

The Individualized Education Program For:

Student: _____ Date of Birth: _____ Meeting Date: _____

Initiation Date: _____ Projected Date of Annual Review: _____

Current Address: _____

Phone: _____ City _____ State _____ Zip _____

Present Grade Level: _____ Age: _____

Resident District: _____ Home School: _____

Services to be implemented at current school? Yes No Nonpublic School Attending: _____

Location for Provisions of Service (if different from home school or resident district)

School Name: _____ Phone: _____

Address: _____

City _____ State _____ Zip _____

District/Agency Name: _____

Primary Language or Communication Mode(s): English Spanish Sign Language Other: _____

Parent(s)/Legal Guardian(s) provided copy: _____ Mode of Delivery: _____

Educational decision maker is:

Name: Parent Legal Guardian Educational Surrogate Foster Parent Child (age 18 plus) Other _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Ext.: _____ Email: _____ Fax: _____

Case Manager: _____ Case Manager Phone Number: _____

Type: Interim Annual Initial Date of most recent evaluation/reevaluation: _____

Projected date for next triennial evaluation: _____

PARTICIPANTS IN MEETING AND ROLE(S)

The names and roles of individuals participating in developing the IEP meeting must be documented.

Name of person and role Signatures are not required. If a signature is used it only indicates attendance, not agreement.		Method of Attendance
	Parent/Guardian	
	Parent/Guardian	
	Student	
	SSD Representative	in person (* required participant)
	Special Education Teacher	in person (* required participant)
	General Education Teacher	in person excused in writing (if applicable)
	Individual Interpreting Instructional Implications of Evaluation Results	in person excused in writing (if applicable)
	Component District Representative	in person excused in writing (if applicable)
	Part C Representative (if applicable) Only if child is age 3 or under	
	Other:	

1. PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

Student: _____ DOB: _____ IEP Date: _____

Present Level must include:

- How the child's disability affects his/her involvement and progress in the general education curriculum, or for preschool children, participation in age-appropriate activities.

- The strengths of the child:

- Concerns of the parent/guardian for enhancing the education of the child:

- Changes in current functioning of the child since the initial or prior IEP:

- A summary of the most recent evaluation/reevaluation results:

- A summary of the results of the child's performance on any general state and district-wide assessment:

- Is the student taking an alternative assessment? Yes No

If Yes,

benchmarks/short-term objectives are listed on an additional page.

benchmarks/short-term objectives are on goal page(s).

2. SPECIAL CONSIDERATIONS: FEDERAL AND STATE REQUIREMENTS

Student: _____ Date of Birth: _____ IEP Date: _____

Note: For the first six items below, if the IEP team determines that the child needs a particular device or service (including an intervention, accommodation, or other program modification) information documenting the team's decisions regarding the device or service must be included in the appropriate section of the IEP. These must be considered annually.

Is the student blind or visually impaired? NO YES (FORM A)

Based upon the student's current and future reading and writing skills and needs, the IEP team has determined the following regarding Braille/Braille instruction:

NO. The student does not need Braille/Braille instruction. If no, complete the following.

YES. The student needs Braille/Braille instruction. Appropriate goals and benchmarks/objectives, which specify the competencies in reading and writing Braille to be taught during the school year, are included in this IEP. If yes, complete items below.

Date on which Braille instruction will begin: _____ and duration of each session _____
Level of competency in Braille reading and writing expected to be achieved by the end of the period covered in the IEP: _____

A referral to Rehabilitation Services for the blind has been discussed with the parent.

The parent: agreed to referral. refused the referral. referral previously made. the student is receiving services.

Is the student deaf or hearing impaired?

NO

YES. The IEP Team has considered the child's language and communication needs, opportunities for direct communication with peers and professionals in the child's language and communication mode, academic level, and full range of needs including opportunities for direct instruction in the child's language and communication mode in the development of the IEP.

Does the student use an assistive hearing device? NO YES. If yes, acknowledge the next two items.

Assistive hearing device monitoring will be done on a daily basis and during evaluation procedures.

Evaluation of hearing aid/amplification system is completed annually. Date last completed: _____

Does the student exhibit behaviors that impede his/her learning or that of others?

NO YES. If yes, strategies including positive behavior interventions and supports must be considered by the IEP Team, and if deemed necessary, addressed in *this* IEP. If a behavior intervention plan is developed it becomes a part of the IEP.

Behavior Intervention Plan IEP Goals IEP Accommodations

Does the student have limited English proficiency? NO YES. The student's language needs are addressed in this IEP.

Does the student have communication needs? NO YES. The student's communication needs are addressed in this IEP.

Does the student require Assistive Technology devices(s) and/or services?

NO YES. The student's assistive technology needs are addressed in this IEP.

Extended School Year:

NO, the student is not eligible for ESY services. YES, the student is eligible for ESY services. Complete Form B

The need for ESY services will be addressed at a later date. Will be addressed by: _____

Attach IEP Addendum and Form B.

Post-secondary Transition Services: (Must be included no later than the first IEP to be in effect when the child turns 16, and updated annually thereafter.) Is a Post-secondary Transition Plan required?

No (Child will not turn sixteen while this IEP is in effect). Yes (Child is/will be sixteen while this IEP is in effect). If yes, Complete Form C-Post-Secondary Transition Plan.

Transfer of Rights: Notification must be given beginning not later than one year before the student is 18 informing the student of the rights under IDEA that will transfer to the student upon reaching the age of majority.

N/A for this student/IEP Notification was given: _____

State Assessments

IDEA requires students with disabilities to participate in state assessments. MAP is administered in grades 3-8. MAP-A is administered in grades 3-11.

End of Course exams are administered to secondary students who have completed course level expectations or who are graduating or exiting secondary school due to age limits without completing course level expectations. Does this student's grade placement or course of study during the time this IEP is in effect require consideration of participation in state assessments?

NO YES. If yes, **Complete Form D.**

District Assessments

Are there district-wide assessments administered for this students age/grade level? NO YES. If yes, complete Form E.

3. IEP Goal with Objectives/Benchmarks

Student: _____ DOB: _____ IEP Date: _____

Annual Measurable Goal

Annual Goal # _____ Area of Need: _____

Alternative Assessments (State or District-wide)

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Baseline Data

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For students with Post-secondary Transition Plans, please indicate which goal domain(s) this annual goal will support:

Post-secondary Education/Training

Employment

Independent Living

Progress toward the goal will be measured by: (check all that apply)

Work samples	Curriculum based tests	Portfolios	Checklists
Scoring guides	Observation chart	Reading record	Other:

Short-Term Objectives/Benchmarks are required for children with disabilities who take alternative assessments aligned to alternative achievement standards.

Measurable Objectives/Benchmarks

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IEP Progress Report

Student: _____ DOB: _____ IEP Date: _____

Goals	Reporting Period Ending	Reporting Period Ending	Reporting Period Ending	Reporting Period Ending	Reporting Period Ending	Reporting Period Ending	Reporting Period Ending	Reporting Period Ending

Progress	Making progress toward annual goal	Not Addressed	Goal not addressed this reporting period	Met	Goal met
No Progress	Not making progress toward annual goal	Goal Amended	Goal replaced by amended goal		

IEP Progress Report: Comments

Student: _____ DOB: _____ IEP Date: _____

Reporting Period Ending _____

Reporting Period Ending _____

Reporting Period Ending _____

Reporting Period Ending _____

SERVICES SUMMARY

Student: _____ DOB: _____ IEP Date: _____

4. Reporting Progress				
When Progress will be reported to parent(s)/guardian(s)				
Quarterly	Bi-Quarterly	Semester	Annually	Other:

Special Education Services	Minutes	Frequency	Location	Begin Date	End Date

Related Services	N/A

Supplementary Aids/Services	N/A

Program Modification and Accommodations

Documented on Alternate Form F

N/A

Supports for School Personnel

Documented on Alternate Form F

N/A

TRANSPORTATION AS A RELATED SERVICE

The student does not require transportation as a related service.

The student requires transportation as a necessary related service.

The student needs accommodations or modifications for transportation No Yes

If yes, check any transportation accommodations/modifications that are needed.

Aide	Wheelchair Lift	Hookup for Ortho Wheelchair	Other:
AC	Seat Vest	Hookup for Power Wheelchair	
Curb-to-curb	Infant Seat	Hookup for Manual Wheelchair	
Seat Belt			

Transportation End Date: _____

PLACEMENT CONSIDERATIONS

Student: _____ DOB: _____ IEP Date: _____

7. REGULAR EDUCATION PARTICIPATION

Extent of Participation in Regular Education

For Preschool: Will all of this child's special education and related services be provided with non-disabled peers in a regular education setting (designed primarily for children without disabilities)? Yes No

For K-12: The regular education environment includes all academic instruction as well as meals, recess, assemblies, field trips, etc. Will this student participate 100% of the time with non-disabled peers in the regular education environment? Yes No

Participation in Regular Physical Education

The student will participate in:

Participation in Program Options, Nonacademic, and Extracurricular Activities

The district assures that this student will have an equal opportunity to participate in program options, nonacademic and/or extracurricular activities and services offered by the district.

8. PLACEMENT CONSIDERATIONS AND DECISIONS

This section is a SUMMARY of all of the following: Present Level of Academic Achievement and Functional Performance, goals, objectives/benchmarks (if applicable), characteristics of services, adaptations, and special education and related services information.

Annual Consideration of Placement

For ECSE: At least annually, the IEP team must consider whether all the special education and related services will be provided with non-disabled peers in a regular education setting (designed primarily for children without disabilities).

For K-12: At least annually, the IEP team must consider if the IEP goals can be met with services provided 100% of the time in the regular education environment.

Check **all** placement options that were considered for the provision of special education and related services (for K-12, Inside regular class at least 80% of the time must be checked. For preschool and EC setting must be checked).

Check the one placement option that was selected. When will this placement begin? _____

Placement Continuum (K-12)		Placement Options (ECSE)	
Considered	Selected	Considered	Selected
	Inside regular class at least 80% of time		Early childhood setting
	Inside regular class 40% to 79% of time		Early childhood special education setting
	Inside regular class less than 40% of time		Home
	Public separate school (day) facility		Part-time early childhood/Part-time early childhood special education
	Private separate school (day) facility		Residential facility
	Public residential facility		Separate school
	Private residential facility		Itinerant service outside the home
	Homebound/hospital		

For K-12 students: Is this student's placement as close as possible to the child's home and/or in the school he/she would attend if non disabled? Yes No If no, explain why another setting is required: