



INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Initial Subsequent From: Interim To: Amendment In State Transfer

Name of Student: _____ District ID _____ State Testing Number (STN): _____
Birthdate: _____ Grade: _____ Age: _____
Primary Disability: _____
Parents: _____
Phone: (Work) _____ (Home) _____ (Cell) _____
Parents Email Address: _____

Home Address: _____ District/Agency: _____
School Site: _____ Site Code: _____ IEP Teacher of Record: _____

OVERALL OBJECTIVE STATEMENTS

Document current evaluation data and write objective statements, (may include most recent statewide and districtwide assessments) to demonstrate how the child's disability affects the child's involvement, functional performance, and progress in the general education curriculum and postsecondary transition, as appropriate. For students of transition age, document transition assessment results as they relate to the postsecondary goal(s). For preschool children, describe how the disability affects the child's participation in age appropriate activities.

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To:

CURRENT ASSESSMENTS

According to the review of the current assessment data and the team's decision, this student will participate in an Alternate Assessment. Yes No

If the student will be participating in an alternate assessment, please explain why the child cannot participate in the regular assessment:

Present Level of Academic Achievement and Functional Educational Performance: Document current evaluation data and write objective statements, (may include most recent statewide and districtwide assessments) to demonstrate how the child's disability affects the child's involvement and progress in the general education curriculum and postsecondary transition, as appropriate. For students of transition age, document transition assessment results as they relate to the postsecondary goal(s). For preschool children, describe how the disability affects the child's participation in age appropriate activities.

**Assessment Area:
Assessment**

Component:	Date of Assessment:	Score Type(s):	Score(s) Reported:

Assessment Narrative:

**Assessment Area:
Assessment:**

Component:	Date of Assessment:	Score Type(s):	Score(s) Reported:

Assessment Narrative:

Name of Student:

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To:

Assessment Area:

Assessment:

Component:	Date of Assessment:	Score Type(s):	Score(s) Reported:

Assessment Narrative:

Assessment Area:

Assessment:

Component:	Date of Assessment:	Score Type(s):	Score(s) Reported:

Assessment Narrative:

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Assessment:

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Assessment:

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Assessment Narrative:

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Assessment Area:

Assessment:

Component:	Date of Assessment:	Score Type(s):	Score(s) Reported:

Assessment Narrative:

Assessment Area:

Assessment:

Component:	Date of Assessment:	Score Type(s):	Score(s) Reported:

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State Testing Number (STN):

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To:

Assessment Narrative:

Assessment Area:

Assessment:

Component:	Date of Assessment:	Score Type(s):	Score(s) Reported:

Assessment Narrative:

CURRENT DESCRIPTIVE INFORMATION

List strengths of the child and a statement of the anticipated effects on the child's participation in the general education curriculum or appropriate activities.

Strengths:

Anticipated Effects:

List the educational needs resulting from the child's disability, which may require special education, related services, supplementary aids, supports for personnel, or modifications.

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Parent Concerns for Enhancing the Child's Education:

CONSIDERATION OF SPECIAL FACTORS FOR IEP DEVELOPMENT

Yes No	The following special factors have been considered by the IEP team with relevance to this child.
<input type="checkbox"/> <input type="checkbox"/>	1. Does the student have limited English proficiency?
<input type="checkbox"/> <input type="checkbox"/>	2. Is the student blind or visually impaired?
<input type="checkbox"/> <input type="checkbox"/>	3. Does the student have communication needs?
<input type="checkbox"/> <input type="checkbox"/>	4. Is the student deaf or hard of hearing?
<input type="checkbox"/> <input type="checkbox"/>	5. Has the team determined that Assistive Technology is necessary to implement the student's IEP? Describe any assistive technology that may be necessary in order to implement any services or supports that are part of the Contingency Plan:
<input type="checkbox"/> <input type="checkbox"/>	6. Does the student's behavior impede his/her learning or that of others? Describe any behavioral supports that may be necessary as part of the Contingency Plan:

Name of Student:
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OK IEP
 From: To:
ANNUAL GOALS

Annual Goal:				1 of ..
Area of Need:		Person/Position Responsible:		ESY:
How will progress be measured?	Evaluation Procedure	Score Type	Target Score	
Overall Goal Comments:				
Informed Progress:			Frequency:	
Objective:	How will progress be measured?			ESY
	Evaluation Procedure	Score Type	Target Score	
	Evaluation Procedure	Score Type	Target Score	

Annual Goal:				2 of ..
Area of Need:		Person/Position Responsible:		ESY:
How will progress be measured?	Evaluation Procedure	Score Type	Target Score	
Overall Goal Comments:				
Informed Progress:			Frequency:	

Name of Student:

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State Testing Number (STN):

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To:

Objective:	How will progress be measured?			ESY
	Evaluation Procedure	Score Type	Target Score	
	Evaluation Procedure	Score Type	Target Score	
	Evaluation Procedure	Score Type	Target Score	

Annual Goal:			3 of ..
Area of Need:	Person/Position Responsible:		ESY:
How will progress be measured?	Evaluation Procedure	Score Type	Target Score
Overall Goal Comments:			
Informed Progress:		Frequency:	

Objective:	How will progress be measured?			ESY
	Evaluation Procedure	Score Type	Target Score	

Name of Student:

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To:

	Evaluation Procedure	Score Type	Target Score	

Annual Goal:	4 of..
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Area of Need:	Person/Position Responsible:	ESY:
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How will progress be measured?	Evaluation Procedure	Score Type	Target Score

Overall Goal Comments:

Informed Progress:	Frequency:
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Objective:	How will progress be measured?	ESY
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	Evaluation Procedure	Score Type	Target Score	

	Evaluation Procedure	Score Type	Target Score	

TRANSITION SERVICES PLAN

Strengths, Preferences, Interests, and Needs Based on Present Levels of Performance and Age Appropriate Transition Assessments.
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To:

<p>Transition Needs (specific needs based on results from transition assessments), Preferences, Strengths, Interests (this should include information not already documented in the Present Levels section):</p>	
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Desired Post-Secondary/Outcome Completion Goals	
Education/Training: Upon graduation from high school, I will	
Employment: Upon graduation from high school, I will	
Independent Living (if appropriate): Upon graduation from high school, I will	
Community Participation (if appropriate): Upon graduation from high school, I will	

TRANSITION GOALS

Annual Goal: .			1 of ..
Area of Need:	Person/Position Responsible:		ESY:
How will progress be measured?	Evaluation Procedure	Score Type	Target Score
Overall Goal Comments:			
Informed Progress:		Frequency:	

Name of Student:

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State Testing Number (STN):

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To:

Objective:	How will progress be measured?			ESY
	Evaluation Procedure	Score Type	Target Score	
	Evaluation Procedure	Score Type	Target Score	
	Evaluation Procedure	Score Type	Target Score	

Annual Goal:	2 of ..
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Area of Need:	Person/Position Responsible:	ESY:	
How will progress be measured?	Evaluation Procedure	Score Type	Target Score

Overall Goal Comments:

Informed Progress:	Frequency:

Name of Student:

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State Testing Number (STN):

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To:

Objective:	How will progress be measured?			ESY
	Evaluation Procedure	Score Type	Target Score	
	Evaluation Procedure	Score Type	Target Score	

Annual Goal:				3 of ..
Area of Need:	Person/Position Responsible:			ESY:
How will progress be measured?	Evaluation Procedure	Score Type	Target Score	
Overall Goal Comments:				
Informed Progress:			Frequency:	

Objective:	How will progress be measured?			ESY
	Evaluation Procedure	Score Type	Target Score	
	Evaluation Procedure	Score Type	Target Score	

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To:

Annual Goal:			4 of ..	
Area of Need:	Person/Position Responsible:		ESY:	
How will progress be measured?	Evaluation Procedure	Score Type	Target Score	
Overall Goal Comments:				
Informed Progress:		Frequency:		
Objective:	How will progress be measured?			ESY
	Evaluation Procedure	Score Type	Target Score	
	Evaluation Procedure	Score Type	Target Score	

OK Promise	
Student plans on enrolling in the Oklahoma's Promise program.	

Curriculum Participation	
Select Curriculum:	

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To:

Course of Study				
8th	9th	10th	11th	12th

Transition Services and Coordinated Activities					
Transition Area	Transition Service/Coordinated Activities	Person Responsible	Agency Responsible	Anticipated Completion Date	Contingency
Education					<input type="checkbox"/>
Employment					<input type="checkbox"/>
Independent Living					<input type="checkbox"/>

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To:

Community Participation					<input type="checkbox"/>
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List and describe any accommodations necessary for Transition Services and Coordinated Activities:

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Projected Date of Graduation/Type

Date:	
Type:	

Vocational Education/Rehabilitation

In planning the course of study, has information been provided regarding opportunities for vocational education (e.g. high school vocational education courses, school-based training, work study programs, technology education, area career technology center programs?)	Date(s) information was provided to young adult and parent(s): Person responsible for referral: _____ Date: _____
By age 16, the young adult has been referred to the vocational rehabilitation counselor in the young adult's school district and the parent(s) and young adult were provided a copy.	Person responsible for referral: _____ Date: _____ Name of the Vocational Rehabilitation Counselor (if known): _____

Invitation to Meetings

Was the student invited to the meeting?	
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Were members of outside agency(ies) paying for or providing secondary transition services invited to attend the IEP meeting (if appropriate)?	
If outside agency representatives were invited, was parent consent obtained?	

Transfer of Rights/Age of Majority	
By age 17, have young adult and parent(s) been informed of transfer of rights at age of majority?	If no, explain why:
Comments:	

SERVICES AND SUPPLEMENTAL AIDS

Special Education Services							
Specially Designed Instruction	Service Type	Number Sessions/ Session Length	Start Date/End Date	Provider Title	Location	ESY	Contin- gency
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Provide additional information, if necessary, to describe any services provided through Special Education - Virtual or Special Education - Distance that are not part of the contingency plan

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Supplemental Aids

Supplemental Aid Provided	Number Sessions/Session Length	Start Date End Date	Training Information	Implementation Information

Physical Education Program- Accommodations necessary for the child to participate in PE will be listed on the accommodations page under Physical Education:

- Regular PE Adapted PE N/A

Is this student's instructional week the same length as nondisabled peers?

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ACCOMMODATIONS

PROGRAM PARTICIPATION

Class/Activity	Accommodation(s)
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Name of Student:

OK IEP

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From: To:

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Name of Student:

OK IEP

State Testing Number (STN):

From: To:

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Name of Student:

OK IEP

State Testing Number (STN):

From:

To:

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Name of Student:

State Testing Number (STN):

OK IEP

From: To:

	With Accommodations
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Name of Student:

State Testing Number (STN):

OK IEP

From: To:

	With Accommodations
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STATE/DISTRICT MANDATED TESTS

State/District Assessment	Accommodation(s)
Oklahoma Alternate Assessment Program (OAAP)	Participating

Documentation of LRE Placement Considerations

The Continuum of Placements for the least restrictive environment (LRE) includes regular classes full-time, special classes part-time or full-time, public/private separate day school facility, public/private residential facility, home instruction/hospital environment, correctional facility, or parentally placed in private schools.

Provide an explanation below of the extent, if any, to which the child will not participate with nondisabled students in the general education curriculum or age appropriate activities:

Describe continuum of placements considered and reasons determined not appropriate:

Explain considerations of potential harmful effect on the child or the quality of services needed:

Define below any supplementary aids and services, program modifications and/or supports for personnel in general education or other education-related settings not otherwise addressed as special education or related services:

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When special classes, separate schools/facilities, or other removal from the general education environment occurs, describe how the nature and severity of the disability is such that education in the general education classes, with the use of supplementary aids and services, cannot be achieved satisfactorily:

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Is this placement in the school where the student would normally attend if nondisabled?	
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Amount of time in general education setting:
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Extended School Year

Date ESY program was/will be determined:	
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The Team has determined the following in regards to the student's eligibility for Extended School Year services:	
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Contingency Plan

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Describe how services will be provided:	
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Describe how progress will be monitored:	
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Describe how communication will take place between the school and the parent(s):	
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Describe any other considerations (including supplementary aids and supports, accommodations, assistive technology, behavioral interventions, etc.):	
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Name of Student:
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TEAM PARTICIPANT SIGNATURES

The following individuals attended the IEP Team and participated in the development of this Individualized Education Program.

Position	Team Participant Signatures	Date	Agree	Disagree
Parent/Guardian	_____		<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian	_____		<input type="checkbox"/>	<input type="checkbox"/>
Special Education Teacher	_____		<input type="checkbox"/>	<input type="checkbox"/>
General Education Teacher	_____		<input type="checkbox"/>	<input type="checkbox"/>
Administrative Representative	_____		<input type="checkbox"/>	<input type="checkbox"/>
Student	_____		<input type="checkbox"/>	<input type="checkbox"/>

***Team members who disagree may submit separate statements presenting their conclusions. (Complete Comment Form as necessary.)**

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If parent(s) did not attend the IEP meeting, explain other methods to ensure parent participation (and/or child as appropriate):
(e.g., Conference call, videoconference, home visit)

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INFORMED PARENTAL CONSENT

Parent(s) received <i>Parents Rights in Education</i> :	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent(s) received <i>Notice of Procedural Safeguards</i> .
<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent(s) received <i>Parent Survey</i> brochure.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent(s) have received information regarding the Lindsey Nicole Henry Scholarship.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Parent(s) of children with an auditory or visual impairment have received written information concerning the availability of programs at the Oklahoma School for the Deaf and/or the Oklahoma School for the Blind.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If student is participating in the Oklahoma Alternate Assessment Program (OAAP), parent(s) have received the OAAP Parent Brochure describing the alternate academic achievement standards and the Oklahoma Alternate Assessment Program.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Parent(s) have participated in the development of the Contingency Plan in place for the student and understand under what circumstances it will go into effect.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Translation/Interpretation needed.
Parent Initial: _____	

Parent Consent for initial placement (consent is voluntary and may be revoked at any time):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Parent Signature _____	Date: _____



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To:

ADDITIONAL MEETING ATTENDEES

Signature	Printed Name	Date	Purpose



Criteria Checklist for Assessing Students with Disabilities on Alternate Assessments

Name:

State Testing Number:

The OAAP Portfolio Assessment is intended for a very small population of students with the **most significant cognitive disabilities**. Due to the severity of the cognitive disabilities of this population of students, alternate achievement of the content standards is required in daily instruction as well as statewide assessment and the performance expectations aligned with the statewide general assessment are not appropriate even with the accommodations. Assessment decisions are made on an annual basis by the IEP team and students must meet certain criteria to be eligible for an alternate assessment. **Students who do not meet the eligibility criteria below SHOULD NOT take the alternate assessment.**

PARTICIPATION CRITERIA CHECKLIST	Yes	No
Does the student have significant intellectual disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have significant adaptive behavior deficits?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student's IEP require alternate achievement standards in ALL content areas?	<input type="checkbox"/>	<input type="checkbox"/>
Does the IEP team feel extensive family/community support will be a lifelong requirement , regardless of modifications, accommodations or adaptations implemented in the student's program?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student require intensive and extensive direct instruction in multiple settings to acquire, maintain, generalize, and demonstrate knowledge of skills?	<input type="checkbox"/>	<input type="checkbox"/>
The decision to place the student on an alternate assessment is based on the student's disability and NOT on excessive absences, language, social, cultural, or economic differences, OR administration reasons such as the student is expected to perform poorly on the regular assessment, the student displays disruptive behaviors, or the student experiences emotional distress during testing.	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to **ANY** of the questions above is "NO", the student must participate in the regular assessment with or without accommodations. If **ALL** of the answers to the questions above are "YES", the student is eligible to participate in an alternate assessment.