



Individualized Education Program

DATE: ____ / ____ / ____ TYPE: Initial Review Reevaluation Amendment Interim

STUDENT: _____ M F
Last (legal) First (no nicknames) M.I.

Birthdate: ____ / ____ / ____ Grade: ____ Teacher/Service Provider: _____

Resident District: _____ Building: _____

Attending District: _____ Building: _____

Attending Area Education Agency: _____ Attending Building Phone: _____

<input type="checkbox"/> Parent	Name: _____	Home Phone: _____
<input type="checkbox"/> Foster Parent		
<input type="checkbox"/> Guardian		
<input type="checkbox"/> Surrogate		
<input type="checkbox"/> Student		
	Address: _____	Work/Cell Ph: _____
	_____	E-mail: _____

<input type="checkbox"/> Parent	Name: _____	Home Phone: _____
<input type="checkbox"/> Foster Parent		
<input type="checkbox"/> Guardian		
<input type="checkbox"/> Surrogate		
<input type="checkbox"/> Student		
	Address: _____	Work/Cell Ph: _____
	_____	E-mail: _____

Duration of this IEP: From ____ / ____ / ____ to ____ / ____ / ____ Reevaluation is due: ____ / ____ / ____

Procedural safeguards were reviewed by: _____ Method: _____

Rights will transfer at age 18: ____ / ____ / ____ Notification: Student ____ / ____ / ____ Parent: ____ / ____ / ____

Persons Present at Meeting/Position or Relationship to Student

_____ Parent	_____ Student
_____ Parent	_____
_____ LEA Rep/Designee	_____
_____ Gen Ed Tchr	_____
_____ Sp Ed Tchr	_____

Listing indicates presence at the meeting, not approval or acceptance of the IEP

Outside written input: Name/Agency: _____ Date: ____ / ____ / ____



Individualized Education Program

DATE: ____/____/____ TYPE: Initial Review Reevaluation Amendment Interim
 With a Meeting Without a Meeting

STUDENT: _____ M F
Last (legal) First (no nicknames) M.I.

Birthdate: ____/____/____ Grade: _____ Teacher/Service Provider: _____

Resident District: _____ Building: _____

Attending District: _____ Building: _____

Attending Area Education Agency: _____ Attending Building Phone: _____

<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate <input type="checkbox"/> Student	Name: _____	Home Phone: _____
	Address: _____	Work/Cell Ph: _____
<input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Surrogate <input type="checkbox"/> Student	Name: _____	Home Phone: _____
	Address: _____	Work/Cell Ph: _____
		E-mail: _____

Duration of this IEP: From ____/____/____ to ____/____/____ Reevaluation is due: ____/____/____

Procedural safeguards were reviewed by: _____ Method: _____

Rights will transfer at age 18: ____/____/____ Notification: Student ____/____/____ Parent: ____/____/____

Parental agreement to amend without a meeting:

Person who contacted parent: _____

Method of contact: _____

Date of agreement: ____/____/____

Present Levels of Academic Achievement and Functional Performance

Strengths, interests and preferences of this individual _____

Parents' concerns regarding their child's education _____

The IEP team must consider the following when developing this IEP.

Behavior (in the case of a student whose behavior impedes his or her learning or that of others, consider the use of positive behavioral interventions, supports and other strategies, to address that behavior)

- Yes, behavior is a concern and will be addressed in this IEP.
- Yes, behavior is a concern and will be addressed in the attached Functional Behavioral Assessment and Behavior Intervention Plan.
- No, behavior is not a concern.

Limited English proficiency (Consider the language needs related to the IEP)

- Yes, limited English is a concern and will be addressed in this IEP.
- No, limited English is not a concern

Communication and language, especially if the student is deaf or hard of hearing.

- Yes, communication and language are a concern and will be addressed in this IEP.
- Yes, communication and language are a concern and will be addressed in the attached Communication Plan for Deaf and Hard of Hearing.
- No, communication and language are not a concern.

Braille instruction needs if this student has a visual impairment

- Yes, Braille is needed and will be addressed in this IEP.
- No, Braille is not needed.

Health Needs (intervention, procedures, or services required in order to access education)

- Yes, health is a concern and will be addressed in this IEP.
- Yes, health is a concern and will be addressed in the health plan in the student health records.
- No, health is not a concern.

Assistive technology (services, software and devices needed to access the general education curriculum)

- Yes, assistive technology is needed and will be addressed in this IEP.
- No, assistive tech. is not needed.

This student is **NIMAS eligible**: Yes No

Other information essential for the development of this IEP _____

Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills. For a preschool child, describe the effect of this individual's disability on involvement in appropriate activities.

Present Levels of Academic Achievement and Functional Performance

Strengths, interests and preferences of this individual _____

Parents' concerns regarding their child's education _____

The IEP team must consider the following when developing this IEP.

Behavior (in the case of a student whose behavior impedes his or her learning or that of others, consider the use of positive behavioral interventions, supports and other strategies, to address that behavior)

- Yes, behavior is a concern and will be addressed in this IEP.
- Yes, behavior is a concern and will be addressed in the attached Functional Behavioral Assessment and Behavior Intervention Plan.
- No, behavior is not a concern.

Communication and language, especially if the student is deaf or hard of hearing.

- Yes, communication and language are a concern and will be addressed in this IEP.
- Yes, communication and language are a concern and will be addressed in the attached Communication Plan for Deaf and Hard of Hearing.
- No, communication and language are not a concern.

Health Needs (intervention, procedures, or services required in order to access education)

- Yes, health is a concern and will be addressed in this IEP.
- Yes, health is a concern and will be addressed in the Health Plan as a part of the student's health records.
- No, health is not a concern.

Limited English proficiency (Consider the language needs related to the IEP)

- Yes, limited English is a concern and will be addressed in this IEP.
- No, limited English is not a concern

Braille instruction needs if this student has a visual impairment

- Yes, Braille is needed and will be addressed in this IEP.
- No, Braille is not needed.

Assistive technology (services, software and devices needed to access the general education curriculum)

- Yes, assistive technology is needed and will be addressed in this IEP.
- No, assistive tech. is not needed.

This student is NIMAS eligible: Yes No

Transition assessments and other information essential for the development of this IEP (address living, learning & working):

Living: Information sources: _____

Living: Results: _____

Learning: Information sources: _____

Learning: Results: _____

Working: Information sources: _____

Working: Results: _____

Other information essential for the development of this IEP _____

Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills. _____

Based on the transition assessments, describe the post secondary expectations for living, learning, and working.
Post-secondary expectation for living: _____

Yes No Is living an area of need that will be addressed with goals, services or activities in this IEP?

Post-secondary expectation for learning: _____

Yes No Is learning an area of need that will be addressed with goals, services or activities in this IEP?

Post-secondary expectation for working: _____

Yes No Is working an area of need that will be addressed with goals, services or activities in this IEP?

Course of study.

What requirements does this student need to meet to graduate? _____

What is this student's current status with regard to these requirements?: _____

Target graduation date (mo/yr): ____ / ____

Courses and activities needed to pursue the post secondary expectations and graduate by the target graduation date.

Goal #: _____

State of Iowa Core Content Standard and Grade Level Benchmark(s) upon which this goal is based: _____

District Standard and Grade Level Benchmark(s) upon which this goal is based: _____

Current Academic Achievement and Functional Performance (Results of the initial or most recent evaluation and results on district-wide assessments relevant to this goal; performance in comparison to general education peers and standards).

Baseline (Describe individual's current performance in measurable terms using the same measurement as measurable annual goal and progress monitoring procedures). _____

Measurable Annual Goal: conditions (when and how the individual will perform); **behavior** (what the individual will do); and **criterion** (acceptable level of performance). For students 14 years and older, indicate if this goal is related to post-secondary expectations of: (check all that apply to this goal) living learning working

Progress Monitoring procedures (State how progress toward meeting this goal will be measured, how often progress will be measured, and the decision making rule that will be used in considering instructional changes). _____

Position(s) responsible for services _____

See attached graph

Major Milestones or Short Term Objectives/Dates Expected (Required for students assessed against alternate achievement standards)	Comments/Progress Notes/Dates Achieved

Goal #	Progress Report														
1 = This goal has been met. 2 = Progress has been made towards the goal. It appears that the goal will be met by the time the IEP is reviewed. 3 = Progress has been made towards the goal but the goal may not be met by the time the IEP is reviewed. 4 = Progress is not sufficient to meet this goal by the time the IEP is reviewed. Instructional strategies will be changed. 5 = Your child did not work on this goal during this reporting period (provide an explanation to the parents).	____/____/____ 1 2 3 4 5	____/____/____ 1 2 3 4 5	____/____/____ 1 2 3 4 5	____/____/____ 1 2 3 4 5											
	____/____/____ 1 2 3 4 5	____/____/____ 1 2 3 4 5	____/____/____ 1 2 3 4 5	____/____/____ 1 2 3 4 5											
	____/____/____ 1 2 3 4 5	____/____/____ 1 2 3 4 5	____/____/____ 1 2 3 4 5	____/____/____ 1 2 3 4 5											

Special Education Services

Indicate the special education and related services, supplementary aids and services, based upon peer-reviewed research to the extent practicable, that will be provided in order for this individual: 1) to advance appropriately toward attaining the annual goals 2) to be involved and progress in the general curriculum; 3) to be educated and participate with other individuals with disabilities and nondisabled individuals. 4) to participate in extracurricular and other nonacademic activities; and 5) by age 14, to pursue the course of study and post-high school outcomes (living, learning & working);

- | | | |
|--|--|-------------------------------------|
| Y N Accommodations | Y N Linkages/interagency responsibilities | Y N Supplementary aids and services |
| Y N Assistive technology | Y N Program modifications | Y N Supports for school personnel |
| Y N Community experiences | Y N Specially designed instruction | Y N Support or related services |
| Y N Development of work and other post-high school living objectives | Y N Specialized Accessible Formats (Braille, large print, audio, digital text) | |

Describe each service, activity and support indicated above:	Provider(s) & when the service, activity or support will occur	Minutes in Setting
	Beginning Date: Provider(s): Time & frequency/when provided:	____ General education ____ Special education ____ Community per __ Day __ Week __ Month
	Beginning Date: Provider(s): Time & frequency/when provided:	____ General education ____ Special education ____ Community per __ Day __ Week __ Month
	Beginning Date: Provider(s): Time & frequency/when provided:	____ General education ____ Special education ____ Community per __ Day __ Week __ Month
	Beginning Date: Provider(s): Time & frequency/when provided:	____ General education ____ Special education ____ Community per __ Day __ Week __ Month
	Beginning Date: Provider(s): Time & frequency/when provided:	____ General education ____ Special education ____ Community per __ Day __ Week __ Month
	Beginning Date: Provider(s): Time & frequency/when provided:	____ General education ____ Special education ____ Community per __ Day __ Week __ Month
Total minutes per month removed from general education:		
LRE: Removal from GE % plus Time in GE % = 100%		

Special Education Services

Indicate the special education and related services, supplementary aids and services, based upon peer-reviewed research to the extent practicable, that will be provided in order for this individual: 1) to advance appropriately toward attaining the annual goals 2) to be involved and progress in the general curriculum; 3) to be educated and participate with other individuals with disabilities and nondisabled individuals. 4) to participate in extracurricular and other nonacademic activities; and 5) by age 14, to pursue the course of study and post-high school outcomes (living, learning & working);

Y <input type="checkbox"/> N <input type="checkbox"/> Accommodations	Y <input type="checkbox"/> N <input type="checkbox"/> Linkages/interagency responsibilities	Y <input type="checkbox"/> N <input type="checkbox"/> Supplementary aids and services
Y <input type="checkbox"/> N <input type="checkbox"/> Assistive technology	Y <input type="checkbox"/> N <input type="checkbox"/> Program modifications	Y <input type="checkbox"/> N <input type="checkbox"/> Supports for school personnel
Y <input type="checkbox"/> N <input type="checkbox"/> Community experiences	Y <input type="checkbox"/> N <input type="checkbox"/> Specially designed instruction	Y <input type="checkbox"/> N <input type="checkbox"/> Support or related services
Y <input type="checkbox"/> N <input type="checkbox"/> Development of work and other post-high school living objectives	Y <input type="checkbox"/> N <input type="checkbox"/> Other _____	

Describe each service, activity and support indicated above:	Provider(s) & when the service, activity or support will occur	Minutes in Setting
	Beginning Date: Provider(s): Time & frequency/when provided:	____ Reg EC Program ____ Special education Service Location: _____
	Beginning Date: Provider(s): Time & frequency/when provided:	____ Reg EC Program ____ Special education Service Location: _____
	Beginning Date: Provider(s): Time & frequency/when provided:	____ Reg EC Program ____ Special education Service Location: _____
	Beginning Date: Provider(s): Time & frequency/when provided:	____ Reg EC Program ____ Special education Service Location: _____
	Beginning Date: Provider(s): Time & frequency/when provided:	____ Reg EC Program ____ Special education Service Location: _____
	Beginning Date: Provider(s): Time & frequency/when provided:	____ Reg EC Program ____ Special education Service Location: _____

Min. in Program Month: _____	EC Code: _____	Total minutes removed from general education per month: LRE: Removal from GE % plus Time in GE % = 100%
------------------------------	----------------	--

Special Education Services, continued

Yes No **Are extended school year (ESY) services required?** If yes, specify the goals that require ESY services and describe the services. _____

Yes No **Are specialized transportation services required that are related to the disability?** If yes, describe.
 Special route (outside normal attendance area or transportation not typically provided based on distance from school)
 Attendant services Specially equipped vehicle Other _____

Physical Education: General Modified — describe below Specially designed — requires goal(s)

Indicate how this individual will participate in district-wide assessments

Without accommodations
 With accommodations
Describe accommodations necessary to measure academic achievement and functional performance _____

Through the state alternate assessment. Why can't the individual participate in the general assessment? _____

Why is this alternate assessment appropriate for this student? _____

District-wide assessment is not given at this grade level. The student is incarcerated in an adult correctional facility.

Additional Considerations

Address the following questions.

Yes No Will this individual receive all special education services in general education environments?
If no, explain: _____

Yes No Will this individual participate in nonacademic activities with nondisabled peers **and** have the same opportunity to participate in extracurricular activities as nondisabled peers?
If no, explain: _____

Yes No Will this individual attend the school he or she would attend if nondisabled?
If no, explain: _____

Yes No Will this individual attend a special school? If yes, attach responses to the special school questions.

Progress reports

Parents: You will be informed of your child's IEP progress _____ times per year. You will receive:

An IEP report with report cards and progress reports Updated copies of the IEP goal pages
