriate, independent living, the following transition needs and student strengths, interests, and preferences were identified.

Beginning with the IEP in place for the school year when the student will turn age 16 or younger, if appropriate, complete the following multi-year plan for promoting movement from school to the students desired post-school goals. The student's needs strengths, interests and preferences in each area (instruction, community experiences, etc...) must be considered and responsibilities should be shared among participants (student, parent, school staff, outside agencies, employers, etc...)

Post-Secondary Transitional Goal/Outcome Statement

Post-secondary Education: (including, but not limited to college, vocational training, and continuing and adult education)

Employment/Career:

Community Participation:(including, but not limited to, recreation and leisure activities, and participation in community organizations)

Independent Living:

Course of Study

Considering the student's strengths, interests, preferences, and desired postsecondary goals, list the specific courses of study for the period of time covered by this IEP. Include both general education and special education courses. When appropriate, identify the courses of study projected for future years.

Course of Study is:

Grade___ Actual Specific Courses of Study:

Grade___ (___Projected or ___ Actual) Specific Courses of Study:

Grade___ (___Projected or ___ Actual) Specific Courses of Study:

Grade___ (___Projected or ___ Actual) Specific Courses of Study:

Related Strategies and/or Activities

In addition to the course of study listed above, list related strategies and/or activities that are consistent with the student's strengths, interests, and preferences, and are intended to assist the student in developing or attaining postsecondary goals related to training, education, employment and, if appropriate, independent living.

Consideration/Description of need for Consultation Services

Information/advice is needed from Division of Vocational Rehabilitation Services and/or other agency or agencies. List the name of any agency from which consultant is needed.

Statement of Any Needed Interagency Linkages and Responsibilities

As appropriate to the anticipated needs of the student, list all agencies to which the student will be referred by the school district liaison to postsecondary resources in the spaces below. List the responsibility of the school district and/or student/parent(s) with respect to contacting each agency listed and providing needed information or documentation to each such agency.

Coordinated Activities/Strategies

Transition Services and Strategies For Instruction

| <u>Service</u> | <u>Responsible Agency</u> | <u>Expected Date of Imp</u> |
|--|----------------------------|-----------------------------|
| Postsecondary Education/Training Includes any activities or strategies related to applying, registering or enrolling in postsecondary education or training. For example, obtaining information regarding admissions, scholarships, tuition assistance, disability office, early admissions and registering for SATs. Also, state any additional instructional needs that have not been addressed in other sections of the IEP. | Name of Responsible Agency | 09/01/2009 |

Transition Services and Strategies For Community Experiences/Living

| <u>Service</u> | <u>Responsible Agency</u> | <u>Expected Date of Imp</u> |
|--|---------------------------|-----------------------------|
| Activities that are provided outside the school building or in community settings. Examples could include community-based work experiences and/or exploration, job site training, banking, shopping, transportation, counseling and recreation activities. | Responsible Agency | 09/01/2009 |

Transition Services and Strategies For Post School Adult Living And Employment

| <u>Service</u> | <u>Responsible Agency</u> | <u>Expected Date of Imp</u> |
|--|---------------------------|-----------------------------|
| Adult Living Objectives; Leading towards adult activities done occasionally, such as registering to vote, filing for insurance or accessing adult services including, but not limited to, Social Security. | Responsible Agency | 09/01/2009 |
| Employment: Activities the student needs to achieve desired post-school job or career goals. These could be activities related to career awareness, career exploration and career preparation. | | |

Transition Services and Strategies For Daily Living And Functional Vocational Evaluation

| <u>Service</u> | <u>Responsible Agency</u> | <u>Expected Date of Imp</u> |
|---|---------------------------|-----------------------------|
| Daily Living Skills: Those activities that adults do every day, (e.g., preparing meals, budgeting, maintaining a home, paying bills, caring for cloths, grooming, etc...) | Responsible Agency | 09/01/2009 |
| Functional Vocational Evaluation: An assessment process that provides information about job or career interests, aptitudes and skills. Information may be gathered through situational assessment, observations or formal measures and should be practical. | | |

Related Services

| <u>Services/Form</u> | <u>Location</u> | <u>Freq.</u> | <u>Duration</u> | <u>Provider</u> | <u>Dates*</u> |
|----------------------|-----------------|--------------|-----------------|----------------------|---------------|
| Social Work Services | Therapy Room | 1x a week | 30 mins./week | School Social Worker | 09/01/2009 |
| Consultation | | | | | 06/15/2010 |

Implementation

| | |
|--|-----------------|
| <u>Primary Language for Instruction:</u> | English |
| <u>Case Manager:</u> | Tina Visingardi |

Post-Secondary Planning Liaison:

Tina Visingardi

Monitoring Procedures/Schedule:

State how the parents will be regularly informed of their student's progress toward the annual goals.

Method: Methods for informing parents of a student with a disability of the progress of their child may include report cards, written progress reports, or parent-teacher conferences.

Schedule: Parents of a student with disability shall be informed of the progress of their child at least as often as parents of a nondisabled student are informed of their child's progress.

Length of School Day/Year:

Document length of school day, if different from length of regular school day.

Determine whether the student needs an extended school year (ESY) program. An extended school year program is provided in accordance with the student's IEP when an interruption in educational programming causes the student's performance to revert to a lower level of functioning and recoupment cannot be expected in a reasonable length of time. In considering whether a student's performance will revert to a lower level of functioning, data gathered from breaks in the provision of services should be considered.

Assistive Technology Devices and Services (if appropriate):

The need for assistive technology devices and services.

Statement of How Progress Toward Attainment of Annual Goals will be Measured

State how the student's progress toward the annual goals will be measured.

Sample Statements;
Teacher Observations
Child Study Team Monitoring

Instructional Accommodations/Supplementary Aids/Supports

Recommended Modifications, Supplementary Aids, Supports and Services for Regular Education, Special Education, Extra-curricular and Non-academic Activities

A statement of program modification, and supplementary aids and services which are provided on behalf of the student and support provided to professional staff to advance the student toward attaining the measurable annual academic and functional goals and to enable student to participate and progress in the general curriculum, extra-curriculum, and non-academic activities.

Aids & Services in the Regular Education Classroom

| Statement(s) | Freq/Duration | Location/Provider | Begin/End |
|---|---------------|-------------------|------------|
| State the modifications for the student to be involved and progress in the general education curriculum and be educated with nondisabled students. State the supplementary aids and services that will be provided to the student or on behalf of the student. Identify any assistive technology devices and services to be provided. | 1x a week | Regular Classroom | 09/01/2009 |
| | | Public School | 06/15/2010 |

Aids & Services in the Special Education Classroom

| Statement(s) | Freq/Duration | Location/Provider | Begin/End |
|---|---------------|-------------------|------------|
| If the student will not be participating in the general education classroom, state the modifications and supplementary aids and services to enable the student to be involved and progress in the general education curriculum in the special education classroom. Identify any assistive technology devices and services to be provided. | 1x a week | Special Education | 09/01/2009 |
| | | Public School | 06/15/2010 |

In Extracurricular and NonAcademic Activities

| Statement(s) | Freq/Duration | Location/Provider | Begin/End |
|--|---------------|-------------------|------------|
| State the modifications that will be provided to enable the student to participate in extracurricular and nonacademic activities. Explain the extent, if any, to which the student will not participate with nondisabled peers in extracurricular activities and nonacademic activities. In addition, for students in an out-of-district placement, a delineate how the student will participate with nondisabled peers in extracurricular and | 1x a month | Regular Classroom | 09/01/2009 |

nonacademic activities including, if necessary, returning the student to the district in order to facilitate such participation.

Public School

06/15/2010

Supports for School Personnel

| Statement(s) | Freq/Duration | Location/Provider | Begin/End |
|--|---------------|-------------------|------------|
| State the supports for school personnel that will be provided for the student. Support may include, but not limited to, training for school personnel, consultation, and access to research-based materials and resources. | 1x a month | Variable | 09/01/2009 |
| | | Public School | 06/15/2010 |

Strategies to Address Behaviors Impeding Learning

| Target Behavior | Behavioral Interventions |
|--------------------|---|
| Target Behavior #1 | Documentation of prior interventions and student responses. SAMPLES FROM; PREVENT UNDESIRABLE BEHAVIOR Assist student to make transitions from one activity to another. Be consistent in expectations. Chart student's progress and share with student and parents. |

Procedural Safeguards/Parental Acknowledgement

NOTICE REQUIREMENTS

This document comprises the written notice requirements of NJAC 6A:14 and includes the IEP as a description of the proposed action, and description of the procedures and factors used in determining the proposed action.

As a parent of a student with disabilities or as an adult student, you have rights regarding identification, evaluation, classification, the development of an IEP, placement and the provision of a free, appropriate public education under the New Jersey Administrative Code for Special Education (NJAC 6A:14). A description of these rights, which are called procedural safeguards, is contained in the document PARENTAL RIGHTS IN SPECIAL EDUCATION (PRISE). This document is published by the NJ Dept. of Education. A copy of PRISE is provided to you one time per year as well as upon referral for an initial evaluation, upon request by a parent and when a disciplinary sanction is imposed that will result in a change in placement. In addition, you may request a copy from District Special Education Administrator who may be reached at (732)922-6462. For help in understanding your rights, you may contact: Statewide Parent Advocacy Network (SPAN) at (800) 654-7726 Protection and Advocacy, Inc. at (800) 922-7233 OR

(732)922-6462

School District Staff Phone #

(732)123-4567

County Supervisor Phone #

Description of proposed action and explanation of why the district has taken such action

This attached IEP describes the proposed action and was developed as a result of an annual review.

Description of procedures, tests, records, or reports and factors used in determining the proposed action

The sources of information used to develop the proposed IEP are listed in the Present Levels Academic, Developmental & Functional Performance/Needs. The factors used in determining the proposed action are listed in the Present Levels of Academic, Developmental & Functional Performance/Needs and the Least Restrictive Environment Statement of this IEP.

Description of options considered and the reasons the options were rejected.

Describe any options considered and the reasons those options were rejected.

This section is completed if the parent (or adult student) has made a request of the school district regarding the IEP (services and/or placement) and the district has rejected the request.

Description of any other factors relevant to the proposed action.

If applicable, describe any other factors that are relevant to the proposed action.

Parental Acknowledgment

I(We), the Parent(s)/Guardian(s) of First M Last have met or otherwise conferred with the school staff listed on this IEP and acknowledge that we have participated in the development of this Individualized Education Program. We have been informed that we have protection under the procedural safeguards of NJAC 6A:14. We have been provided with a copy of PRISE, a statement of protections under the procedural safeguards of NJAC 6A:14 and NJAC 1:6a. We have also been informed that we may obtain additional copies of these protections from our case manager and have also been provided with information about sources of assistance in understanding the provisions of this chapter.

I (We), the parents of First M Last, agree to the recommendation of program and related services described in this Individualized Education Program (IEP). I (We) agree that implementation of this IEP and the programs and services described therein may be implemented on or about 6/1/2009.

I (We), the parents of First M Last, acknowledge our participation in the preparation of this Individualized Education Plan, however, do not agree with the recommendations contained in this IEP. We recognize that our consent is not required for implementation of this IEP. However, this IEP may not be implemented for 15 days in accordance with NJAC 6A:14. We understand that we have the right to seek mediation and due process under NJAC 6A:14 within that 15 day period.

X_____
Signature of Parent_____
Date**X**_____
Signature of Parent_____
Date**Notice of Rights to Adult Pupils**

First M Last will reach the age of 18 on 8/11/2011. First and her parents have been informed of the rights which will be transferred to her on reaching the age of majority.

Administrative Acknowledgement

I have reviewed the attached material and will arrange for the provision of appropriate educational and related services.

X_____
Administrative Signature_____
Date

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Your text would go in this area to display on all documents.