



Individualized Education Program

DATE: ___/___/___ TYPE: Initial Review Reevaluation Amendment Interim

STUDENT: _____ M F
Last (legal) First (no nicknames) M.I.

Birthdate: ___/___/___ Grade: _____ Teacher/Service Provider: _____

Resident District: _____ Building: _____

Attending District: _____ Building: _____

Attending Area Education Agency: _____ Attending Building Phone: _____

Parent Name: _____ Home Phone: _____
 Foster Parent Address: _____ Work/Cell Ph: _____
 Guardian _____ E-mail: _____
 Surrogate _____
 Student _____

Parent Name: _____ Home Phone: _____
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Duration of this IEP: From ___/___/___ to ___/___/___ Reevaluation is due: ___/___/___

Procedural safeguards were reviewed by: _____ Method: _____

Rights will transfer at age 18: ___/___/___ Notification: Student ___/___/___ Parent: ___/___/___

Persons Present at Meeting/Position or Relationship to Student

_____ Parent _____ Student
_____ Parent _____
_____ LEA Rep/Designee _____
_____ Gen Ed Tchr _____
_____ Sp Ed Tchr _____

Signature or listing indicates presence at the meeting, not approval or acceptance of the IEP

Outside written input: Name/Agency: _____ Date: ___/___/___

Present Levels of Academic Achievement and Functional Performance

Strengths, interests and preferences of this individual _____

Parents' concerns for enhancing their child's education _____

Special considerations to be addressed in developing this IEP. Include or attach appropriate information for any "Yes".

- | | | | | | | | | |
|----------|----------|--|----------|----------|--|----------|----------|--|
| Y | N | Behavior (in the case of a student whose behavior impedes his or her learning or that of others, consider the use of positive behavioral interventions and supports, and other strategies, to address that behavior) | Y | N | Communication and language, particularly if the student is deaf or hard of hearing | Y | N | Limited English proficiency (Consider the language needs related to the IEP) |
| | | | Y | N | Braille instruction needs if this student has a visual impairment | Y | N | Assistive technology |

Other information essential for the development of this IEP _____

Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills. For a preschool child, describe the effect of this individual's disability on involvement in appropriate activities.

Present Levels of Academic Achievement and Functional Performance

Strengths, interests and preferences of this individual _____

Parents' concerns for enhancing their child's education _____

Special considerations to be addressed in developing this IEP. Include or attach appropriate information for any "Yes".

- | | | | | | | | | |
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Transition assessments and other information essential for the development of this IEP (address living, learning & working):

Living: Information sources: _____

Living: Results: _____

Learning: Information sources: _____

Learning: Results: _____

Working: Information sources: _____

Working: Results: _____

Other information essential for the development of this IEP _____

Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills. _____

Based on the transition assessments, describe the post secondary expectations for living, learning, and working.

Post-secondary expectation for living: _____

Yes No Is living an area of need that will be addressed with goals, services or activities in this IEP?

Post-secondary expectation for learning: _____

Yes No Is learning an area of need that will be addressed with goals, services or activities in this IEP?

Post-secondary expectation for working: _____

Yes No Is working an area of need that will be addressed with goals, services or activities in this IEP?

Course of study.

What requirements does this student need to meet to graduate? _____

What is this student's current status with regard to these requirements?: _____

Target graduation date (mo/yr): ____ / ____

Courses and activities needed to pursue the post secondary expectations and graduate by the target graduation date.

IEP Results **Results of the previous IEP dated** ____ / ____ / ____

Goal #:	Goal code:	Goal:	
<p>Progress: Did the child make the progress expected by the IEP team in the last year? (check one)</p> <input type="checkbox"/> M Yes, goal met <input type="checkbox"/> I Goal not met; performance improved <input type="checkbox"/> W No change or poorer performance <input type="checkbox"/> X Insufficient data for decision making	<p>Comparison to peers or standards: How does the child's performance compare with general education peers or standards? (check one)</p> <input type="checkbox"/> L Less discrepancy from peers or standards <input type="checkbox"/> U Same discrepancy <input type="checkbox"/> M More discrepancy <input type="checkbox"/> N Comparison to age or grade level peers or standards not appropriate <input type="checkbox"/> X Insufficient data for decision making	<p>Independence: Is the child more independent in the goal area? (check one)</p> <input type="checkbox"/> G Greater independence <input type="checkbox"/> U Unchanged independence <input type="checkbox"/> L Less independence <input type="checkbox"/> X Insufficient data for decision making	<p>Goal status: Will work in the goal area be continued? (check one)</p> <p>Discontinue goal area</p> <input type="checkbox"/> S Success, no further special education needs in goal area <input type="checkbox"/> X Goal area is not a priority for the next year <input type="checkbox"/> N Limited progress, plateau <input type="checkbox"/> M Moved <input type="checkbox"/> D Dropped out <input type="checkbox"/> G Graduated <p>Continue goal area</p> <input type="checkbox"/> C More advanced work in goal area <input type="checkbox"/> O Continue as written

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Goal #: **Goal code:** **Goal area:**

Current Academic Achievement and Functional Performance (Results of the initial or most recent evaluation and results on district-wide assessments relevant to this goal; performance in comparison to general education peers and standards)

Cooper's current academic performance in reading, writing and math indicates he would benefit from the use of classroom accommodations/strategies. When accommodations are made available to Cooper he is reluctant to or does not accept them and does not seem recognize the advantage to accepting them. He wants to do everything his peers are doing and protests when attempts to modify assignments are made even though he becomes frustrated and anxious when he falls behind. When confused he will become argumentative and make inappropriate choices in the classroom. Instead of blending in with his peers, his choices set him further apart from his peers academically and socially. Same grade peers are expected to take responsibility for their own learning and have appropriate behavior in the classroom.

Baseline (describe individual's current performance in measurable terms)

Cooper does not accept accommodations made available to him and relies on a classroom aide to assist with tasks in order to catch up and complete assignments. He currently scores a "1" in all areas of the decision making rubric

Measurable Annual Goal: conditions (when and how the individual will perform); **behavior** (what the individual will do); and **criterion** (acceptable level of performance). For students 14 years and older, indicate if this goal is related to post-secondary expectations of: (check all that apply to this goal) living learning working

Within 36 weeks, following training on components of decision making and completing daily self monitoring, Cooper will score a "2" in all components of the decision-making rubric for 9 consecutive weeks.

Evaluation procedures (state how progress toward meeting this goal will be measured and how often progress will be measured) _____

IEP case manager will meet with Cooper weekly to review his daily self-monitoring checklist and graph rubric scores

State the district standard and benchmark related to this goal

Students will accept responsibility for their own learning.

Position(s) responsible for services

Special Education Teacher/IEP Case Manager

See attached graph

Major Milestones or Short Term Objectives/Dates Expected <small>(Required for students assessed against alternate achievement standards)</small>	Comments/Progress Notes/Dates Achieved

Progress Report

- 1 = This goal has been met.
- 2 = Progress has been made towards the goal. It appears that the goal will be met by the time the IEP is reviewed.
- 3 = Progress has been made towards the goal but the goal may not be met by the time the IEP is reviewed.
- 4 = Progress is not sufficient to meet this goal by the time the IEP is reviewed. Instructional strategies will be changed.
- 5 = Your child did not work on this goal during this reporting period (provide an explanation to the parents).

Name: Cooper _____

Date: ____ / ____ / ____

Page ____ of ____

____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5
____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5
____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5	____/____/____	1	2	3	4	5

Special Education Services

Indicate the special education and related services, supplementary aids and services, based upon peer-reviewed research to the extent practicable, that will be provided in order for this individual: 1) to advance appropriately toward attaining the annual goals 2) to be involved and progress in the general curriculum; 3) to be educated and participate with other individuals with disabilities and nondisabled individuals. 4) to participate in extracurricular and other nonacademic activities; and 5) by age 14, to pursue the course of study and post-high school outcomes (living, learning & working);

- | | | |
|--|---|-------------------------------------|
| Y N Accommodations | Y N Linkages/interagency responsibilities | Y N Supplementary aids and services |
| Y N Assistive technology | Y N Program modifications | Y N Supports for school personnel |
| Y N Community experiences | Y N Specially designed instruction | Y N Support or related services |
| Y N Development of work and other post-high school living objectives | Y N Other _____ | |

Describe each service, activity and support indicated above:	Provider(s) & when the service, activity or support will occur	Minutes in Setting
	Beginning Date: Provider(s): Time & frequency/when provided:	____ General education ____ Special education ____ Community per __ Day __ Week __ Month
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Total minutes per month removed from general education:

LRE: Removal from GE % plus Time in GE % = 100%

Special Education Services, continued

Yes No **Are extended school year (ESY) services required?** If yes, specify the goals that require ESY services and describe the services. _____

Yes No **Are specialized transportation services required that are related to the disability?** If yes, describe.
 Special route (outside normal attendance area or transportation not typically provided based on distance from school)
 Attendant services Specially equipped vehicle Other _____

Physical Education: General Modified — describe below Specially designed — requires goal(s)

Indicate how this individual will participate in district-wide assessments

Without accommodations
 With accommodations
Describe accommodations necessary to measure academic achievement and functional performance _____

Through the state alternate assessment. Why can't the individual participate in the general assessment? _____

Why is this alternate assessment appropriate for this student? _____

Least Restrictive Environment Considerations

Address the following questions.

Yes No Will this individual receive all special education services in general education environments?
If no, explain: _____

Yes No Will this individual participate in nonacademic activities with nondisabled peers **and** have the same opportunity to participate in extracurricular activities as nondisabled peers?
If no, explain: _____

Yes No Will this individual attend the school he or she would attend if nondisabled?
If no, explain: _____

Yes No Will this individual attend a special school? If yes, attach responses to the special school questions.

Progress reports

Parents: You will be informed of your child's IEP progress _____ times per year. You will receive:

An IEP report with report cards and progress reports Updated copies of the IEP goal pages
