

## INDIVIDUAL EDUCATION PROGRAM (IEP)

Student's Legal Name \_\_\_\_\_  
(Last Name/First Name/Middle Name) (Student Number)  
\_\_\_\_\_  
(District) (Site)  
\_\_\_\_\_  
(Grade) (Primary Language of Student) (Age) (Birthdate MM/DD/YY) (Gender) IEP Type

IEP Meeting Date: \_\_\_\_\_ Eligibility Category: \_\_\_\_\_

IEP Expiration Date: \_\_\_\_\_ Eligibility Report Date: \_\_\_\_\_  
(Most Recent Date)

☐ Transfer of Rights Letter has been sent (*At least one year before turning 18, student must be informed of his/her rights*).

### Signature Of Participants In Attendance At IEP Meeting \*

Parent _____	Special Ed. Teacher _____
Parent _____	Regular Ed. Teacher _____
Student _____	District Representative _____
_____ Title/Signature	_____ Title/Signature
_____ Title/Signature	_____ Title/Signature

\* Signature indicates attendance and does not constitute agreement or disagreement with IEP content.

### Student's Strengths:

### Student and Parent Comments, Needs or Concerns:

### Other Agency Comments:

# INDIVIDUAL EDUCATION PROGRAM (IEP)

Student's Legal Name \_\_\_\_\_

IEP Date \_\_\_\_\_

## Desired Post-School Outcomes for Students Ages 14-21 years

- A. Employment:
- B. Community Participation:
- C. Recreation and Leisure:
- D. Postsecondary Training and Learning Opportunities:
- E. Independent Living:

## Present Levels of Educational Performance (Must address all identified needs and each need must correspond to a goal and objective or benchmark).

Student's current functioning (Consider most recent performance on classroom, statewide, and district-wide assessments) and results of most recent evaluations.

Describe how disability affects the student's involvement and progress in the general education curriculum or, for a preschool student, participation in appropriate activities.

## Present Levels of Performance for Secondary Transition Domains (For students who are or will turn 16 during school year, or younger if appropriate).

- |  |                              |
|--|------------------------------|
| A. Jobs and Job Training                                       | Source of Information: _____ |
| B. Community Participation/Recreation and Leisure              | Source of Information: _____ |
| C. Post Secondary Training and Learning Opportunities          | Source of Information: _____ |
| D. Independent Living (and if appropriate daily living skills) | Source of Information: _____ |
| E. Related Services  | Source of Information: _____ |

**\*\* Attach appropriate Secondary Transition page(s) for students ages 14-21, or younger if appropriate.**

INDIVIDUAL EDUCATION PROGRAM (IEP)

Student's Legal Name \_\_\_\_\_

IEP Date \_\_\_\_\_

Statement of Transition Service Needs for Students Ages 14-21 (or younger if appropriate)

School Year	Grade Level	List Courses to be taken each year	Credits Earned

Total number of credits required by district for graduation: \_\_\_\_\_ Anticipated month and year of graduation: \_\_\_\_\_

# INDIVIDUAL EDUCATION PROGRAM (IEP)

Student's Legal Name \_\_\_\_\_

IEP Date \_\_\_\_\_

## Statement of Needed Transition Services For Ages 16-21 (or younger if appropriate)

Transition Services	Needs & Activities	Agency(s) & Responsibilities	Provider & Payer
<b>Instruction:</b>			
<b>Community Experiences:</b>			
<b>Employment:</b>			
<b>Related Services:</b>			
<b>Adult Living &amp; Post School:</b>			
<b>Daily Living:</b> (If appropriate)			
<b>Functional Vocational Assessment:</b> (If appropriate)			

# INDIVIDUAL EDUCATION PROGRAM (IEP)

Student's Legal Name \_\_\_\_\_

IEP Date \_\_\_\_\_

## Agency Collaboration & Responsibilities\* for Ages 16-21 (or younger, if appropriate)

School Year	Grade Level	Needed Services	Agency & Contact Person	Who will contact & when	Timeline for delivery of services	Results & Outcomes

**\* If any agency identified by the IEP team fails to provide services, the IEP team must reconvene as soon as possible to identify alternate strategies and amend the IEP as necessary. The team should document date of reconvened IEP meeting and results.**

# INDIVIDUAL EDUCATION PROGRAM (IEP)

Student's Legal Name \_\_\_\_\_

IEP Date \_\_\_\_\_

## ***Special Factors IEP Team Must Consider:***

1. In the case of a student whose behavior impedes his/ her learning or that of others, consider, if appropriate, strategies, including positive behavioral interventions, strategies, and supports to address that behavior.  
☐ Concern addressed in IEP    ☐ Not a concern
2. In the case of a student with limited English proficiency, consider the student's language needs as they relate to the student's IEP.  
☐ Concern addressed in IEP    ☐ Not a concern
3. In the case of a student who is blind or visually impaired, provide instruction in Braille and the use of Braille unless the IEP team determines, after an evaluation of the student's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the student's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the student.  
☐ Concern addressed in IEP    ☐ Not a concern
4. The communication needs of the student and, in the case of a student who is deaf or hard of hearing, consider the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode.  
☐ Concern addressed in IEP    ☐ Not a concern
5. Whether the student requires assistive technology devices and services.  
☐ Concern addressed in IEP    ☐ Not a concern

## ***Statewide and District Assessments:***

### **The student will:**

1. ☐ Participate in statewide and district assessments without accommodations
2. ☐ Participate in statewide and district assessments with the following accommodations (refer to *The Participation Guidelines* booklet for list of accommodations).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

### **Comments:**

3. ☐ Participate in the statewide Alternate Assessment for grades 3, 6, 8, & 11 and be assessed in grades 4, 5, 7, & 9 using the following alternative method (s) \_\_\_\_\_

**\* Consent for release:** I give my permission for school personnel to create and submit photographs, videotapes, and/or audiotapes of my child (to be used for assessment purposes only and not be distributed or published without my permission) for my child's Alternate Assessment portfolio.

**Parent Signature:** \_\_\_\_\_

## INDIVIDUAL EDUCATION PROGRAM (IEP)

Student's Legal Name \_\_\_\_\_

IEP Date: \_\_\_\_\_

### PROGRESS REPORTS

Pages 3 & 4, with progress appropriately noted, may serve as a Progress Report to parents. Parents of children with disabilities must be notified of progress at least as often as parents of children without disabilities. Progress reports must answer two questions:

1. What is the student's progress toward the annual goal?
2. Is progress sufficient for the student to achieve the annual goal by end of IEP period? *(If not, IEP Team must review and revise IEP goals and objectives/benchmarks)*

Progress reports will be provided each:    ☐ Quarter        ☐ Trimester        ☐ Other \_\_\_\_\_

### MEASURABLE ANNUAL GOAL:

### STANDARD ADDRESSED:

Short Term Instructional Objectives/ Benchmarks (Include objective criteria.)	Evaluation Procedure & Schedule	Progress	Progress	Progress	Progress
	<input type="checkbox"/> Test <input type="checkbox"/> Daily <input type="checkbox"/> Data <input type="checkbox"/> Weekly <input type="checkbox"/> Work <input type="checkbox"/> Monthly Samples <input type="checkbox"/> Quarterly <input type="checkbox"/> Grade <input type="checkbox"/> Semester <input type="checkbox"/> Observation <input type="checkbox"/> Other <input type="checkbox"/> Other  Person(s) Responsible (Including Other Agencies): _____	Date:   Result:	Date:   Result:	Date:   Result:	Date:   Result:
	<input type="checkbox"/> Test <input type="checkbox"/> Daily <input type="checkbox"/> Data <input type="checkbox"/> Weekly <input type="checkbox"/> Work <input type="checkbox"/> Monthly Samples <input type="checkbox"/> Quarterly <input type="checkbox"/> Grade <input type="checkbox"/> Semester <input type="checkbox"/> Observation <input type="checkbox"/> Other <input type="checkbox"/> Other  Person(s) Responsible (Including Other Agencies): _____	Date:   Result:	Date:   Result:	Date:   Result:	Date:   Result:

# INDIVIDUAL EDUCATION PROGRAM (IEP)

Student's Legal Name \_\_\_\_\_

IEP Date: \_\_\_\_\_

**MEASURABLE ANNUAL GOAL:**

**STANDARD ADDRESSED:**

Short Term Instructional Objectives or Benchmarks (Include objective criteria.)	Evaluation Procedure & Schedule	Progress	Progress	Progress	Progress
	<input type="checkbox"/> Test <input type="checkbox"/> Daily <input type="checkbox"/> Data <input type="checkbox"/> Weekly <input type="checkbox"/> Work <input type="checkbox"/> Monthly Samples <input type="checkbox"/> Quarterly <input type="checkbox"/> Grade <input type="checkbox"/> Semester <input type="checkbox"/> Observation <input type="checkbox"/> Other <input type="checkbox"/> Other  Person(s) Responsible (Including Other Agencies): _____	Date:   Result:	Date:   Result:	Date:   Result:	Date:   Result:
	<input type="checkbox"/> Test <input type="checkbox"/> Daily <input type="checkbox"/> Data <input type="checkbox"/> Weekly <input type="checkbox"/> Work <input type="checkbox"/> Monthly Samples <input type="checkbox"/> Quarterly <input type="checkbox"/> Grade <input type="checkbox"/> Semester <input type="checkbox"/> Observation <input type="checkbox"/> Other <input type="checkbox"/> Other  Person(s) Responsible (Including Other Agencies): _____	Date:   Result:	Date:   Result:	Date:   Result:	Date:   Result:
	<input type="checkbox"/> Test <input type="checkbox"/> Daily <input type="checkbox"/> Data <input type="checkbox"/> Weekly <input type="checkbox"/> Work <input type="checkbox"/> Monthly Samples <input type="checkbox"/> Quarterly <input type="checkbox"/> Grade <input type="checkbox"/> Semester <input type="checkbox"/> Observation <input type="checkbox"/> Other <input type="checkbox"/> Other  Person(s) Responsible (Including Other Agencies): _____	Date:   Result:	Date:   Result:	Date:   Result:	Date:   Result:



## INDIVIDUAL EDUCATION PROGRAM (IEP)

Student's Legal Name \_\_\_\_\_

IEP Date: \_\_\_\_\_

### Program Modifications/Accommodations for Student to:

### Supports for School Personnel:

Advance appropriately toward annual goals	What supports/training do school personnel need?
Be involved in and progress in the general curriculum	What supports/training do school personnel need?
Participate in extracurricular and other nonacademic activities	What supports/training do school personnel need?

### *Extended School Year:*

Extended School Year services must be considered for each child with a disability. Justification for the team's decision must be stated below.

- ☐ A review of the child's educational program indicates that extended school year services are required.
- ☐ A review of the child's educational program indicates that extended school year services are not required.
- ☐ The team needs to collect further data before making this determination and will meet again by: \_\_\_\_\_.

(mm/dd/yy)

Justification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# INDIVIDUAL EDUCATION PROGRAM (IEP)

Student's Legal Name \_\_\_\_\_

IEP Date: \_\_\_\_\_

## Special Education & Related Services

**Note:** Supervision is required for any service provided by individuals who are not certified in that service area. Do not include supervision or transportation time in the total of special education and related service time received by the student.

Special Education	Location	Projected Start Date	Projected End Date	Provider	Frequency	Time
<input type="checkbox"/> Reading						
Supervision						
<input type="checkbox"/> Math						
Supervision						
<input type="checkbox"/> Writing						
Supervision						
<input type="checkbox"/> Speech/Language						
Supervision						
<input type="checkbox"/> Social/Behavioral						
Supervision						
<input type="checkbox"/> Other _____						
Supervision						
<b>Special Ed. Hours Per Week</b>						
Related Services	Location	Projected Start Date	Projected End Date	Provider	Frequency	Time
<input type="checkbox"/> Speech/Language						
Supervision						
<input type="checkbox"/> Physical Therapy						
Supervision						
<input type="checkbox"/> Occupational Therapy						
Supervision						
<input type="checkbox"/> Counseling						
Supervision						
<input type="checkbox"/> Other _____						
Supervision						
<input type="checkbox"/> Transportation						
Supervision						
<b>Related Service Hours Per Week</b>						

## INDIVIDUAL EDUCATION PROGRAM (IEP)

Student's Legal Name \_\_\_\_\_

IEP Date: \_\_\_\_\_

Regular Education Participation	Location	Provider	Frequency	Time
<b>Total Regular Education Hours Per Week</b> (Regular education + special education service hours should total one school day.)				

### FEDERAL REPORTING REQUIREMENT FOR PLACEMENT:

For students age 6 through 21 the student receives\* :

- ☐ Special education & related services outside the regular class less than 21 percent of day.
- ☐ Special education & related services outside the regular class at least 21 percent of day and no more than 60 percent of day.
- ☐ Special education & related services outside the regular class more than 60 percent of day.

*\* Calculate the percentage of time outside the regular classroom by dividing the number of hours of special education & related services by the total number of hours in the school day (special education hours/total hours in school day).*

## INDIVIDUAL EDUCATION PROGRAM (IEP)

Student's Legal Name \_\_\_\_\_

IEP Date: \_\_\_\_\_

### JUSTIFICATION FOR PLACEMENT

Teams must consider the first placement option and, if rejected, explain why. Do the same for each succeeding placement option until the most appropriate is selected. If a child's IEP requires multiple settings, choose the placement option that best describes the child's placement and then describe any variations in the justification box.

Placement	Justification
1. Regular classroom with additional support services supervised by special education personnel.  <input type="checkbox"/> Selected <input type="checkbox"/> Rejected	
2. Regular classroom with direct service from special education personnel  <input type="checkbox"/> Selected <input type="checkbox"/> Rejected	
3. Regular education environment with special education itinerant or resource support.  <input type="checkbox"/> Selected <input type="checkbox"/> Rejected	
4. Regular education environment with self-contained classroom support.  <input type="checkbox"/> Selected <input type="checkbox"/> Rejected	
5. Full-time instruction in a separate day school.  <input type="checkbox"/> Selected <input type="checkbox"/> Rejected	
6. Home or hospital instruction  <input type="checkbox"/> Selected <input type="checkbox"/> Rejected	
7. Institutional services  <input type="checkbox"/> Selected <input type="checkbox"/> Rejected	

## IEP AMENDMENT

Student's Legal Name \_\_\_\_\_  
(Last Name/First Name/Middle Name) (Student Number)

Date of this amendment: \_\_\_\_\_ This plan amends the IEP developed on: \_\_\_\_\_  
Start date of amendment: \_\_\_\_\_ IEP expiration date: \_\_\_\_\_  
End date of amendment: \_\_\_\_\_ Eligibility evaluation date: \_\_\_\_\_

### Signature Of Participants In Attendance At IEP Meeting \*

Parent _____	Special Ed. Teacher _____
Parent _____	Regular Ed. Teacher _____
Student _____	District Representative _____
_____	_____
Title/Signature	Title/Signature

\* Signature does not constitute agreement or disagreement with content of IEP.

### REASON FOR AMENDMENT (Please Document Any Changes)

Amended Present Level of Performance ☐ No Change ☐ Changed

Amended Goals/Objectives or Benchmarks ☐ No Change ☐ Changed

Goal:

Objectives or Benchmarks:

Standard:

Amended Placement ☐ No Change ☐ Changed

Justification:

Extended School Year ☐ No Change ☐ Changed

Other

## INVITATION TO ATTEND A MEETING

**Purpose:** This invitation requests your attendance at a meeting to discuss the educational program/needs of your child. You have the opportunity to participate in any meeting regarding the identification, evaluation, educational placement, and provision of a free appropriate public education for your child. If an Individual Education Program Team is convened for this meeting, the *Notice of Procedural Safeguards* is attached.

Student's Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(mm/dd/yyyy)

To: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian/Surrogate/Student) (mm/dd/yyyy)

If contact is made by telephone: \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

### PURPOSE OF MEETING

- |  |  |
|--|--|
| <input type="checkbox"/> IEP Development/Review        | <input type="checkbox"/> Functional Behavior Assessment            |
| <input type="checkbox"/> Evaluation Planning           | <input type="checkbox"/> Develop/Review Behavior Intervention Plan |
| <input type="checkbox"/> Eligibility Determination     | <input type="checkbox"/> Manifestation Determination               |
| <input type="checkbox"/> Secondary Transition Planning | <input type="checkbox"/> IEP Amendment                             |
| <input type="checkbox"/> Consider ESY                  | <input type="checkbox"/> Other _____                               |

The meeting has been scheduled for: \_\_\_\_\_ at \_\_\_\_\_  
(mm/dd/yyyy) (Time)

at the following location \_\_\_\_\_

If you are unable to attend this meeting please contact:

_____	_____	_____
(Name of District Personnel)	(Title)	(Phone)

Meetings addressing IEPs and placement are scheduled at a mutually agreed upon place and time by you and the school district. If you are unable to attend this meeting you may request participation through other means. You or the district may invite any individual to be a member of the IEP team who has knowledge or special expertise about the student.

Those also invited to attend the meeting include (name, role):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

☐ The *Notice of Procedural Safeguards* is attached.