

# Individualized Education Program

**Student:** \_\_\_\_\_ **STN:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Effective IEP Dates:** \_\_\_\_\_ to \_\_\_\_\_ **File Date:** \_\_\_\_\_

**Case Conference Committee Meeting Scheduled:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Place:** \_\_\_\_\_

**Guardian Information:**

**Relation to Student:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Business Phone:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Mobile Phone:** \_\_\_\_\_

**Relation to Student:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Business Phone:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_  
**Mobile Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Purposes of the Case Conference:**

- Annual
- Revise IEP
- Revise IEP without a meeting
- Initial Evaluation
- Initial Expedited Evaluation
- Initial following lack of response to interventions
- Reevaluation Review
- Post-Secondary Transition
- Move-in – Enrollment Date: \_\_\_\_\_
- Manifestation Determination
- Exit Secondary Education
- Interim Alternate Educational Setting
- Out-of-school Placement - 60 Day Review – Date for Review: \_\_\_\_\_
- Consider Placement in an Alternative Program
- Consider Placement at a State School
- Consider Placement at a Private Facility
- Consider Service Plan
- Public Agency Placement with Different Public Agency of Service

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**Existing Data:**

Describe the Strengths of the Student:

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Describe the concerns of Parent for Enhancing the Education of the Student:

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Response to Instructional Strategies and Research-Based Interventions:

*(Only for meeting purpose Initial Evaluation following lack of response to interventions)*

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Student Growth (Progress Monitoring) Data:

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DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

**Eligibility Decision:**

\_\_ Yes \_\_ No

The Case Conference Committee has determined that the student's disability adversely affects the student's educational performance.

**Primary Eligibility Area: (indicate Primary disability)**

- |  |   |
|--|---|
| <input type="checkbox"/> Autism Spectrum Disorder                | <input type="checkbox"/> Deaf or Hard of Hearing      |
| <input type="checkbox"/> Language Impairment                     | <input type="checkbox"/> Other Health Impaired        |
| <input type="checkbox"/> Speech Impairment                       | <input type="checkbox"/> Deaf-Blind                   |
| <input type="checkbox"/> Blind or Low Vision                     | <input type="checkbox"/> Orthopedic Impairment        |
| <input type="checkbox"/> Mild Cognitive Disability               | <input type="checkbox"/> Developmental Delay          |
| <input type="checkbox"/> Moderate Cognitive Disability           | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Severe or Profound Cognitive Disability | <input type="checkbox"/> Emotional Disability         |
| <input type="checkbox"/> Multiple Disabilities                   | <input type="checkbox"/> Traumatic Brain Injury       |

**Secondary Eligibility Areas: (indicate any Secondary disabilities if any)**

- |  |   |
|--|---|
| <input type="checkbox"/> Autism Spectrum Disorder                | <input type="checkbox"/> Deaf or Hard of Hearing      |
| <input type="checkbox"/> Language Impairment                     | <input type="checkbox"/> Other Health Impaired        |
| <input type="checkbox"/> Speech Impairment                       | <input type="checkbox"/> Deaf-Blind                   |
| <input type="checkbox"/> Blind or Low Vision                     | <input type="checkbox"/> Orthopedic Impairment        |
| <input type="checkbox"/> Mild Cognitive Disability               | <input type="checkbox"/> Developmental Delay          |
| <input type="checkbox"/> Moderate Cognitive Disability           | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Severe or Profound Cognitive Disability | <input type="checkbox"/> Emotional Disability         |
| <input type="checkbox"/> Multiple Disabilities                   | <input type="checkbox"/> Traumatic Brain Injury       |

Describe the reasons for eligibility or ineligibility determination including the other options considered and reasons these options were rejected.

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DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

**Special Considerations:**

Yes  No Does the student have needs related to Limited English Proficiency?

If yes, describe the student's needs:

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Yes  No Are there considerations regarding the student's language and communication needs, opportunities for direct communications with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student's language and communication mode? **(Only Students with Deaf or Hard of Hearing or Deaf-Blind eligibility areas require this response.)**

If yes, describe the student's language and communication needs:

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Yes  No Are there considerations regarding the instruction in Braille and the use of Braille? **(Only Students with Blind/Low Vision or Deaf-Blind Eligibility Areas require this response.)**

If yes, describe the considerations regarding Braille:

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DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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**Behavioral Concerns:**

Yes, there is a behavior of concern for the Case Conference Committee to Discuss.

If yes, provide a description of the behavior of concern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No, there is not a behavior of Concern for the Case Conference Committee to Discuss.

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Yes  No **Does the Behavior of this student impede his or her progress or that of others?**

If **NO**, Document the reasons the behaviors of concern are not impeding the student's learning or that of others:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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STN: \_\_\_\_\_

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Gender: \_\_\_\_\_

If **YES**, complete the following prompts:

## CCC Determination

- A Functional Behavior Assessment (FBA) is not recommended at this time.  
**Supports will be implemented as indicated below.**

A Functional Behavior Assessment (FBA) is recommended. The FBA will include new data.  
**Indicate the supports needed while the FBA is developed below (Supports to be Implemented).**

**Collection of new data requires parental consent.  
Generate a request for consent to reevaluate this student after the IEP is completed.**

Why did the CCC decide to complete an FBA?  
Provide the CCC's rationale for the decision to recommend a functional behavior assessment

List or describe the new student data to be collected to reevaluate this student.


- A Functional Behavior Assessment (FBA) is recommended. The FBA will be solely based on the review of existing data.

**Indicate the supports needed while the FBA is developed below (Supports to be Implemented).**

### A Review of Existing Student Data

**A review of student data may include, but is not limited to the following: education and behavior records, attendance records, progress reports, medical history, current academic assessments, etc.**

The school and the parent/guardian agree to meet on the following date to reconvene the case conference following completion of the FBA: \_\_\_\_\_

Why did the CCC decide to complete a Functional Behavior Assessment? Provide the CCC's rationale for the decision to recommend a functional behavior assessment.

Describe the existing data to be reviewed to reevaluate this student.


- A Functional Behavior Assessment (FBA) has been completed.

- A Review of the Existing Functional Behavior Assessment (FBA) is needed.

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DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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## Supports to be Implemented

*Select at least one to be implemented if there is no recommendation for an FBA or while data is reviewed or collected.*

**Environmental Supports:**

*Enter a description of added supports, changes to the student's environment, staff actions and responses to behavior, needed staff training, etc., required to meet the current needs of the student. Environment can include classrooms, hallways, cafeterias, play areas, bus, structured and less structured settings.*

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**Accommodations**

*Enter a description of accommodations and/or behavioral supports to be provided and their purpose for this student.*

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**Specially Designed Instruction**

*Selection of this option indicates the CCC's decision to include an annual goal to address this student's behavioral needs.*

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### Indicate the CCC's plan to monitor the effects/impact of these behavior supports.

*Include a description of the types of supports, location of the support, frequency and who will monitor the implementation.*

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DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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## CCC Analysis of the Functional Behavior Assessment Data:

### Interfering Behaviors

Consider:

- What does the behavior look like?
- How often does it occur?
- How long does it last?
- In what ways does the behavior impede the student's learning or learning of others?

*(Define behavior; Address Frequency/Level of Intensity/Duration.)*

### Precipitating Factors

Consider:

- Medical Concerns;
- Sensory Issues;
- Communication Needs;
- Recent Stressful Events.

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DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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## Setting Events

Consider:

- Under what conditions does the behavior occur?
- When and where would the behavior be most and least likely to take place?

*(Presence or Absence of Specific People; Time of Day or Week, Structured vs. Unstructured Settings; Subject Area; Change in Routine.)*

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DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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## Antecedents

Consider:

- What action/event makes that behavior likely to occur?
- Describe what happens right before the behavior occurs.
- What do staff, student, and peers do before the behavior occurs?

*(Teacher direction, questions, or corrections; Peer Attention; Transitions to New Activity.)*

# Individualized Education Program

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DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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## Maintaining Consequences

Consider:

- Why does the student continue to do the behavior?
- What's the payoff for the student?
- What changes in the environment after the behavior that makes the student likely to do it again?

*(Access to or Escape from Student or Teacher Attention; Access to or Escape from Tasks/Demands)*

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## Related Deficits

Consider:

- What skill(s) is the student missing or needing to practice that may contribute to the occurrence of the behavior?

*(Academic, Social, or Communication Deficits)*

# Individualized Education Program

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DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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## Functional Behavior Assessment Summary & Hypothesis

Briefly summarize the following information from above:

Consider:

- Under what conditions does the behavior occur?
- What is the behavior we are most worried about?
- What is the student trying to communicate or accomplish through this behavior?

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DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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## Behavior Intervention Plan

### Hypothesis of the Function of the Behavior

The Behavior Intervention Plan is based on the following hypotheses of the function of the behavior.

If multiple hypotheses exist for the student's behavior, what behavior is considered a priority?

Consider:

- Under what conditions does the behavior occur?
- What is the behavior we are most worried about?
- What is the student trying to communicate or accomplish through this behavior?

*(Under X conditions the student is likely to do Y for Z reasons.)*

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## Proactive Strategies

Replacement behaviors and skills to be taught and learned:

Consider:

- How can the student get the same need met in a more appropriate manner?
- Identify skills to be taught by staff and learned by student.
- What do typical students do to meet the same needs?

*(Raise Hand, Ask Questions for Understanding, Use Conflict Resolution Strategies.)*



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DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

**Skill Deficit = "The student cannot perform the skill. Teach how to do it."**

**Performance Deficit = "The student can perform the skill but does not use it in the appropriate context. Teach when and why."**

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## Instructional Strategies

Consider:

- Is this a skill or performance deficit?
- How do we plan to teach this skill/behavior?
- How will we model the skill/behavior?
- How will we practice the skill/behavior?
- How will we engage the student?

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DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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## Antecedent Strategies

Consider:

- What things can we do in the environment to support learning?
- What things in the environment would make it more likely for the positive/replacement behavior to occur?

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DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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## Positive Consequence Strategies

Consider:

- When the student is using the newly learned skill, how can we make sure he or she receives the desired function?

*(If the function is attention, make sure the student gets attention for appropriate behaviors.)*

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DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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## Negative Consequence Strategies

Consider:

- When the student is not using the newly learned skill, how can we make sure he or she does not receive the desired function of the behavior?

*(If the function of the behavior is attention, make sure the student does not get attention for inappropriate behaviors.)*

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DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

## Behavioral Skills to be Taught and Learned

Consider:

- Under what conditions will the replacement behavior occur?
- What replacement behavior is being taught?
- How frequently must we observe, collect, and review data to inform our decision?  
*(Consider both legal as well as best practice timelines for data collection.)*
- Goals should focus on identified Replacement Behaviors

*(Under X conditions the student will do Y at Z to this level of performance)*

- A goal has been/will be written to support the identified replacement behaviors

## Available Local and State Resources for Families

Document any information on local and regional resources that families may unilaterally choose to pursue beyond the student's IEP/ISP services.

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DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

## Transition

List of Transition Assessments:

Date Completed	Transition Assessment Title

Summarize the findings and discussion of age-appropriate transition assessments that have been conducted, the indication of need for future transition assessments, and any curricular connections that support that development of transition skills:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Post-Secondary Goals

Is there evidence that this student has achieved sufficient skills for Independent Living?

\_\_\_ Yes \_\_\_ No

If yes, cite evidence to support the decision that an Independent Living goal is not applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no, Regarding Independent Living Skills after high school, I will...

\_\_\_\_\_  
\_\_\_\_\_

Regarding Education and Training after high school, I will...

\_\_\_\_\_  
\_\_\_\_\_

Regarding Employment after high school, I will...

\_\_\_\_\_  
\_\_\_\_\_

Post-secondary goals were updated:

- Post-secondary goals were reviewed, discussed and remain unchanged.
- Post-secondary goals were reviewed, discussed and updated.

# Individualized Education Program

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**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

## State Assessments and other Considerations

**Anticipated date of Graduation:** \_\_\_\_\_

### Participation in State Testing Programs

- Student does not attend an accredited school and will not participate in statewide assessments.
- Student will not yet be in grade 3.
- Student and will be in grades 3-8 at an accredited school.
  - This student will participate in the alternate assessment.  
*Therefore, the student's goals and objectives are generally prerequisites to grade-level academics or are highly individualized extensions to the standards.*
  - The student will participate in the state assessment.  
*Therefore, the student's academic goals are the same as non-disabled peers at grade-level or **generally aligned** to grade-level curriculum.*

#### The student will participate in the state assessment.

Math (grade 3-8)		Language Arts (grade 3-8)		Science (grade 4 & 6)		Social Studies (grade 5 & 7)	
	State Assessment without accommodations		State Assessment without accommodations		State Assessment without accommodations		State Assessment without accommodations
	State Assessment with accommodations		State Assessment with accommodations		State Assessment with accommodations		State Assessment with accommodations

#### The student will participate in the alternate assessment

Math (Grade 3-8)		Language Arts (grade 3-8)		Science (grade 4 & 6)		Social Studies (grade 5 & 7)	
	Alternate Assessment		Alternate Assessment		Alternate Assessment		Alternate Assessment

- Student will be in high school.
- Student will not be in 10<sup>th</sup> grade and State Assessment is not required.

#### The Student will participate in the state assessment.

Math (HS)		English/Language Arts (HS)		Science (HS)	
	State Assessment without accommodations		State Assessment without accommodations		State Assessment without accommodations
	State Assessment with accommodations		State Assessment with accommodations		State Assessment with accommodations
	Student has passed this assessment.		Student has passed this assessment.		Student has passed this assessment.
	Tested course is not yet in course of study.		Tested course is not yet in course of study.		Tested course is not yet in course of study.
	Student has participated in this Assessment		Student has participated in this Assessment		Student has participated in this Assessment

#### The student will participate in the alternate assessment

Algebra (HS)		Language Arts (HS)		Biology (HS)	
	Alternate Assessment without accommodations		Alternate Assessment without accommodations		Alternate Assessment without accommodations
	Alternate Assessment with accommodations		Alternate Assessment with accommodations		Alternate Assessment with accommodations

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**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

## State Testing Accommodations

The selected accommodations should be provided to the Student throughout the entire school day, as decided by the CCC, and are intended to increase the student's access to and progress in the general education curriculum. These accommodations constitute an integral part of this student's free appropriate public education (FAPE).

- Student is tested individually and permitted to read aloud to himself or herself.
- Student provided access to own resources (i.e., bold print protractor, real coins, bold/raised line graph paper, bold/raised line writing paper)
- Student provided Braille test format
- Student provided access to an interpreter for sign language
- Test read aloud to the student
- Student is allowed to use alternative indication of response (i.e., circle, point to, state, or otherwise indicate answer choice)
- Student has use of a calculator during sessions identified as non-calculator sessions
- Student has use of an approved, bilingual word-to-word dictionary
- Student provided access to a computer or other assistive technology (AT) device
- Student uses lined paper turned sideways to help align math problems
- Student is allowed to use low-tech assistive writing instrument
- Scratch/blank paper (including lined or graph paper)
- Student provided access to large print version of test
- Student provided a paper test format
- Student provided access to a scribe
- Student provided with additional breaks
- Student tested in small group
- Student allowed use of special furniture or equipment for viewing test
- Student provided access to sound amplification system
- Student allowed to use assistive technology to magnify/enlarge
- Student allowed to use acetate film for paper assessments
- Student is provided special lighting conditions
- Time of day for testing altered (Student is tested during a specific time of day based on individual needs.)
- Student is allowed to use headphones to block out distractions (no music, headphones are sound dampening only)
- Student is provided preferential seating
- Student is tested individually
- Student has use of an approved, bilingual word-to-word dictionary for paper/pencil test
- Student provided Braille test format (paper or refreshable Braille for online)
- Student provided access to an interpreter for sign language.
- Test read aloud to the student (Text to Speech for online)
- Student provided access to assistive technology (AT) device for Speech to Text
- Student is provided with extra time.
- Student is allowed to use a Hundreds Chart
- Student is allowed to use a Multiplication Table
- Student is allowed to use an adaptive calculator for calculator allowed items
- Student can adjust the Color and Contrast of test items
- Extended Testing Time Within the School Day



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Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Gender: \_\_\_\_\_

## Test options or settings:

- Change the size and color of the Mouse Pointer
- Print on demand for online testing
- Closed Captioning for online audio items
- Streamline format of the online test
- Audio transcription for online audio items
- Braille transcript for online audio items
- Manual Control of Item Audio (for online testing)
- Repeat Item Audio
- Extended Testing Session Over Multiple Days for a Single Domain
- Extended Speaking Test Response Time
- Interpreter Signs Test Directions in ASL
- Translated test (Spanish)
- Translated glossaries – Language: \_\_\_\_\_

## Accommodations:

Describe any additional accommodations, if appropriate:

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Describe the plans for participation in other local, national, and international testing

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DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

## IREAD3

Only complete this section if the student is in third grade or participating in IREAD3 remediation.

\_\_\_ Yes \_\_\_ No - Did the student pass IREAD3?

Complete the following prompts if the student **did not** pass IREAD3:

\_\_\_ Yes \_\_\_ No - Will the student be retained?

\_\_\_ Yes \_\_\_ No - If the student is to be retained, will he or she receive remediation?

If the student did not pass IREAD3 and is not to be retained explain the rationale for not retaining the student:

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\_\_\_ Yes \_\_\_ No - Did the student pass IREAD3 following remediation?

\_\_\_ Student has not yet taken IREAD3 following remediation.

### Rationale:

Explain why the chosen assessments are appropriate for the student. If the student will participate in an alternate assessment, describe why the student cannot participate in the general assessment. Include information in support of each criterion for participation in an alternate or modified assessment if relevant:

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DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Annual Goals
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Title: \_\_\_\_\_

Present Level Data for this annual goal:

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Standards aligned to this Annual Goal:

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Specially Designed Instruction:

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Annual Goal Statement:

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If student is of transition age, which post-secondary goal(s) does this annual goal support?

Employment  Education and Training  Independent Living (if required)



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<b>Provisions</b>
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**Transition Services (Transition IEP only)**

Description	By Whom	To Support	Completion Date
Narrative:			
Description	By Whom	To Support	Completion Date
Narrative:			
Description	By Whom	To Support	Completion Date
Narrative:			
Description	By Whom	To Support	Completion Date
Narrative:			
Description	By Whom	To Support	Completion Date
Narrative:			

**(Transition IEP only)** Document the written information presented to the parent and student regarding available adult services provided through state and local agencies and other organizations to facilitate student movement from the public agency to adult life:

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## Special Education Services

Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
<b>Narrative:</b>						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
<b>Narrative:</b>						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
<b>Narrative:</b>						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
<b>Narrative:</b>						

## Related Services

Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
<b>Narrative:</b>						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
<b>Narrative:</b>						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
<b>Narrative:</b>						
Description	Proposed Initiation Date	Number of Sessions	Time per Session	Service End Date	Location	Align to Post Secondary goal:
<b>Narrative:</b>						

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DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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## Transportation:

If the student's transit time or needs are different from that of non-disabled peers, describe and justify these needs. **Record as a related service if additional provisions are necessary.**

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**If Transportation is indicated as a related service**, list and describe any criteria to needed to determine health-related need for special education transportation

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## Accessible Materials:

If this student requires any instructional materials provided in an accessible format, describe the environments, tasks, tools, and services related to their provision:

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## Assistive Technology:

Describe this assistive technology required if any:

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## Extended School Year:

Record extended school year services required in order to provide a free and appropriate education for this student: ***(Record ESY services under special education and related services if needed.)***

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## Aids/Supports:

Document the types and general intent of supports necessary to provide public agency personnel with the knowledge and skills necessary to implement the student's individualized education program and the general intent of the supports:

# Individualized Education Program

Student: \_\_\_\_\_ STN: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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**Program Modifications:**

Describe any program modifications needed to enable the student to advance appropriately toward attaining the annual goals, to be involved in and make progress in the general education curriculum, to participate in extracurricular and other nonacademic activities or to be educated or participate with other students with disabilities and non-disabled students.

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**Progress Reporting:**

Describe when periodic reports on the progress the student is making toward meeting the annual goals will be provided:

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**Rationale:**

Describe the rationale for providing these services and supports as well as describing reasons for rejecting other options:

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# Individualized Education Program

**Student:** \_\_\_\_\_ **STN:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

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**Does this student require an Emergency Evacuation Plan?** \_\_Yes \_\_No

If Yes, where is the emergency evacuation plan located?

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**Does this student require a Health Plan?** \_\_Yes \_\_No

If Yes, where is the health plan located?

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**Does this student require a Crisis Plan?** \_\_Yes \_\_No

If Yes, where is the crisis plan located?

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# Individualized Education Program

Student: \_\_\_\_\_ STN: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

## Least Restrictive Environment and Program:

Course of Study - (For Transition IEPs only) - Select a certificate or diploma from the list:

- Certificate of Completion
- General Diploma: General Designation
- General Diploma: Core 40 Designation
- General Diploma: Core 40 with Academic Honors Designation
- General Diploma: Core 40 with Technical Honors Designation

*(Secondary Students only)* - Document the written information presented to the parent(s) and discussion regarding the selected diploma or certificate and requirements including courses required to achieve this in a timely manner:

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## LRE Placement Category based Federal Program Types:

**School Age (6-21)** - Student will be Age 6+ as of next December 1st

- 50-Regular class 80% or more (In a regular classroom for 80% or more of the day)
- 51-Resource Room (In a regular class for 40% to 79% of the day)
- 52-Separate Class (In a regular class for less than 40% of the day)
- 53-Separate day school facility
- 54-Residential Facility
- 55-Correctional Facility
- 56-Parentally placed in private school
- 57-Homebound/hospital

**Early Childhood (3-5)** - Student will not be 6+ as of the next December 1st

- 26-In a regular early childhood program at least 10 hours per week and receiving the majority of services there.
- 27-In a regular early childhood program at least 10 hours per week and receiving the majority of services in some other location.
- 28-In a regular early childhood program less than 10 hours per week and receiving the majority of services there.
- 29-In a regular early childhood program less than 10 hours per week and receiving the majority of services in some other location.
- 33-Separate Class
- 34-Separate School
- 35-Residential Facility
- 36-Service Provider Location
- 37-Home

# Individualized Education Program

Student: \_\_\_\_\_ STN: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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**Additional Descriptors of Least Restrictive Environment (if any):**

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**Summarize the discussion and consideration of any potentially harmful effects of the suggested services on the student or on the quality of services needed:**

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**Describe the reasons for placement determination including the other options considered and the reasons these options were rejected:**

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**If you have indicated this student meets the eligibility criteria for Emotional Disability, select the best descriptor of this student's level of services:**

- FULL TIME (receives special education support or services 50% or more of the school day)
- OTHER (receives special education support or services less than 50% of the school day.)

# Individualized Education Program

Student: \_\_\_\_\_ STN: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

## General Considerations:

Consider the student's participation in general education and record any supplementary aids and services that are determined by the case conference committee to be appropriate and necessary in order to afford the student equal opportunity for participation with non-disabled students.

Yes, **Student will be able to participate in all educational programs and activities available to non-disabled students.**

No, state the exceptions and describe the reasoning for these exceptions:

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Yes, **Student will be able to participate in all non-educational and extracurricular activities available to non-disabled students.**

No, state the exceptions and describe the reasoning for these exceptions:

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Yes, **Student will participate in the general physical education program available to non-disabled students.**

No, state the exceptions and describe the reasoning for these exceptions:

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Yes, **Student will be educated in the school he or she would attend if not disabled.**

No, state the exceptions and describe the reasoning for these exceptions:

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# Individualized Education Program

**Student:** \_\_\_\_\_ **STN:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

\_\_\_ Yes, **the length of the instructional day will be the same as the instructional day for non-disabled peers.**

\_\_\_ No, state the exceptions and describe the reasoning for these exceptions:

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<b>Program Information</b>
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Corporation of Legal Settlement and Code: \_\_\_\_\_

School of Legal Settlement and Code: \_\_\_\_\_

If the educating district differs from the student's Corporation and school of legal settlement:

Educating District and Code: \_\_\_\_\_

Educating School and Code: \_\_\_\_\_

\_\_\_\_\_ Educating School is non-public and accredited.

\_\_\_\_\_ Educating School in non-public and non-accredited.

**If Educating School is non-public and non-accredited select the facility type.**

- 01: nonpublic school, not contracted for preschool (PK) students with disabilities
- 02: Community based preschool or – Head Start
- 03: Neglected or Delinquent Institutions
- 04: Court ordered Facility
- 05: Nonpublic school, not accredited
- 06: Health Institution
- 07: Nonpublic school contracted for preschool students with disabilities
- 08: Out of State Facility
- 99: Not applicable, state assigned school number provided

Next Projected Educating Program or School:

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# Individualized Education Program

**Student:** \_\_\_\_\_ **STN:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

## Reevaluation:

The public agency must consider reevaluation for each student receiving special education and related services at least once every three (3) years unless the parent and the public agency agree that it is unnecessary. In addition, the public agency must consider reevaluation if the public agency determines at any time during the three (3) year cycle that additional information is needed to address the special education or related services needs of the student, or if the student's parent or teacher requests an evaluation.

**Initial Eligibility Date:** \_\_\_\_\_

**Triennial (3 Year) Reevaluation Date:** \_\_\_\_\_

The Case Conference Committee has reviewed existing data and has determined:

- Information is needed to reestablish eligibility for special education and related services (12-month timeline)
- Information is needed to determine that the student is eligible for special education under a different of additional eligibility category (50 instructional day timeline)
- Information is needed to inform the student's case conference committee of the student's special education and related service needs (50 instructional day timeline)
- There is no need for reevaluation information

## Participants:

The following individuals participated in the case conference committee meeting. Those individuals identified as Teacher of Record, General Education Teacher, Public Agency Rep and Instructional Strategist attended the entire meeting unless written parental excusal was obtained before the meeting.

Position	Name	Additional Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____

# Individualized Education Program

Student: \_\_\_\_\_ STN: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

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## Notice of Initial Proposed IEP

I have been presented with a copy of the Individualized Education Program (IEP) which contains:

- 1) A description of the action proposed by the school;
- 2) An explanation of why the school proposed to take the action;
- 3) A description of each evaluation, procedure, assessment, record, or report the school used as a basis for the proposed action;
- 4) A description of other options that the case conference committee considered and the reasons why those options were rejected; and
- 5) A description of other factors relevant to the agency's proposal.

I understand that as parent of a student with a disability I have protection under the procedural safeguards. I can request a copy of the procedural safeguards at any time. The procedural safeguards document includes a list of resources to contact for assistance in understanding the provisions of Indiana special education rules.

- I consent to the provision of special education services for my child. I understand that this (IEP) will be implemented no later than ten instructional days after my consent is received or by the initiation date stated on the IEP.
- I refuse to consent to the provision of special education services described in this written notice.

I understand that as the parent, I have the right to contest the school's decision and challenge the proposed action by:

- Requesting and participating in a meeting with a school official who has the authority to resolve the disagreement I have with the school regarding this IEP.
- Requesting the school's consent for mediation under 511 IAC 7-45-2.
- Requesting a due process hearing under 511 IAC 7-45-3.

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Sign

Date

# Individualized Education Program

Student: \_\_\_\_\_ STN: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

## Notice of Implementation

I have been presented with a copy of the Individualized Education Program (IEP) which contains:

1. A description of the action proposed by the school;
2. An explanation of why the school proposed to take the action;
3. A description of each evaluation, procedure, assessment, record, or report the school used as a basis for the proposed action;
4. A description of other options that the case conference committee considered and the reasons why those options were rejected; and
5. A description of other factors relevant to the school's proposal.

I understand that the school is not required to get my written consent and can implement this IEP unless I take one of the following actions within ten (10) school days of receiving this notice:

- Requesting and participating in a meeting with a school official who has the authority to resolve the disagreement I have with the school regarding this IEP.
- Getting the school's consent for mediation under 511 IAC 7-45-2.
- Requesting a due process hearing under 511 IAC 7-45-3.

I understand that if I challenge the proposed IEP prior to its implementation, the school must continue to implement the current IEP under 511 IAC 7-42-7 (b)(5).

### PROCEDURAL SAFEGUARDS

I understand that as a parent of a student with a disability:

- I have protection under the procedural safeguards.
- I can request a copy of the procedural safeguards at any time.
- I can contact any of the resources listed in the procedural safeguards document for assistance in understanding Indiana special education rules.

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Sign

Date

### CONSENT TO IMPLEMENT IEP

I have been provided with the Notice of Implementation and a copy of the proposed IEP. I give my consent for the School to implement the IEP in accordance with the initiation date that is prior to the expiration of ten (10) instructional days from the date this Notice and proposed IEP were provided to me.

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Sign

Date