

From ____/____/____ to ____/____/____
____ Initial ____ Annual ____ Interim ____ Addendum Case Manager _____

Student: _____ Birthdate: _____ Grade: _____
Last First Middle Mo/Day/Yr

Student Social Security/ID#: _____ Gender: __ M __ F Ethnic Group: I B A H W _____
(Specify)

Relationship to Student: (Circle One) Parent Guardian Surrogate H.C. ____ Primary ____ Secondary

Name: _____ Home Phone: _____
Last First Middle

Address: _____ Work Phone: _____
Parents' E-mail Address: _____

Student's Residence (if different): _____ Other Phone: _____

Attending School: _____ Home/School (if different): _____

Current Descriptive Information:

Describe the child's strengths:

Describe the concerns of the parents regarding their child's education: _____

Describe how the child's disability affects involvement and progress in the general curriculum: _____

Student's Name: _____

Write "Yes" or "No" under "Exceptional" column for each area assessed. Remember "Exceptional" areas require a completed Goal Sheet.

| Area Assessed | Present Levels of Performance Levels of functioning, should, when applicable, include norm referenced and/or criterion referenced data, as well as descriptive information on the student's deficit areas. | Sources of Information | Date | Exceptional Yes/No |
|---------------------------|--|-------------------------------|-------------|---------------------------|
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| | | | | |
| Prevocational /Vocational | | | | |

Consideration of Special Factors for IEP Development:

- ◆ Does the child have limited English proficiency? ___ Yes ___ No. If yes, what is his/her primary mode of language? _____
- ◆ Is the child blind or visually impaired? ___ Yes ___ No. If yes, does the child need instruction in Braille? _____
- ◆ Does the child have communication needs? ___ Yes ___ No. If yes, what are they? _____
 - ◆ Is the child deaf or hard of hearing? ___ Yes ___ No. If yes, did the IEP Team consider:
 - ◆ the child's language and communication needs; ___ Yes ___ No
 - ◆ opportunities for direct communications with peers and professional personnel in the child's language and communication mode; ___ Yes ___ No
 - ◆ necessary opportunities for direct instruction in the child's language and communication mode? ___ Yes ___ No
- ◆ Is assistive technology necessary in order to implement the child's IEP? ___ Yes ___ No. If yes, what is needed? _____
- ◆ Does the child's behavior impede his/her learning or that of others? ___ Yes ___ No. If yes, the IEP Team has addressed the child's behavior in the following way(s):
 ___ Functional Behavior Assessment, ___ Behavior Intervention Plan, ___ Accommodations, ___ Goals and Objectives, ___ Other.
- ◆ Where in the IEP is this information located? _____

Student's Name: _____

Has a comprehensive vocational evaluation been administered? ___ Yes ___ No

Transition Services Planning (Beginning at **age 14**, or younger)

Desired Post School Outcomes

Employment: _____ Post-Secondary Education/Training: _____

Independent/Supported Living: _____ Community Involvement: _____

Transition Service Needs

Grade: 9 Course of Study: _____

Grade: 10 Course of Study: _____

Grade: 11 Course of Study: _____

Grade: 12 Course of Study: _____

Transition Services (Beginning at **age 16**, or younger)

| Service Area | Need Yes/No | Activities/Strategies (All activities/strategies that are the responsibility of special education and are to be implemented this year must be reflected in goal sheets.) | Agency/Responsibilities |
|---|--------------------|--|--------------------------------|
| Instruction: | | | |
| Related Services: | | | |
| Community Experiences: | | | |
| Employment & Post-school Adult Living Objectives: | | | |
| Daily Living Objectives: (if appropriate) | | | |
| Functional Vocational Evaluation: (if appropriate) | | | |

Documentation of other agency participation in planning and the person responsible for contacting agency(s) if a representative did not attend: _____

If the student was not in attendance, how were the student's preferences and interests considered? (Check all that apply.)

___ Student interview ___ Student survey ___ Student portfolio ___ Vocational Assessments ___ Interest Inventory ___ Other: _____

Measurable Annual Goals and Benchmarks/Short-term Instructional Objectives for IEP and Transition Activities




Student's Name: _____

Goal ____ of ____

Area of Need: _____ Personnel/Position Responsible: _____

Annual Goal: _____

| Benchmarks/Short-Term Instructional Objectives | Anticipated Beginning Date | Criteria for Mastery | Methods Of Evaluation | Actual Date(s) & Results of Evaluation | Report of Progress | | | | | |
|--|----------------------------|----------------------|-----------------------|--|--------------------|-----|-----|-----|-----|-----|
| | | | | | 1st | 2nd | 3rd | 4th | 5th | 6th |
| 1. | | | | | / | / | / | / | / | / |
| 2. | | | | | / | / | / | / | / | / |
| 3. | | | | | / | / | / | / | / | / |
| 4. | | | | | / | / | / | / | / | / |

| | | | | |
|--|---|---|---|---|
| Supplementary Aids/Services and Support for the student: _____ | | | Report of Progress | *If 1 or 2, due to: (a) Lack of prerequisite skills, (b) more time needed, (c) inadequate assessment, (d) excessive absences/ tardies, or (e) other: Date Progress Report Sent to Parents: 1st Grading Period _____ 2nd Grading Period _____ 3rd Grading Period _____ 4th Grading Period _____ 5th Grading Period _____ 6th Grading Period _____ |
| Program Modifications/Supports for School Personnel: _____ | | | | |
| Codes | | | 1. No progress made*  2. Very little progress being made towards goal*  3. Some progress being made towards goal, or 4. Goal has been met, And 5. Anticipate meeting goal by IEP end, or  6. Do not anticipate meeting goal by IEP end. N/A Not applicable. Objective not covered during this grading period | |
| Criteria for Mastery 1. 100% 2. 90% 3. 80% 4. 70% 5. Other: | Methods of Evaluation 1. Standard Tests 2. Teacher-Made Tests 3. Teacher Observations 4. Other: _____ | Results of Evaluation M - Objective Met - Proceed to Next Objective C - Continue with same objective - Some progress made, more time needed D - Discontinue objective - Less than expected or no progress made | | |

LRE and General Education: Explain the extent, if any, in which the student **will not** participate with non-disabled peers in:

- ◆ the regular class: _____
- ◆ extracurricular and nonacademic activities: _____
- ◆ his/her LEA Home School: _____

Special Transportation: Does student require special transportation? ___ Yes ___ No. If yes, please explain: _____

Extended School Year: Date ESY program was/will be determined: _____. ESY program _____ is _____ is not to be provided.

IEP Participants: (The following individuals attended the IEP Team and participated in the development of this Individualized Education Program.)

| Position | Signature | In Agreement | Date |
|-----------------------------------|-----------|----------------|-------|
| Parent | _____ | ___ Yes ___ No | _____ |
| LEA Representative | _____ | ___ Yes ___ No | _____ |
| Special Education Teacher | _____ | ___ Yes ___ No | _____ |
| Regular Education Teacher | _____ | ___ Yes ___ No | _____ |
| Student (if appropriate) | _____ | ___ Yes ___ No | _____ |
| Interpreter of Evaluation Results | _____ | ___ Yes ___ No | _____ |
| _____ | _____ | ___ Yes ___ No | _____ |
| _____ | _____ | ___ Yes ___ No | _____ |
| _____ | _____ | ___ Yes ___ No | _____ |

Informed Parental Consent:

| | | | | |
|-------------------------------------|----------------|----------------|----------------|---|
| ___ Yes ___ No | ___ Yes ___ No | ___ Yes ___ No | ___ Yes ___ No | I certify that I am the legal parent(s) / guardian(s) / surrogate(s) of this child. |
| ___ Yes ___ No | ___ Yes ___ No | ___ Yes ___ No | ___ Yes ___ No | I have been informed of and understand my rights as a parent, and have received a copy of my rights. |
| ___ Yes ___ No | ___ Yes ___ No | ___ Yes ___ No | ___ Yes ___ No | I have been involved in the IEP Team meeting and/or the development of this IEP, and give permission for the proposed program described in this IEP for my child. |
| ___ Yes ___ No | ___ Yes ___ No | ___ Yes ___ No | ___ Yes ___ No | My child and I have been informed of his/her right to represent himself/herself upon his/her eighteenth birthday. (Note: This information must be provided beginning at least one year prior to the student's 18th birthday.) |
| _____ | | _____ | | |
| Parent/Guardian/Surrogate Signature | | Date | | Student Signature |
| | | | | Date |

Date IEP was given to parent(s) _____. If the parent(s) did not attend, the person responsible for forwarding and explaining the contents of the IEP to the parents along with their rights is _____.

Documentation of IEP Review by Other Teachers not in Attendance:

| | |
|-----------|-----------|
| _____ | _____ |
| Signature | Signature |
| Date | Date |
| _____ | _____ |
| Signature | Signature |
| Date | Date |
| _____ | _____ |
| Signature | Signature |
| Date | Date |