

Individualized Education Program (IEP)

Student _____ Birthdate _____ Date of IEP _____
School _____ Classification _____ Grade _____

Services needed to achieve annual goals and advance in general curriculum

R = Regular class, S = Special education class including resource, O = Other, D = Daily, W = Weekly.

Special education services	Location			Amount of time	Frequency		
_____	<input type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> O	_____	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> O
_____	<input type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> O	_____	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> O
_____	<input type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> O	_____	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> O
_____	<input type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> O	_____	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> O

Special services required for student to benefit from special education	Location			Amount of time	Frequency		
_____	<input type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> O	_____	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> O
_____	<input type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> O	_____	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> O
_____	<input type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> O	_____	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> O
_____	<input type="checkbox"/> R	<input type="checkbox"/> S	<input type="checkbox"/> O	_____	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> O

Check if transportation will be provided _____

Program modifications, supports, or supplementary aids and services in regular education programs	Frequency		
_____	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> O
_____	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> O
_____	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> O
_____	<input type="checkbox"/> D	<input type="checkbox"/> W	<input type="checkbox"/> O

Projected date of initiation of these services, if other than date of IEP: _____

Anticipated duration of the services: One year from initiation date, or Other: _____

Regular Curriculum, Extra-curricular and Non-academic Activities

Except for special education class times noted above, the student will participate in the regular class, regular PE, extra-curricular and non-academic activities to the same extent as non-disabled students, or other exceptions, (specify and explain) _____

State and District Assessment

CORE testing The student: will participate

will participate with accommodations / modifications. Explain: _____

will not participate because it does not reflect the content of the student's curriculum. Explain how he / she will be assessed: _____

SAT testing The student: will participate.

will not participate because grade level not assessed or

will not participate because student requires accommodations / modifications not allowed by test developer. The student will be assessed as described under CORE testing.

Student _____

The IEP team considered the following special factors. Those checked were determined to be applicable.

- | | | |
|--|---|--|
| <input type="checkbox"/> Behavioral strategies for the student whose behavior impedes his or her learning or that of others. | <input type="checkbox"/> No strategies needed | <input type="checkbox"/> Strategies addressed in IEP |
| <input type="checkbox"/> Language needs of the limited English proficient student. | <input type="checkbox"/> No action needed | <input type="checkbox"/> Needs addressed in IEP |
| <input type="checkbox"/> Braille instruction for the student who is blind or visually impaired. | <input type="checkbox"/> No Braille instruction needed | <input type="checkbox"/> Braille instruction addressed in IEP |
| <input type="checkbox"/> Communication and / or services for the student who has special communication needs such as a student who is deaf or hard of hearing. | <input type="checkbox"/> No services needed | <input type="checkbox"/> Services addressed in IEP |
| <input type="checkbox"/> Assistive technology devices and services for the student who, without them, would not benefit from special education. | <input type="checkbox"/> No assistive technology needed | <input type="checkbox"/> Assistive technology addressed in IEP |

Extended School Year programming is provided for students who require it to remain in their current least restrictive environment and / or whose attainment of self sufficiency and independence is unlikely without it. During the school year, ESY will be considered for all students.

Placement Review (not applicable for initial placement)

- Maintain current placement or
- Change current placement (Complete Prior Notice for Change of Placement in Special Education)

Parent Prior Notice for Free Appropriate Public Education

The IEP team proposes to implement this program based on the student's needs and represents the free, appropriate public education the student will be provided. You have received and have protection under the Procedural Safeguards which were sent to you upon the student's referral for evaluation and in conjunction with this meeting. You may receive another copy of the Procedural Safeguards from the special education teacher. If you have any questions regarding this notice or the Procedural Safeguards, contact the special education teacher at the student's school. Your signature below signifies receipt of your Procedural Safeguards.

Note: Each teacher and service provider must be informed of his or her specific responsibilities related to implementation of this IEP, and the specific accommodations, modifications, and supports that must be provided for the student in accordance with the IEP.

IEP Team Participants* Date _____

_____ Parent _____

_____ LEA _____

_____ Student _____

_____ Regular Ed Teacher _____

_____ Special Ed Teacher _____

_____ Other _____

_____ Other _____

_____ Other _____

_____ Other _____

IEP Review Team Participants* Date _____

_____ Parent _____

_____ LEA _____

_____ Student _____

_____ Regular Ed Teacher _____

_____ Special Ed Teacher _____

_____ Other _____

_____ Other _____

_____ Other _____

_____ Other _____

Note: If parent signature is missing, check below:

Did not attend (document efforts to involve parent)

Via telephone

Other: _____

Note: If parent signature is missing, check below:

Did not attend (document efforts to involve parent)

Via telephone

Other: _____

Comments _____

_____ School District

Individualized Education Program (IEP)

(Use multiple sheets as necessary)

SpEd 5b
© July 98
D.D.

Student _____ Date of IEP _____

For students 14 and over (or younger if appropriate) complete Step 1 on Transition Plan.
For school age students, describe how the student's disability affects student's involvement and progress in the general curriculum.
For preschool age students, describe how the disability affects the student's participation in appropriate activities.

Present Levels of Performance: _____

Measurable Annual Goal # _____. _____

Methods of how the student's progress towards this goal will be measured: Test scores Grades Work sample Checklist
 Curriculum based assessment Behavior observations Other (specify) _____

Parents will be informed of student's progress as often as non-disabled students by: Parent / Teacher Conference Report Cards
 Progress Report Other _____

Report of progress on Annual Goal	Date					
	*Progress Code					

*Progress Code 1. Sufficient progress to meet goal 2. Insufficient progress to meet goal (Review goal) 3. Not applicable in this reporting period

Short Term Objectives / Benchmarks: _____

