

**2001**

**Burlington (VT) School District  
Individualized Education Program (IEP)**

Name and Mtg. Date entered on this page will fill throughout document.

IEP Completed

Student Name: \_\_\_\_\_ IEP Meeting Date: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Identification # \_\_\_\_\_  
 School: \_\_\_\_\_ Grade Assigned: \_\_\_\_\_ Disability Category: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

IEP Manager: \_\_\_\_\_

Initiation and Duration of Services: \_\_\_\_\_ to: \_\_\_\_\_  
Month Day Year Month Day Year

Initiation and Duration of Extended Year Services (If appropriate) \_\_\_\_\_ to: \_\_\_\_\_  
Month Day Year Month Day Year

Annual Review: \_\_\_\_\_ Next 3-year Reevaluation Due: \_\_\_\_\_  
Month Day Year Month Day Year

Pages 1-6 are introductory pages. Pages 7-12 are the Goal&Objective Pages. Pgs. 13 & 14 are Scratchpads.

Either fill in the following or wait for Individuals at the IEP Meeting the meeting to fill out by hand.

<b>1. Parent/Guardian/Surrogate:</b>	<b>7. Transition Planning Participants-Other Agencies:</b>
Name	Name
<b>2. Student (if appropriate):</b>	Position / Agency
Name	Name
<b>3. Special Education Teacher or Service Provider:</b>	Position / Agency
Name	Name
<b>4. LEA Representative:</b>	Position / Agency
Name	<b>8. Other participants</b>
<b>5. Individual who can interpret the instructional implications of evaluation results:</b>	Name
Name	Position
<b>6. Regular Education Teacher(s)</b>	Name
Name	Position
Name	Name
Name	Position

Comments/Notes:

*Be very careful to choose correct print settings before printing!*

<b>IEP Definitions and Comments</b>	<b>2001</b>
<b>Continuum of Placements:</b>	
Alternative placements such as instruction in regular classes, special classes, special schools, home instruction and instruction in hospitals and institutions are available to meet the special education needs of students with disabilities.	
<b>Duration of Services:</b>	
Special education and related services will be Delivered during the school calendar year or on a schedule set forth in the IEP.	
<b>Evaluation Personnel:</b>	
An individual who can interpret the instructional implications of evaluation results. This could be the regular or special education teacher, the LEA representative, or other individual.	
<b>Goals:</b>	
A statement of the measurable annual goals including benchmarks or short-term objectives, related to meeting the student's needs that result from the students disability which enable the student to be involved in and progress in the general curriculum.	
<b>Individualized Education Program-Accountability:</b>	
Each public agency must provide special education and related services to a student with a disability in accordance with an IEP. However, State and Federal regulations do not require that any agency, teacher, or other person be held accountable if a student does not achieve the growth projected in the annual goals and objectives.	
<b>Least Restrictive Environment:</b>	
Each public agency shall ensure that to the maximum extent appropriate, students with disabilities, including students in public or private institutions or other care facilities are educated with students who are non-disabled; and that special classes, separate schooling or other removal of students with disabilities from the regular education environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.	
<b>Local Education Agency (LEA) Representative:</b>	
The LEA representative is a representative of the public agency who is knowledgeable about general curriculum, qualified to provide or supervise the provision of special education services and is knowledgeable about the availability of resources. A public agency may designate another member of the IEP team to serve as tire LEA representative if the individual meets the criteria stated above.	
<b>Private or Independent School Staff:</b>	
For students placed by a LEA, staff from the private or independent school in which the student is enrolled should be present at the student' s IEP meeting.	
<b>Regular Education Teacher:</b>	
At least one regular education teacher must participate in the development of the IEP if the student is, or may be, participating in the regular education environment.	
<b>Related Services:</b>	
"Related Services" means transportation and such developmental, corrective and other supportive services as are required to assist a student with a disability to benefit from special education (for example: occupational therapy, physical therapy, parent counseling and training, etc.).	
<b>Skill Areas:</b>	
Skill areas include Basic Skill Areas (e.g. reading, oral expression), Fundamental Skills (e.g. cognitive, social), or any other curriculum areas vocational, recreational, non-verbal communication). The students needs for socialization, language and behavior development must be considered.	
<b>Special Education:</b>	
• Special Education* means specially designed instruction, at no cost to the parents, to meet the unique needs of a student with a disability. This includes instruction conducted in the classroom, home, hospitals, institutions, and other settings; and instruction in physical education, travel training, speech-language pathology, and vocational education.	
<b>Special Education Teacher or Service Provider:</b>	
A licensed special education teacher or related service personnel, (e.g. Essential Early Educator, Resource Room Teacher, Consulting Teacher / Learning Specialist, Speech-Language Pathologist, Occupational Therapist, Physical Therapist, etc.).	
<b>Student:</b>	
The student with the disability is encouraged to participate in the development of the IEP whenever appropriate. Starting at the age of 14, the student is required to be invited when transition service needs or transition services will be discussed.	
<b>Transition Services:</b>	
"Transition Services" means a coordinated set of activities designed as an outcome-oriented process to promote movement from school to post-secondary activities. Transition services in the IEP can include post-secondary education, vocational training, integrated employment (including supported employment), independent living or community participation. Transition services may be special education or related services.	

## First Checklist Page

**Two ways to check Done or NA: 1) use the mouse; or 2) tab to Done and press the space bar/ or then right arrow key to move to NA and press space bar.**

Completed  
 Printed

<b>Required IEP Planning Checklist</b>		<b>2001</b>
<b>Student Name:</b> _____		<b>IEP Meeting Date:</b> _____ <small style="display: block; text-align: center;">Month      Day      Year</small>
<b>DON'T FORGET: AS YOU COMPLETE THE IEP DOCUMENT YOU MUST Do THE FOLLOWING:</b>	<b>Done</b>	<b>NA</b>
1. Discuss the applicable section(s) of the Parental Rights in Special Education.		
2. Document parent participation was obtained if parents were not in attendance.		
3. Record the date of initiation of services and the duration on the cover page.		
4. Plan an adapted physical education program for those students who cannot participate in the regular physical education program. (Not applicable for essential early education)		
5. Consider the related services necessary to assist a student with a disability to benefit from special education and related services. Include transportation, audiology services, psychological services, physical and occupational therapy, recreation, counseling, early identification and assessment of disabilities in students, orientation and mobility services, parent counseling and training, school health services and social work services, etc.		
6. Describe or attach accommodations needed for the student to participate in state or district-wide assessments. If the student will not participate in state or district-wide assessments, describe why the assessment is not appropriate and how the student will be assessed.		
7. Include strategies, positive behavioral interventions, supports, other than or in addition to a behavior plan to address behavioral issues when the behavior interferes with the student's or other students' learning. Strategies such as conflict resolution, social skills, etc.		
8. Consider and include language needs of students with limited English proficiency as they relate to the student's IEP.		
9. Provide instruction and materials in Braille for students who are blind or visually impaired. If the IEP team decides not to provide Braille, document the reasons why. This decision must be based on an evaluation of the student's current and future reading and writing skills and media needs.		
10. Consider the communication needs of the student. These needs may be different than the needs of deaf and hard of hearing students.		
11. For students who are deaf or hard of hearing, consider the student's language and communication needs, including opportunities for direct communication with peers and professional personnel in the student's language and communication mode. Also include opportunities for direct instruction in student's language and communication mode.		
12. Consider whether or not the student requires assistive technology devices and services.		
13. Consider the full continuum of alternative placements and the extent to which the student can be educated with his or her non-disabled peers. If the IEP team determines that the student cannot participate full-time with non-disabled students in the regular classroom, extracurricular or other nonacademic activities, explain why full participation is not possible.		

## Second Checklist Page

Two ways to check Done or NA: 1) use the mouse; or 2) tab to Done and press the space bar/ or then right arrow key to move to NA and press space bar.

Completed  
 Printed

### Required IEP Planning Checklist (continued)

**2001**

**Student Name:** \_\_\_\_\_ **IEP Meeting Date:** \_\_\_\_\_  
Month Day Year

	<i>Done</i>	<i>NA</i>
14. For students at ages 14 and 15 or younger if appropriate, include a statement of the transition services <b>needs</b> that focus on the student's course of study. Identify what the student needs to accomplish before transition services are planned..		
15. For students 16 and older, plan transition <b>services</b> based on individual needs, taking into account the student's preferences and interests. *Include instruction, related services, community experiences, the development of employment and other post-school adult living objectives and acquisition of daily living skills and functional vocational education. Include, when appropriate, a statement of interagency linkages and responsibilities.		
16. Explain the steps taken to ensure that the student's preferences and interests are considered if the student did not attend the IEP meeting to discuss transition service needs or transition services.		
17. If an agency was invited to send a representative to an IEP meeting and did not do so, what other steps did you take to obtain their participation in the planning of any transition services?		
18. When the student reaches 17, the school district shall notify the parent and the student that at age 18, the student, unless he/she is under guardianship will become an adult under Vermont Law. Were the student and parent notified?		
19. A process or procedure has been established to share with all necessary school personnel relevant IEP information regarding goals, objectives, accommodations, and supplemental aids and supports required by the student.		
20. Indicate by marking with an (R) the goals and objectives that address the reintegration of the student into the regular education environment for those students who are removed from the regular education environment for more than 50% of the time.		
21. Describe how parents will be regularly informed of their child's progress toward the goals outlined in this IEP. This must occur at least as often as parents are informed of their non-disabled children's progress.		
22. Consider, as appropriate, the program supports and services needed for school personnel to implement the IEP. This is to be documented at the bottom of the page in "What are we going To do to help?"		
23. Discuss and plan, if appropriate, an extended school year program and document under "What are we going to do to help?"		

**Q1. What do we know about page.**

Note: To create "tabs" within the large text entry area use the space bar to create leading space.

Completed  Printed

**Individualized Education Program Description**

**2001**

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

IEP Meeting Date: \_\_\_\_\_  
Month Day year

**1. What do we know about \_\_\_\_\_ ?**

Include present levels of educational performance, how the student's disability affects the student's involvement and progress in the general curriculum or for preschoolers in appropriate activities.

[Large empty text entry area for student information]

**Q1. What do we know about page.**

**Individualized Education Program Description** (continued)

**2001**

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

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

Month Day year

**2. What are we going to do to help \_\_\_\_\_ receive an appropriate education?**

Include special education and related services, frequency, duration, location of service, and if necessary, accommodations, supplementary aids and services, and transition services to be provided to the student to advance appropriately toward attaining annual goals and progress in the general curriculum. Include, as necessary, program modifications and supports for school personnel.

**Special Education and Related Services:** The decision to provide the related services listed in the IEP is based on the student's needs in order to benefit from their special education program. *\*Required only for Medicaid Reimbursement*

Service or Activity <small>Include transition services needs or transition services, if applicable.</small>	Personnel or Provider	Frequency	Duration	*Location	*Group Size <small>(Small group or 1:1)</small>

**Identify the accommodations, modifications or supplementary aids and services needed for the student:**

**Identify the program supports and services needed for school personnel to implement the IEP:**













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

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

*Nothing* on this page prints out: a blank sheet of paper goes through the printer. However, if you copy or cut text from this scratchpad and paste the text on any other page of the IEP, *that* text will print out. (Likewise, text pasted on to this page will not print out.)

# Your Very Own Scratchpad / Memo Bank page -2- 2001

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

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

*Nothing* on this page prints out: a blank sheet of paper goes through the printer. However, if you copy or cut text from this scratchpad and paste the text on any other page of the IEP, *that* text will print out. (Likewise, text pasted on to this page will not print out.)