

### STUDENT INFORMATION

<b>Student's Name:</b>	<b>Initials:</b>	<b>Birth Date:</b>	<b>Age:</b>	<b>Gender:</b>	<b>Meeting Date:</b>	<b>Grade:</b>
<b>District / School:</b>	<b>Last Re-Evaluation:</b>					
	<b>IEP Manager and Phone Number: ,</b>					
<b>Federal Designation:</b> 6 : White	<b>Disability Category:</b>					
<b>Race(s):</b> White						

### 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"/>
<b><u>Any item above checked "Yes" must be addressed in the IEP</u></b>		
<b>For a student with blindness or visual impairment</b> <input type="checkbox"/> N/A		
<b>Does the student need training in orientation and mobility?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>If "Yes" is checked,</u> training must be addressed in the IEP.</b>		
Does the student need instruction in Braille or the use of Braille?	<input type="checkbox"/>	<input type="checkbox"/>
<b><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.</b>		

### 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)

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.

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:

- 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: \_\_\_\_\_

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: 11/17/2021

**HIGH SCHOOL GRADUATION**

The IEP team determined that the student **will meet** the district's graduation requirements, **or** will successfully 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** successfully 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**

**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

Student Name: \_\_\_\_\_

IEP Date: \_\_\_\_\_

**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 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 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: \_\_\_\_\_

### 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 Parent Information & Training Center at 1-877-870-1190.

### IEP NOTES