

SAMPLE INDIVIDUALIZED EDUCATION PROGRAM (IEP)

IEP Team Meeting Date: _____ IEP Implementation/Effective Date _____
(Projected Date when Services and Programs Will Begin): _____
Anticipated Duration of Services and Programs: _____

Student Name: _____ DOB: _____ Age: _____ Sex: _____ Grade: _____ Anticipated
Year of Graduation: _____ School District: _____ Parent
Name: _____ Address: _____
Phone: (H) _____ (W) _____ County of
Residence: _____
Student's Dominant Language _____
IEP Faculty Contact Person/Coordinator _____
This meeting is ___ initial set up, ___ review _____ IEP TEAM/SIGNATURES*

The Individualized Education Program (IEP) Team makes the decisions about the student's program and placement. The student's parent(s), the student's regular teacher and a representative from the local education agency are required members of this team. A regular education teacher must also be included if the student participates, or may be participating in regular education.

Signature on this IEP documents attendance, not agreement.
NAME (typed or printed) POSITION (typed or printed) SIGNATURE Parent

Student* _____ Regular Education Teacher

Special Education Teacher

School Psychologist _____
Reading Teacher _____ OTHER _____
OTHER _____ OTHER _____
OTHER _____ *

The IEP team must invite the student if transition services are being planned or if the parents choose to have the student participate. PROCEDURAL SAFEGUARDS NOTICE I have received a copy of the Procedural Safeguards Notice. The District has informed me whom I may contact if I/we need more information: Signature: _____
Date Received: _____

Individualized Education Program

I. SPECIAL CONSIDERATIONS THE IEP TEAM MUST CONSIDER BEFORE DEVELOPING THE IEP. ANY FACTORS CHECKED MUST BE ADDRESSED IN THE IEP. Is the Student Blind or Visually Impaired? ___ No ___ Yes Is the Student Deaf or Hearing Impaired? ___ No ___ Yes Strengths of the Child ___ No ___ Yes Concerns of the parent ___ No ___ Yes Results of the initial or most recent evaluations ___ No ___ Yes Positive behavioral interventions, strategies and supports ___ No ___ Yes Language needs of students with limited English Proficiency ___ No ___ Yes Communication Needs ___ No ___ Yes Assistive Technology devices or services ___ No ___ Yes Physical Education ___ No ___ Yes Transportation ___ No ___ Yes OTHER (Specify) _____

II. STUDENT'S PRESENT LEVELS OF EDUCATIONAL PERFORMANCE: HOW THE STUDENT'S DISABILITY AFFECTS INVOLVEMENT AND PROGRESS IN GENERAL EDUCATION CURRICULUM (Include the child's strengths and needs which will affect the student's progress in the general curriculum.): Student's strengths: Student's needs/weaknesses:

III. GOALS AND OBJECTIVES: MEASURABLE ANNUAL GOAL SHORT TERM OBJECTIVE/BENCHMARK EXPECTED LEVEL OF ACHIEVEMENT METHOD OF EVALUATION: (Multiple short term objectives should be listed individually, list as many as necessary with the following information incorporated for each short term objective): SHORT TERM OBJECTIVE: _____
MANNER OF MEASUREMENT OF SHORT TERM OBJECTIVE: _____ REPORT OF PROGRESS ON SHORT TERM GOALS: _____ REPORT OF PROGRESS ON ANNUAL GOALS: _____
SPECIAL EDUCATION/RELATED SERVICES: SUPPLEMENTARY AIDES AND SERVICES TO SUPPORT CHILD (include assistive technology devices and services).

A. ACCOMMODATIONS and MODIFICATIONS and SPECIALLY DESIGNED INSTRUCTION:

B. RELATED SERVICES: List the services that the student needs in order to benefit from or access his/her special education program:

C. SUPPORTS FOR THE CHILD PROVIDED FOR SCHOOL PERSONNEL:

D. EXTENDED SCHOOL YEAR (ESY): ___ Yes ___ No

E. TUTOR ___ Yes ___ No

F. SPECIAL EDUCATION TEACHER/ACADEMIC SUPPORT

1. Determination of time in regular classroom

a) _____ Total time in students school week

b) _____ Total time of Special Education Support Services

c) _____ Time in regular education without Special Education Support Services

G. PARTICIPATION IN STATE AND DISTRICT-WIDE ASSESSMENTS STUDENT PARTICIPATION – STATE ASSESSMENTS ___ Student will participate in the state without accommodations. OR ___ Student will participate in the state with the following accommodations: Reading (grades 5, 8, 11)

Math (grades 5, 8, 11) _____

Writing (grades 6, 9, 11) _____

OR ___ Student will participate in the State System of Assessment.

STATE assessment in _____. (state) If the IEP Team has determined it is not appropriate for the student to participate in the assessments, the team must explain why the assessment is not appropriate:

Choose how the student's performance on the assessments will be documented:

___ Videotape (which will be kept confidential as all other school records)

___ Written Narrative (which will be kept confidential as all other school records)

STUDENT PARTICIPATION – DISTRICT ASSESSMENTS

Student will participate in the District assessments without accommodations.

OR Student will participate in the District assessments with the following accommodations:

OR If, the IEP Team has determined that it is not appropriate for the student to participate in the district-wide assessment they must explain why the assessment is not appropriate for the student and how the student will be assessed. _____

LEAST RESTRICTIVE ENVIRONMENT (LRE) EDUCATIONAL PLACEMENT (Type of Service, Type of Support, ex: Full-time learning support). Notation of qualification of placement category _____

TRANSITION PLANNING: Will the student be 14 years of age or older during the term of this IEP? No - (Not necessary to complete this Section) Yes - Team must address the student's courses of study and how the course of study applies to components of the IEP. Student's courses of study:

Will the student be 16 years of age or older during the term of this IEP or is the student younger and in need of transition services as determined by the IEP Team? No - Not necessary to complete this Section Yes - Team must address and complete this Section

DESIRED POST-SCHOOL OUTCOMES: Define and project the desired post-school outcomes as identified by the student, parent and IEP team in the following areas. State how the services will be provided and person(s) responsible for coordinating these services.

SERVICE HOW SERVICE IS PROVIDED Post Secondary Education/Training Person Responsible Employment Community Living a) Residential b) Participation c) Recreation/Leisure

STATEMENT OF COORDINATED TRANSITIONAL SERVICES AND ACTIVITIES NEEDED TO SUPPORT DESIRED POST-SCHOOL OUTCOMES: (Instructional areas should support the desired post-school outcomes for the student. Examples such as Instruction and Related Services, Community Experiences, Acquisition of Daily Living Skills, Functional Vocational Evaluation, and Adult Living may appear as annual goals, short-term instructional objectives or benchmarks, and/or specially designed instruction, based on the student's needs.)

Support offered through: List the agencies, which may provide services/support (before the student leaves the school setting): Agency Name Phone Number: Responsibilities/Linkages: Agency Name Phone Number: Responsibilities/Linkages: Agency Name Phone Number: Responsibilities/Linkages:

