

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

NAME OF CHILD: _____ STUDENT ID: _____
FIRST MIDDLE LAST

BIRTHDATE: _____ GRADE: _____ AGE: _____ DATE: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

PARENT(S): _____

PHONE: (WORK) _____ (HOME) _____ (OTHER) _____

HOME ADDRESS: _____ DISTRICT/AGENCY: _____
STREET ADDRESS/P.O. BOX CITY STATE ZIP

BUILDING: _____ SITE CODE: _____ IEP TEACHER OF RECORD: _____

The following member of the IEP team is NOT required to attend, in whole or in part. Please describe the nature of in part:

I agree this listed member is not required to attend, in whole or in part. (Complete the Comment Form if needed.)

Parent Signature: _____ LEA Representative Signature: _____

<input type="checkbox"/> INITIAL IEP	<input type="checkbox"/> INTERIM IEP	<input type="checkbox"/> SUBSEQUENT IEP	DATE AMENDED OR MODIFIED: _____
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Present Levels of Academic Achievement and Functional 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, 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.

Current Assessment Data	Objective Statements

IEP – Strengths/Needs, Special Factors, and Parent Concerns Page

<p>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.</p>	<p>List the educational needs resulting from the child's disability, which may require special education, related services, supplementary aids, supports for personnel, or modifications.</p>
<p>Strengths:</p>	
<p>Anticipated Effects:</p>	
<p>Consideration of special factors: Check yes or no whether the IEP team considers each special factor to be relevant to this child.</p> <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Strategies, positive behavior interventions and supports, as appropriate, if behavior impedes learning of self or others</p> <p><input type="checkbox"/> <input type="checkbox"/> Language needs as related to the IEP for a child with limited English proficiency (LEP)</p> <p><input type="checkbox"/> <input type="checkbox"/> Instruction and use of Braille if child is blind or visually impaired, unless determined inappropriate based on evaluation.</p> <p><input type="checkbox"/> <input type="checkbox"/> Communication needs, and for child who is deaf or hard of hearing, the language and communication needs and opportunities for communication and instruction in the child's native language and communication mode</p> <p><input type="checkbox"/> <input type="checkbox"/> Whether this child requires assistive technology devices and service</p> <p>For special factors checked yes, explain determinations of the team as to whether services are required in the IEP.</p>	
<p>Parent Concerns for Enhancing the Child's Education:</p>	

IEP – Goals Page

NAME OF CHILD: _____ STUDENT ID: _____
 FIRST MIDDLE LAST

Annual Goals: Provide measurable annual goals, including academic and functional goals to enable the child to be involved in and make progress in the general education curriculum (for a preschool child in the appropriate activities), and to meet other educational needs that result from the disability.						
GOAL # _____						
Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe how often this will occur and what methods will be utilized.	Record the extent of progress toward achieving the annual goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).					
	DATE	DATE	DATE	DATE	DATE	DATE (ESY)
How will the extent of progress toward annual goals be measured?						
GOAL # _____						
Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe how often this will occur and what methods will be utilized.	Record the extent of progress toward achieving the annual goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).					
	DATE	DATE	DATE	DATE	DATE	DATE (ESY)
How will the extent of progress toward annual goals be measured?						
GOAL # _____						
Parents are to be informed of progress in annual goals, in addition to general education academic performance reports. Describe how often this will occur and what methods will be utilized.	Record the extent of progress toward achieving the annual goals by the end of the year (i.e., one-half, two-thirds, fifty percent, passing grades in general curriculum).					
	DATE	DATE	DATE	DATE	DATE	DATE (ESY)
How will the extent of progress toward annual goals be measured?						
COMMENTS:						

IEP – Transition Services Plan

(The IEP must include secondary transition services that are in effect not later than the beginning of the student’s ninth grade year or upon turning 16 years of age, whichever comes first, or younger, if determined appropriate by the IEP team, and updated annually.)

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Adult Living Skills & Post School Options (Goals based on skills for self-determination, interpersonal interactions, communication, health/fitness and the knowledge needed to successfully participate in Adult Life and other Post School Activities (e.g. skills needed to manage a household, maintain a budget and other responsibilities of an adult.)			
Transition IEP Goal(s)	Transition Activities/Services	Person/Agency Involved	Date of Completion

Daily Living Skills (Goals based on adaptive behaviors related to personal care and well-being to decrease dependence on others.)			
Transition IEP Goal(s)	Transition Activities/Services	Person/Agency Involved	Date of Completion

Curriculum Participation

Students entering the 9th grade are automatically enrolled in the College Preparatory/Work Ready Curriculum. To participate in the Core Curriculum the parent or legal guardian must complete an opt-out form provided by the school. The curriculum option marked below must match the student’s educational records in their cumulative folder.

Select Curriculum: ACE College Preparatory/Work Ready Core Curriculum

Projected Date of Graduation/Program Completion and Type

Date _____

Standard Diploma General Educational Development (GED) Other _____

Vocational Education/Rehabilitation

<input type="checkbox"/> Yes <input type="checkbox"/> No	In planning the course of study, is information needed regarding opportunities for vocational education (e.g., high school vocational education courses, school-based training, work study programs, technology education, or area career technology center programs)? If yes, document date(s) when information was provided to young adult and parent(s). Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	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 the referral: _____ Date: _____ Name of the Vocational Rehabilitation Counselor: _____

Transfer of Rights/Age of Majority

<input type="checkbox"/> Yes <input type="checkbox"/> No	By age 17, have young adult and parent(s) been informed of any transfer of rights at age of majority? If no explain why: _____ Comments: _____ _____
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IEP – Services Page

NAME OF CHILD: _____ STUDENT ID: _____

FIRST MIDDLE LAST

Special Education Services: List each special education service.				
Type of Service(s)	Amount of Services (Time and Frequency)	Starting Date	Ending Date	Person Responsible (Title)

Related Services: List each related service necessary for the child to benefit from special education.					
Type of Service(s)	Location of Services	Amount of Services (Time and Frequency)	Starting Date	Ending Date	Person Responsible (Title)

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

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. For preschool children (aged 3 through 5), the continuum includes early childhood program, special education program, residential facilities, home, service provider location.

Continuum of Placement: drop down box

Amount of time in general education setting: ____ of ____ periods per day **OR** ____ % of instructional day.
 If block schedule, describe:

Is this child’s instructional day the same length as nondisabled peers? Yes No
 If no, describe the reason(s) for a shortened school day:

<input type="checkbox"/> Regular PE <input type="checkbox"/> Adapted PE <input type="checkbox"/> NA If not applicable provide justification:	List modifications necessary for this child to participate in regular PE (specially designed adapted PE, if needed, must be addressed on the IEP):
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Supplementary aids and services, accommodations, program modifications and/or supports for personnel in general education or other education-related settings not otherwise addressed as special education or related services:

IEP-Assessment Page

NAME OF CHILD: _____ STUDENT ID: _____
FIRST/MIDDLE/LAST

School Year: ___ Drop Down Box _____

State and Districtwide Assessment Programs

Assessment decisions must be addressed on an annual basis. Utilizing the Criteria Checklist for Assessing Students with Disabilities on Cnngtpevg Assessments"QF G'Hqto "34+0

- Oklahoma Core Curriculum Test (OCCT)
 Alternate Assessment OMAAP
 Alternate Assessment OAAP
 (EOI retesters only)

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

Select an appropriate assessment for each content area, and if appropriate, specify state approved accommodations:

Language Arts/Writing	Setting/Timing/Schedule	Response/Presentation
Mathematics	Setting/Timing/Schedule	Response/Presentation
Science	Setting/Timing/Schedule	Response/Presentation
Social Studies	Setting/Timing/Schedule	Response/Presentation

IEP – Signature Page

NAME OF CHILD: _____ STUDENT ID: _____

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Extended School Year (ESY) Services

ESY Services: Requires further data; will reconvene by ___/___/___ are necessary are not necessary
If necessary, describe services provided:

Documentation of LRE Placement Considerations

Describe continuum of placements considered and reasons determined not appropriate:

Is this placement in the school the child would normally attend if nondisabled? Yes No

If no, is the placement as close as possible to the child's home? Yes No

If no, explain why the IEP requires other arrangements:

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

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 general education classes, with the use of supplementary aids and services, cannot be achieved satisfactorily:

Date of next IEP _____ Date of next 3 year reevaluation _____

FROM INITIAL FROM INTERIM FROM SUBSEQUENT

Team Participant Signatures:

Parent(s) _____	Date _____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Special Education Teacher _____	Date _____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Regular Education Teacher _____	Date _____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Administrative Representative _____	Date _____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Student _____	Date _____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree
Other _____	Date _____	<input type="checkbox"/> Agree	<input type="checkbox"/> *Disagree

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

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)

Parent(s) received *Parents Rights in Special Education:*

Notice of Procedural Safeguards

Yes No

Translation/Interpretation needed: Yes No

If yes, specify how provided: _____

Parent(s) received *Parent Survey* form and *business reply* envelope:

Yes No

Parent(s) have received information regarding the *Lindsey Nicole Henry Scholarship*:

Yes No

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 the Oklahoma School for the Blind:

Yes No N/A

Parent Initial: _____ a

Parent consent for initial placement (consent is voluntary and may be revoked at any time)

Yes No

Parent Signature: _____ Date: _____