

Individualized Education Program (IEP)

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

Services needed to achieve annual goals and advance in general curriculum

G = General education class, S = Special education class including resource, O = Other, D = Daily, W = Weekly, M = Monthly

• Special education services

	Location	Amount of Time		Frequency
_____	<input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> O_____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M	_____
_____	<input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> O_____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M	_____
_____	<input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> O_____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M	_____

• Related services required for student to benefit from special education:

_____	<input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> O_____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M	_____
_____	<input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> O_____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M	_____
_____	<input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> O_____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M	_____
_____	<input type="checkbox"/> G <input type="checkbox"/> S <input type="checkbox"/> O_____	_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M	_____

Check if transportation will be provided.

• Program modifications, supports for school personnel and/or supplementary aids and services in regular education programs

	Frequency
_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M _____
_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M _____
_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M _____
_____	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> M _____

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

• Anticipated duration of the services: One year form 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) _____

Participation in State and District Assessment

See attached addendum.

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 for the limited English proficient student.	<input type="checkbox"/> No action needed	<input type="checkbox"/> Needs Addresses 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 on 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

Student _____

Extended School Year (ESY) services means special education and related services that are provided to a child with a disability beyond the normal school year at no cost to the parent when the IEP team determines that without ESY services, the educational program would be of little or no benefit to the child due to the lack of services during the break between the normal school year and the next. In considering ESY services for your child, if the IEP team determines your child is eligible, a notice of ESY services will be completed and provided to you at a later date.

Replacement 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. If any member of the team disagrees with the IEP content, the LEA representative should contact the District Special Education Office. 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 or the Special Education Office at the District. Your signature below signifies receipt of your Procedural Safeguards.

We are required to notify you that the school district may seek reimbursement from Medicaid for medically related services provided to your child. This will in no way affect any entitlements you may have through Medicaid or other insurance providers.

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 Representative
_____	Student
_____	Regular Ed Teacher
_____	Special Ed Teacher
_____	Other
_____	Other
_____	Other
_____	Other

IEP Review Team Participants*	Date _____
_____	Parent
_____	LEA Representative
_____	Student
_____	Regular Ed Teacher
_____	Special Ed Teacher
_____	Other
_____	Other
_____	Other
_____	Other

*Note: If parent signature is missing, provide a copy of IEP and Procedural Safeguards and check below:

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- Did not attend (document efforts to involve parent)
- Via Telephone
- Other: _____

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- Via Telephone
- Other: _____

Comments: _____

Individualized Education Program (IEP)
 (Use multiple sheets as necessary)

Student: _____ **Date of IEP:** _____

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 if 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: _____

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