Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Individualized Education Program

Student Name	Initials	Birth Date	Age	Gender M F	Grade	Today's Date

District / School	Last Reevaluation	
	IEP Manager and Phone Number	
Parent(s)' Name	Parent(s)' Address E-mail	Home Phone Work Phone / Cell Phone

Optional Child Count Information: Disability Category: | Race and Ethnicity:

STRENGTHS, EDUCATIONAL CONCERNS AND PREFERENCES/INTERESTS

Strengths, Preferences and Interests - Student's Perspective

_____
_____
_____

Student Strengths

Parents: _____
_____
_____

School Staff: _____
_____
_____

Educational Concerns

Parents: _____
_____
_____

School Staff: _____
_____
_____

CONSIDERATION OF SPECIAL FACTORS

	YES	NO
• Does the student's behavior impede his/her learning or that of others?	☐	☐
• Does the student have communication needs?	☐	☐
• Does the student require assistive technology devices or services?	☐	☐
• Has the student been determined to be "Limited English Proficient"?	☐	☐

<u>Any item above checked "Yes" must be addressed in the IEP.</u>

For a student with blindness or visual impairment ☐ **N/A**

	YES	NO
• Does the student need training in orientation and mobility? **<u>If "Yes" is checked</u>**, training must be addressed in the IEP.	☐	☐
• Does the student need instruction in Braille or the use of Braille? **<u>If "No" is checked</u>**, describe in the notes why instruction in Braille or the use of Braille is not appropriate. This decision must be based on evaluation results.	☐	☐

Student Name:_____ **IEP Date:**_____

TRANSITION SERVICES

For ALL students beginning with the IEP to be in effect when the child is 16 and updated annually thereafter.

STUDENT'S DESIRED POST-SCHOOL ACTIVITIES:
(In the areas of postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living or community participation)

_____
_____
_____

RESULTS OF AGE-APPROPRIATE TRANSITION ASSESSMENTS: (☐ Results Attached)

EDUCATION: _____
_____

EMPLOYMENT: _____
_____

TRAINING: _____
_____

INDEPENDENT LIVING SKILLS (if appropriate): _____
_____

MEASURABLE POSTSECONDARY GOALS

Measurable postsecondary goals are based on age-appropriate transition assessments related to training, education, employment, and, if appropriate, independent living skills. Clearly specify the desired level of achievement.

Measurable Postsecondary Goal(s) – Education or Training:

Measurable Postsecondary Goal(s) – Employment:

Measurable Postsecondary Goal(s) – Independent Living Skills (if appropriate):

TRANSFER OF RIGHTS AT AGE OF MAJORITY

The student has been informed of his or her rights under IDEA that will transfer to the student on reaching the age of majority. The student must be informed at least one year before the student reaches age 18.

Date student was first informed of the transfer of rights: _____
Date student reaches the age of majority: _____

Student Name:_____ **IEP Date:**_____

Describe below a coordinated set of activities designed within a results-oriented process to:

a. focus on improving the academic and functional achievement of the student;
b. directly relate to the student's measurable postsecondary goals and the student's strengths, preferences and interests; and
c. promote movement from school to post-school settings and activities.

Courses of study needed to assist the student in reaching her or his goal(s):

Anticipated Graduation Date: _____ **Credits earned to date:** _____

Total number of credits required for graduation: _____

School Year	Credit	School Year	Credit
_____ / _____	_____/_____	_____ / _____	_____/_____
_____ / _____	_____/_____	_____ / _____	_____/_____
_____ / _____	_____/_____	_____ / _____	_____/_____
_____ / _____	_____/_____	_____ / _____	_____/_____
_____ / _____	_____/_____	_____ / _____	_____/_____
_____ / _____	_____/_____	_____ / _____	_____/_____
_____ / _____	_____/_____	_____ / _____	_____/_____
	TOTAL _____/_____		TOTAL_____/_____

TRANSITION SERVICE AREA	TRANSITION SERVICES NEEDED TO ASSIST THE STUDENT IN MEETING POSTSECONDARY GOALS (include timeline for achievement)	PERSON OR AGENCY RESPONSIBLE	ANNUAL GOAL # (If necessary)
INSTRUCTION	☐ Discussed and not needed		
EMPLOYMENT	☐ Discussed and not needed		
COMMUNITY EXPERIENCES	☐ Discussed and not needed		
POST-SCHOOL ADULT LIVING	☐ Discussed and not needed		
RELATED SERVICES	☐ Discussed and not needed		
DAILY LIVING SKILLS (IF APPROPRIATE)	☐ Discussed and not needed		
FUNCTIONAL VOCATIONAL ASSESSMENT	☐ Discussed and not needed		

Student Name:_____ **IEP Date:**_____

OUTCOME MEASURES FOR 3, 4, 5 AND 6-YEAR-OLD CHILDREN

Do not complete this page if this is an INITIAL IEP for a 6-year-old student.

The IEP team must rate the child's present level of functional performance in the three areas below. Based on assessment, rate the child's performance in each area on a scale of 1-7 (whole numbers only). For students leaving preschool services, also note whether the child has shown new skills or behaviors since the last assessment.

Check the assessment procedure(s) used to draw these conclusions:

☐ Academic	☐ Behavioral	☐ Class-based Assessment
☐ Communication	☐ Developmental	☐ Observations
☐ Psychological	☐ Social/Emotional	☐ Other (Describe in NOTES)

PRESENT LEVEL OF FUNCTIONAL PERFORMANCE	RATING
Positive Social-Emotional, including Social Relationships	
Acquisition and Use of Knowledge and Skills, including Early Language, Communication and Early Literacy	
Use of Appropriate Behaviors to Meet Individual Needs	

RATING DESCRIPTIONS	
Child shows functioning expected for his or her age in all or almost all everyday situations that are part of the child's life. Functioning is considered appropriate for his or her age. There are no concerns about the child's functioning in this area.	**7**
Child shows functioning generally considered appropriate for his or her age, but there are some concerns about the child's functioning in this area.	**6**
Child shows functioning expected for his or her age some of the time and/or in some situations. Child's functioning is a mix of age-appropriate and not age-appropriate functioning. Functioning can be described as like that of a slightly younger child.	**5**
Child shows some, but not much, age-appropriate functioning.	**4**
Child does not yet show functioning expected of a child of his or her age in any situation. Child's behaviors and skills include immediate foundational skills upon which to build age-appropriate functioning. Functioning might be described as like that of a younger child.	**3**
Child's behaviors and skills include some immediate foundational skills, but these are not displayed very often across settings and situations.	**2**
Child does not yet show functioning expected of a child his or her age in any situation. Child's skills and behaviors do not yet include any immediate foundational skills upon which to build age-appropriate functioning. Child's functioning might be described as like that of a much younger child.	**1**

Leaving Preschool <u>ONLY</u>: Has the child shown any new skills or behaviors since the assessment?

Positive Social-Emotional Skills, including Social Relationships: ☐ Yes ☐ No

Acquisition and Use of Knowledge and Skills, including Early Language, Communication and Early Literacy: ☐ Yes ☐ No

Use of Appropriate Behaviors to Meet Individual Needs: ☐ Yes ☐ No

Student Name:_____ **IEP Date:**_____

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE AND MEASURABLE ANNUAL GOALS

Special Education/Related Service Area: _____

Describe the academic, developmental and functional strengths and needs of the student and how the disability affects involvement and progress in the general curriculum or, for preschool children, involvement in appropriate activities. Test scores alone are insufficient.

Present Levels of Academic Achievement and Functional Performance:

Describe academic and functional goals to meet the student's identified needs and enable the student to be involved in and make progress in the general education curriculum. Clearly specify the desired level of achievement.

Measurable Annual Goal (# _____):

Mark here if the Measurable Annual Goal will be part of an Extended School Year service: ☐

Date of Progress Report:								
Goal not yet started								
Not expected to meet goal								
Expected to meet goal								
Met goal								

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Date of Progress Report:								
Goal not yet started								
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Expected to meet goal								
Met goal								

When will progress reports on the measurable annual goal be provided to the parents?

☐ quarterly ☐ semester ☐ other:

Student Name:_____ **IEP Date:**_____

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE, MEASURABLE ANNUAL GOALS AND BENCHMARKS OR SHORT-TERM OBJECTIVES

Special Education/Related Service Area: _____

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Met goal								

Benchmarks or Short-Term Objectives:
(Mark ☒ only if the benchmark or short-term objective will be part of an Extended School Year service.)

	ESY
	☐
	☐
	☐
	☐

When will progress reports on the measurable annual goal be provided to the parents?
☐ quarterly ☐ semester ☐ other:

Student Name:_____ **IEP Date:**_____

SPECIAL EDUCATION AND RELATED SERVICES

Special Education or Related Service Area	Hours per week in Special Education Setting	Special Education Hours per week in General Education Setting	Total hours per week	Dates of service (if different from annual IEP dates)
Total Hours:				

PARTICIPATION IN THE REGULAR EDUCATION PROGRAM

Students ages 6 and above

☐ Regular Class
(In the regular education class at least 80% or more of the day)

☐ Part-time Special Education
(In the regular education class between 40% and 79% of the day)

☐ Full-time Special Education
(In the regular education class less than 40% of the day)

☐ Separate Day School (*public or private*)

☐ Residential Facility (*public or private*)

☐ Homebound/Hospital

Students ages 3-5

Early Childhood Setting means a program outside the child's home that includes at least 50% children without disabilities. Examples: Head Start, Kindergarten, Private preschool, group child care.

☐ Early Childhood Setting *(at least 80% of the time.)*

☐ Early Childhood Setting *(40% to 79% of the time)*

☐ Early Childhood Setting *(less than 40% of the time)*

☐ Special Education Setting - Separate Class (*less than 50% children without disabilities)*

☐ Separate Day School (*public or private day schools designed specifically for children with disabilities)*

☐ Residential Facility (*public or private*)

☐ Home

☐ Service provider location (*received all special education and related services from a service provider, and did not attend other program*)

LEAST RESTRICTIVE ENVIRONMENT

A student with a disability shall not be removed from education in age-appropriate regular classrooms solely because of needed modifications in the general education curriculum.

- The educational placement is based on the student's IEP. ☐ **YES** ☐ **NO**
- The educational placement is as close as possible to the student's home. ☐ **YES** ☐ **NO**
- The educational placement is in the school that the student would attend if he or she did not have a disability. ☐ **YES** ☐ **NO**
- The IEP team considered any potential harmful effect of the educational placement on the student or on the quality of needed services. ☐ **YES** ☐ **NO**

<u>If "No" is checked</u>, explain why. _____

_____

If the student's school day or week is shorter or longer than peers without disabilities, explain why.

_____

Student Name:_____ **IEP Date:**_____

SUPPLEMENTARY AIDS AND SERVICES

Regular education classes, other education-related settings, and extracurricular and nonacademic settings, where accommodations/ modifications are needed.	Specific accommodations, modifications, supplementary aids and services, assistive technology or other forms of support to enable children with disabilities to be educated with children without disabilities. Include program modifications or supports for teachers, related service providers, transportation providers and others working with this student. ☐ **None Needed**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PARTICIPATION IN STATE/DISTRICTWIDE ASSESSMENTS

The student will participate in the **State/Districtwide** assessments in the following manner: (Check one box for each test.)

CRT Tests (Grades 3-8, 10) ☐ **N/A**
- ☐ Without accommodations
- ☐ With accommodation(s)
- ☐ CRT-Alternate*

Districtwide Tests ☐ **N/A**
- ☐ Without accommodations
- ☐ With accommodation(s)
- ☐ Alternate Assessment

Identify any test accommodations that must be provided for the student:

CRT: _____

_____

Districtwide: _____

_____

For any student who participates in an alternate assessment describe:
Why the child cannot participate in the regular assessment, and;

_____

Why the particular alternate assessment selected is appropriate for the child.

_____

* The student may not participate in the CRT-Alternate unless the student's demonstrated cognitive abilities and adaptive behavior require substantial adjustments to the regular curriculum; learning objectives and expected outcomes focus on functional application, as shown by the IEP's goals/objectives; and the student requires direct and extensive instruction to acquire, maintain, regularize and transfer skills.

For students who participate in the CRT-Alternate, the student's IEP must contain benchmarks or short-term objectives.

EXTENDED SCHOOL YEAR

☐ Extended School Year services **are necessary** for the student.

☐ Extended School Year services **are not necessary** for the student.

☐ Determination of need for Extended School Year services will be made by: _____ (date)

Student Name:_____ **IEP DATE:**_____

NEED FOR REEVALUATION TO DETERMINE ELIGIBILITY

☐ The parent and the school district agree that a reevaluation **is unnecessary** at this time to determine whether the student continues to have a disability and needs special education.

☐ A reevaluation **is necessary** to determine whether the student continues to have a disability and needs special education.

Reevaluations must occur at least once every three years, unless the parent and the school district agree that a reevaluation is unnecessary.

IEP ACCESSIBILITY AND RESPONSIBILITIES

How will each teacher, related service provider, transportation provider and others working with this student be informed of his or her specific responsibilities for implementing this IEP and the accommodations, modifications, and supports that must be provided for this student?

☐ Copy of Accommodations/Modifications handout ☐ E-mail ☐ Verbal communication

☐ Other:

DOCUMENTATION OF PARTICIPATION

The following persons, as indicated by their signatures, have participated in the development of this IEP:

Parent	Date	**Parent**	Date
Student	Date	**Speech/Language Pathologist**	Date
Administrator or Designee	Date	**Signature/Position**	Date
Regular Education Teacher	Date	**Signature/Position**	Date
Special Education Teacher	Date	**Signature/Position**	Date

I have read and understand my rights as provided to me in the pamphlet PROCEDURAL SAFEGUARDS IN SPECIAL EDUCATION UNDER IDEA, which I received this school year. The parent shall be given a copy of this IEP at no cost to the parent.

☐ I approve of this Individualized Education Program.

☐ I approve of this Individualized Education Program with the following exceptions*:_____

_____

_____ _____

Parent/Adult Student Date

*The IEP team agrees to meet again on _____ to resolve differences regarding the above exceptions.
date

IEP NOTES

Student Name:_____ **IEP Date:**_____

Student Name:_____ **IEP Date:**_____

PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE AND MEASURABLE ANNUAL GOALS

Special Education/Related Service Area: _____

Describe the academic, developmental and functional strengths and needs of the student and how the disability affects involvement and progress in the general curriculum or, for preschool children, involvement in appropriate activities. Test scores alone are insufficient.

Present Levels of Academic Achievement and Functional Performance:

Describe academic and functional goals to meet the student's identified needs and enable the student to be involved in and make progress in the general education curriculum. Clearly specify the desired level of achievement.

Measurable Annual Goal (# _____):

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When will progress reports on the measurable annual goal be provided to the parents?

☐ quarterly ☐ semester ☐ other:

Student Name:_____ **IEP Date:**_____

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	ESY
	☐
	☐
	☐
	☐

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	☐
	☐
	☐
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	ESY
	☐
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Measurable Annual Goal (# _____):

This program provides for the direct repayment of educational loans. The total loan repayment assistance may not exceed $3,000 per year for up to four years. The Legislative appropriation of $350,000 in FY2008 will allow for 100-120 educators to receive repayment. Qualified applicants will be ranked based on a scoring system that takes into account the impacted schools and academic areas.

To qualify for loan assistance an educator must be:

Mark here if the Measurable Annual Goal will be part of an Extended School Year service: ☐

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	ESY
	☐
	☐
	☐
	☐

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