

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

GUARDIAN INFORMATION			
Last Name:	First Name:		
Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
Relationship to Student:			
Email:			

STRENGTHS, EDUCATIONAL CONCERNS AND PREFERENCES/INTERESTS	
Strengths, Preferences and Interests - Student's Perspective:	
<b>Student Strengths</b>	
Parents:	
School Staff:	
<b>Educational Concerns</b>	
Parents:	
School Staff:	

**CONSIDERATION OF SPECIAL FACTORS**

	<b>Yes</b>	<b>No</b>
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 an "English Learner"?	<input type="checkbox"/>	<input type="checkbox"/>

**Any item above checked "Yes" must be addressed in the IEP****For a student with blindness or visual impairment**  N/A**Does the student need training in orientation and mobility?**  **If "Yes" is checked,** training must be addressed in the IEP.**Does the student need instruction in Braille or the use of Braille?**  **If "No" is checked,** describe below why instruction in Braille or the use of Braille is not appropriate. This decision must be based on evaluation results.**PRESENT LEVELS OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE AND MEASURABLE ANNUAL GOALS****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  NOThe educational placement is as close as possible to the student's home.  YES  NOThe educational placement is in the school that the student would attend if he or she did not have a disability.  YES  NOThe 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.

**STATEWIDE ASSESSMENTS**

<b>Assessment</b>	<b>Content Area</b>	<b>Support/Accommodation</b>

 Without Accommodations       With Accommodations       Alternate**Accommodation/support specifics and notes**

**DISTRICTWIDE ASSESSMENTS**

<input type="checkbox"/> Without Accommodations	<input type="checkbox"/> With Accommodations	<input type="checkbox"/> Alternate Assessment*	<input type="checkbox"/> N/A (only for students not taking a district wide assessment)
---	--	--	--

**SUPPLEMENTARY AIDS AND SERVICES****Necessary Accommodations/Modifications**

This section includes the accommodations, modifications, supplemental aids and services, assistive technology devices, staff and parent training, etc. that the student will need to be successful in the general education classroom.

**EXTENDED SCHOOL YEAR (ESY)**

<input type="checkbox"/> Extended School Year services are not necessary for the student.
<input type="checkbox"/> Extended School Year services are necessary for the student.
<input type="checkbox"/> Determination of need for Extended School Year services will be made by:

Describe in Detail the Extended School Year Services:

**NEED FOR REEVALUATION**

<input type="checkbox"/> A reevaluation <b>is necessary</b> at this time to determine: <ul style="list-style-type: none"><li>• whether the child continues to have a disability and needs special education;</li><li>• 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: <b>or</b></li><li>• the parent has requested a reevaluation.</li></ul>
<input type="checkbox"/> The parent and the school district agree that a reevaluation <b>is unnecessary</b> 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?

<input type="checkbox"/> Copy of Accommodations/ Modifications	<input type="checkbox"/> Email	<input type="checkbox"/> Verbal communication
<input type="checkbox"/> Other:		

**IEP MEETING PARTICIPANTS**

**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:****Prior Written Notice (34 CFR 300.503)****Action(s) Proposed or Refused**

Initiation or change in the educational placement of the student.  
 Initiation or change in the provision of the FAPE to the student.

Description of the specific proposed or refused action(s):

Additional Documentation attached

Explanation of why the district proposed or refused to take the action(s):

Additional Documentation attached

Description of each evaluation procedure, assessment, record, or report the district used as a basis for the proposal or refusal:

Additional Documentation attached

Description of any other options the district considered and the reasons why those options were rejected:

Additional Documentation attached

Description of other factors relevant to the district's proposal or refusal to take the action:

Additional Documentation attached

As a parent of a child with a disability you have certain protections under the Procedural Safeguards of the Individuals with Disabilities Education Act (IDEA). You may obtain a copy of the pamphlet "Procedural Safeguards in Special Education" by clicking the link or by requesting a copy from the school district.

For assistance in understanding the provisions of the Individuals with Disabilities Education Act (IDEA) you may contact your child's school, the Office of Public Instruction at (406) 444-5661, or the Montana Empowerment Center at 1-877-870-1190.

**IEP NOTES**