MASSACHUSETTS ADVOCATES for CHILDREN

NAVIGATING THE INDIVIDUALIZED EDUCATION PROGRAM



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INDIVIDUALIZED EDUCATION PLAN (IEP)

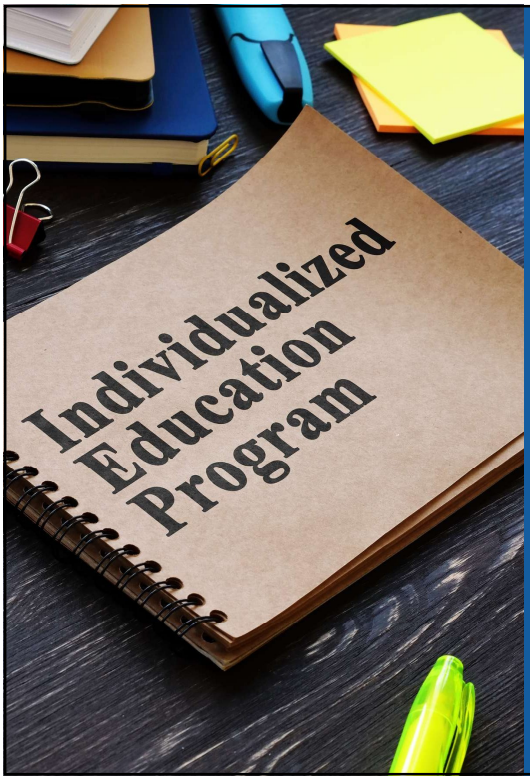
1. What is an IEP?
2. Parts of an IEP
3. Responding to the IEP

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WHAT IS AN IEP?

- "Individualized Education Program"
- Legal document: update each year
- Describes how the student best learns
- Describes the specific instruction, services and support the school will provide the student
- The IEP is written to fit the individual needs of the student

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KEY CHARACTERISTICS OF AN IEP

- IEPs are driven by information from evaluations.
- Student input is important
- Parents are equal partners in the IEP process
- Every IEP is different and must be based on the unique needs of each child.

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KEY PARTS OF AN IEP

- Student and Parent Concerns
- Student and Team Vision
- Student Profile
- Present Level of Academic Achievement and Functional Performance
  - Academics
  - Behavioral/Social/Emotional
  - Communication
  - Additional Areas



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KEY PARTS OF AN IEP

- Transition Planning
- Accommodations and Modifications
- State/District Assessments
- Goals
- Service Delivery Grid (school year and extended school year)
- Transportation
- Response Section



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STUDENT AND PARENT CONCERNS

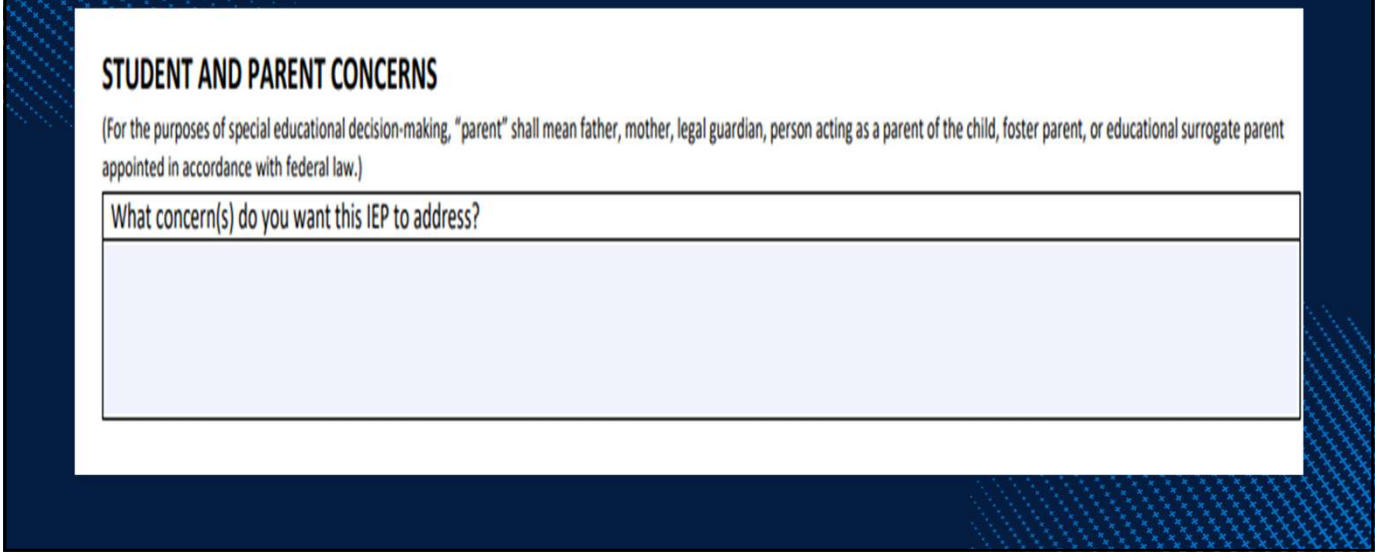
- Describe the student's and parent/guardian's greatest concerns at home, in school and in the community
- Describes hopes regarding student's accomplishments
- Describes concerns regarding last year's IEP
- Work with your student to write their concerns
- Concerns are not limited to academics/can include social emotional/health ad more

TIP:

Student/Parents can prepare a written statement prior to a Team Meeting and provide this statement to the district to be inserted directly into the IEP.

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STUDENT AND PARENT CONCERNS



STUDENT AND PARENT CONCERNS

(For the purposes of special educational decision-making, "parent" shall mean father, mother, legal guardian, person acting as a parent of the child, foster parent, or educational surrogate parent appointed in accordance with federal law.)

What concern(s) do you want this IEP to address?

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STUDENT AND TEAM VISION

- The IEP now has a Student vision for the 3-13 year olds and 14-22 year olds
- Think ahead 1-5 years
- Examples:

- 3-13
  - Learn to make friends
  - Learn to read
  - Learn to dress themselves
  - Learn numbers and letters

- 14-22
  - What does the student need to go to college or vocational school?
  - What kind of job does the student want?
  - Where does the student want to live?
  - Where does the student want to work

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VISION STATEMENT

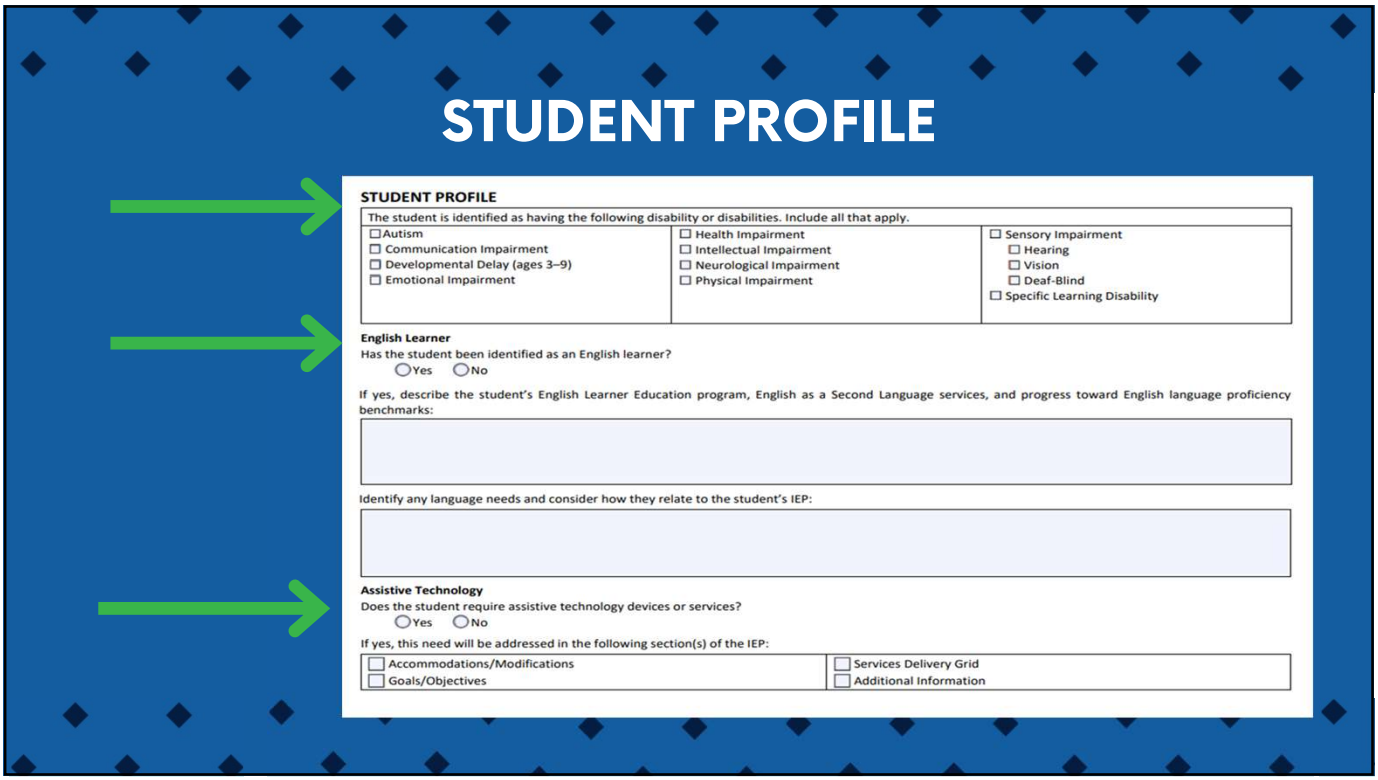
- Prepare a vision statement before the team meeting

STUDENT AND TEAM VISION

Student's Vision (ages 3–13)	
This year, I want to learn:	
By the time I finish (circle one: elementary or middle school), I want to:	
Student's Vision/Postsecondary Goals (required for ages 14–22, may be completed earlier if appropriate)	
While I am in high school, I want to:	
After I finish high school, my education or training plans are:	
After I finish high school, my employment plans are:	
After I finish high school, my independent living plans are:	
Additional Team Vision Ideas	
In response to the student's vision, this year:	
In response to the student's vision, in 5 years:	

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STUDENT PROFILE



STUDENT PROFILE

The student is identified as having the following disability or disabilities. Include all that apply.

☐ Autism	☐ Health Impairment	☐ Sensory Impairment
☐ Communication Impairment	☐ Intellectual Impairment	☐ Hearing
☐ Developmental Delay (ages 3–9)	☐ Neurological Impairment	☐ Vision
☐ Emotional Impairment	☐ Physical Impairment	☐ Deaf-Blind
		☐ Specific Learning Disability

English Learner

Has the student been identified as an English learner?

◯ Yes ◯ No

If yes, describe the student's English Learner Education program, English as a Second Language services, and progress toward English language proficiency benchmarks:

Identify any language needs and consider how they relate to the student's IEP:

Assistive Technology

Does the student require assistive technology devices or services?

◯ Yes ◯ No

If yes, this need will be addressed in the following section(s) of the IEP:

☐ Accommodations/Modifications	☐ Services Delivery Grid
☐ Goals/Objectives	☐ Additional Information

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PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

- This section is about how the student's disability affects the way the student learns
- For example, the disability might affect how the student learns math or science only, or it may affect all subjects
- The student's disability also might affect other things like behavior or social skills
- This section includes accommodations the student needs to learn and access the general education curriculum

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PRESENT LEVEL: ACADEMICS

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE: ACADEMICS

Describe the student's present levels of academic achievement and functional performance in the relevant areas listed below.

Consider the areas of learning listed below and complete only the sections that apply to the student. Include relevant information and data from sources such as initial or most recent evaluations; documentation from classroom performance; parent(s), student, and teacher observations; and curriculum-based and standardized assessments, including MCAS.

Briefly describe current academic performance. Check all that apply: ☐ English Language Arts ☐ History and Social Sciences ☐ Math ☐ Science, Technology, and Engineering	Strengths, interest areas, and preferences	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities

Autism-Specific Question: Does the student have needs resulting from the disability that impact progress in the general curriculum, including social and emotional development (e.g., organizational support, generalizing skills, practicing skills in multiple environments)?

◉ Yes ○ No

If yes, this need will be addressed in the following section(s) of the IEP:

☐ Accommodations/Modifications	☐ Services Delivery Grid
☐ Goals/Objectives	☐ Additional Information

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PRESENT LEVELS: BEHAVIORAL SOCIAL EMOTIONAL

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE: BEHAVIORAL/SOCIAL/EMOTIONAL

Briefly describe current behavioral/social/emotional performance. Consider the use of positive behavioral interventions and supports, and other strategies, to address behavior that impedes learning.	Strengths, interest areas, and preferences	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities

Bullying Describe any disability-related skills and proficiencies the student needs in order to avoid and respond to bullying, harassment, or teasing. This section must be completed for students who have a disability that affects social skills development; students vulnerable to bullying, harassment, or teasing; and students with autism.	Specify how these needs, if any, will be addressed in the IEP.

Autism-Specific Question: Does the student require any positive behavioral interventions, strategies, and supports to address their behavioral difficulties resulting from autism spectrum disorder?

○ Yes ○ No

Autism-Specific Question: Does the student need to develop social interaction skills and proficiencies?

○ Yes ○ No

Autism-Specific Question: Does the student have needs related to changes in environment or to daily routines?

○ Yes ○ No

Autism-Specific Question: Does the student have needs related to repetitive activities and movements?

○ Yes ○ No

Autism-Specific Question: Does the student have needs resulting from their unusual responses to sensory experiences?

○ Yes ○ No

If yes to any of the above, these needs will be addressed in the following section(s) of the IEP:

☐ Accommodations/Modifications	☐ Services Delivery Grid
☐ Goals/Objectives	☐ Additional Information

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PRESENT LEVELS:

COMMUNICATION

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE: COMMUNICATION

Briefly describe current communication performance.	Strengths, interest areas, and preferences	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities

Does the student require the use of augmentative and alternative communication (AAC)? Consider any AAC needs for non-speaking students or those with limited speech.

◯ Yes ◯ No

If yes, describe how the Team will address the student's needs (including acquiring, designing, customizing, maintaining, repairing, and/or replacing AAC device/system).

- ☐ The student needs an AAC device/system at school.
- ☐ The student needs an AAC device/system at home or in other non-school settings to receive a free appropriate public education.
- ☐ The student needs training and/or technical assistance to use the AAC device/system.
- ☐ The student's family needs training and/or technical assistance concerning the AAC device/system.
- ☐ Educators, other professionals, employers, or others who work with the student need training and/or technical assistance concerning the AAC device/system.

These needs will be addressed in the following section(s) of the IEP:

☐ Accommodations/Modifications	☐ Services Delivery Grid
☐ Goals/Objectives	☐ Additional Information

Autism-Specific Question: Does the student have needs in the areas of verbal and nonverbal communication, including but not limited to those identified in assistive technology/AAC evaluation(s)?

◯ Yes ◯ No

If yes, these needs will be addressed in the following section(s) of the IEP:

☐ Accommodations/Modifications	☐ Services Delivery Grid
☐ Goals/Objectives	☐ Additional Information

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PRESENT LEVELS:

ADDITIONAL AREAS

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE: ADDITIONAL AREAS

Additional Areas, as Applicable (such as activities of daily living, health, hearing, motor, sensory, and vision) Briefly describe current performance and any applicable documentation. Please note that parent(s) are only asked to share health information voluntarily.	Strengths, interest areas, and preferences	Impact of student's disability on involvement and progress in the general education curriculum or appropriate preschool activities

Deaf or Hard of Hearing

☐ The student is deaf or hard of hearing, and their language and communication needs will be addressed in the following section(s) of the IEP:

☐ Accommodations/Modifications	☐ Services Delivery Grid
☐ Goals/Objectives	☐ Additional Information

Blind or Visually Impaired (including Cortical Visual Impairment)

☐ Braille is needed and will be addressed in the following section(s) of the IEP:

☐ Accommodations/Modifications	☐ Services Delivery Grid
☐ Goals/Objectives	☐ Additional Information

☐ Screen readers or other assistive technology are needed and will be addressed in the following section(s) of the IEP:

☐ Accommodations/Modifications	☐ Services Delivery Grid
☐ Goals/Objectives	☐ Additional Information

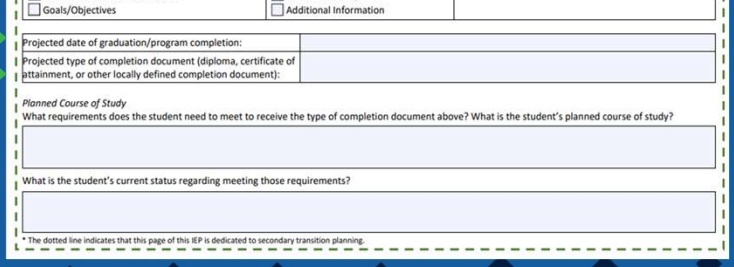
☐ Orientation and mobility services are needed and will be addressed in the following section(s) of the IEP:

☐ Accommodations/Modifications	☐ Services Delivery Grid
☐ Goals/Objectives	☐ Additional Information

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TRANSITION PLANNING

- 14 years old
- Transition Assessment
- Student's voice is important
- Based on student's interests, preferences and strengths
- Opportunities in the community
- Graduation date



POSTSECONDARY TRANSITION PLANNING*

Complete for eligible students aged 14–22 and update annually. Complete also for students who are 13 and will turn 14 during this IEP period. The dotted lines indicate the pages of this IEP that are dedicated to secondary transition planning.

Postsecondary Transition Briefly describe current performance.	Strengths, interest areas, and preferences	Impact of student's disability on involvement in the general education curriculum and/or specific area of postsecondary transition
Education/training		
Employment		
Community experiences/postschool independent living, if applicable		

The identified areas of postsecondary transition will be addressed in the following section(s) of the IEP:

☐ Accommodations/Modifications ☐ Goals/Objectives	☐ Services Delivery Grid ☐ Additional Information	

Projected date of graduation/program completion:	
Projected type of completion document (diploma, certificate of attainment, or other locally defined completion document):	

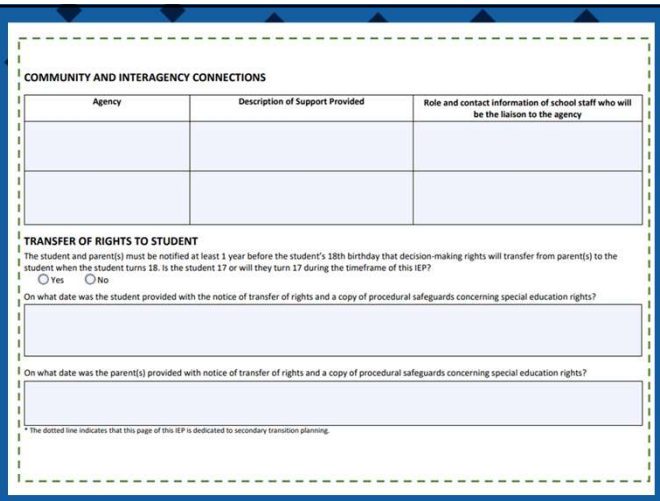
Planned Course of Study

What requirements does the student need to meet to receive the type of completion document above? What is the student's planned course of study?

What is the student's current status regarding meeting those requirements?

* The dotted line indicates that this page of this IEP is dedicated to secondary transition planning.

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COMMUNITY AND INTERAGENCY CONNECTIONS

Agency	Description of Support Provided	Role and contact information of school staff who will be the liaison to the agency

TRANSFER OF RIGHTS TO STUDENT

The student and parent(s) must be notified at least 1 year before the student's 18th birthday that decision-making rights will transfer from parent(s) to the student when the student turns 18. Is the student 17 or will they turn 17 during the timeframe of this IEP?

○ Yes ○ No

On what date was the student provided with the notice of transfer of rights and a copy of procedural safeguards concerning special education rights?

On what date was the parent(s) provided with notice of transfer of rights and a copy of procedural safeguards concerning special education rights?

* The dotted line indicates that this page of this IEP is dedicated to secondary transition planning.

COMMUNITY AND INTERANGENCY CONECTIONS

DECISION MAKING OPTIONS FOR STUDENTS

DECISION-MAKING OPTIONS FOR STUDENT*

Complete for student who has turned 18. Please indicate the decision-making option that the student or court-appointed legal guardian has selected:

- ○ The student will make their own educational decisions.
- ○ The student will share decision-making with their parent, caregiver, or other adult.
  Individual with whom the student will share decision-making: _____
- ○ The student has delegated decision-making to their parent, caregiver, or other adult.
  Individual to whom the student has delegated decision-making: _____
- ○ A court has appointed a legal guardian for the student who will make educational decisions.
  Name of court-appointed legal guardian:

Date of determination:

TRANSITION TO ADULT SERVICE AGENCY OR AGENCIES—688 REFERRAL

Is the student within 2 years of exiting special education services?	○ Yes ○ No
If yes, has the Team discussed whether the student meets the criteria for a 688 referral?	○ Yes ○ No
Has a 688 referral been submitted for this student?	○ Yes (If so, date the 688 referral was submitted: _____)* ○ No (If so, date the 688 referral will be submitted: _____)* ○ The Team has determined that the student does not meet the criteria for a 688 referral.
If yes, please identify the agency to which referral was made:	

* The dotted line indicates that this page of this IEP is dedicated to secondary transition planning.

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ACCOMODATIONS AND MODIFICATIONS

ACCOMMODATIONS AND MODIFICATIONS

Accommodations: List the accommodations the student needs to make progress in the areas of academic achievement and functional performance. Leave blank any boxes that are not appropriate for the student.

	Presentation of Instruction The way information is presented.	**Response** The way the student responds.	**Timing and/or Scheduling** The timing and scheduling of the instruction.	**Setting and/or Environment** The characteristics of the setting.
Classroom accommodations				
Nonacademic settings (lunch, recess, etc.)				
Extracurricular activities				
Community/workplace				

Modifications: List the modifications, if any, that are needed to the student's program so they can meet their goals, make progress, and participate in activities alongside students with and without disabilities. Leave blank any boxes that are not appropriate for the student.

	Content	**Instruction**	**Student Output**
Classroom modifications			
Nonacademic settings (lunch, recess, etc.)			
Extracurricular activities			
Community/workplace			

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MEASURABLE ANNUAL GOALS

use SMART goals:

- SPECIFIC
- MEASURABLE
- ATTAINABLE
- RELEVANT
- TIME-BOUND

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MEASURABLE ANNUAL GOALS

Best Practices

- Break down each goal into a few measurable short-term steps.
- Goals must change over time to show progress
- Goals must be tied to the general education curriculum
- The present level section must answer these questions:
  1. Where does the child stand academically?
  2. How does the child's disability affect his or her progress in the general education curriculum?

TIP:

Compare objectives between the current IEP and the last IEP to see if the student is making progress. If not, discuss changes to services and placement.

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MEASURABLE ANNUAL GOALS

Please identify the academic and functional goals for this student this year. The goals must be measurable and meet the student's needs that result from their disability to enable them to be involved in and make progress in Early Childhood Outcomes (ages 3–5) or the Massachusetts Curriculum Frameworks (older students). The goals must meet each of the student's other educational needs that result from their disability. Please include additional goals as necessary.

Goal Number:	Goal Area:
Baseline (What can the student currently do?):	

Annual Goal/Target What skill(s) will the student be expected to attain by the end of this IEP's timeframe?	Criteria What measurement will be used to determine whether the goal has been achieved?	Method How will progress be measured?	Schedule How frequently will progress be measured?	Person(s) Responsible Who will monitor progress?

Short-term objectives and/or benchmarks (intermediate steps between the baseline and the measurable annual goal)

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SERVICE DELIVERY GRID

- This section explains the services the student will receive
- It also states where the student will get those services and who will provide the services to the student
- Services must help the student meet his/her IEP goals
- New separate grid for Summer services

TIP:

Compare the services from the prior IEP to the services on the current IEP to check whether any services were reduced or removed.

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SERVICE DELIVERY GRID

SERVICE DELIVERY

Include specially designed instruction, related services, and supports based on peer-reviewed research to the extent practicable (including, if applicable, positive behavioral supports and support/training for school personnel and/or parent[s]). Consider providing services in general education settings before considering other options.

Goal Number(s)	Type of Service	Provided by List job title	Location	Frequency/Duration __ × __ minutes per ___- day cycle	Start Date	End Date
A. Consultation (Indirect Services to School Personnel and Parents)						
B. Special Education and Related Services in General Education Classrooms (Direct Service)						
C. Special Education and Related Services in Other Settings (Direct Service)						

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IEP PLACEMENT

- Decision is made by the IEP Team
- The Team can only consider the unique needs of the child
- Student must be included with nondisabled students as much as possible regardless of whether the student is at grade level, with supports and services the student needs
- Many placement types
- Full inclusion (least restrictive environment (LRE) to residential (most restrictive)

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PLACEMENT

- **Possible placement types:**
  - Full inclusion
  - Partial inclusion
  - Substantially separate
  - Public or private day school
  - Residential school

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RESPONDING TO THE IEP

- There are three possible responses to the school's proposed IEP

1. **Accept the IEP.** The parent believes there are no changes or additions needed to the IEP and it will be implemented as written.

2. **Reject the IEP in part.** The parent may reject services that are proposed in the IEP and/or reject the omission of services that the parent believes the child needs. The rejected services will not be provided, but any services which are not specifically rejected are accepted and will be delivered to the child

3. **Reject the IEP in full.** If the IEP is rejected in full, the child will continue to receive the last agreed upon special education services, if there was a previous IEP. If this is the first IEP provided to the child, then the child will not receive any special education or related services.

TIP:

The IEP must be adequate and appropriate for your child - do not hesitate to reject parts you disagree with, or ask the team to add additional services or accommodations

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RESPONSE SECTION

School Assurance: I certify that the goals in this IEP are those recommended by the Team and that the indicated special education services will be provided.					
Name and role of LEA representative:		Signature:		Date:	

Response from parent(s) or student who has reached the age of majority with decision-making rights:
It is important to tell the district your decision as soon as possible. Please indicate your response by checking the appropriate box below and returning a signed copy to the district.

- ○ **I accept this IEP as developed.**
- ○ **I reject the following portions of the IEP with the understanding that any portion(s) that I do not reject will be considered accepted and implemented immediately. Rejected portions are as follows:**
  _____
  _____
- ○ **I reject this IEP as developed.**

Parent Comment: I would like to make the following comment(s) but realize any comment(s) made that suggest changes to the proposed IEP will not be implemented unless the IEP is amended.
_____
_____

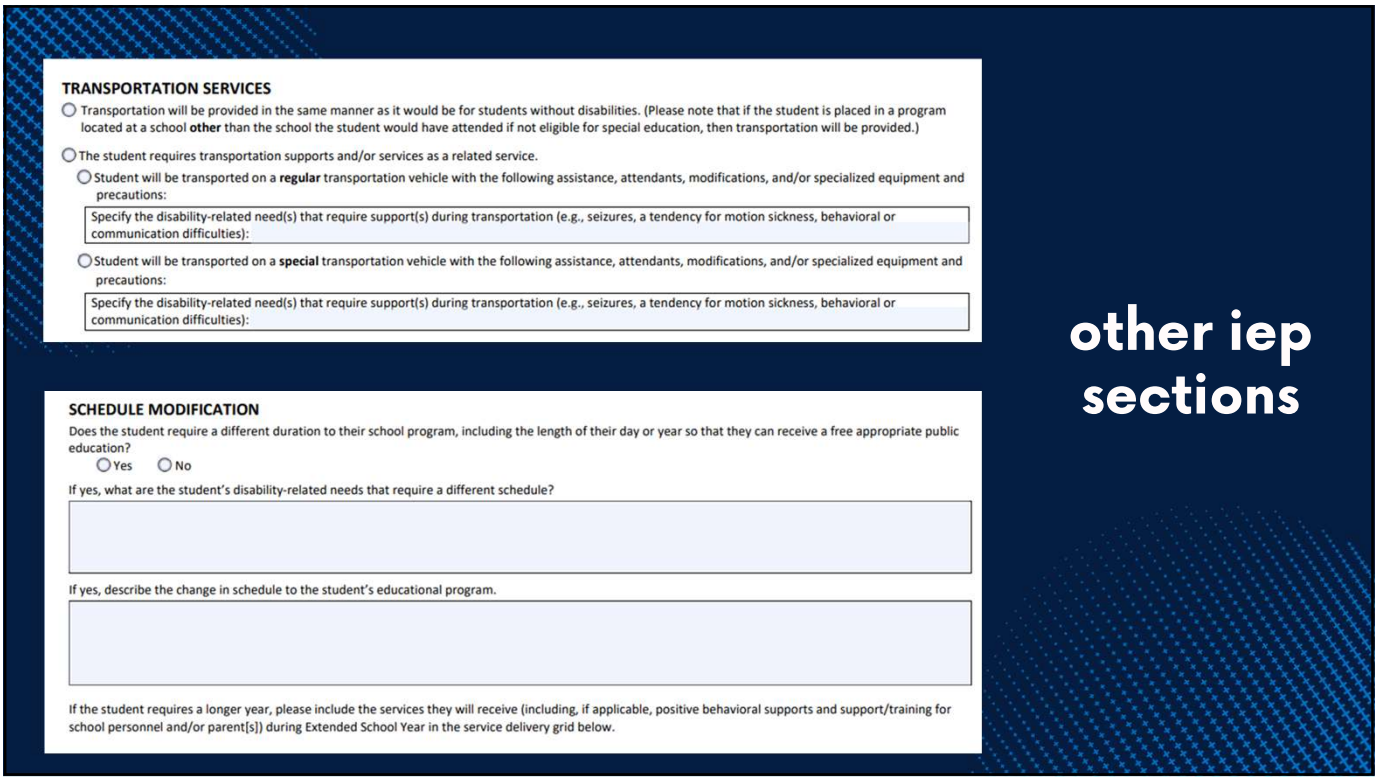
Signature of Parent(s), Guardian, Educational Surrogate Parent, or Student 18 and Over**	Date:

** *Student signature is required once a student reaches 18 unless there is a court-appointed guardian.*

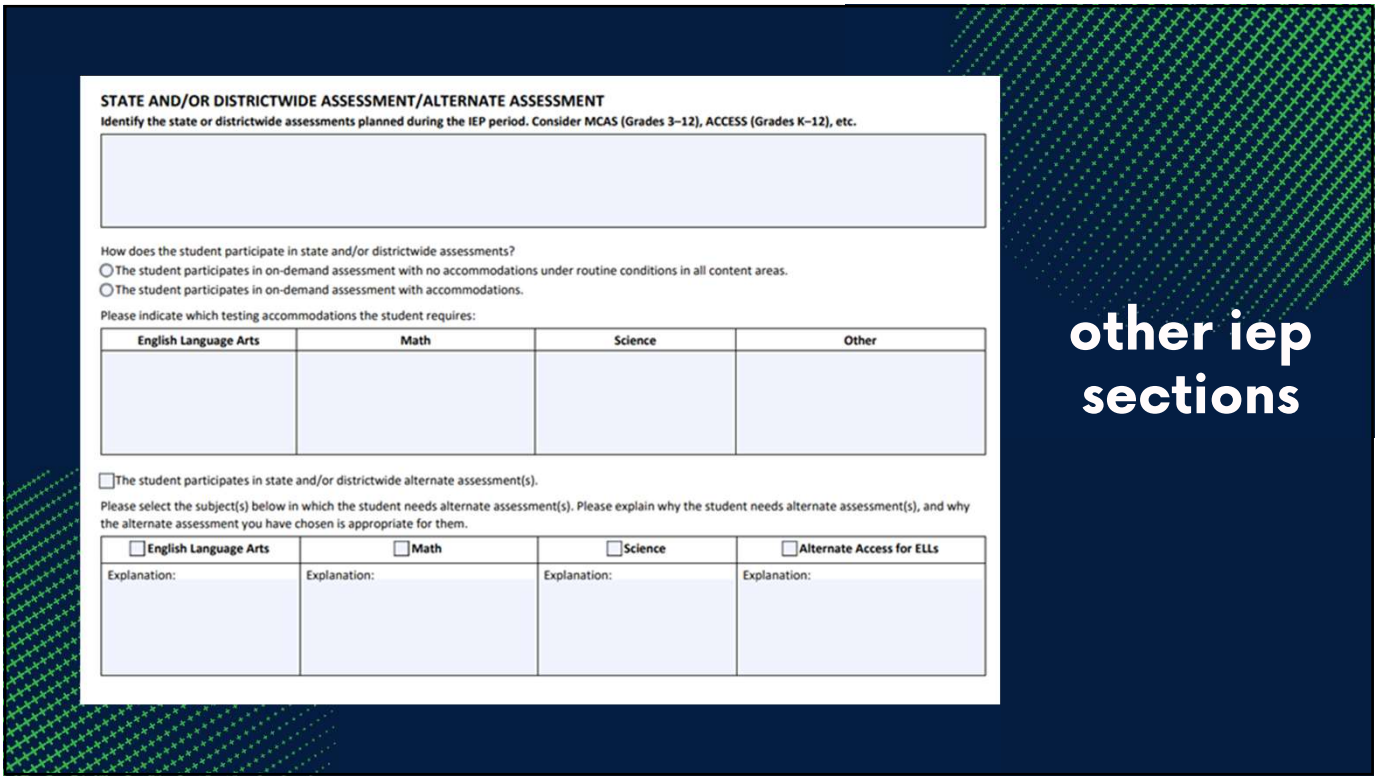
Meeting Request

☐ I request a meeting to discuss the rejected IEP or rejected portion(s).

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TRANSPORTATION SERVICES
Transportation will be provided in the same manner as it would be for students without disabilities. (Please note that if the student is placed in a program located at a school other than the school the student would have attended if not eligible for special education, then transportation will be provided.)
The student requires transportation supports and/or services as a related service.
Student will be transported on a regular transportation vehicle with the following assistance, attendants, modifications, and/or specialized equipment and precautions:
Specify the disability-related need(s) that require support(s) during transportation (e.g., seizures, a tendency for motion sickness, behavioral or communication difficulties):
Student will be transported on a special transportation vehicle with the following assistance, attendants, modifications, and/or specialized equipment and precautions:
Specify the disability-related need(s) that require support(s) during transportation (e.g., seizures, a tendency for motion sickness, behavioral or communication difficulties):
SCHEDULE MODIFICATION
Does the student require a different duration to their school program, including the length of their day or year so that they can receive a free appropriate public education?
Yes
No
If yes, what are the student's disability-related needs that require a different schedule?
If yes, describe the change in schedule to the student's educational program.
If the student requires a longer year, please include the services they will receive (including, if applicable, positive behavioral supports and support/training for school personnel and/or parent[s]) during Extended School Year in the service delivery grid below.
other iep sections

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STATE AND/OR DISTRICTWIDE ASSESSMENT/ALTERNATE ASSESSMENT
Identify the state or districtwide assessments planned during the IEP period. Consider MCAS (Grades 3–12), ACCESS (Grades K–12), etc.
How does the student participate in state and/or districtwide assessments?
The student participates in on-demand assessment with no accommodations under routine conditions in all content areas.
The student participates in on-demand assessment with accommodations.
Please indicate which testing accommodations the student requires:
English Language Arts
Math
Science
Other
The student participates in state and/or districtwide alternate assessment(s).
Please select the subject(s) below in which the student needs alternate assessment(s). Please explain why the student needs alternate assessment(s), and why the alternate assessment you have chosen is appropriate for them.
English Language Arts
Math
Science
Alternate Access for ELLs
Explanation:
Explanation:
Explanation:
Explanation:
other iep sections

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Massachusetts Advocates for Children

MAC Resources

Scan QR code to access:

- Free helpline (617) 357-8431
- Sample letters for schools
- Immigrant rights in Education
- And more quick links!

Additional free trainings MAC offers for families and service providers
(please contact Johanne Pino at jpino@massadvocates.org):

- Bullying
- Special Education basic rights for immigrants and multilingual families
- Student discipline rights
- Transition in special education
- Navigating the IEP
- Autism

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