



# Individualized Education Program

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TYPE:  Initial  Review  Reevaluation  Amendment  Interim

STUDENT: \_\_\_\_\_  M  F  
Last (legal) First (no nicknames) M.I.

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_ Teacher/Service Provider: \_\_\_\_\_

Resident District: \_\_\_\_\_ Building: \_\_\_\_\_

Attending District: \_\_\_\_\_ Building: \_\_\_\_\_

Attending Area Education Agency: \_\_\_\_\_ Attending Building Phone: \_\_\_\_\_

<input type="checkbox"/> Parent	Name: _____	Home Phone: _____
<input type="checkbox"/> Foster Parent		
<input type="checkbox"/> Guardian		
<input type="checkbox"/> Surrogate		
<input type="checkbox"/> Student		
	Address: _____	Work/Cell Ph: _____
	_____	E-mail: _____

<input type="checkbox"/> Parent	Name: _____	Home Phone: _____
<input type="checkbox"/> Foster Parent		
<input type="checkbox"/> Guardian		
<input type="checkbox"/> Surrogate		
<input type="checkbox"/> Student		
	Address: _____	Work/Cell Ph: _____
	_____	E-mail: _____

Duration of this IEP: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reevaluation is due: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Procedural safeguards were reviewed by: \_\_\_\_\_ Method: \_\_\_\_\_

Rights will transfer at age 18: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Notification: Student \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Parent: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Persons Present at Meeting/Position or Relationship to Student

_____ Parent	_____ Student
_____ Parent	_____
_____ LEA Rep/Designee	_____
_____ Gen Ed Tchr	_____
_____ Sp Ed Tchr	_____

Listing indicates presence at the meeting, not approval or acceptance of the IEP

Outside written input: Name/Agency: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# Individualized Education Program

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TYPE:  Initial  Review  Reevaluation  Amendment  Interim  
 With a Meeting  Without a Meeting

STUDENT: \_\_\_\_\_  M  F  
Last (legal) First (no nicknames) M.I.

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_ Teacher/Service Provider: \_\_\_\_\_

Resident District: \_\_\_\_\_ Building: \_\_\_\_\_

Attending District: \_\_\_\_\_ Building: \_\_\_\_\_

Attending Area Education Agency: \_\_\_\_\_ Attending Building Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Foster Parent Address: \_\_\_\_\_ Work/Cell Ph: \_\_\_\_\_  
 Guardian \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Surrogate \_\_\_\_\_  
 Student \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Foster Parent Address: \_\_\_\_\_ Work/Cell Ph: \_\_\_\_\_  
 Guardian \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Surrogate \_\_\_\_\_  
 Student \_\_\_\_\_

Duration of this IEP: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Reevaluation is due: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Procedural safeguards were reviewed by: \_\_\_\_\_ Method: \_\_\_\_\_

Rights will transfer at age 18: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Notification: Student \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Parent: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Parental agreement to amend without a meeting:

Person who contacted parent: \_\_\_\_\_

Method of contact: \_\_\_\_\_

Date of agreement: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Present Levels of Academic Achievement and Functional Performance**

Strengths, interests and preferences of this individual \_\_\_\_\_

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

Parents' concerns regarding their child's education \_\_\_\_\_

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

**The IEP team must consider the following when developing this IEP.**

**Behavior** (in the case of a student whose behavior impedes his or her learning or that of others, consider the use of positive behavioral interventions, supports and other strategies, to address that behavior)

- Yes, behavior is a concern and will be addressed in this IEP.
- Yes, behavior is a concern and will be addressed in the attached Functional Behavioral Assessment and Behavior Intervention Plan.
- No, behavior is not a concern.

**Communication** and language, especially if the student is deaf or hard of hearing.

- Yes, communication and language are a concern and will be addressed in this IEP.
- Yes, communication and language are a concern and will be addressed in the attached Communication Plan for Deaf and Hard of Hearing.
- No, communication and language are not a concern.

**Health Needs** (intervention, procedures, or services required in order to access education)

- Yes, health is a concern and will be addressed in this IEP.
- Yes, health is a concern and will be addressed in the health plan in the student health records.
- No, health is not a concern.

**Limited English** proficiency (Consider the language needs related to the IEP)

- Yes, limited English is a concern and will be addressed in this IEP.
- No, limited English is not a concern

**Braille** instruction needs if this student has a visual impairment

- Yes, Braille is needed and will be addressed in this IEP.
- No, Braille is not needed.

**Assistive technology** (services, software and devices needed to access the general education curriculum)

- Yes, assistive technology is needed and will be addressed in this IEP.
- No, assistive tech. is not needed.

This student is **NIMAS eligible**:  Yes  No

Other information essential for the development of this IEP \_\_\_\_\_

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

**Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills.** For a preschool child, describe the effect of this individual's disability on involvement in appropriate activities.

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

**Present Levels of Academic Achievement and Functional Performance**

**Strengths, interests and preferences of this individual** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parents' concerns regarding their child's education** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The IEP team must consider the following when developing this IEP.**

**Behavior** (in the case of a student whose behavior impedes his or her learning or that of others, consider the use of positive behavioral interventions, supports and other strategies, to address that behavior)

- Yes, behavior is a concern and will be addressed in this IEP.
- Yes, behavior is a concern and will be addressed in the attached Functional Behavioral Assessment and Behavior Intervention Plan.
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**Communication** and language, especially if the student is deaf or hard of hearing.

- Yes, communication and language are a concern and will be addressed in this IEP.
- Yes, communication and language are a concern and will be addressed in the attached Communication Plan for Deaf and Hard of Hearing.
- No, communication and language are not a concern.

**Health Needs** (intervention, procedures, or services required in order to access education)

- Yes, health is a concern and will be addressed in this IEP.
- Yes, health is a concern and will be addressed in the Health Plan as a part of the student's health records.
- No, health is not a concern.

**Limited English** proficiency (Consider the language needs related to the IEP)

- Yes, limited English is a concern and will be addressed in this IEP.
- No, limited English is not a concern

**Braille** instruction needs if this student has a visual impairment

- Yes, Braille is needed and will be addressed in this IEP.
- No, Braille is not needed.

**Assistive technology** (services, software and devices needed to access the general education curriculum)

- Yes, assistive technology is needed and will be addressed in this IEP.
- No, assistive tech. is not needed.

**This student is NIMAS eligible:**  Yes  No

**Transition assessments and other information essential for the development of this IEP** (address living, learning & working):

**Living:** Information sources: \_\_\_\_\_

**Living:** Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Learning:** Information sources: \_\_\_\_\_

**Learning:** Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Working:** Information sources: \_\_\_\_\_

**Working:** Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other information essential for the development of this IEP** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe the effect of this individual's disability on involvement and progress in the general education curriculum and the functional implications of the student's skills.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Based on the transition assessments, describe the post secondary expectations for living, learning, and working.**  
**Post-secondary expectation for living:** \_\_\_\_\_  
\_\_\_\_\_

Yes  No Is living an area of need that will be addressed with goals, services or activities in this IEP?

**Post-secondary expectation for learning:** \_\_\_\_\_  
\_\_\_\_\_

Yes  No Is learning an area of need that will be addressed with goals, services or activities in this IEP?

**Post-secondary expectation for working:** \_\_\_\_\_  
\_\_\_\_\_

Yes  No Is working an area of need that will be addressed with goals, services or activities in this IEP?

**Course of study.**

What requirements does this student need to meet to graduate? \_\_\_\_\_  
\_\_\_\_\_

What is this student's current status with regard to these requirements?: \_\_\_\_\_  
\_\_\_\_\_

Target graduation date (mo/yr): \_\_\_\_ / \_\_\_\_

Courses and activities needed to pursue the post secondary expectations and graduate by the target graduation date.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Goal #:** \_\_\_\_\_

**State of Iowa Core Content Standard and Grade Level Benchmark(s) upon which this goal is based:** \_\_\_\_\_

**District Standard and Grade Level Benchmark(s) upon which this goal is based:** \_\_\_\_\_

**Current Academic Achievement and Functional Performance** (Results of the initial or most recent evaluation and results on district-wide assessments relevant to this goal; performance in comparison to general education peers and standards).  
 \_\_\_\_\_  
 \_\_\_\_\_

**Baseline** (Describe individual's current performance in measurable terms using the same measurement as measurable annual goal and progress monitoring procedures). \_\_\_\_\_

**Measurable Annual Goal: conditions** (when and how the individual will perform); **behavior** (what the individual will do); and **criterion** (acceptable level of performance). For students 14 years and older, indicate if this goal is related to post-secondary expectations of: (check all that apply to this goal)  living  learning  working

**Progress Monitoring procedures** (State how progress toward meeting this goal will be measured, how often progress will be measured, and the decision making rule that will be used in considering instructional changes). \_\_\_\_\_

**Position(s) responsible for services** \_\_\_\_\_

**See attached graph**

<b>Major Milestones or Short Term Objectives/Dates Expected</b> <small>(Required for students assessed against alternate achievement standards)</small>	<b>Comments/Progress Notes/Dates Achieved</b>

<b>Goal #</b>	<b>Progress Report</b>														
1 = This goal has been met. 2 = Progress has been made towards the goal. It appears that the goal will be met by the time the IEP is reviewed. 3 = Progress has been made towards the goal but the goal may not be met by the time the IEP is reviewed. 4 = Progress is not sufficient to meet this goal by the time the IEP is reviewed. Instructional strategies will be changed. 5 = Your child did not work on this goal during this reporting period (provide an explanation to the parents).	____/____/____ 1 2 3 4 5	____/____/____ 1 2 3 4 5	____/____/____ 1 2 3 4 5	____/____/____ 1 2 3 4 5	____/____/____ 1 2 3 4 5	____/____/____ 1 2 3 4 5									

**Special Education Services**

Indicate the special education and related services, supplementary aids and services, based upon peer-reviewed research to the extent practicable, that will be provided in order for this individual: 1) to advance appropriately toward attaining the annual goals 2) to be involved and progress in the general curriculum; 3) to be educated and participate with other individuals with disabilities and nondisabled individuals. 4) to participate in extracurricular and other nonacademic activities; and 5) by age 14, to pursue the course of study and post-high school outcomes (living, learning & working);

Y N Accommodations	Y N Linkages/interagency responsibilities	Y N Supplementary aids and services
Y N Assistive technology	Y N Program modifications	Y N Supports for school personnel
Y N Community experiences	Y N Specially designed instruction	Y N Support or related services
Y N Development of work and other post-high school living objectives	Y N Specialized Accessible Formats (Braille, large print, audio, digital text)	

Describe each service, activity and support indicated above:	Provider(s) & when the service, activity or support will occur	Minutes in Setting
	Beginning Date:  Provider(s):  Time & frequency/when provided:	____ General education ____ Special education ____ Community per __ Day __ Week __ Month
	Beginning Date:  Provider(s):  Time & frequency/when provided:	____ General education ____ Special education ____ Community per __ Day __ Week __ Month
	Beginning Date:  Provider(s):  Time & frequency/when provided:	____ General education ____ Special education ____ Community per __ Day __ Week __ Month
	Beginning Date:  Provider(s):  Time & frequency/when provided:	____ General education ____ Special education ____ Community per __ Day __ Week __ Month
	Beginning Date:  Provider(s):  Time & frequency/when provided:	____ General education ____ Special education ____ Community per __ Day __ Week __ Month
	Beginning Date:  Provider(s):  Time & frequency/when provided:	____ General education ____ Special education ____ Community per __ Day __ Week __ Month
Total minutes per month removed from general education:		
LRE: Removal from GE    % plus Time in GE    % = 100%		

## Special Education Services

Indicate the special education and related services, supplementary aids and services, based upon peer-reviewed research to the extent practicable, that will be provided in order for this individual: 1) to advance appropriately toward attaining the annual goals 2) to be involved and progress in the general curriculum; 3) to be educated and participate with other individuals with disabilities and nondisabled individuals. 4) to participate in extracurricular and other nonacademic activities; and 5) by age 14, to pursue the course of study and post-high school outcomes (living, learning & working);

Y <input type="checkbox"/> N <input type="checkbox"/> Accommodations	Y <input type="checkbox"/> N <input type="checkbox"/> Linkages/interagency responsibilities	Y <input type="checkbox"/> N <input type="checkbox"/> Supplementary aids and services
Y <input type="checkbox"/> N <input type="checkbox"/> Assistive technology	Y <input type="checkbox"/> N <input type="checkbox"/> Program modifications	Y <input type="checkbox"/> N <input type="checkbox"/> Supports for school personnel
Y <input type="checkbox"/> N <input type="checkbox"/> Community experiences	Y <input type="checkbox"/> N <input type="checkbox"/> Specially designed instruction	Y <input type="checkbox"/> N <input type="checkbox"/> Support or related services
Y <input type="checkbox"/> N <input type="checkbox"/> Development of work and other post-high school living objectives	Y <input type="checkbox"/> N <input type="checkbox"/> Other _____	

Describe each service, activity and support indicated above:	Provider(s) & when the service, activity or support will occur	Minutes in Setting
	Beginning Date: Provider(s): Time & frequency/when provided:	____ Reg EC Program ____ Special education Service Location: _____
	Beginning Date: Provider(s): Time & frequency/when provided:	____ Reg EC Program ____ Special education Service Location: _____
	Beginning Date: Provider(s): Time & frequency/when provided:	____ Reg EC Program ____ Special education Service Location: _____
	Beginning Date: Provider(s): Time & frequency/when provided:	____ Reg EC Program ____ Special education Service Location: _____
	Beginning Date: Provider(s): Time & frequency/when provided:	____ Reg EC Program ____ Special education Service Location: _____
	Beginning Date: Provider(s): Time & frequency/when provided:	____ Reg EC Program ____ Special education Service Location: _____

Min. in Program Month: \_\_\_\_\_

EC Code: \_\_\_\_\_

Total minutes removed from general education per month:		
LRE: Removal from GE	% plus Time in GE	% = 100%



**Special Education Services, continued**

Yes  No **Are extended school year (ESY) services required?** If yes, specify the goals that require ESY services and describe the services. \_\_\_\_\_

Yes  No **Are specialized transportation services required that are related to the disability?** If yes, describe.  
 Special route (outside normal attendance area or transportation not typically provided based on distance from school)  
 Attendant services  Specially equipped vehicle  Other \_\_\_\_\_

**Physical Education:**  General  Modified — describe below  Specially designed — requires goal(s)

**Indicate how this individual will participate in district-wide assessments**

- Without accommodations
- With accommodations

Describe accommodations necessary to measure academic achievement and functional performance \_\_\_\_\_

Through the state alternate assessment. Why can't the individual participate in the general assessment? \_\_\_\_\_

Why is this alternate assessment appropriate for this student? \_\_\_\_\_

District-wide assessment is not given at this grade level.  The student is incarcerated in an adult correctional facility.

**Additional Considerations**

**Address the following questions.**

Yes  No Will this individual receive all special education services in general education environments?

If no, explain: \_\_\_\_\_

Yes  No Will this individual participate in nonacademic activities with nondisabled peers **and** have the same opportunity to participate in extracurricular activities as nondisabled peers?

If no, explain: \_\_\_\_\_

Yes  No Will this individual attend the school he or she would attend if nondisabled?

If no, explain: \_\_\_\_\_

Yes  No Will this individual attend a special school? If yes, attach responses to the special school questions.

**Progress reports**

**Parents:** You will be informed of your child's IEP progress \_\_\_\_\_ times per year. You will receive:

An IEP report with report cards and progress reports  Updated copies of the IEP goal pages

\_\_\_\_\_