

STUDENT INFORMATION

| | | | | | | |
|-----------------------------|--|--------------------|-------------|----------------|------------------------------------|---------------|
| Student's Name: | Initials: | Birth Date: | Age: | Gender: | Meeting Date: 09/18/2017 | Grade: |
| District / School: | Last Re-Evaluation: | | | | | |
| | IEP Manager and Phone Number: , | | | | | |
| Federal Designation: | Disability Category: | | | | | |
| Race(s): | | | | | | |

GUARDIAN INFORMATION

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? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the student have communication needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the student require assistive technology devices or services? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the student been determined to be "Limited English Proficient"? | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Any item above checked "Yes" must be addressed in the IEP</u> | | |
| For a student with blindness or visual impairment <input type="checkbox"/> N/A | | |
| Does the student need training in orientation and mobility? | <input type="checkbox"/> | <input type="checkbox"/> |
| <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? | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>If "No" is checked,</u> describe below why instruction in Braille or the use of Braille is not appropriate. This decision must be based on evaluation results. | | |

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.

Student Name: _____

IEP Date: 09/18/2017

MEASURABLE POSTSECONDARY GOALS

Measurable Postsecondary Goal(s) - Education or Training:

Measurable Postsecondary Goal(s) – Employment:

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

COURSE OF STUDY

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 needed for graduation: _____

| School Year: | Credit | School Year: | Credit |
|--------------|--------|--------------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Total number of credits: _____

STATEMENT OF TRANSITION SERVICES NEEDED

Each area must be considered by the IEP Team. After consideration, only areas determined necessary to meet the individual needs of the student must be addressed.

| TRANSITION SERVICE AREA | TRANSITION SERVICES NEEDED TO ASSIST THE STUDENT IN MEETING POSTSECONDARY GOALS (include timeline for achievement) | PERSON OR AGENCY RESPONSIBLE | DISCUSSED, NOT NEEDED |
|--------------------------------------|--|------------------------------|--------------------------|
| Instruction | | | <input type="checkbox"/> |
| Employment | | | <input type="checkbox"/> |
| Community Experiences | | | <input type="checkbox"/> |
| Post-School Adult Living | | | <input type="checkbox"/> |
| Related Services | | | <input type="checkbox"/> |
| Daily Living Skills (if appropriate) | | | <input type="checkbox"/> |
| Functional Vocational Assessment | | | <input type="checkbox"/> |

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

Student Name: _____

IEP Date: 09/18/2017

TRANSFER OF RIGHTS AT AGE OF MAJORITY

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: 03/27/2026

HIGH SCHOOL GRADUATION

The IEP team determined that the student **will meet** the district's graduation requirements, **or** will substantially complete the measurable annual goals **and** will not need new measurable annual goals. The IEP team will not develop a new Individualized Education Program and the student **is** expected to graduate with a regular diploma at the end of the current school year.

The IEP team determined that the student **will not meet** the district's graduation requirements, **or will not** substantially complete the measurable annual goals and **will** need new measurable annual goals for the coming school year. The student **is not** expected to graduate with a regular diploma at the end of the current school year and the IEP team must develop a new Individualized Education Program for the next school year.

The student **will not meet** the district's graduation requirements. The student **will not receive** a regular diploma. The district **will not provide special education services** for the next school year due to district policy on the age through which education services are available to students.

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

Special Education/Related Service Area: _____

Present Level of Academic Achievement and Functional Performance:

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

*

Measurable Annual Goal:

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 regular education curriculum. Clearly specify the desired level of achievement.

*

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

PROGRESS REPORT FREQUENCY

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

quarterly semester other:

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 regular 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

If "No" is checked, explain why.

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

Student Name: _____

IEP Date: 09/18/2017

SUPPLEMENTARY AIDS AND SERVICES

Necessary Accommodations/Modifications

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.

List Regular education classes, other education-related settings, and extracurricular and nonacademic settings, where accommodations/modifications are needed.

STATEWIDE ASSESSMENTS

*

Without Accommodations With Accommodations Alternate Assessment* N/A

* 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.

DISTRICTWIDE ASSESSMENTS

*

Without Accommodations With Accommodations Alternate Assessment* N/A

EXTENDED SCHOOL YEAR (ESY)

- Extended School Year services are not necessary for the student.
- Extended School Year services are necessary for the student.
- Determination of need for Extended School Year services will be made by:

Describe in Detail the Extended School Year Services:

NEED FOR REEVALUATION TO DETERMINE ELIGIBILITY

- A reevaluation **is necessary** at this time to determine:
 - whether the child continues to have a disability and needs special education;
 - whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals, and to participate, as appropriate, in the general education curriculum: **or**
 - the parent has requested a reevaluation.
- The parent and the school district agree that a reevaluation **is unnecessary** at this time.

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 Email Verbal communication
- Other:

IEP MEETING PARTICIPANTS

Student Name: _____

IEP Date: 09/18/2017

IEP APPROVAL

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 exceptions below.

Exceptions:

IEP NOTES

FOR INFORMATIONAL
PURPOSES ONLY