

# INDIVIDUAL EDUCATION PLAN (IEP)

Date of Conference: \_\_\_\_\_  
(Month) (Day) (Year)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

**THE INDIVIDUAL EDUCATION TEAM INCLUDED THE FOLLOWING PARTICIPANTS IN ATTENDANCE:**

NAME	POSITION / RELATIONSHIP TO STUDENT	DATE
	Parent	
	Student, if appropriate	
	Regular education teacher	
	Special education teacher or provider	
	School district representative	
	Individual to interpret evaluation results	
	Service agency representative	
	Nonpublic representative (if student is attending a nonpublic school)	
	Other agency representative (when services are being provided or will be provided by another agency)	
	Others, as determined by the parent	
	Others, as determined by the school district	
	Educator of the Hearing Impaired, for children who are hearing impaired	

The school district has taken the necessary action to insure that I understand the proceedings of this IEP conference (including arrangement for an interpreter, if appropriate): ..... YES \_\_\_\_ NO \_\_\_\_

I have received a copy of the IEP ..... YES \_\_\_\_ NO \_\_\_\_

Parent Signature: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_

**SPECIAL CONSIDERATIONS (check and complete all that apply):**

\_\_\_\_\_ Student's Strengths: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Parental information, including concerns for enhancing their child's education: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Results of initial or recent evaluation(s) (this should include not only a report of test scores, but also an explanation of the results):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Results of child's performance on any general state and district-wide assessments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ If behavior impedes learning, consideration of appropriate behavioral strategies: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ If Limited English proficient, consideration of language needs: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ If blind or visually impaired, the IEP shall provide Braille instruction and the use of Braille, unless after an evaluation is determined the Braille, and the use of Braille is not appropriate for the child. \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Consideration of the child's communication needs: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ For children who are deaf or hard of hearing we have considered the following:

*Child's language and communication needs:* \_\_\_\_\_

*Opportunities for direct communication with peers and professionals in the child's language and communication mode:* \_\_\_\_\_  
\_\_\_\_\_

*Academic levels, and opportunities for direct instruction in the child's language and communication mode:*  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Consideration of the child's need for assistive technology service or device: \_\_\_\_\_  
\_\_\_\_\_

**PRESENT LEVEL OF EDUCATIONAL PERFORMANCE:**

Includes how the child's disability affects the child's involvement in and progress in the general curriculum, or for preschool children, how their disability affects the child's participation in appropriate activities):

**TRANSITION:**

\_\_\_\_\_ Beginning at age 14 (or younger, if appropriate), updated annually, a statement of the child's transition services, focusing on his/her course of study:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Beginning at age 16 (or younger, if appropriate), updated annually, a statement of needed transition services (indicate the strengths and/or needs for each area):

*Instruction:* \_\_\_\_\_

*Related Services:* \_\_\_\_\_

*Community Experiences:* \_\_\_\_\_

*Development of employment and other post-school options:*  
\_\_\_\_\_

*Daily Living Skills:* \_\_\_\_\_

*Functional Vocational Evaluation:* \_\_\_\_\_

*Interagency Linkages and Responsibilities:* \_\_\_\_\_

TRANSITION ACTIVITIES	AGENCY RESPONSIBLE	DATE

An additional page should be used for each goal, and goals for transition services can be recorded on this page.

**MEASURABLE ANNUAL GOAL:** \_\_\_\_\_

SHORT-TERM OBJECTIVES OR BENCHMARKS
(Each objective or benchmark should be related to enabling the child to be involved in or progress in the general curriculum, and should be related to meeting each of the child's other needs. As appropriate, for preschool children, each objective or benchmark should be related to enabling the child to participate in appropriate activities.

**PROGRESS REPORT:**

(I) Schedule	(II) Evaluation Procedures	(III) Person Responsible	(IV) Progress (date of review)				(V) Is progress sufficient to achieve annual goal?			
			Date	Date	Date	Date	Date	Date	Date	Date
			Code	Code	Code	Code	Code	Code	Code	Code

Comments on student progress in meeting the goals or objectives/benchmarks: \_\_\_\_\_

Statement of how student's progress will be reported to parents: (i.e., progress reports, letters, phone calls, etc.): \_\_\_\_\_

**(I) Schedule**

- A) 6 weeks
- B) 9 weeks
- C) Semester
- D) Other

**(II) Evaluation Procedures/Instruments**

- A) Teacher Observation
- B) Written Performance
- C) Oral Performance
- D) Criterion Reference Test
- E) Parent Report
- F) Time Sample
- G) Report Cards
- H) Other

**(III) Person(s) Responsible**

- P=Parent
- CT=Classroom Teacher
- RT=SPED Teacher
- SLP=Speech-Language Pathologist
- PARA=Paraprofessional
- D/HH=Deaf/Hard of Hearing Specialist
- ECS=Early Childhood Specialist
- OT=Occupational Therapist
- PT=Physical Therapist
- AD=Audiologist
- O=Other

**(IV) Progress Measurement**

- A) Goal Met
- B) Progress Made, Goal Not Met
- C) Little or No Progress
- D) Other, specify \_\_\_\_\_

**(V)**

**Is Progress Sufficient to Achieve the Annual Goal**

- A) Yes
- B) No

**SERVICES:**

SERVICES	DURATION Starting and Ending dates	LOCATION Regular class, Resource room, etc.	FREQUENCY Times per day, days per week	SCHOOL CALENDAR Does service follow the school calendar?
Special Education				
Related Services				
Supplementary Aids and Services (those services which are provided in the regular classroom to enable the child to be educated with their nondisabled peers)				
Program modifications, accommodations and interventions				
Assistive Technology Devices or Services				
Supports for School Personnel				

**Explanation of extent to which the student will not participate with nondisabled peers in the regular class and activities:**

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**TRANSPORTATION:**

Child qualifies for special education transportation..... YES \_\_\_\_ NO \_\_\_\_

If child qualifies, why:

- Child is below age five
- Child is required to attend a facility other than the normal attendance facility
- Nature of the child's disability is such that special education transportation is required

If the child qualifies for special education transportation, please describe the plan for transportation, including any special conditions necessary for safe transport:

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**ASSESSMENT:**

- The child will participate in district-wide assessment
  - without accommodations
  - with accommodations, as specified \_\_\_\_\_

The child will not participate in the regular district-wide assessment for the following reasons: \_\_\_\_\_

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The child will participate in the following alternate assessment: \_\_\_\_\_

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**EXTENDED SCHOOL YEAR SERVICES:**..... YES \_\_\_\_ NO \_\_\_\_

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