

IEP Individualized Education Program

THIS IEP WILL BE IMPLEMENTED DURING THE REGULAR SCHOOL TERM UNLESS NOTED IN GENERAL FACTORS

CHILD'S INFORMATION

NAME: _____ ID NUMBER: _____
 STREET: _____ GENDER: _____ GRADE: _____
 CITY: _____ STATE: _____ ZIP: _____
 DATE OF BIRTH: _____

DISTRICT OF RESIDENCE: _____ COUNTY OF RESIDENCE: _____

DISTRICT OF SERVICE: _____

Will the child be 14 years old before the end of this IEP? YES NO
(Changes content of Sections 4 and 5)
 Is the child a ward of the state? YES NO

PARENTS' / GUARDIAN INFORMATION

NAME: _____
 STREET: _____
 CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: _____ WORK PHONE: _____
 CELL PHONE: _____ EMAIL: _____

OTHER INFORMATION:

MEETING INFORMATION

MEETING DATE: _____
 MEETING TYPE:
 INITIAL IEP
 ANNUAL REVIEW
 REVIEW OTHER THAN ANNUAL REVIEW

 AMENDMENT
 OTHER _____

IEP TIME LINES

ETR COMPLETION DATE: _____
 NEXT ETR DUE DATE: _____
 IEP EFFECTIVE DATES
 START: _____
 END: _____
 NEXT IEP REVIEW: _____

IEP BY 3rd BIRTHDAY? YES NO
(If transitioning from EI services)

IEP FORM STATUS

(Check when complete)

- 1. FUTURE PLANNING
- 2. SPECIAL INSTRUCTIONAL FACTORS
- 3. PROFILE
- 4. POSTSECONDARY TRANSITION
- 5. POSTSECONDARY TRANSITION SERVICES
- 6. MEASURABLE ANNUAL GOALS
- 7. SPECIALLY DESIGNED SERVICES
- 8. TRANSPORTATION AS A RELATED SERVICE
- 9. NONACADEMIC AND EXTRA CURRICULAR
- 10. GENERAL FACTORS
- 11. LEAST RESTRICTIVE ENVIRONMENT
- 12. STATEWIDE AND DISTRICT TESTING
- 13. MEETING PARTICIPANTS
- 14. SIGNATURES

AMENDMENTS: (Complete only if amending the IEP)

IEP SECTION AMENDED	THE SCHOOL DISTRICT AND PARENTS HAVE AGREED TO MAKE THE FOLLOWING CHANGES TO THE IEP	DATE OF AMENDMENT	PARTICIPANT & ROLE

1 FUTURE PLANNING

 Check when complete

2 SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:

Does the child have behavior which impedes his/her learning or the learning of others? YES NO

Does the child have limited English proficiency? YES NO

Is the child blind or visually impaired? YES NO

Does the child have communication needs (required for deaf or hearing impaired)? YES NO

Does the child need assistive technology devices and/or services? YES NO

Does the child require specially designed physical education? YES NO

 Check when complete

3 PROFILE

CHILD'S PROFILE:

 Check when complete

4 POSTSECONDARY TRANSITION

FOR 14 YEARS AND OLDER
(or younger if appropriate)

A STATEMENT OF TRANSITION SERVICE NEEDS OF THE CHILD THAT FOCUSES ON THE CHILD'S COURSE OF STUDY

FOR 16 YEARS AND OLDER
(or younger if appropriate)

AGE APPROPRIATE TRANSITION ASSESSMENTS

Summarize the results of the age-appropriate transition assessment data in the space below, indicating the source of the assessment(s) and the relevant information for transition planning

 Check when complete

POSTSECONDARY EDUCATION AND TRAINING (optional for 15 and younger)

5 POSTSECONDARY TRANSITION SERVICES

MEASURABLE POSTSECONDARY GOAL:			
COURSES OF STUDY:		NUMBERS OF ANNUAL GOAL(S)	
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	ANTICIPATED DURATION	PERSON/AGENCY RESPONSIBLE

EMPLOYMENT (optional for 15 and younger)

MEASURABLE POSTSECONDARY GOAL:			
COURSES OF STUDY:		NUMBERS OF ANNUAL GOAL(S)	
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	ANTICIPATED DURATION	PERSON/AGENCY RESPONSIBLE

INDEPENDENT LIVING (As appropriate)

MEASURABLE POSTSECONDARY GOAL:			
COURSES OF STUDY:		NUMBERS OF ANNUAL GOAL(S)	
TRANSITION SERVICE/ACTIVITY	PROJECTED BEGINNING DATE	ANTICIPATED DURATION	PERSON/AGENCY RESPONSIBLE

Target date for child to Graduate:

Check when complete

6 MEASURABLE ANNUAL GOALS

NUMBER: AREA: _____

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

MEASURABLE ANNUAL GOAL

METHOD(S)

METHOD FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL

- | | | |
|--------------------------------|----------------------------|-----------------|
| a. Curriculum Based Assessment | e. Short-Cycle Assessments | i. Work Samples |
| b. Portfolios | f. Performance Assessments | j. Inventories |
| c. Observation | g. Checklists | k. Rubrics |
| d. Anecdotal Records | h. Running Records | |

Select Display Mode

MEASURABLE OBJECTIVES

NUM	OBJECTIVE

METHOD AND FREQUENCY FOR REPORTING THE CHILD'S PROGRESS TO PARENTS

- Written report
- Email Reported every weeks
- Phone call
- Journal entry
- The child's progress will be reported to the child's parents each time report cards are issued
- Other _____

Note: Progress Reports must be provided to parents of a child with a disability at least as often as report cards are issued to all children. If the district provides interim reports to all children, progress reports must be provided to all parents of a child with a disability.

Check when complete

7 DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

TYPE OF SERVICE		GOAL(s) ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICES
SPECIALLY DESIGNED INSTRUCTION:				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
RELATED SERVICES:				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
ASSISTIVE TECHNOLOGY:				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
ACCOMMODATIONS:				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
MODIFICATIONS:				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
SUPPORT FOR SCHOOL PERSONNEL:				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
SERVICE(S) TO SUPPORT MEDICAL NEEDS:				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	

KEY: OPTIONAL ENTRY

NOT REQUIRED

Check when complete

8 TRANSPORTATION AS A RELATED SERVICE

Does the child have needs related to their identified disability that require special transportation? YES [] NO []

Does the child need accommodations or modifications for transportation? YES [] NO []

If yes, check any transportation accommodations/modifications that are needed.

- Checkboxes for: The bus driver will be notified of the child's behavioral and/or medical concerns, Specially Adapted Vehicle, Wheelchair lift, Bus Aide, Securement Systems, Car Seat, Harness, and Other Specify.

Does the child need transportation to and from provider services? YES [] NO []

[] Check when complete

9 NONACADEMIC AND EXTRACURRICULAR ACTIVITIES

In what ways will the child have the opportunity to participate in nonacademic/extracurricular activities with his/her nondisabled peers?

Describe

[]

If the child will not participate in non-academic/extracurricular activities, explain.

[]

[] Check when complete

10 GENERAL FACTORS

HAS THE IEP TEAM CONSIDERED:

- Questions with checkboxes: The strengths of the child?, The concerns of the parents for 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 district-wide assessments?, The academic, developmental, and functional needs of the child?, The need for extended school year (ESY) services

- Checkboxes for: The team has determined that ESY services are not necessary, The team has determined that ESY services are necessary for the following Goals and Objectives or Benchmarks, The team needs to collect further data before making a determination and will meet again by.

[] Check when complete

11 LEAST RESTRICTIVE ENVIRONMENT

Does this child attend the school (or for a preschool-age child, participate in the environment) he/she would attend if not disabled?

YES NO

Does this child receive all special education services with nondisabled peers?

YES NO

Check when complete

12 STATEWIDE AND DISTRICT WIDE TESTING

For each subject tested in the child's grade, choose the method of assessment below. If "With Accommodations" is chosen for any subject, provide a description of the Accommodations for each subject in the right column. Alternate Assessment, if chosen, must apply to all tests taken.

Will the child participate in classroom, district wide and state wide assessments with accommodations?

YES NO

Is the child to be excused from the consequences of not passing the Ohio Graduation Test (OGT)?

YES NO

Met Testing Participation Requirement?

YES NO

Is the child participating in alternate assessment?

YES NO

Check when complete

13 MEETING PARTICIPANTS

THIS IEP MEETING WAS:

- Face-to-Face Meeting
- Video Conference
- Telephone Conference/Conference Call
- Other

IEP EFFECTIVE DATES

START: _____

END: _____

DATE OF NEXT IEP REVIEW: _____

IEP MEETING PARTICIPANTS

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

POSITION	NAME	SIGNATURE

PEOPLE NOT IN ATTENDANCE WHO PROVIDED INFORMATION AND RECOMMENDATIONS

POSITION	NAME	SIGNATURE	DATE

IF THE REGULAR EDUCATION TEACHER, INTERVENTION SPECIALIST, DISTRICT REPRESENTATIVE OR PERSON KNOWLEDGABLE ABOUT THE INSTRUCTIONAL IMPLICATIONS OF THE EVALUATION DATA HAVE SIGNED AS NOT IN ATTENDANCE AT THE IEP MEETING, A WRITTEN EXCUSE MUST BE ON FILE*.

Check when complete

14 SIGNATURES

INITIAL IEP

- I give consent to initiate special education and related services specified in this IEP.*
- I give consent to initiate special education and related services specified in this IEP except for **

AREA: _____

- I do not give consent for special education and related services at this time.**

PARENTS' SIGNATURE: _____

DATE: _____

ANNUAL REVIEW/REVIEW OTHER THAN ANNUAL REVIEW (Not a Change of Placement)

- I agree with the implementation of this IEP.*
- I am signing to show my attendance/participation at the IEP team meeting but I do not agree with the following special education and related services specified in this IEP.**

AREA: _____

Note: Not a Change of Placement does NOT require a parents' signature to implement the IEP.

PARENTS' SIGNATURE: _____

DATE: _____

ANNUAL REVIEW/REVIEW OTHER THAN ANNUAL REVIEW (Change of Placement)

- I give consent for the change of placement as identified in this IEP.*
- I do not give consent for the change of placement as identified in this IEP.**
- I revoke consent for all special education and related services.**

PARENTS' SIGNATURE: _____

DATE: _____

* This IEP serves as prior written notice if there is agreement.

**If there is not agreement or consent is revoked, the district must provide prior written notice to the parents.

TRANSFER OF RIGHTS AT MAJORITY

By the child's 17th birthday, the child and the child's parents or surrogate parent received a copy of their procedural safeguards notice and notice of the transfer of procedural safeguard rights under IDEA will take place on the child's 18th birthday.

YES NO

CHILD'S SIGNATURE: _____

DATE: _____

PARENTS' SIGNATURE: _____

DATE: _____

PROCEDURAL SAFEGUARDS NOTICE

A copy of the Procedural Safeguards Notice was given to the parents at the IEP Meeting.

YES NO

IF NO, DATE SENT TO PARENTS: _____

COPY OF THE IEP

A copy of the IEP was given to the parents at the IEP meeting.

YES NO

IF NO, DATE SENT TO PARENTS: _____

 Check when complete