

INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: _____

DOB _____ SCHOOL YEAR _____ - _____ GRADE _____ - _____

IEP INITIATION/DURATION DATES FROM _____ TO _____

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN EXTENDED SCHOOL YEAR SERVICES.

STUDENT PROFILE

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INDIVIDUALIZED EDUCATION PROGRAM

STUDENT'S NAME: _____

AREA: _____

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE:

MEASURABLE ANNUAL GOAL related to meeting the student's needs:

TYPE(S) OF EVALUATION FOR ANNUAL GOAL:

- Curriculum Based Assessment
 Teacher/Text Test
 Teacher Observation
 Grades
 Data Collection
 State Assessment(s)
 Work Samples
 Other: _____
 Other: _____

DATE OF MASTERY: _____

BENCHMARKS:

- | | |
|----|------------------------|
| 1. | Date of Mastery: _____ |
| 2. | Date of Mastery: _____ |
| 3. | Date of Mastery: _____ |
| 4. | Date of Mastery: _____ |

SPECIAL EDUCATION AND RELATED SERVICE(S): (Special Education, Supplementary Aids and Services, Program Modifications, Accommodations Needed for Assessments, Related Services, Assistive Technology, and Support for Personnel.)

Type of Service(s)	Anticipated Frequency of Service(s)	Amount of time	Beginning/Ending Date	Location of Service(s)
Special Education			_____ to _____	
Supplementary Aids and Services			_____ to _____	
Program Modifications			_____ to _____	
Accommodations Needed for Assessments			_____ to _____	
Related Services			_____ to _____ _____ to _____	
Assistive Technology			_____ to _____	
Support for Personnel			_____ to _____	

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Data Collection State Assessment(s) Work Samples

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GENERAL FACTORS

HAS THE IEP TEAM CONSIDERED:	YES	NO
• The strengths of the child?	[]	[]
• The concerns of the parents for enhancing the education of the child?	[]	[]
• The results of the initial or most recent evaluations of the child?	[]	[]
• As appropriate, the results of performance on any State or districtwide assessments?	[]	[]
• The academic, developmental, and functional needs of the child?	[]	[]
• The need for extended school year services?	[]	[]

LEAST RESTRICTIVE ENVIRONMENT

Does this student attend the school (or for a preschool-age student, participate in the environment) he/she would attend if nondisabled? [] Yes [] No

If no, explain:

Does this student receive all special education services with nondisabled peers? [] Yes [] No

If no, explain (explanation may not be solely because of needed modifications in the general curriculum):

[] **6-21 YEARS OF AGE**

[] **3-5 YEARS OF AGE**

(Select one from the drop-down box.)

Secondary LRE (only if LRE above is Private School-Parent Placed)

COPY OF IEP

COPY OF SPECIAL EDUCATION RIGHTS

Was a copy of the IEP given to parent at the IEP meeting?
[] Yes [] No

Was a copy of the *Special Education Rights* given to parent at the IEP meeting? [] Yes [] No

If no, date sent to parent: _____

If no, date sent to parent: _____

Date copy of **amended** IEP provided/sent to parent _____

THE FOLLOWING PEOPLE ATTENDED AND PARTICIPATED IN THE MEETING TO DEVELOP THIS IEP.

Position	Signature	Date
Parent		
Parent		
LEA Representative		
Special Education Teacher		
General Education Teacher		
Student		
Career/Technical Education Rep		
Other Agency Representative		

INFORMATION FROM PEOPLE NOT IN ATTENDANCE

Position	Name	Date