

INDIVIDUAL EDUCATION PROGRAM
ARSD 24:05:27

STUDENT NAME:		SIMS:
PARENT/GUARDIAN NAME:		PHONE:
ADDRESS:		WK PHONE:
SCHOOL DISTRICT:	SCHOOL:	
DOB:	AGE:	GRADE:
GENDER: _____	RACE: _____	

Meeting Date:	Purpose of Meeting <input type="checkbox"/> Initial Eligibility, IEP, Placement <input type="checkbox"/> Annual Review of IEP <input type="checkbox"/> Three Year Reevaluation <input type="checkbox"/> Dismissal from Services - Date Effective: <input type="checkbox"/> Parent Request <input type="checkbox"/> Other:
Date Services Begin:	
Annual Review Date:	
Date of Eligibility Determination:	
Three Year Reevaluation Due By:	

Discussed evaluation results/progress/assessment method <input type="checkbox"/> Yes _____ (Parent/Guardian initial)	Student is eligible for special education or special education and related services as determined by the IEP team <input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of evaluation results received <input type="checkbox"/> Yes _____ (Parent/Guardian initial)	An annual copy of Parent/Guardian Rights was received and reviewed _____ (Date) _____ (Parent/Guardian Initial)
Transition Planning Needed <input type="checkbox"/> No <input type="checkbox"/> Yes (*If yes, attach applicable transition pages.)	A copy of the IEP was provided to parent/guardian <input type="checkbox"/> Yes _____ (Parent/Guardian Initial)

Primary Disability: _____

IEP Team Membership	Signature	Date
Parent/Guardian		
Parent/Guardian		
Student		
School Representative		
General Education Teacher		
Special Education Teacher or Provider		
Speech/Language Pathologist		
Individual who can interpret evaluation results		
Other:		
Other:		
Other:		

INDIVIDUAL EDUCATION PROGRAM
ARSD 24:05:27

Present Levels of Academic Achievement and Functional Performance

In developing each student's IEP, the IEP Team must consider 1) the strengths of the student; 2) the concerns of the parents for enhancing the education of their student; 3) the results of the initial or most recent evaluation of the student; and 4) the academic, developmental, and functional needs of the student.

Provide a statement of the student's present levels of academic achievement and functional performance, including 1) how the student's disability affects the student's involvement and progress in the general education curriculum (i.e., the same curriculum as for nondisabled students); or 2) for preschool students, as appropriate, how the disability affects the student's participation in appropriate activities.

* Remember to address:

- Strengths & needs using academic achievement (skill based assessment) AND functional performance
 - Transition strengths and needs including the student's preferences and interests (must be in the student's IEP by age 16)
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ARSD 24:05:27

Consideration of Special Factors

Is the student limited English proficient? Yes No

If the answer to this question is "yes", please explain the language needs of the student as these needs relate to the student's IEP.

Are there any special communication needs? Yes No

If the answer to this question is "yes", please explain the communication needs of the student, and in the case of a student who is deaf or hard of hearing, consider 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.

Does the student require Braille? Yes No

If the answer to this question is "yes", what instruction in Braille and use of Braille will be provided?

Does the student's behavior impede his or her learning or that of others? Yes No

If yes, what strategies are required to appropriately address this behavior, including positive behavioral interventions and supports?

Does the student require Assistive Technology Devices and Services? Yes No

If yes, what device or service will be provided?

Physical Education: Regular Not Required Adaptive:

Refer to Goals/Goals & Objectives _____

Hearing Aid Maintenance: Not Applicable Yes: Personnel Responsible for Monitoring: _____

Describe the monitoring process/frequency necessary for maintenance:

Assessment

- Student will be taking state and district-wide assessments with or without accommodations.
- Student will be taking state and district-wide alternate assessments (The alternate assessment is for students working in the alternate achievement standards) (Annual goal and short term objectives required)
 - a. Does the student meet the significant cognitive disability criteria? (If no, student is not eligible to take the alternate assessment) Yes No
 - b. Explain the reason why the student cannot participate in the regular assessment.

 - c. Explain the reason why the alternate assessment selected is appropriate for this student.

- No state and/or district-wide assessments are required at this student's grade level during the course of this annual IEP.

**INDIVIDUAL EDUCATION PROGRAM
ARSD 24:05:27**

Measureable Postsecondary Goals (MPSG) Based on Age-Appropriate Assessment

(Required on or before the student's 16th birthday) OSEP guidance requires at least one linked annual goal AND at least one service/activity for each MPSG identified. Assessment results should determine which MPSGs are addressed.

Employment: _____ (see linked annual goal(s) # _____)

Education/Training: _____ (see linked annual goal(s) # _____)

Independent Living (where appropriate): _____ (see linked annual goal(s) # _____)

Transition Course of Study

(Required on or before the student's 16th birthday) (Complete for current school year through the planned exit year)
(Should relate to and help the student to progress towards achievement of the Measurable Postsecondary Goals above)

Grade	Grade	Grade	Grade	Grade

Comments: _____

Transfer of Parent/Guardian Rights (Must be addressed on or before the 17th birthday).

Student will turn 17 on _____. Student was informed of this transfer of rights on _____ (Date).

Graduation or Completion of an Approved Program (Must be addressed at least one year prior to graduation date.)

Student is to graduate/complete program: _____ (Date)

Individualized district specific requirements and remaining courses needed to complete an approved secondary education program:

Summary of Performance – (For students who are graduating with a regular diploma or aging out of special education)
A summary of the student's academic achievement and functional performance, which shall include recommendations on how to assist the student in meeting the student's postsecondary goals, is required. A suggested form and instructions are available on the Special Education Programs website.

One Year Follow-Up – (For students who are graduating, aging out, or have dropped out)
Students will be contacted by a contracted agency one year after exiting to determine their status in regards to employment, postsecondary school, and other outcomes.

INDIVIDUAL EDUCATION PROGRAM
ARSD 24:05:27

Transition Services / Coordinated Set of Activities

Transition Services must be a coordinated set of activities/strategies designed within a results oriented process. This means that the activities are those steps or things that need to happen that will lead to post-school results and help the student achieve his/her desired post-secondary goals. All of the activities that will need to happen to help students achieve their post-secondary goals cannot be done by the school alone. Thus, the activities should include those things that others (student, families, and appropriate adult services, agencies or programs) will need to do. When viewed as a whole, the activities should demonstrate involvement and coordination between the student, families, and school as well as the appropriate adult services, agencies or programs.

Instruction:

<u>Activity Recommendations</u>	<u>Personnel/Agency/Person Responsible</u>	<u>Date Initiated</u>	<u>Date Completed</u>
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Employment:

<u>Activity Recommendations</u>	<u>Personnel/Agency/Person Responsible</u>	<u>Date Initiated</u>	<u>Date Completed</u>
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Community Experiences:

<u>Activity Recommendations</u>	<u>Personnel/Agency/Person Responsible</u>	<u>Date Initiated</u>	<u>Date Completed</u>
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Related Services:

<u>Activity Recommendations</u>	<u>Personnel/Agency/Person Responsible</u>	<u>Date Initiated</u>	<u>Date Completed</u>
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Other Post-School Adult Living Objectives

<u>Activity Recommendations</u>	<u>Personnel/Agency/Person Responsible</u>	<u>Date Initiated</u>	<u>Date Completed</u>
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Acquisition of Daily Living Skills (when appropriate)

<u>Activity Recommendations</u>	<u>Personnel/Agency/Person Responsible</u>	<u>Date Initiated</u>	<u>Date Completed</u>
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Functional Vocational Evaluation (when appropriate)

<u>Activity Recommendations</u>	<u>Personnel/Agency/Person Responsible</u>	<u>Date Initiated</u>	<u>Date Completed</u>
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ARSD 24:05:27**

Educational Goals and Objectives/Benchmarks

Provide a statement of measurable annual goals, including academic and functional goals designed to 1) meet the student's needs that result from the disability, 2) enable the student to be involved in and make progress in the general education curriculum, and 3) meet each of the student's other educational needs that result from the disability.

Measurable Annual Goal # _____				
	Proc. Code/s	Date	Prog. Code	Comments:
Measurable Annual Goal # _____				
Measurable Annual Goal # _____				
Measurable Annual Goal # _____				
<u>Procedure Codes (Complete at IEP meeting)</u> 1. Teacher-made tests 6. Work Samples 2. Observations 7. Portfolios 3. Weekly tests 8. Oral Tests 4. Unit tests 9. Data Response 5. Student Conferences 10. Other:	<u>Progress Codes</u> P= Progress being made I= Insufficient Progress to meet goal X= Not addressed this Reporting Period M=Met goal	<u>Reporting Frequency to Parents</u> <input type="checkbox"/> Quarterly Reports <input type="checkbox"/> Trimester Reports <input type="checkbox"/> Other: _____ <u>Reporting Method to Parents</u> <input type="checkbox"/> Conferences <input type="checkbox"/> Report Card <input type="checkbox"/> Goal Page Copy <input type="checkbox"/> Other: _____		

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Measurable Annual Goal # _____				
	Proc. Code/s	Date	Prog. Code	Comments:
Short Term Instructional Objectives or Benchmarks (Required for students who take alternate assessment.)	Proc. Code/s	Date	Prog. Code	Comments:
Procedure Codes (Complete at IEP meeting) 1. Teacher-made tests 6. Work Samples 2. Observations 7. Portfolios 3. Weekly tests 8. Oral Tests 4. Unit tests 9. Data Response 5. Student Conferences 10. Other:	Progress Codes P= Progress being made I= Insufficient Progress to meet goal X= Not addressed this Reporting Period M=Met goal		Reporting Frequency to Parents <input type="checkbox"/> Quarterly Reports <input type="checkbox"/> Trimester Reports <input type="checkbox"/> Other: _____ Reporting Method to Parents <input type="checkbox"/> Conferences <input type="checkbox"/> Report Card <input type="checkbox"/> Goal Page Copy <input type="checkbox"/> Other: _____	

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ARSD 24:05:27

Accommodations and Modifications

Accommodations/Modifications/Supplementary Aides and Services	Frequency	Location	Duration
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Statement of the program modifications or supports for school personnel (as appropriate):	Frequency	Location	Duration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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ARSD 24:05:27**

State/District-wide Assessment Accommodations

- Student will be taking the assessment without accommodations.
- Student will be taking the assessment with the accommodations.

***Teams must consider if the accommodations are approved for the applicable test administration.**

***List the accommodations the student will be taking for each test/test area.**

(Only those accommodations identified for instruction on the goal pages can be considered for state and district-wide testing. The accommodations selected for use must relate to the student's disability.)

State Assessment Accommodations

**Smarter Balanced
ELA (Gr 3-8 & 11):**

Test: _____

**Smarter Balanced
Math (Gr 3-8 & 11):**

Test: _____

**Dakota STEP
Science (Gr 5, 8 & 11):**

Test: _____

*** NSCS Alt Assessment and Dakota STEP- A Science**

Accommodations for both instruction and assessment must be documented.

District-wide Assessment Accommodations

Test: _____

Test: _____

Test: _____

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ARSD 24:05:27**

Special Education Services

<u>Description of services</u>	<u>Frequency</u>	<u>Location</u>	<u>Duration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Related Service to be Provided</u>	<u>Frequency</u>	<u>Location</u>	<u>Duration</u>
<input type="checkbox"/> Speech/Language Therapy			
<input type="checkbox"/> Occupational Therapy			
<input type="checkbox"/> Physical Therapy			
<input type="checkbox"/> Transportation (Specify when, how often, where, distance, costs, etc.)			
<input type="checkbox"/> Counseling Services (Including rehabilitation counseling)			
<input type="checkbox"/> Audiological Services			
<input type="checkbox"/> Interpreting Services			
<input type="checkbox"/> Medical Services (Diagnostic Services only)			
<input type="checkbox"/> Orientation and Mobility			
<input type="checkbox"/> Parent Counseling/Training			
<input type="checkbox"/> Psychological Services			
<input type="checkbox"/> Recreation Therapy			
<input type="checkbox"/> School Nurse/Health Services			
<input type="checkbox"/> Social Work Services (in schools)			
<input type="checkbox"/> Other			

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ARSD 24:05:27**

Least Restrictive Environment

The IEP Team must ensure that, to the maximum extent appropriate, students with disabilities are educated with nondisabled peers, including extracurricular services and activities.

<p>Continuum of Alternative Placements</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0100 General Classroom with Modifications 80-100% <input type="checkbox"/> 0110 Resource Room 40-79% <input type="checkbox"/> 0120 Self-Contained Classroom 0-39% <input type="checkbox"/> 0130 Separate Day School <input type="checkbox"/> 0140 Residential Facility <input type="checkbox"/> 0150 Home/Hospital 	<p>Continuum of Alternative Placements (Ages 3-5)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0310 Early Childhood Setting-10 hrs./week services in Reg EC program <input type="checkbox"/> 0315 Early Childhood Setting-10 hrs./week services in other location <input type="checkbox"/> 0325 Early Childhood Setting-Less than 10hrs/wk. services in Reg EC program <input type="checkbox"/> 0330 Early Childhood Setting-Less than 10hrs/wk. services in other location <input type="checkbox"/> 0335 Special Education Class <input type="checkbox"/> 0345 Separate School <input type="checkbox"/> 0355 Residential Facility <input type="checkbox"/> 0365 Home <input type="checkbox"/> 0375 Service Provider Location
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Participation with Non-Disabled Peers

Program Options

- Art
- Industrial Technology
- Music
- Vocational Education
- Family & Consumer Science
- Other _____

Non-Academic

- Counseling
- Meals
- Employment Referrals
- Recess
- Health Services
- Other _____

Extracurricular

- Athletics
- Clubs
- Groups
- Recreation
- Other _____

Comments: _____

Justification for Placement--An explanation of the extent, if any, to which the student will not participate with non-disabled students in regular classes and non-academic activities.

(Please use accept/reject format for each alternative placement considered.)

The team addressed the potential harmful effects of the special education placement.

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ARSD 24:05:27**

Extended School Year

Extended School Year Services: needed not needed to be determined by (Date) _____

Goal(s) #	*Type of Service	Beginning Date mm/dd/yy	Ending Date mm/dd/yy	Minutes Per Week	**Based on

* Instruction, related services (specify), other (list)
 ** Regression/Recoupment, Emerging Skills, or Maintenance of Critical Life Skills