

IEP PART 1 (2 of 3)

Student Name: _____

This IEP Date: _____

7. SPECIFY SUPPLEMENTAL AIDS, SERVICES AND/OR PROGRAM MODIFICATIONS:

8. PARTICIPATION IN REGULAR PROGRAM:

Special needs students have the right to participate in the general education curriculum, in extracurricular and other nonacademic activities with non-disabled children as appropriate per education code and school district policies /guidelines. Provide justification for any removal from general education:

The nature and severity of the pupil's disability require specially designed instruction by specially trained personnel in the following areas:

9. Percentage of school day spent in Special Education Program _____

10. ADDITIONAL IEP COMPONENTS CONSIDERED: NONE NEEDED FORMS ATTACHED

Present Levels of Oral Language Performance (English Learning Students)

Assistive Technology/Specialized Materials & Equipment

Positive Behavior Management Plan

Transition Services addressed by age 14, see ITP and goals and objectives

Hughes Behavior Intervention Plan

Individualized Transition Plan (required for all students ages 16-22)

Promotion/Retention Form

11. STATEWIDE / DISTRICT ASSESSMENT

STATEWIDE ASSESSMENT:

Standard

Standard w/accommodations

Non-Standard accommodations

Alternate (indicate why statewide testing is not appropriate and the alternate assessment tool)

DISTRICT ASSESSMENT:

Proficiency Testing (Grades 9-12): Standard

Differential Standards for _____ Subject (s)

Describe accommodations and/or differential standards as appropriate:

PARENTAL CONSENT (Please initial areas that are acceptable)

_____ I have received copies of assessment report(s).
Initial

_____ I have been informed and received notice of my Parental Rights and Procedural Safeguards for Special Education and understand them.
Initial

_____ I have had the opportunity to help develop this Individualized Education Program.
Initial

_____ I agree with the goals and objectives of this IEP.
Initial

_____ I agree with placement and with the service recommendations.
Initial

In addition to the parent(s)/guardian(s) the following were participants in the development of the Individualized Education Program (IEP)

Psychologist Date

Parent / Guardian Date

Speech Pathologist Date

Parent / Guardian Date

Additional Participant / Title Date

Student Date

Additional Participant / Title Date

Teacher / Special Education Date

Additional Participant / Title Date

Teacher / Regular Education Date

Additional Participant/ Title Date

Administrator / Designee Date