

PURPOSE: The IEP is designed to clearly communicate to the parents, the student and providers the type and amount of special education and any necessary related services or supports that will be made available for the student. The most recent evaluation report is used to develop the IEP. The IEP is individualized to reflect the unique needs of the student and how these needs will be addressed to permit the student to be included and progress in the general education curriculum.

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Initial IEP Annual Review Transition Plan Transfer Other:

Student: [REDACTED] Age: 6 Birth date: [REDACTED] Grade: 1st	IEP Meeting Date: 3-20-2012
Parent/Guardian(s): [REDACTED] Surrogate Parent Needed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IEP Start Date: 3-20-2012
Street Address: [REDACTED] Phone: [REDACTED]	Eligibility Date: 3-5-2012
Mailing Address: <input type="checkbox"/> Same as above	Reevaluation Date: 3-2-2015
IEP Case Manager: [REDACTED] School: [REDACTED] Disability: Specific Learning Disability	

Identified Goal Areas from the Evaluation Report::

- | | | | | |
|---|---|---|--|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Cognitive | <input type="checkbox"/> Study Skills | <input type="checkbox"/> Prevocational | <input type="checkbox"/> Articulation |
| <input type="checkbox"/> Mathematics | <input type="checkbox"/> Adaptive | <input type="checkbox"/> Behavior | <input type="checkbox"/> Vocational | <input type="checkbox"/> Oral Language |
| <input type="checkbox"/> Written Language | <input type="checkbox"/> Social/Emotional | <input checked="" type="checkbox"/> Academics | <input type="checkbox"/> Voice | <input type="checkbox"/> Fluency |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Motor | <input type="checkbox"/> Self-Help | | |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Other: _____ | | |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Other: _____ | | |

Student Profile & Student Strengths/Interests

[REDACTED] is a helpful first grader who is eager to please. He is very motivated to learn and works hard. [REDACTED] struggles with reading and writing skills, and can frustrate easily when things become difficult. [REDACTED] is kind and considerate to his classmates.

Components Included in the IEP

- Functional Behavioral Assessment
- Behavior Intervention Plan
- Transition Plan
- Extended School Year Plan
- Aversive Intervention Plan

Consideration of Special Factors

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>This student's behavior (if yes, describe strategies, including positive behavioral interventions and supports, to address behavior):</p> <p>(a) impedes his/her learning or that of others (b) puts the student or others at-risk for injury (c) could lead to a change of placement.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Behavioral Intervention Plan is attached. <input type="checkbox"/> Yes <input type="checkbox"/> No Functional Behavioral Assessment is attached.</p>	<p>Explanation special factors (i.e., respond to all items marked "yes"):</p>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>This student has limited English Proficiency (if yes, provide primary language proficiency and describe language needs of the student, as it relates to the IEP).</p>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>This student is blind or visually impaired (if yes, explain if Braille instruction is required and the rationale for the decision).</p>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>This student has communication needs.</p>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>This student requires assistive technology in order to receive a Free Appropriate Public Education.</p>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>This student has a health plan (if yes, describe health condition and impacts on learning).</p>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>This student takes medication that may impact his educational endeavors (if yes, describe condition and benefits/side effects of medication, if known).</p>	

Goals/Objectives:

Goal Area 1: Academics

Present Levels of Educational Performance (Describe how this student's disability affects involvement and progress in the general curriculum. For preschool children, describe how the disability affects the child's participation in appropriate activities)

Reading: ■ is beginning to learn to blend sounds to read words. He reads at a level 2 with 89% accuracy according to the Developmental Reading Assessment (DRA). The expected level for 1st graders at this time of year is between levels 8-12. ■ can read 8 out of 40 words from the first grade essential word list. He says 12 sounds at a rate of 52/1 sounds per minute. According to the DIBELS Next reading assessment, ■ scored in the 28th percentile, which puts him in the intensive range.

Writing: ■ scored as an emerging writer according to a recent district writing assessment. He writes familiar words such as mom, dad, I, in and uses pre-phonetic spelling for other words (house =hs). With support during writing, ■ will add details to his pictures to tell more about his stories, he will write beginning and ending sounds, and is working on spacing between words.

Math: ■ can count to 59 (with some prompts), identifies numbers to 100 (except 13 which he calls 30), and counts accurately with 1:1 correspondence to 42 (but can count to 97 with prompts). At this time ■ is able to work on grade level math concepts with support (prompting, explaining, encouraging) in the regular classroom. He may need a separate math goal in the future as concepts become more difficult.

Goal Statement:

By 3/13 ■ will read middle 1st grade level passages at a rate 40 wpm and answer comprehension questions relating to what he has read with 90% accuracy.
 By 3/13 ■ will write 3-4 sentences about a topic using phonetic spelling and high frequency 1st grade level words.

Identification & Description of Specifically Designed Instruction (SDI):

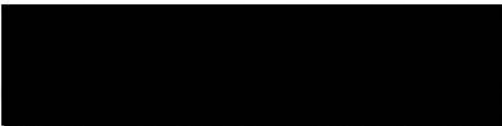
<input checked="" type="checkbox"/> Content (what)	Description of SDI	Specialized instruction of reading skills (sounds, segmenting, letter identification, sight words) in the general classroom now secret Direct instruction of math skills (counting, 1-1 correspondence, numeral recognition, adding & subtracting) in the resource area Writing Instruction: small group instruction to help ■ use sounds to begin writing with phonetic spelling
<input checked="" type="checkbox"/> Methodology (how)		
<input checked="" type="checkbox"/> Setting (where)		

Goal or Short-Term Objectives for Goal Area	Reporting Periods			
	Month/Date/Period	Month/Date/Period	Month/Date/Period	Month/Date/Period
Reading: By 6/12 ■ will say 15 sounds at a rate of 50 spm By 11/12 ■ will say 25 sounds at 50 spm and read beginning Reading Mastery I passages at a rate of 30 wpm By 3/13 ■ will say 40 sounds at 50 spm and will read middle 1 st grade level passages at 40 wpm	Progress Code: _____	Progress Code: _____	Progress Code: _____	Progress Code: _____
	Comments: _____	Comments: _____	Comments: _____	Comments: _____
Writing:	Progress Code: _____	Progress Code: _____	Progress Code: _____	Progress Code: _____



<p>By 6/12 write about a picture using beginning and ending sounds to help him write words phonetically</p> <p>By 11/12 write 2 sentences about a topic using phonetic spelling and high frequency kindergarten & 1st grade words</p> <p>By 3/13 write 3-4 sentences about a topic using phonetic spelling and high frequency 1st grade words</p>	<p>Comments:</p>	<p>Comments:</p>	<p>Comments:</p>	<p>Comments:</p>
	<p>Progress Code: _____</p> <p>Comments:</p>	<p>Progress Code: _____</p> <p>Comments:</p>	<p>Progress Code: _____</p> <p>Comments:</p>	<p>Progress Code: _____</p> <p>Comments:</p>

Progress Codes - 4 = Exceeding Standard at Trimester (Exceeds expectations for Benchmark/Exhibits exceptional quality work consistently) **3 = Meeting Standard at Trimester** Meets expectations for Benchmark/Meets requirements for quality work **2 = Working Toward Standard at Trimester** Meets some expectations for Benchmark/ Meets some requirements for quality work **1 = Below Standard at Trimester** Not yet meeting expectations for Benchmark/Needs more exposure and modeling to develop knowledge & understanding **N/A** Introduced / Not Applicable at this time



PURPOSE: The purpose of this page is to document the modifications and/or accommodations that the student requires, based on the student's assessed needs, in order to advance appropriately toward attaining the identified annual goals, to be involved and make progress in the general education curriculum, and to be educated with non-disabled peers to the maximum extent appropriate.

ACCOMMODATIONS, MODIFICATIONS, AND ASSISTIVE TECHNOLOGY

Subject (codes below)	Accommodations/Modifications Needed	Subject (codes below)	Accommodations/Modifications Needed
Presentation		Setting	
	Use large print/Braille/recorded books	a	Provide individualized/small group instruction
	Alter format of materials (<i>highlight, type, spacing, color-code etc.</i>)	a	Read class materials orally
	Low-vision devices (<i>magnifiers, Closed Circuit TV, etc.</i>)		Provide study outlines/guides/graphic organizers
a	Sign Language – ASL or SEE	a	Modify/repeat/model directions
	Shortened assignments	a	Take test in separate location
	Preview test procedures	a	Preferential seating
	Limited multiple choice		Other:
a	Rephrase test questions and/or directions	Response	
	Provide test/quiz study guide		Utilize oral responses to assignments/tests
	Provide extra credit options		Text-to-Speech (<i>Kurzweil, WYNN, Text Help, etc.</i>)
a	Simplify test wording	a	Allow dictation to a scribe
a	Read class materials orally		Allow use of a calculator
a	Assign peer tutor/note taker		Allow use of tape recorder
	Other:		Spelling and grammar devices
Timing/Scheduling			Speech-to-text software
	Prior notice of tests/quizzes		Hands-on assignments
a	Extra time to complete assignments		Other:
	Modify student's schedule (<i>describe below</i>):	Other	
			Provide desktop list of tasks
			Provide homework lists
			Behavior plan/contract
a	Extra time on tests/quizzes		Provide daily assignment list
a	Allow breaks (<i>during work, between tasks, during testing, etc.</i>)		Modified grading
	Other:		Other:
Assistive Technology			
Description:			
a. All subjects	e. Math	i. Health	m. Vocational
b. Reading	f. Science	j. Economics	n. Lunch/Recess
c. English	g. Social Studies	k. Physical Education	o. Library
d. Spelling	h. History	l. Music/Art	

SUMMARY OF SERVICES MATRIX

Service	Initiation Date	Frequency (i.e. – minutes per week)	Location of Service (setting)	Duration	Staff Responsible for Delivering Service
Special Education (specially designed instruction):					
Reading	3-20-2012	160 min/wk	Resource	3-19-2013	Para-Educator
Writing	3-20-2012	125 min/wk	Resource	3-19-2013	Para-Educator
Related Services (i.e. – speech, motor, counseling, vision/hearing, transportation, interpreting services, orientation/mobility, parent training, etc.):					
Supplementary Aids and Services (allows student to be educated with non-disabled peers to the maximum extent in general education or other educational setting):					
Program Modifications or Support for School Personnel (i.e. – staff development/training, technical assistance, etc.):					
	A.	1750	= Total building instructional minutes per week (excluding lunch time)		
	B.	285	= Total minutes per week student is served in a special education setting		
		84%	= % of time spent in general education setting (A minus B divided by A)		

LEAST RESTRICTIVE ENVIRONMENT:

Students ages 6 and above (check one):	Students ages 3 to 5 (check one):
<input checked="" type="checkbox"/> In general education setting 80 to 100% of the time <input type="checkbox"/> In general education setting 40 to 79% of the time <input type="checkbox"/> In general education setting 0 to 39% of the time <input type="checkbox"/> Separate day school (public or private) <input type="checkbox"/> Residential facility (public or private) <input type="checkbox"/> Correctional facility <input type="checkbox"/> Homebound/hospital <input type="checkbox"/> Home-school/parentally-placed private school	*Early Childhood Setting means a program outside the child's home that includes at least 50% children without disabilities (such as Head Start, Kindergarten, private preschool, group child care, etc.) <input type="checkbox"/> In Early Childhood setting 80 to 100% of the time <input type="checkbox"/> In Early Childhood setting 40 to 79% of the time <input type="checkbox"/> In Early Childhood setting 0 to 39% of the time <input type="checkbox"/> Separate class <input type="checkbox"/> Separate day school (public or private) <input type="checkbox"/> Residential facility (public or private) <input type="checkbox"/> Home <input type="checkbox"/> Service provider location

Student Progress Reporting to Parents

Progress toward IEP goals will be measured by: <input checked="" type="checkbox"/> progress on objectives (see objectives) <input type="checkbox"/> assessment of student work (e.g. portfolios, data from observations) <input type="checkbox"/> tests <input type="checkbox"/> other (describe): _____	Progress toward IEP goals will be reported to parents by: <input type="checkbox"/> report cards <input type="checkbox"/> personal contacts (e.g. telephone, notes, etc) <input checked="" type="checkbox"/> IEP progress reports _____ <input type="checkbox"/> Other (describe): _____
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An explanation of the extent, if any, to which the student will not participate with nondisabled students in the general education class, and in nonacademic and extracurricular activities, including a description of any adaptations needed for participation in physical education:



Participation in State or District-wide Assessments of Student Achievement

After review and consideration of approved accommodations student will participate in: <input checked="" type="checkbox"/> State-wide assessment: with accommodations <input checked="" type="checkbox"/> District-wide assessment: with accommodations <input type="checkbox"/> The following selected sections of state or district-wide assessment: <input type="checkbox"/> Alternate assessment	Basis for decision: <input type="checkbox"/> Type and severity of student' disability <input checked="" type="checkbox"/> Accommodations will allow a valid test situation <input type="checkbox"/> Necessary accommodations would result in contextual changes making score invalid <input type="checkbox"/> Prior test observations <input type="checkbox"/> Parent request
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Secondary Transition Services (for students age 16, or turning 16, during this current IEP period)

Student invited to IEP? Yes No Student participated in IEP? Yes No

Anticipated post school outcomes (Check all that apply):
 Post-secondary education Vocational training Competitive employment Supported employment Independent living Supported living

See attached transition plan

Prior to 17th birthday student has been informed of his/her rights that will transfer to him/her on reaching the age of majority.

Need for Extended School Year:

Yes* No Deferred until: _____

Reasons for decision:
 Documentation shows significant regression or difficulty regaining skills during school breaks.
 Absences due to acute/chronic health problems show severe deterioration in student's educational progress.
 Team judgment predicts a break in program will cause significant regression in skills attained.'

If Yes*, indicate priority goals/objectives for ESY: _____

PARTICIPANTS IN IEP MEETING (Signatures are used to document participation in the meeting and do not constitute agreement or disagreement):

[Redacted]	Parent/Guardian	[Redacted]	District Representative
[Redacted]	Parent/Guardian	[Redacted]	Name/Title
[Redacted]	Student	[Redacted]	Name/Title
[Redacted]	Special Education Teacher	[Redacted]	Name/Title
[Redacted]	General Education Teacher	[Redacted]	Name/Title

REQUIRED FOR INITIAL PROVISION OF SERVICES ONLY: WRITTEN PARENTAL CONSENT FOR SERVICES

My rights and those of my child regarding procedural safeguards have been fully explained. I understand that my child requires special education and before initial provision of special education and related services may occur, I must give consent for services. I understand when I give consent, it is voluntary, and that while it can be revoked, revocation is not retroactive. This means that the revocation does not undo services that occurred after my consent was given and before my consent was revoked. If I refuse consent, I understand that the district may not request mediation to obtain my consent or ask for a due process hearing to override my consent. If I do not give consent for initial services, the district may not provide services until I provide written consent. I understand that if I refuse consent, the district will not be considered to be in violation of the requirement to make FAPE available to my child.

I give consent for my child to receive special education services.

[Redacted Signature] Parent/Guardian Signature

3.20.12

Date

INVITATION TO ATTEND MEETING

Student Name: [REDACTED]

Birthdate: [REDACTED]

School: [REDACTED]

Date: 3-12-12

Dear: [REDACTED],

You are invited to attend a meeting concerning the above student's educational program.

*The purpose of the meeting is to: **write IEP**

If the purpose of this meeting is to develop, review or revise an IEP, you may invite any individual who has knowledge or special expertise about the student. If a copy of the *Notice of Procedural Safeguards for Special Education Students and Their Families* is not enclosed, a copy may be obtained by contacting the Special Programs Office - [REDACTED]

This meeting is scheduled for: (date) **Tuesday 3/20/12** (time) **3:30 pm** (place) [REDACTED]

At this time we do do not intend to discuss the need for transition services. If transition services are to be discussed, then your child will be invited to attend this meeting.

Meetings addressing IEPs, placement, and eligibility are scheduled at a mutually agreed upon place and time by you and the school district. If you are unable to attend this meeting, you may request that you would like to participate through other means.

*We also invited the following persons to participate in this meeting:

Name	Title	Name	Title
[REDACTED]	Teacher		

If you need special accommodations, please indicate below:

Interpreter - Language: _____ Other needs _____

Sincerely,

Title: **Special Ed. Teacher**

School: [REDACTED]

Please let me know if this time is convenient for you by contacting me at: [REDACTED] - telephone number: [REDACTED]

*The following team members have requested excusal from the meeting:

Name	Title	Reason

If the member's area of the curriculum or related service will not be discussed, the member may be excused without submitting comments in writing. If the member's area of curriculum or related service will be discussed, they may be excused but must provide comments in writing and submit this to the team in lieu of their appearance.

I agree to excuse the above team member(s) from the meeting.

I do not agree to excuse the above team member(s) from the meeting.

Signature of Parent _____

Date _____