

**INDIVIDUALIZED EDUCATION PROGRAM FOR SPECIAL EDUCATION**

Last Name:		First Name:		Date of Birth:	C.A.:	Gender M F	
Parent/Guardian:			<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Licensed Children's Institution <input type="checkbox"/> Foster Family Home <input type="checkbox"/> Residential Facility <input type="checkbox"/> Incarcerated Institution <input type="checkbox"/> Other _____				
Street Address:			City, State, Zip		Home Phone:		
					Work Phone:		
District of Residence:		District of Attendance:	School of Attendance:		School Type:		
Ethnicity (list up to 6):		Primary Language:	Home Language:		Language of Instruction:		
For non-English speakers, check those that apply: <input type="checkbox"/> ELL <input type="checkbox"/> FEP <input type="checkbox"/> EO					CSIS ID #:		
Special Education Service Provider:		Grade Level:	Preschool Setting:		Social Security Number:		

Date of this meeting:	Purpose of Meeting:
Date 1st entered special education in lifetime:	<input type="checkbox"/> Administrative Placement (not an annual IEP)
Date of this or most recent Annual IEP:	<input type="checkbox"/> Initial IEP (Referred by <input type="checkbox"/> parent <input type="checkbox"/> SST <input type="checkbox"/> other _____)
Date of this or most recent Triennial IEP:	<input type="checkbox"/> Annual (& <input type="checkbox"/> Triennial Assessment)
Date of this placement:	<input type="checkbox"/> Other:

We the undersigned participated in the IEP meeting (All members must sign)

Participant	Signature	Date	Participant	Signature	Date
Administrator			DIS Specialist		
Sp. Ed. Teacher			DIS Specialist		
Teacher			DIS Specialist		
Teacher			Member (Title)		
Teacher			Member (Title)		
Psychologist			Member (Title)		

<b>Section A: Summary of IEP (complete at end of IEP meeting)</b>		
Services:		Providers: (List the names of all providers for the services):
Primary Disability:	Percentage of time outside regular class: %	Is the student eligible for Migrant services: <input type="checkbox"/> Yes <input type="checkbox"/> No
STAR Code for this school year:		For 1st graders, indicate STAR code for 2nd Grade:
If the student is age 14, or older, has the transition portion(s) of the IEP been completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the student participated, or will the student participate, in Workability during this year: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the student is exiting from special education: Date of Exit:   Reason for Exit:		

Student: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

**Section B: Present Levels of Performance**

Student with Functional Skills Based Curriculum  
(Current data from evaluations and district/state-wide assessments included)

Area of Need

Communication

Self-Care, Independent Living

Functional Academics

Vocational

Mobility, Motor Skills

Social, Emotional

Recreation, Leisure

Cognitive/Adaptive

Student: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

*(Section B Continued)*

**Student Strengths:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Concerns**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health issues, vision, hearing and other educationally relevant medical findings:** (Vision and hearing test results needed for initial and re-evaluations)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe how the child's disability affects involvement and progress in general curriculum. For preschool children describe how the disability affects the child's participation in appropriate activities:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For initial placements, document the consideration of and prior use of regular education resources prior to a special education referral:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section C.**

**Eligibility Determination**

Student meets the eligibility criteria of one or more of the following:  YES  NO (If yes, indicate [1] for primary, [2] for secondary)

- Mentally Retarded
- Visually Impaired
- Learning Disabled

- Hearing Impaired
- Emotionally Disturbed
- Deaf-Blind

- Deaf
- Orthopedically Impaired
- Autism

- Speech/Language Impaired
- Other Health Impaired
- Traumatic Brain Injury
- Established Medical Condition

Student requires special education:  YES  NO

Student: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

**ANNUAL GOALS AND BENCHMARKS/SHORT-TERM OBJECTIVES**

Method of Reporting to Parents Progress Towards Goals:  Quarterly  Trimester  Semester  Other (same as gen. ed. students)

Curriculum Area:  Functional Skill Area:  Vocational Goal: <input type="checkbox"/> Behavioral Goal: <input type="checkbox"/> Linguistically Appropriate: <input type="checkbox"/>	<b>Measurable Annual Goal:</b>  Person(s) Responsible: _____ Baseline: _____ <input type="checkbox"/> Enables student to be involved/progress in general curriculum and/or <input type="checkbox"/> Addresses other educational needs resulting from the disability
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Baseline:	Benchmark / Short-Term Objective:
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Goal Progress: Date: _____ Progress Code: _____ Is progress sufficient to meet annual goal? <input type="checkbox"/> Yes <input type="checkbox"/> No If not sufficient, enter reason code: _____ Comment: _____	Goal Progress: Date: _____ Progress Code: _____ Is progress sufficient to meet annual goal? <input type="checkbox"/> Yes <input type="checkbox"/> No If not sufficient, enter reason code: _____ Comment: _____	Goal Progress: Date: _____ Progress Code: _____ Is progress sufficient to meet annual goal? <input type="checkbox"/> Yes <input type="checkbox"/> No If not sufficient, enter reason code: _____ Comment: _____	<b>ANNUAL GOAL REVIEW:</b> Date: _____ Progress Code: _____ If goal not met, enter reason code: _____ Comment: _____
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Progress Codes: 1) No Progress; 2) Partial Progress = 1%-49% of goal met; 3) Substantial Progress = 50% - 99% of goal met; 4) Goal Met or Exceeded  
 Reason Codes: 1) More time needed; 2) Excessive absences or tardies; 3) Assignments not completed; 4) Need to review or revise goal; 5) Other

Student: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

**ANNUAL GOALS AND BENCHMARKS/SHORT-TERM OBJECTIVES**

Method of Reporting to Parents Progress Towards Goals:  Quarterly  Trimester  Semester  Other (same as gen. ed. students)

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Student: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

<b>Section D.</b>	<b>Special Factors</b>
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(a) Is student blind or visually impaired? If yes, will instruction in Braille and in the use of Braille be provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Is student deaf or hearing impaired? If yes, are specialized communication strategies required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Does student have a low incidence disability (DB, HI, D, VI, or OI)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Does the student require assistive technology devices and/or services to meet educational goals and objectives?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) Does the student engage in behaviors that are impeding the student's learning or the learning of others? Does the student require a Behavior Intervention (Support) Plan (IDEA): Does the student require a Hughes Bill Positive Behavior Intervention Plan (CA):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
(f) Is the student identified as an English Language Learner (ELL) (Limited English Proficient LEP)? If yes, are linguistically appropriate goals addressed in the IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

From the above answers, as appropriate:

- (a) explain the appropriate visual media/medium for the student
- (b) describe the student's communication mode and opportunities for direct communication with adults and peers
- (c) describe any Low Incidence specialized services, equipment and materials required for the student
- (d) describe the assistive technology devices and/or services required
- (e) describe any positive behavioral interventions, strategies, supports, and goals/objectives to address the behaviors
- (f) explain why linguistically appropriate goals are not needed

Student: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

**Section E. Related Services, Supplementary Aids and Services, Program Modifications**

Describe related services and supplementary aids and services to be provided to or on behalf of the student and the program modifications and supports for school personnel that will be provided to enable the student to advance toward attaining annual goals, be involved and progress in the general education curriculum and participate in extracurricular activities, and be educated and participate with other children with disabilities and with nondisabled children:

**Section F: State or District-wide Assessments**

List Specific Assessment and/or Content Areas	No Accommodations or Modifications	Accommodations	Modifications	Alternate Assessment (CAPA)

For each assessment/content area, describe the accommodations or modifications necessary for the student to participate in the assessment. If the student is participating in the Alternate Assessment; explain why.

How will the student participate in the STAR assessment: (check only one)

10 To participate without accommodations or modifications     
  30 To participate in alternate assessment (CAPA)  
 11 To participate with accommodations                                     
  90 Student not in grades 2-11; therefore, outside testing range  
 12 To participate with modifications

Student: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

**Section G:****Promotion, Graduation, Transition**

Does the student require individualized promotion/retention standards?  Yes  No  Not applicable, not in grades 2-8

If yes, describe the individualized standards to be used in the area(s) of  reading proficiency (2nd & 3rd grade only);  reading,  English/language arts, and  math proficiency (4th through 8th grade only):

For Students Grade 7 and Higher:

- At this time, the IEP team anticipates that the student will receive a diploma if the student completes all high school course requirements and credits, and passes all required state and district-wide tests.
- At this time, the IEP team anticipates that the student will not be a candidate for a regular high school diploma but rather will be a candidate for a certificate of educational achievement/completion.
- Not able to determine at this time.

Will the student turn 14 before the next IEP?  Yes  No If yes, complete the transition portion (T14) of the IEP.

If the student is age 14, or older, has the transition portion(s) of the IEP been completed?  Yes  No

On or before the student's 17th birthday, he/she has been advised of rights at age of majority.  Yes  No (explain)

**Section H:****Placement**

Services considered by the IEP team (check all that apply):

- General education  General education with accommodations  DIS/Related services  Resource services
- Special class at home school  Special class within the home district  Special class outside of home district
- Other \_\_\_\_\_

Explain the rationale for rejecting the services that will not be provided and any negative effects of the chosen services:

Rationale for placement in other than general education classroom (check all that apply):

- Not applicable
- Assessed needs require modified instruction or alternative curriculum not feasible within the general education classroom
- Intensive one-to-one and/or small group instruction is required based on assessed needs and learning style
- A high level of structure and supervision is required due to social, emotional, or behavior needs concurrent with other assessed learning needs
- Other:

Rationale for placement in other than home school (check all that apply):

- Not applicable
- Needs to be with peers who have similar learning needs/styles
- Student's instructional/academic/behavioral needs necessitate a low pupil/adult ratio
- Student requires intensive special education and services which necessitates regionalized programming
- Student requires highly specialized instruction.
- Student requires specialized health care procedures.
- Other:

Student: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

***(Section H Continued)***

Special Education Services	Implementing Staff	Start Date*	End Date*	Amount Per Day	Times per Week	Location of Services

\*The dates of service are applicable to the regular school year unless otherwise specified on the IEP.

Notes:

Any member disagreeing with the placement will mark with an asterisk (\*) by his or her name on the front page of this IEP and submit a dissenting statement to be attached to this IEP.

Is the student eligible for extended year services?  Yes  No  
 If Yes, justify why and indicate the services to be provided :

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Does the student require transportation services to meet his or her IEP goals?  Yes  No  
 If Yes:  District Provided or  County Provided or  Other \_\_\_\_\_

Physical Education:  General  Modified  Specially Designed  Adapted P.E. (DIS)

Services provided by agencies other than the LEA:

***Section I: Participation***

The student will participate with non-disabled children in the regular class and/or activities except for the following:	Percentage of time student is outside regular class for special education instruction or services:
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***Section J: Triennial Review***

Is the student's triennial evaluation due prior to the next scheduled IEP meeting?  Yes  No  
 If yes, is the triennial process being initiated today?  Yes  No  
 If no, why not?

Student: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

***Documented Efforts to Contact Parents***

- Meeting scheduled with parents at a mutually agreed upon time and place.
- Notification of IEP sent to parents 10 or more days prior to meeting to ensure that parents had an opportunity to attend.
- Written notice sent to parent Date \_\_\_\_\_
- Follow-up contacts Dates \_\_\_\_\_
- Parent unable to attend IEP meeting.
- Copy of IEP and procedural safeguards to be sent home and explained to parent by \_\_\_\_\_

***Parent Certification And Signatures***

These approvals are made voluntarily and I understand that they may be withdrawn at any time upon written request.

	I was a member of and participated in the IEP team meeting
	I have approved the total IEP.
	I disapprove those sections I have initialed, which are on page(s) _____ I understand that the sections I have approved will be implemented while negotiations continue.
	I do not approve of this IEP for the following reasons:
	A copy of the procedural safeguards was provided and explained to me. A copy of this IEP was given to me at no cost on _____ I also received information about the Community Advisory Committee. <span style="float: right;">(date)</span>
	For an initial evaluation or triennial evaluation, I received copies of all assessment reports.
	IEP was interpreted by _____ <i>(interpreter's signature)</i>
	Written translation of IEP requested: Language: _____

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Student Date

Please be advised that this school district maintains confidential records on your child which may not be limited to Individualized Education Plans and reports.

This confidential file is located at the \_\_\_\_\_ site. You have the right to inspect and review these records.