

Office of Public Instruction PO Box 202501 Helena, MT 59620-2501	Individualized Education Program
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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

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 an "English Learner"?	<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 checked="" type="checkbox"/> N/A		

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)
TRAINING:**EDUCATION:****EMPLOYMENT:****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):****COURSE OF STUDY**

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

- focus on improving the academic and functional achievement of the student;
- directly relate to the student's measurable postsecondary goals and the student's strengths, preferences and interests; and
- 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 _____

Semester	Course	Credits
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School Year _____

Semester	Course	Credits
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Total credits: .00

Student Name: _____

IEP Date: _____

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 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: _____

HIGH SCHOOL GRADUATION

This high school graduation section is to be completed during the student's **senior year** for the purpose of determining if the student will be returning to receive special education services the next school year for an additional year of high school. All students receiving special education services must have a current Individualized Education Program with measurable annual goals until the day they graduate or age out.

- ☐ The student is expected to graduate with a regular diploma at the end of the current school year. After graduating with a regular diploma, the student will no longer be entitled to special education services. This action constitutes a change in educational placement and documentation is included in the prior written notice. Upon graduation, the school district will provide the student with a Summary of Performance.
- ☐ The student is not expected to graduate with a regular diploma at the end of the current school year and will return the following school year. The IEP team must develop an Individualized Educational Program for the next school year. Documentation is included in the prior written notice.
- ☐ The student is not expected to graduate with a regular diploma at the end of this school year. The district will not provide special education services for the next school year due to the student aging out. This action constitutes a change in educational placement, and documentation is included in the Prior Written Notice. Upon aging out, the school district will provide the student with a Summary of Performance.

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

Student Name: _____

IEP Date: _____

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.

STATEWIDE ASSESSMENTS

DISTRICTWIDE ASSESSMENTS

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)

- ☐ 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

- ☐ 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.

Student Name: _____

IEP Date: _____

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

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

Student Name: _____

IEP Date: _____

Prior Written Notice (34 CFR 300.503)

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

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