

Student Name: _____

IEP Date: _____

HIGH SCHOOL GRADUATION

(check one box)

- The IEP team determined that the student **will meet** the district's graduation requirements, **or** will successfully complete the measurable annual goals **and** **will not need** new measurable annual goals. The IEP team **will not** develop a new Individualized Education Program and the student **is** expected to graduate with a regular diploma at the end of the current school year.
- The IEP team determined that the student **will not meet** the district's graduation requirements, **or** **will not** successfully complete the measurable annual goals, and **will** need new measurable annual goals for the coming school year. The student **is not** expected to graduate with a regular diploma at the end of the current school year and the IEP team must develop a new Individualized Education Program for the next school year.
- The student **will not meet** the district's graduation requirements. The student **will not receive** a regular diploma. The district **will not provide special education services** for the next school year due to district policy on the age through which education services are available to students.