# Handout IV: Sample IEP

**School District Name:**

**School District Address:**

**School District Contact Person/Phone #:**

## Individualized Education Program

IEP Dates: from to

Student Name: _____ DOB: _____ ID#: _____ Grade/Level: _____

**Parent and/or Student Concerns**

What concern(s) does the parent and/or student want to see addressed in this IEP to enhance the student's education?

**Student Strengths and Key Evaluation Results Summary**

What are the student's educational strengths, interest areas, significant personal attributes and personal accomplishments?
What is the student's type of disability(ies), general education performance
including MCAS/district test results, achievement towards goals and lack of expected progress, if any?

**Vision Statement:** What is the vision for this student?
Consider the next 1 to 5 year period when developing this statement. Beginning no later than age 14,
the statement should be based on the student's preferences and interest,
and should include desired outcomes in adult living, post-secondary and working environments.

**Individualized Education Program** IEP Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____

# Present Levels of Educational Performance

## A: General Curriculum

**Check all that apply.**

| | **General curriculum area(s) affected by this student's disability(ies):** |
|---|---|
| ☐ English Language Arts | Consider the language, composition, literature (including reading) and media strands. |
| ☐ History and Social Sciences | Consider the history, geography, economic and civics and government strands. |
| ☐ Science and Technology | Consider the inquiry, domains of science, technology and science, technology and human affairs strand. |
| ☐ Mathematics | Consider the number sense, patterns, relations and functions, geometry and measurement and statistics and probability strands. |
| ☐ Other Curriculum Areas | Specify: |

How does the disability(ies) affect progress in the curriculum area(s)?

What type(s) of accommodation, *if any*, is necessary for the student to make effective progress?

What type(s) of specially designed instruction, *if any*, is necessary for the student to make effective progress?

Check the necessary instructional modification(s) and describe how such modification(s) will be made.

☐ Content:

☐ Methodology/Delivery of Instruction:

☐ Performance Criteria:

**Use multiple copies of this form as needed.**

IEP 2

**Individualized Education Program** IEP Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____

# Present Levels of Educational Performance

**B: Other Educational Needs**

**Check all that apply.**

***General Considerations***

- ☐ Adapted physical education
- ☐ Assistive tech devices/services
- ☐ Behavior
- ☐ Braille needs (blind/visually impaired)
- ☐ Communication (all students)
- ☐ Communication (deaf/hard of hearing students)
- ☐ Extra curriculum activities
- ☐ Language needs (LEP students)
- ☐ Nonacademic activities
- ☐ Social/emotional needs
- ☐ Travel training
- ☐ Skill development related to vocational preparation or experience
- ☐ Other _____

***Age-Specific Considerations***

- ☐ For children ages 3 to 5 — participation in appropriate activities
- ☐ For children ages 14* (or younger if appropriate) — student's course of study
- ☐ For children ages 16 (or younger if appropriate) to 22 — transition to post-school activities including community experiences, employment objectives, other post school adult living and, if appropriate, daily living skills

How does the disability(ies) affect progress in the indicated area(s) of other educational needs?

What type(s) of accommodation, *if any*, is necessary for the student to make effective progress?

What type(s) of specially designed instruction, *if any*, is necessary for the student to make effective progress?

Check the necessary instructional modification(s) and describe how such modification(s) will be made.

- ☐ Content:
- ☐ Methodology/Delivery of Instruction:
- ☐ Performance Criteria:

**Use multiple copies of this form as needed.**

IEP 3

**Individualized Education Program**

IEP Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____

## Current Performance Levels/Measurable Annual Goals

| Goal # | Specific Goal Focus: |
|---|---|

Current Performance Level: What can the student currently do?

Measurable Annual Goal: What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period? How will we know that the student has reached this goal?

**Benchmark/Objectives:** What will the student need to do to complete this goal?

| Goal # | Specific Goal Focus: |
|---|---|

**Current Performance Level**: What can the student currently do?

**Measurable Annual Goal:** What challenging, yet attainable, goal can we expect the student to meet by the end of this IEP period? How will we know that the student has reached this goal?

**Benchmark/Objectives:** What will the student need to do to complete this goal?

Progress Reports are required to be sent to parents at least as often as parents are informed of their nondisabled children's progress. Each progress report must describe the student's progress toward meeting each annual goal.

**Use multiple copies of this form as needed.**

IEP 4

**Individualized Education Program** IEP Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____

## Service Delivery

What are the total service delivery needs of this student?

Include services, related services, program modifications and supports (including positive behavioral supports, school personnel and/or parent training/supports). Services should assist the student in reaching IEP goals, to be involved and progress in the general curriculum, to participate in extracurricular/nonacademic activities and to allow the student to participate with nondisabled students while working towards IEP goals.

School District Cycle: ☐ 5 day cycle ☐ 6 day cycle ☐ 10 day cycle ☐ other:

**A. Consultation (Indirect Services to School Personnel and Parents)**

| Focus on Goal # | Type of Service | Type of Personnel | Frequency and Duration/Per Cycle | Start Date | End Date |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**B. Special Education and Related Services in General Education Classroom (Direct Service)**

| Focus on Goal # | Type of Service | Type of Personnel | Frequency and Duration/Per Cycle | Start Date | End Date |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**C. Special Education and Related Services in Other Settings (Direct Service)**

| Focus on Goal # | Type of Service | Type of Personnel | Frequency and Duration/Per Cycle | Start Date | End Date |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
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**Use multiple copies of this form as needed.**

**Individualized Education Program** IEP Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____

## Nonparticipation Justification

Is the student removed from the general education classroom at any time? (Refer to IEP 5—Service Delivery, Section C.)

☐ No ☐ Yes If yes, why is removal considered critical to the student's program?

IDEA 2004 Regulation 20 U.S.C. §612 (a) (5).550: "... removal of children with disabilities from the regular educational environment occurs ***only when*** the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily." (Emphasis added.)

## Schedule Modification

**Shorter:** Does this student require a *shorter school day or shorter school year*?

☐ No ☐ Yes — shorter day ☐ Yes — shorter year If yes, answer the questions below.

**Longer:** Does this student require a longer school day or a longer school year to prevent substantial loss of previously learned skills and / or substantial difficulty in relearning skills?

☐ No ☐ Yes — longer day ☐ Yes — longer year If yes, answer the questions below.

How will the student's schedule be modified? Why is this schedule modification being recommended?
If a longer day or year is recommended, how will the school district coordinate services across program components?

## Transportation Services

Does the student require transportation as a result of the disability(ies)?

☐ No Regular transportation will be provided in the same manner as it would be provided for students without disabilities. If the child is placed away from the local school, transportation will be provided.

☐ Yes Special transportation will be provided in the following manner:

☐ on a regular transportation vehicle with the following modifications and/or specialized equipment and precautions:

☐ on a special transportation vehicle with the following modifications and/or specialized equipment and precautions:

After the team makes a transportation decision and after a placement decision has been made, a parent may choose to provide transportation and may be eligible for reimbursement under certain circumstances. Any parent who plans to transport their child to school should notify the school district contact person.

**Individualized Education Program** IEP Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____

## State or District-Wide Assessment

Identify state or district-wide assessments planned during this IEP period:

_____

Fill out the table below. Consider any state or district-wide assessment to be administered during the time span covered by this IEP. For each content area, identify the student's assessment participation status by putting an "X" in the corresponding box for column 1,2, or 3.

| | 1. Assessment participation: Student participates in on-demand testing under routine conditions in this content area. | 2. Assessment participation: Student participates in on-demand testing with accommodations in this content area. (See ❶ below) | 3. Assessment participation: Student participates in alternate assessment in this content area. (See ❷ below) |
|---|---|---|---|
| **CONTENT AREAS** | **COLUMN 1** | **COLUMN 2** | **COLUMN 3** |
| English Language Arts | ☐ | ☐ | ☐ |
| History and Social Sciences | ☐ | ☐ | ☐ |
| Mathematics | ☐ | ☐ | ☐ |
| Science and Technology | ☐ | ☐ | ☐ |
| Reading | ☐ | ☐ | ☐ |

❶For each content area identified by an X in the column 2 above: note in the space below, the content area and describe the accommodations necessary for participation in the on-demand testing. Any accommodations used for assessment purposes should be closely modeled on the accommodations that are provided to the student as part of his/her instructional program.

❷For each content area identified by an X in column 3 above: note in the space below, the content area, why the on-demand assessment is not appropriate and how that content area will be alternately assessed. Make sure to include the learning standards that will be addressed in each content area, the recommended assessment method(s) and the recommended evaluation and reporting method(s) for the student's performance on the alternate assessment.

**NOTE**

When state model(s) for alternate assessment are adopted, the district may enter use of state model(s) for how content area(s) will be assessed.

**Individualized Education Program** IEP Dates: from _____ to _____

Student Name: _____ DOB: _____ ID#: _____

## Additional Information

☐ Include the following transition information: the anticipated graduation date; a statement of interagency responsibilities or needed linkages; the discussion of transfer of rights at least one year before age of majority; and a recommendation for Chapter 688 Referral.

☐ Document efforts to obtain participation if a parent and if student did not attend meeting or provide input.

☐ Record other relevant IEP information not previously stated.

## Response Section

**School Assurance**

I certify that the goals in this IEP are those recommended by the Team and that the indicated services will be provided.

Signature and Role of LEA Representative Date

**Parent Options / Responses**

**It is important that the district knows your decision as soon as possible. Please indicate your response by checking at least one (1) box and returning a signed copy to the district. Thank you.**

☐ I accept the IEP as developed. ☐ I reject the IEP as developed.

☐ I reject the following portions of the IEP with the understanding that any portion(s) that I do not reject will be considered accepted and implemented immediately. Rejected portions are as follows:

_____

_____

_____

_____

☐ I request a meeting to discuss the rejected IEP or rejected portion(s).

_____

Signature of Parent, Guardian, Educational Surrogate Parent, Student 18 and Over* Date

**Required signature once a student reaches 18 unless there is a court appointed guardian.*

Parent Comment: I would like to make the following comment(s) but realize any comment(s) made that suggest changes to the proposed IEP will not be implemented unless the IEP is amended.

_____

_____

_____

IEP 8