Attachment B

Superintendent’s Memo #124-21

May 7, 2021

XXX School Division

Address, City, Virginia XXXXX

# Post-Secondary Advancement Plan (PSAP)

Student Name:

Student ID:

Student Testing ID:

Grade:

Date of Birth:

Age:

Disability (ies):

Parent(s) Name/Email (if guardianship as determined by court applies):

Home Address:

Date of meeting:

Date adult student and/or parent notified of meeting:

PSAP manager:

Any student with a disability who received special education and related services under *IDEA* 2004, reached age 22 after September 30, 2020, and is scheduled to complete high school in the spring of 2021 shall be given the option for an extension to attend high school for the duration of the 2021-2022 school year. This initiative confers no rights pursuant to the *Individuals with Disabilities Education Act of 2004* or the *Regulations Governing Special Education Programs for Children with Disabilities in Virginia*. A Post-Secondary Advancement Plan (PSAP) is not a proposal of a free appropriate public education. The PSAP is not an extension of the student’s IEP (or a new IEP) or ISP. Prior written notice (PWN) is not required.

The PSAP is intended to support a positive process and team approach, and is a working document that outlines the student's vision for the future, strengths, and needs. The PSAP is not written in isolation, and the intent of the PSAP is to involve a team of people who understand and support the student in order to develop a plan for a final year of high school education for the student. No two teams are alike and each team will arrive at different answers, ideas, and provisions, and supports to address the student's unique needs. The adult student and his/her family members (as appropriate) are vital participants, as well as teachers, specialists, outside service providers/agency partners, and the principal or designee. When all team members are present, the valuable information shared supports the development of a rich student profile and plan.

## PARTICIPANTS:

The list below indicates that the individual participated in the development of the PSAP.

NAME OF PARTICIPANT:      POSITION:

NAME OF PARTICIPANT:      POSITION:

XXX School Division

Student Name:

Student ID Number:

Date:

## REVIEW OF SUMMARY OF PERFORMANCE

* Academic/Behavioral Achievement:
* Functional Performance:
* Accommodations:
* Recommendations for Attaining Postsecondary Goals:

## PSAP PROVISIONS

Academic, Functional, Behavioral, Transition-focused:

* Frequency:
* Location:
* Duration month/day/year to month/day/year:

### Related Service(s):

* Frequency:
* Location:
* Duration month/day/year to month/day/year:

Accommodations:

* Frequency:
* Location:
* Duration month/day/year to month/day/year:

XXX School Division

Student Name:

Student ID Number:

Date:

## PSAP RATIONALE

Based upon identified considerations, and within the limited provisions for these one-year PSAP services, describe and summarize in the space below the decision for the PSAP provisions and supports:

## PSAP FUNDING

The school division will provide evidence to support costs incurred to support PSAP related activities and services. These costs are reimbursable up to the amount calculated in the State’s Per Pupil funding formula and is subject to the state’s local match requirements.

XXX School Division

Student Name:

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Date:

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Initials indicate that the adult student or parent (as appropriate) read the above statement prior to deciding upon opting in or out of this initiative.

The adult student or parent (as appropriate) chooses by initialing below either to participate or decline to participate in the school division’s Post-Secondary Advancement Plan as proposed for the 2021-2022 school year.

I plan to participate in the Post-Secondary Advancement Plan proposed for my final year of school.

I decline to participate in the Post-Secondary Advancement Plan proposed for my final year of school.

Signature of Adult Student      Date

Signature of Parent (as appropriate)      Date